

Breastfeeding Matters

An important guide for
breastfeeding families

best start
meilleur départ

by/par health **nexus** santé



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Final review was done by Marg La Salle, RN, BScN, IBCLC, and BFI Lead Assessor. The information in this booklet is current at the time of production but information can change over time. Every effort will be made to ensure the information remains current.

Throughout this resource, gender-specific language such as “woman”, “women” and “mother” is used in order to accurately cite the research referred to. We intend these terms to refer to all childbearing individuals, regardless of their gender identity or sexual orientation.

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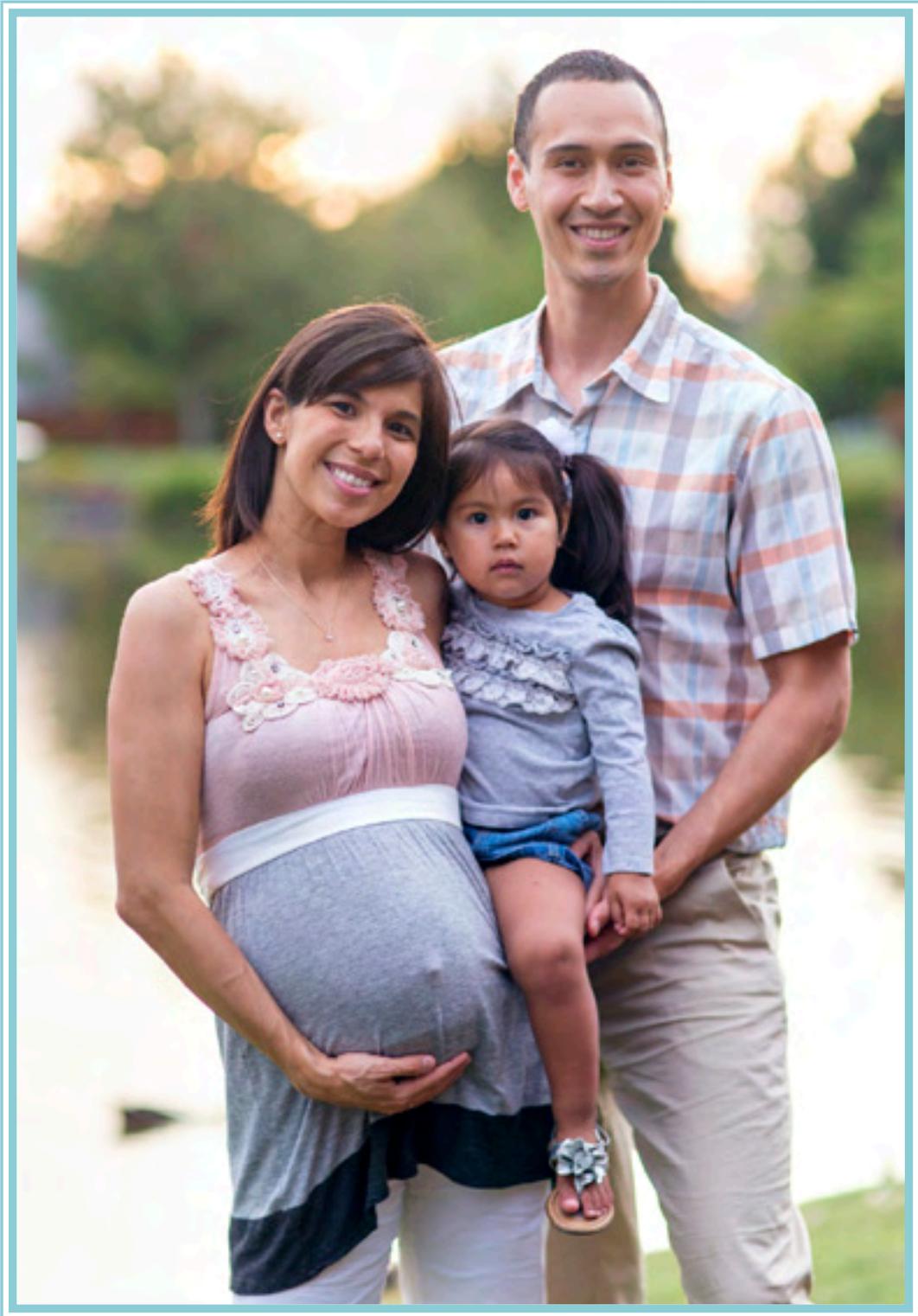
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SECTION 1

The Importance of Breastfeeding

Breastfeeding is important for you and your baby. The term breastfeeding/breast milk is also known as chestfeeding/chest milk and can be used interchangeably. Breast milk has over 200 known ingredients and is the healthiest food for your baby. It also protects your baby from infection and has special components to help your baby grow and develop. Your baby needs only breast milk for the first 6 months. At 6 months, start solid foods and continue to breastfeed for up to 2 years and beyond.

Breastfeeding matters because:

- Everyone benefits from breastfeeding: you, your baby, your family and your community.
- Breast milk is convenient, always the right temperature and available anytime.
- Breastfeeding is free.
- Breastfeeding promotes bonding between you and your baby.
- Breastfeeding is environmentally friendly.
- Breastfeeding reduces health care costs for your family and society.

Find out *10 Great Reasons to Breastfeed your Baby* at <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/breastfeeding-infant-nutrition/10-great-reasons-breastfeed-your-baby.html>.

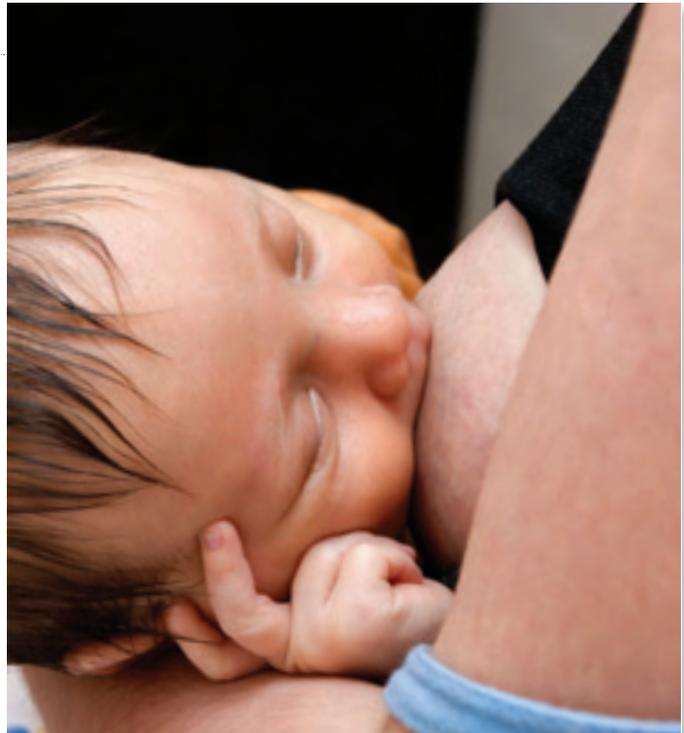
Risks of Not Breastfeeding

Babies who are not breastfed have a higher risk of:

- Ear and chest infections.
- Stomach and gut upsets causing diarrhea.
- Sudden Infant Death Syndrome (SIDS).
- Some childhood cancers.
- Obesity or being overweight which are risk factors for chronic diseases later in life.

For parents, NOT breastfeeding increases the risk of:

- Postpartum bleeding.
- Type 2 diabetes.
- Breast and ovarian cancer.



Today, many families in Ontario decide to breastfeed their babies. Read the *Ten Valuable Tips for Successful Breastfeeding* to help you make your breastfeeding experience even more successful and enjoyable at <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/breastfeeding-infant-nutrition/valuable-tips-successful-breastfeeding.html>.

Your Breastfeeding Rights

You have the right to breastfeed anywhere, anytime. This right is protected by the Canadian Charter of Rights and Freedoms. If you feel your breastfeeding rights are not being respected, report what happened to the Ontario Human Rights Commission at www.ohrc.on.ca/en/pregnancy-and-breastfeeding-brochure. Groups such as La Leche League Canada and INFACT Canada may provide additional support. For more information about these groups, go to the *Getting Help* section on page 42 of this booklet.

A parent who is breastfeeding and returning to work has a right under the Ontario Human Rights Commission to be accommodated in the workplace so that they can continue to breastfeed their baby. Visit www.ohrc.on.ca/en/search/site/Discrimination%20Because%20of%20Pregnancy%20and%20Breastfeeding to view the policy and video on *Discrimination Because of Pregnancy and Breastfeeding*.



The Baby-Friendly Initiative

You may have heard the term, *Baby-Friendly*. The Baby-Friendly Initiative is an international strategy designed to support all families and babies. There are hospitals, public health units and other community health services that have received this designation or are working towards it. They apply high standards on how they support families by:

- Supporting families to make an informed decision about feeding their babies.
- Promoting practices that give parents and babies a healthy start.
- Protecting families from the marketing pressures of formula companies and companies that make or distribute artificial nipples and bottles.

Making an Informed Decision

Most people know that breastfeeding is natural for babies and that breast milk is the healthiest milk for babies. However, sometimes parents decide to give their baby formula for a variety of reasons:

- The baby has a medical condition and needs to be fed infant formula or a special formula.
- The breastfeeding parent has a serious medical condition and is unable to breastfeed their baby.
- The parent and baby are separated from one another and the parent is unable to express enough breast milk for their baby and the baby is not able to receive pasteurized breast milk from a human milk bank.
- The family has chosen to feed infant formula after making an informed decision and knowing the risks and benefits of their decision.

Giving infant formula to a breastfed baby can decrease your breast milk supply. Supplementing with infant formula may lead to stopping breastfeeding before you had planned to stop. It can be hard to restart breastfeeding after stopping.



Here is a list of supplements in order of what to try first if available:

1. Your own fresh breast milk, hand expressed and/or pumped.
2. Your own breast milk that has been frozen and thawed just before using.
3. Pasteurized human milk (breast milk) from a human milk bank. In Canada, most milk banks only have enough milk for babies with special health needs (for example those in the NICU).
4. Commercial infant formula that is cow milk-based.



If a baby needs to be supplemented after breastfeeding for a medical reason, your own expressed breast milk is the first option. For more information, go to page 13. It is also recommended to be aware of the potential risks of getting breast milk through the Internet or from individuals through the Internet or from individuals even if they are members of your family. Refer to *Safety of Donor Human Milk in Canada* at <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/infant-feeding/safety-donor-human-milk-canada.html> and *Informal Milk Sharing: The Use of Unpasteurized Donor Human Milk* at http://www.perinatalservicesbc.ca/Documents/Guidelines-Standards/HealthPromotion/InformalMilkSharing_PracticeResource.pdf.

If you need to supplement your baby, there are many different ways to feed the supplement. Talk to a knowledgeable professional to see what might be best in your situation. Methods to supplement your baby are:

- Open cup or spoon.
- Lactation aid which uses a tube at your breast.
- Finger feeder with a tube attached to your clean finger.
- More specialized feeding device.
- Bottle.

If you are considering using infant formula, ask yourself:

- Why did I decide to breastfeed?
- Why am I considering feeding infant formula?
- Have I considered the risks of not breastfeeding my baby?
- Have I discussed my concerns with a health care provider who is knowledgeable and experienced with helping parents and babies with infant feeding?
- What is the best decision for my baby, for me and for my family?
- Do I think I will feel comfortable with my decision a month or two from now?

If you have more questions, have a conversation with your health care provider. It is important that any infant feeding information you receive is based on research and given without personal bias. Factual information helps you make an informed decision. Avoid basing your decision on information provided in marketing campaigns, especially materials provided by makers and distributors of the product. Their goal is to market their product.

If you are thinking about using infant formula, or need to give infant formula:

- Consider giving your baby as much breast milk as you are able.
- Consider getting support to maintain your breast milk supply so you are able to offer some breast milk to your baby.

Learn about safe formula preparation, feeding and storage by reading *Infant formula: What you need to know* available at <https://resources.beststart.org/wp-content/uploads/2018/12/B19-E.pdf> Also view a video on how to safely prepare infant formula for your baby <https://resources.beststart.org/product/b42e-safely-preparing-infant-formula-for-your-baby-video-fact-sheets/> and accompanying tip sheets <https://resources.beststart.org/wp-content/uploads/2019/06/B43-48-E.pdf>.

Get educated about breastfeeding before your baby arrives. Make your decision and plans to breastfeed and be knowledgeable on how to maintain your milk supply. Share your decision with those who love and support you. Finally, find out the supports in your community to help you reach your goals.

Family Support

A breastfeeding parent will benefit from the support of their partner, family, other breastfeeding families and community. They can help you give your baby the best start in life. Breastfeeding is natural and babies are born to breastfeed.

During the early days after birth, some babies and breastfeeding parents need time to learn and get it right. What other people say or believe may affect your breastfeeding experience. Discuss your plans with your partner and family. Tell them that you plan to breastfeed. Encourage them to become familiar with this booklet and other reliable breastfeeding information so they know how to support you.





“ I think it is important for families to understand the importance of breastfeeding. New parents require a lot of support from not only their partners, but the entire family. Patience and persistence is required but it is a wonderful bonding experience, one that I will cherish forever! ”

Family and friends can help make breastfeeding a success in the following ways:

- **Become informed.** Get information about breastfeeding before the baby is born. Discuss with friends, relatives, other breastfeeding families and health professionals to learn what makes the breastfeeding experience successful. Consider attending a prenatal breastfeeding course. Read this booklet.
- **Know where support is available.** Become familiar with the resources in your community. Help the parent to access those supports. Both professional supports and parent-to-parent support groups can be helpful. Remember to check out breastfeeding support groups on social media. If some of the posts differ from the information in this booklet or what your health care provider is saying, be sure to talk with someone knowledgeable about breastfeeding such as an International Board Certified Lactation Consultant or your health care provider.
- **Offer encouragement.** Breastfeeding may seem challenging at times. There may be concerns for the breastfeeding parent or the baby. Encourage sharing concerns with someone knowledgeable about breastfeeding. Offer encouragement and share that you are there to help.
- **Do not disturb.** Limit visitors, calls and other interruptions during the early weeks. This way the parent and baby can get to know one another and learn how to breastfeed.
- **Encourage rest.** A parent needs lots of energy to focus on the baby, especially help with everyday needs such as meal preparation, dishes, laundry, keeping the home tidy and caring for other children.
- **Encourage the breastfeeding parent to focus on caring for oneself and feeding the baby.** The breastfeeding parent and the baby should be together as this helps them learn about one another and develop a special breastfeeding relationship.
- **Have realistic expectations.** A baby changes life. Parents need time to adjust to these changes.
- **Get help.** If the parent feels that things are not going well with breastfeeding, encourage them to search for local resources. Help the breastfeeding parent get the help that is needed.
- **Remember that each breastfeeding parent is different.** Ask what they feel would help.

Peer Support

Breastfeeding parents also benefit from the support of other parents who are breastfeeding. You may have friends or relatives who are breastfeeding their babies or who have recently breastfed. You can also meet other pregnant or breastfeeding parents through:

- Prenatal classes.
- Parenting groups.
- Breastfeeding support networks.
- La Leche League Canada groups.
- Social media including local Facebook groups (be aware that there is potential for misinformation).

For more information about breastfeeding support, go to page 42 of this booklet.

“ I found my support from parents who are breastfeeding, my local public health nurses, my mother, some close friends, and my husband. But my greatest support was knowing that I was giving my little baby everything needed to grow healthy and strong, and to have a protected immune system. I’d do it all over again in a heartbeat! ”





SECTION 2

Helping Your Baby Get a Good Start

You can help your baby learn to breastfeed by:

- Holding your baby skin-to-skin.
- Practicing baby-led latching.
- Responding to your baby's feeding cues (see page 14).
- Learning how to hand express colostrum and breast milk (see page 13).

Skin-to-Skin

Skin-to-skin is a way of holding your baby that both babies and parents enjoy. Skin-to-skin is best done with the biological parent, especially at birth. Skin-to-skin is when your baby, wearing only a diaper, is placed against a parent's bare skin. When babies are held skin-to-skin, they can hear their parent's heart-beat and breathing, and smell and feel their skin. This is familiar and comforting, and helps them to use their natural instincts.

The importance of skin-to-skin:

- Helps your baby feel safe and secure.
- Stabilizes your baby's heart rate, breathing and blood sugar.
- Keeps your baby warm through your body heat.
- Promotes bonding and getting to know your baby.
- Helps your baby to be calm and cry less.
- Helps you to be more confident and relaxed.
- Helps decrease your baby's pain during medical procedures.
- Helps your milk flow and may improve your milk supply.
- Promotes a deep latch. This means that you are less likely to develop sore nipples and your baby will get more milk.

Hold your baby skin-to-skin as soon as possible after giving birth. This special time will help both of you recover from the birth. Hold your baby without any interruptions, for an hour or more, or as long as you wish. Talk to your health care team about weighing your baby and providing routine care that interrupts skin-to-skin later. For more information about the importance of skin-to-skin in the first hour, view this infographic at: http://healthunit.org/wp-content/uploads/skin-to-skin_infographic.pdf.



Safe Positioning for Skin-to-Skin Contact

Getting ready for skin-to-skin:

- Take off your baby's blankets and clothing. Leave a diaper on.
- Move your clothing away from your chest and tummy.
- Hold your baby, facing you, against your chest or tummy
- Position yourself a little upright, not flat.
- Position your baby so that your baby's:
 - Face can be seen.
 - Head can move freely at all times.
 - Nose and mouth are not covered.
 - Head is turned to one side.
 - Neck is straight, not bent.
 - Shoulders are flat against you, chest to chest.
 - Arms are spread outward and not curled under the baby's body.

In the first few days after birth when holding skin-to-skin, watch your baby's face. See that the colour remains normal, breathing is regular, and baby reacts to your touch.

For safe sleep, if you are feeling sleepy and no one can watch you and your baby, put your baby in their own crib, positioned on their back.

Avoid swaddling or tightly bundling your baby. This can prevent them from showing you feeding cues, can cause your baby to become overheated, and can increase the risk of problems with the development of baby's hips.

As your baby grows, continue holding your baby skin-to-skin. Holding your baby skin-to-skin can help reduce discomfort during painful procedures such as the drawing of a blood sample or immunization. Being skin-to-skin also helps your baby relax and feel a special bond with you. To learn more, view the video *Enhancing Baby's Relationship: A Parents' Guide for Skin-to-Skin Contact with their Infants* at <https://people.stfx.ca/abigelow/dvds-mother-infant-skin-to-skin-contact.htm>. Premature babies benefit from this, too. You may hear it called *Kangaroo Mother Care*. Your partner, or another person you are close to, can provide skin-to-skin care to comfort and nurture your baby.

Hand Expressing Colostrum or Breast Milk

Hand expression is using your hands to get colostrum and breast milk out of your breasts. Hand expression is an important skill for parents. Hand expressing colostrum or breast milk is important because it helps you to:

- Express a few drops of colostrum or breast milk to get baby interested in latching.
- Prevent soreness by gently rubbing a few drops of milk onto your nipples.
- Soften your breasts near your nipples before latching your baby, if they are very full.
- Make your breasts comfortable if they are full and your baby is not feeding.
- Express milk for your baby if you are going to be away from your baby or need to feed your baby other than directly from your breast.
- Increase your milk supply.



You can practice expressing breast milk as soon as your baby is born or even a week or two before your baby is born. Colostrum is the first milk your body makes and is a rich, yellowish fluid. Colostrum is sometimes described as “liquid gold” because it is perfectly suited for your newborn baby. It is very nourishing, contains important immune boosting substances, and is easy for your baby to digest.

To express colostrum or breast milk for your baby:

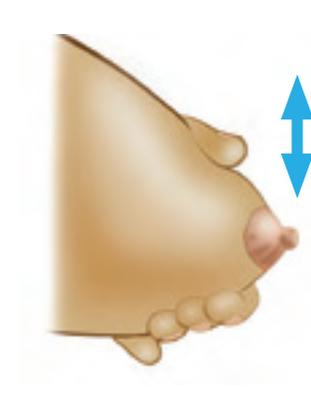
- Wash your hands well.
- Find a place where you are comfortable and relaxed.
- If possible, hold your baby skin-to-skin before you start.
- Gently stroke and massage your breasts moving from the chest wall toward the nipple. Massage can help milk to flow.
- Place a warm towel on your breast for a few minutes.
- Hold your breast with one hand, form a “C” with your fingers, not too close to the nipple. The thumb and fingers of your hand should be opposite each other, with your nipple lined up between them and about 2 1/2 - 4 cm (1 to 1 1/2 inches) back from your nipple.



press (back towards your chest)



compress



relax

- Gently **press** your breast back toward your chest.
- Lightly **compress** your thumb and fingers together towards each other, without rubbing the skin.
- **Relax** your fingers up to a couple of seconds then repeat the same motion. Do not squeeze the base of your nipple, as this will stop the flow of milk and it could make you sore.
- **Repeat** (**press, compress, relax**), moving your fingers around your breast so you can express from all parts of your breast. Continue for about a minute or until milk stops flowing before moving your fingers to another area of your breast.
- Collect the milk on a teaspoon or in a container with a wide mouth. You can then feed your baby the colostrum or breast milk using a spoon, dropper, small cup or other method. Ask your health care provider about the various methods of feeding expressed milk to a breastfed baby. You can also save your breast milk if your baby doesn't need it right away. See page 32 of this booklet for information about the storage of expressed breast milk.

Sometimes a parent may not be able to breastfeed right away. If your baby is not taking milk directly from your breast, you can establish your milk supply by hand expressing, pumping, or a combination of both. It is important to establish and maintain your milk supply by removing milk as many times as a baby would feed, **at least 8 or more times in 24 hours including through the night**. You can even start in the first hour after birth, after your baby has been to your breast. If you need more information see the fact sheet *Expressing and Storing Breast Milk* that complements this resource at <https://resources.beststart.org/wp-content/uploads/2018/12/B35-E.pdf>.



Responsive Cue-Based Feeding

Breastfeed your baby often. Babies need to feed **at least 8 or more times in 24 hours including through the night**. Watch for your baby's cues and respond to them. Your baby will tell you when they are ready to feed, if they need a brief break during the feeding, and when they are finished feeding. These signs are called *feeding cues*.



"I'm hungry" Early feeding cues:

- Stirring, moving arms.
- Mouth opening, yawning or licking.
- Hand to mouth movements.
- Turning head from side to side.
- Rooting, seeking to reach things with their mouth.



"I'm really hungry" Moderate feeding cues:

- Stretching.
- Moving more and more.
- Hand to mouth movements.
- Sucking, cooing or sighing sounds.



"Calm me, then feed me." Late feeding cues:

- Crying.
- Agitated body movements.
- Colour turning red.

You can calm your baby before feeding by:

- Cuddling.
- Holding skin-to-skin.
- Talking or singing.
- Stroking or rocking.

If you miss your baby's early feeding cues and need to calm your baby for breastfeeding, here are some tips:

- Stay together with your baby so that you can see their early hunger cues. Once a baby starts to cry it can be more difficult to calm them so they can feed.
- Undress your baby and hold your baby skin-to-skin.
- Offer your breast even if your baby fed a short time ago.
- Hold your baby closely and walk around or sit and hold your baby while you rock in a rocking chair.
- Try burping your baby.
- Talk to your baby, sing to your baby, or say “shhhh.”
- Change your baby's diaper if they are wet or poopy.
- Use a baby carrier or wrap while you go for a walk.

You know that your baby is getting enough milk when:

- Your baby is feeding **at least eight times in 24 hours**. It is okay and normal if your baby breastfeeds more often.
- Your baby changes from fast sucks at the beginning of the feeding to slow sucks. You may be able to hear or see your baby swallowing. Your baby may change to fast sucks again later in the feeding. You will notice a pause during the suck when your baby's mouth opens the widest.
- After your baby is four days old, your baby has at least three or four poopy diapers every 24 hours. The poop is yellow in colour and like thick soup. After six or eight weeks, your baby may not poop as often. That is normal.
- Your breasts may feel softer after your baby feeds.
- Your baby is gaining weight at the expected rate.



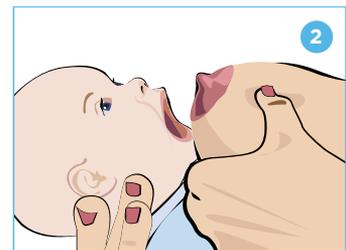
SECTION 3

Learning to Breastfeed

Latching Your Baby

When latching your baby, make sure you and your baby are both comfortable. Holding your baby skin-to-skin helps with latching. It is best to try to breastfeed your baby when they are showing early feeding cues as can be seen on page 14. In order to achieve an effective latch, consider the following:

- You may need to support your breast with your hand (guiding hand). When using your fingers to cup your breast, make sure they are well back from the dark or pink area (areola) around your nipple.
- Hold your baby tucked in close “tummy-to-mommy”, and preferably skin-to-skin without bundling your baby in a blanket (see page 11).
- Support your baby with your hand behind your baby’s shoulders, supporting the neck and not the head. Your baby’s hands remain free to explore your breasts.
- Your baby’s nose approaches the nipple (nose-to-nipple as a landmark). Allow your baby to lick, search and explore the nipple. This will help trigger a wide open mouth.
- Once your baby’s mouth opens wide, place the bottom lip and chin below the nipple and gently push the areola into the mouth. Your nipple will be the last part in the mouth. When latched well, the chin will be pressed into your breast, your baby’s head will be tipped back, and the tip of the nose may be touching your breast (not buried into the breast).
- You want your baby to have your nipple and part of your breast in the mouth.
- Your baby will now start to breastfeed. You don’t need to push your baby onto your breast. Babies don’t like getting pushed and may push back against your hand.
- When your baby is feeding you will notice your baby’s chin is tucked into your breast, your baby’s head is tilted slightly back and your baby’s nose is free and not indenting the breast. Your baby is mostly relaxed during the breastfeed and does not get tense or agitated.
- After you feed your baby, your breast is softer than before the feed. See these helpful videos:
 - www.healthyfamiliesbc.ca/home/articles/video-latching-your-baby.
 - <https://globalhealthmedia.org/videos/breastfeeding/>
See: Attaching Your Baby at the Breast.



Effective Latch

The following LATCH acronym (see next page) helps to highlight what to look for in an effective latch.



LIPS FLANGED OUT

(Wide, gaping mouth to accommodate areola and nipple)



ASYMMETRIC LATCH

(More areola visible above the baby's top lip)



TUMMY-TO-MOMMY

(Baby's ears, shoulders, and hips in alignment)



CHIN TOUCHING BREAST

(Nose free in the sniffing position)



HAVE A LISTEN & WATCH

(Active suckling and swallowing indicating milk transfer)

Adapted with permission from Baby-Friendly Council of Newfoundland and Labrador.

How to Tell if Your Baby is Latched Deeply

While your baby is breastfeeding you will know your baby is latched deeply if these things are happening:

- Breastfeeding is comfortable for you. You feel a tugging sensation. **This can sometimes be a little uncomfortable but you should not experience nipple pain.**
- Your baby's chin is tucked into your breast, your baby's head is titled slightly back, and your baby's nose is not indenting into the breast.
- Your baby's mouth is wide open with the lips curled out. If your baby has a deep latch you might not see your baby's lower lip.
- Your baby has a strong, slow, regular suck. Your baby's cheeks remain full and rounded, not dimpling or indrawn.
- You can hear swallowing ("kah" sounds).
- Your baby's ears or temple are moving while your baby sucks.
- Your baby is comfortable and maintains the latch.

When your baby is finished breastfeeding:

- Your nipples will have a normal, rounded shape and they should not look pinched.
- Your breasts feel softer. This is more noticeable during the first few weeks of breastfeeding.
- Your baby is mostly relaxed and content. Younger babies may fall asleep when they are done feeding. Older babies may stay awake but let you know they are done feeding by turning away or starting to play.
- Younger babies often fall asleep at the breast, but when you take them away, they wake up again. If your baby does this, it is a sign that your baby needs a little more.

If your baby fusses and doesn't latch, try these things:

- Move your baby back to an upright position between your breasts.
- Stroke and talk to your baby until your baby calms down.
- Calm yourself. This will help calm your baby too.
- Switch to a different breastfeeding position.
- See if your baby will latch by themselves in the laid-back position. See page 20 for information on this position.
- Express some milk on your nipple so your baby will smell and taste it right away.

If you are unable to latch your baby, ask for help. For information on *Getting Help*, go to page 42 of this booklet.



Breastfeeding Positions

When you are about to feed your baby make sure you and your baby are in a position that makes it easy to breastfeed. At first, you may find you are more comfortable in a certain position like sitting back in a favourite chair or lying in your bed. As time goes on you will feel comfortable breastfeeding your baby in different positions and in different places such as sitting at a table or while walking.



When your baby is positioned comfortably and aligned with your breast, a deep and effective latch is more likely and can:

- Help your baby suck effectively.
- Help your baby get enough milk.
- Stimulate, build and maintain your breast milk production.
- Help prevent many breastfeeding problems such as sore nipples, mastitis, low breast milk supply, and poor weight gain.

Whichever position you like to use (laid back breastfeeding, sitting up, or lying down), your baby should be in a position that allows for a deep latch and easy swallowing. When you are feeding, follow these tips:

- You and your baby are well supported.
- You hold your baby unswaddled (without being wrapped in a blanket).
- You hold your baby tucked in close, “tummy-to-mommy”.
- Make sure you are in a position that does not cause you pain (from an episiotomy or caesarean birth).
- Your baby’s ear, shoulder, and hip should be in a straight line.
- Your baby’s head should be slightly tilted back. This allows the baby to latch deeply and swallow easily.
- Have a beverage such as water and any items you may need within easy reach before you start.

When your baby is ready to feed, bring your baby to your breast. There are many positions and many ways to latch. Here are some tips that may help.

Tummy to Mommy – Position your baby’s tummy against your tummy. Hold your baby’s shoulders and body as babies do better when they can freely lift and move their heads.



Lying down

When you are tired (and all new parents are tired!) it helps to be able to breastfeed lying down.

- Lie on your side, with a pillow under your head. Some parents like a pillow behind their back or one between their knees, too.
- Let the pillow support the weight of your head.
- Have your baby on their side with their entire body facing you.
- Bring your baby close to you but positioned far enough away from your breast so their head tips back to reach up to your nipple.
- When your baby opens their mouth wide, bring your baby close so that your baby’s chin presses against your breast.
- You may want to change both you and your baby’s position to feed from your other breast. Some parents can feed from both breasts on the same side while lying down.

The football hold

(Can be used for either breast. This example guides you through breastfeeding from the left breast.)

- Put a pillow behind your back and beside you to support your arm.
- Hold your baby beside you and scoop your baby up with your forearm, tucking your baby at your side.
- Your left hand will be behind your baby’s shoulders and neck.
- Your baby’s legs and feet are facing towards your back.
- Hold your baby back far enough so that your baby’s head can extend into a sniffing position. This will help you get a deeper latch.
- You can support your breast with your right hand.



Illustrations adapted with permission from NancyMohrbacher.com

Laid-back breastfeeding (Biological Nurturing)

- This position helps your baby find the breast. It is helpful when a baby is learning to breastfeed, is not breastfeeding well, or when your nipples are sore.
- Lean back with pillows to raise your head and shoulders and get comfortable.
- Dress your baby lightly or breastfeed skin-to-skin.
- Put your baby tummy down on your chest. Both your baby's shoulders should be touching you.
- Your forearm supports your baby's back and bottom.
- Let gravity support your baby with light hand support to your baby's bottom. There is no need to apply pressure along your baby's back or neck to keep your baby in place.
- When ready, your baby will start looking for your breast. Your baby will lift up their head, push with their legs, and use their hands to help find the nipple. At first, your baby might just lick the nipple or might bob their head up and down over the breast. After a while your baby will find the nipple and latch.
- If your nipple feels sore as your baby sucks or you are not comfortable, you can move your baby a little until it feels better. You want your baby to have as much of the breast as possible in their mouth.
- Latch your baby on your breast (in any position around your nipple). See above illustrations for ideas on other ways you can do laid-back breastfeeding.
- See a video at www.biologicalnurturing.com/video/bn3clip.html and notice how comfortable the breastfeeding parent is and how they follow baby's cues.



The cross-cradle position

(Can be used for either breast. This example guides you through breastfeeding from the left breast.)

- Hold your baby along their spine with your right arm.
- Your forearm supports your baby's back and bottom.
- You can support your breast with your left hand.



The cradle position

(Can be used for either breast. This example guides you through breastfeeding from the left breast.)

- Hold your baby in your left arm, with the baby's head near your elbow. Your hand holds their bottom.
- You can support your breast with your right hand if you need to, or use your right hand to help support your baby's weight.
- This position can work better with older babies, or with young infants once latched.

Any position that is comfortable for you and your baby is an acceptable position. A good position allows a good latch.

Guiding hand – In a sitting position, you may need to support your breast while latching. When using your fingers to cup your breast, make sure they are well back from the dark or pink area (areola) around your nipple.

Latch – Hold your baby so that the mouth is just below your nipple. When your baby latches well, the chin will be pressed into your breast, the head will be tipped back, and the top of the nose may be touching your breast. You want your baby to have your nipple and part of your breast in their mouth.

Getting a big mouth on your breast – Your baby’s chin will be touching your breast, about an inch from your nipple. Then wait for the mouth to open wide over your nipple. Bring your baby close pressing the chin deeper into the areola. Your nipple will be almost the last part in the mouth. Tuck the shoulders in more. With a deep latch, there will be more areola in your baby’s mouth and you will be more comfortable. Your baby should now start to breastfeed. You shouldn’t push your baby’s head into the breast. Babies don’t like getting pushed and often will respond by pushing back against your hand and away from the breast. Some parents like to use a footstool to elevate their knees when using a sitting position. This can also help baby stay tucked in close. Another option is to lean back with your baby in a comfortable position.



Final look – When your baby is feeding you will notice their chin is tucked into your breast, their head is tilted slightly back, and their nose is free and not indenting the breast.

See these helpful videos:

- www.healthyfamiliesbc.ca/home/articles/video-latching-your-baby.
- <https://globalhealthmedia.org/videos/breastfeeding/>
See: Attaching Your Baby at the Breast.

“Breastfeeding is a learning process, and it may take longer than you expected. It is the most comforting and emotionally bonding experience you can have with your baby. Even at 6 months, if my baby gets really upset, holding them skin-to-skin will always soothe my baby.”

Signs that Breastfeeding is Going Well

How often should I breastfeed and for how long?

Most newborn babies feed **8 or more times in 24 hours**. Breastfeeding provides the food your baby needs to grow and develop. Some babies feed regularly and establish a routine quickly, others like to have short feeds very often especially in the evening or at night. This is called cluster feeding. It is very common in the first few weeks.

Respond to your baby whenever they show feeding cues. Breastfeed your baby as long as your baby wants to feed. When your baby stops feeding on the first breast, burp your baby and offer the second breast. This will ensure you have a plentiful milk supply as your baby grows.

Some babies feed for 20 minutes, others take much longer. Your baby may also feed longer at some feedings and take less time at other feedings. You do not need to time the feed or worry about them as long as your baby:

- Feeds often, at least 8 or more times in 24 hours, during the daytime and during the night. This is normal.
- Feeds with strong sucking and is swallowing.
- Has plenty of wet and dirty diapers (refer to the chart on page 25).
- Gains weight appropriately. It is normal for your baby to lose weight in the first few days after birth (refer to the chart on page 25).

Remember, watch your baby, not the clock.

As babies get older they may change how long or how often they feed. Follow your baby's cues. Your baby knows when they are hungry and when they are full.

Whenever your baby wants to feed, start with the fullest breast. This is usually the breast your baby finished on their last feed. If your baby last fed on only one breast, start with the other breast. Let your baby feed as long as they are interested. Switch to the other breast:

- Once the first breast feels softer.
- Your baby is no longer sucking actively.
- Your baby lets go of your breast or falls asleep.

Make sure your baby feeds from both breasts regularly. If your baby comes off the second breast and appears to still be hungry, offer the first side again. Your breasts continue making milk while your baby is feeding. Offering your baby each breast more than once during a feed is called “switch” nursing. This can be especially helpful in the early days or weeks.



Some babies release the breast when they are finished, others don't. If your baby has been pausing a lot and is no longer swallowing, take them off your breast. Slip a clean finger between your breast and your baby's gums to break the suction.

Some babies always feed from both breasts, others don't. Some babies have a short nap and then want to feed from the other breast.

Change the breast you start on at each feeding. Sometimes you know which side is fuller. Some breastfeeding parents keep track by putting a ribbon on their bra or a bracelet on their arm. Do whatever works for you and your baby.



Breast Compressions

Some newborn babies fall asleep easily while they are feeding. To encourage your baby to keep feeding until they are full, you can use breast compressions. Compress your breast to help your milk flow when:

- Your baby falls asleep after only a few minutes at your breast.
- Your baby is sucking lightly with few swallows.
- The sucking turns to light sucks or nibbling.
- The sucking stops.
- Your breasts are not softening during feeding time.
- Your baby needs more milk.

To do breast compressions, follow these steps:

- Hold your breast with your fingers on one side, thumb on the other, away from the areola. See illustration below.
- Compress the breast (firm but gentle squeeze) when your baby's sucking slows down.
- Release the compression when your baby pauses or stops sucking.
- See if your baby swallows more when you compress your breast between sucks or with a suck. This will help your baby to get more milk.
- Continue with breast compressions until your baby is no longer sucking.
- Watch your baby's sucking pattern.
- Offer the other breast as needed.

Observe breast compression in the following video and information link:

- Breast compression <https://ibconline.ca/breast-compression/>.
- 2-Day Old/Compressions <https://ibconline.ca/breastfeeding-videos-english/>.



Switch Nursing

Switch nursing involves moving your baby from one breast to the other breast a few times during the feeding.

Use switch nursing when your baby:

- Is often sleepy at the breast.
- Spends a large part of a feed sucking but not swallowing.
- Is gaining weight slowly.

During a feeding when you observe that your baby is no longer swallowing, try breast compressions and/or switch to the other breast. Switching breasts can be done several times during the same feeding. You can also use waking techniques such as burping and upright breastfeeding positions to encourage your baby to breastfeed longer.

Is my Baby Getting Enough Milk?

These are signs that your baby is getting enough milk (refer to chart below):

- Your baby feeds at least 8 times every 24 hours.
- Your baby has enough wet and dirty diapers according to their age (see chart on page 25).
- Your baby is active and has a strong cry.
- Your baby has a wet, pink mouth, and bright eyes.

To make sure your baby is getting enough milk, keep track of the number of wet and dirty diapers in a 24 hour period.

In the beginning it can be hard for new parents to know if their baby has a wet diaper. A very wet diaper is heavier than a dry diaper. If you want to know what a very wet diaper feels like, pour 45 ml (3 tablespoons) of water on a dry diaper. Your baby's urine (pee) should be clear or pale yellow, and it should have no smell. If a dirty diaper is heavy, count it as both a wet diaper and poopy diaper.

If your baby does not have enough wet and dirty diapers, get help right away!

Most babies lose a bit of weight in the first 3 days after birth. From day 4 onward, most babies gain weight regularly. Weight is just one part of a larger picture of how a baby is doing. During the first 3-4 months, your baby's health care provider will check their growth regularly. If your baby is gaining more slowly, be sure you are responding quickly to early feeding cues and rousing your baby to feed if necessary. You can also use breast compressions and have your baby feed from both breasts more than once (switch nursing). After a feeding you can express some milk and feed the milk to your baby using a spoon, dropper or small cup. Be sure to get help from your health care provider and have them watch a feeding so they can see your baby feeding.



After baby is 2 days old expect your breastfed baby to have 3 or more large, soft, usually seedy poops per day. By three to four weeks, some babies will have only 1 – 2 poops per day. Some have one large poop every few days. This is normal as long as your baby is feeding well, seems content and their poops are soft. If your baby is not feeding well, is more fussy than usual or has not had a poop in more than a week, go to section *Getting Help* on page 42 of this booklet.

Your baby needs to feed often, because your baby’s stomach is small. When your baby is born, your baby’s stomach is about the size of a cherry. By day 3, your baby’s stomach increases to about the size of a walnut. Around 7 days old, your baby’s stomach is about the size of an egg. See the chart below.

SIGNS THAT FEEDING IS GOING WELL									
Your Baby’s Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	 At least 8 feeds per day. Your baby is sucking strongly, slowly, steadily and swallowing often.								
Your Baby’s Tummy Size	 Size of a cherry		 Size of a walnut		 Size of an apricot		 Size of an egg		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	 At least 1 WET	 At least 2 WET	 At least 3 WET		 At least 4 WET		 At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE		
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	 At least 1 to 2 BLACK OR DARK GREEN		 At least 3 BROWN, GREEN, OR YELLOW		 At least 3 large, soft and seedy YELLOW				
Your Baby’s Weight	Most babies lose a bit of weight in the first 3 days after birth.				From day 4 onward, most babies gain weight regularly.				
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								
Breast milk is all the food a baby needs for the first six months. You can get advice, help and support from: <ul style="list-style-type: none"> – Your health care provider. – Telehealth Ontario’s specialized breastfeeding services support line at 1-866-797-0000 or TTY at 1-866-797-0007. – Bilingual Online Ontario Breastfeeding Services directory at www.ontariobreastfeeds.ca. 									

Available in 20 languages: <https://resources.beststart.org/product/b02e-breastfeeding-guidelines-nursing-mothers-table/>.

Partners or family members can help in so many ways. Changing baby, burping, rocking or singing can help them get to know the baby and know they are doing their part.



SECTION 4

Important Things to Know

Waking a Sleepy Baby

Some newborn babies are sleepy. That means your baby may not wake up on their own to feed at least 8 times in 24 hours. Or your baby may latch and may fall asleep shortly after the feeding has started. Until your baby is waking up regularly and gaining weight steadily, you may sometimes have to wake your baby.

Tips to wake and feed a sleepy baby:

- Keep your baby close so you notice when they show early feeding cues. Babies can feed even when they are drowsy or not fully awake. It is best to feed when your baby shows early feeding cues.
- Feed your baby as soon as they show early feeding cues, or your baby may go back into a deeper sleep. To learn about feeding cues go to page 14 of this booklet.
- Hold your baby skin-to-skin. Your baby will breastfeed more often if kept skin-to-skin on your chest while you are awake.
- Unwrap and undress your baby. Change the diaper if it is wet or dirty.
- Lift your baby to your shoulder and gently rub their back and body.
- Roll your baby gently from side to side. Talk to your baby.
- Express a few drops of milk right before you offer the breast. The smell and taste of the milk will encourage your baby to latch.
- Use breast compressions during feeds to encourage a sleepy baby to be more alert. This will increase the amount of milk taken. To learn about breast compressions go to page 21 of this booklet.
- Offer each breast more than once. Switch breasts more often to help wake your baby and encourage active feeding.



Calming a Fussy Baby

Babies cry for many reasons – discomfort, loneliness, hunger, fear, tension, or tiredness. Some babies cry more than others even when they are healthy and well fed. This happens more often in the first three months. It also happens more at night. You cannot spoil your baby by holding and comforting them. In fact, babies develop best when their parents respond quickly to their needs and cues.

If you know your baby has been well fed and burped, and your baby seems to cry for no reason, try these suggestions:

- Hold your baby in your arms.
- Hold your baby skin-to-skin (see page 11 for more information on how to safely hold your baby skin-to-skin).
- Speak or sing to your baby.
- Walk, rock or sway with your baby. Babies become familiar with their parent's heartbeat, voice and movements in the months before birth and this can be calming.
- Change your baby's diaper if it is wet or dirty.
- Adjust your baby's clothes if they seem too warm or too cool.
- Express your milk and put a few drops on your nipple so your baby can smell and taste your breast milk.
- Offer your breast again. Use breast compressions and offer the first and second breast again.

Use calming strategies to calm yourself, such as counting slowly to ten, breathing deeply,

or pretending you are blowing bubbles. These strategies will often calm your baby too. If you are getting frustrated or the above suggestions are not working, ask your partner or a trusted adult to hold your baby while you take a break. If there is no one to help you, place your baby in a safe place such as the crib, and have a short break. If your baby is often fussy or you think your baby is unwell, be sure to share your concerns with your baby's health care provider.



Burping Your Baby

A breastfed baby does not swallow much air. It is still a good idea to try to burp your baby. Some babies fuss if they need to burp. Watch your baby to see how often they need to be burped.

- Some babies need to be burped during a feeding and again at the end.
- Some babies burp on their own, while feeding or when they are done.
- Some babies may not burp every time.
- Some babies spit up after feedings. As long as your baby appears content and gains weight as the weeks go on, don't worry about spitting up mouthfuls of milk.

To burp, simply support your baby's head and pat their back. A bubble of air can come up more easily if their back is straight. Here are some burping positions.



Hold your baby upright over your shoulder.



Hold your baby in a sitting position on your lap. Your baby will be leaning slightly forward with your hand supporting their jaw.



Place your baby on their stomach across your lap.

Growth Spurts

Babies have some days when they seem hungrier than usual. These times are called growth spurts. When this happens, some parents worry that they do not have enough milk. There is no need to worry if your baby is growing and gaining well. The more you feed your baby, the more milk you will produce.

Sore Nipples

At first, most parents feel a tug when their baby sucks. This can be a little uncomfortable. You should not experience any nipple pain. The most common cause of sore nipples is a poor latch. If your nipples are sore from a poor latch, you may find:

- The pain started 1–4 days after birth.
- The pain may be worse at the start of feedings, and then improves.
- Your nipples may appear pinched or misshaped after breastfeeding.
- Your nipples may be damaged or bleeding. Swallowing blood from your nipples will not harm your baby.

To prevent and improve sore nipples make sure:

- Your baby has a wide open mouth and is latched deeply to the areola.
- Your baby's tongue is under the nipple and their lips are flared out.
- Your baby's head is tilted back a little so that the mouth can open wide.
- Your hand is positioned back from the nipple area and your fingers are not touching your baby's cheeks, chin or lower lip.

Check the information on how to tell if your baby is latched well on page 17.



If you have sore nipples:

- Keep your nipples dry and change nursing pads whenever they become damp.
- Breastfeed on the least sore side first until your nipple feels better.
- Try laid-back breastfeeding or try a different position. Refer to pages 12 and 16 for more information on breastfeeding positions.
- If you are sitting up, support your breast during the feeding.
- Get help to make sure your baby has a deep latch or to check what is causing your nipples to be sore.



If you do not feel some improvement within 24 hours or you notice redness, bruises, or cracks, call a health care provider for help. Check the *Getting Help* section on page 42 of this booklet.

Using a Pacifier (Soother)

Many breastfed babies never use a pacifier. When a baby is fussy, offer the breast first. See page 28 for information about soothing a fussy baby. It is important to make an informed decision if you are thinking about offering a pacifier to your baby. Offering a pacifier to delay a feeding can result in your baby not getting enough breast milk and slow weight gain patterns. This can also lead to a reduction in your milk supply. There is limited research that suggests pacifier use can increase the risk of your baby getting an ear infection. Babies who use pacifiers over the long term may develop dental problems. There are also safety considerations with the pacifier itself such as cleanliness and the pacifier not having any damage.

If you made an informed decision to use a pacifier, try to only give it to your baby for a short time after your baby has fed. You can also let your baby suck on your clean finger. If a short time of sucking does not settle your baby, offer them your breast again.

Breast Fullness and Engorgement

Many find their breasts feel larger and heavier on day 3 or 4 after a baby is born. After this stage passes your breasts will feel softer and less full. It does not mean you are losing your milk supply. If engorgement happens it is usually during the first week of breastfeeding, when your milk starts to change from colostrum to more mature milk. It can be due to:

- Increased blood flow to your breasts.
- Swelling in your breasts.
- More milk in your breasts than your baby is removing.

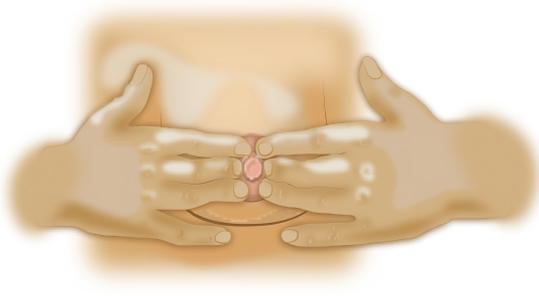
You can often prevent engorgement if you:

- Breastfeed whenever your baby wants to, **at least 8 or more times in 24 hours** (day and night).
- Make sure your baby is latched deeply and feeding well.
- Use both breasts at each feeding. If your baby will not take the second breast, and it feels very full, hand express enough milk from that side so that you feel comfortable. After a few days your breasts will feel more comfortable without you needing to express excess milk.
- Avoid using a pacifier.

If your breasts are engorged:

- Breastfeed your baby more often.
- If your baby will not latch, express breast milk to soften the areola, then try again.
- Some breastfeeding parents find it more comfortable to wear a bra, and others prefer to go without. If you wear a bra, make sure it is not too tight and avoid underwires.
- Apply a wrapped ice pack or cold compress to your breasts between feedings.
- Use reverse pressure softening before offering your breast to your baby.
- Gentle massage can help by loosening up the milk ducts and encouraging the swelling to move out and help the milk flow.

Reverse Pressure Softening



This is an effective and easy way to soften your areola. Once it is softened, your baby can more easily latch.

1. Place your fingers on each side of your nipple.
2. Push towards your ribs. Hold for about a minute.
3. Rotate your fingers around the nipple and repeat.
4. If part of your areola is still firm, repeat.
5. Reverse pressure softening may be a bit uncomfortable but should not hurt.
6. Remember that you are pushing fluid away from the areola. Your baby will be able to latch better on this softened areola.

If the engorgement does not improve and your baby does not seem to be feeding well, it is important to get help. Express milk from your breasts at least every 2-3 hours and feed the expressed milk to your baby in response to feeding cues until you are able to get help.

Storing Your Breast Milk

If you have expressed some breast milk and want to keep it for your baby, use the below guidelines from the Academy of Breastfeeding Medicine (2017).



Breast Milk Storage Guidelines for Healthy Full-Term Babies at Home Academy of Breastfeeding Medicine (2017).

Human Milk	Room Temperature (20°C)	Refrigerator (4°C)	Freezer (separate door freezer of refrigerator) (-18°C)	Deep Freezer (-20°C)
Freshly expressed	≤6 hours	≤5 days	≤6 months	≤12 months
Thawed in refrigerator, but not warmed	≤4 hours	≤24 hours	Do not refreeze	
Thawed and brought to room temperature or warmed	≤1 hour (then discard)	≤4 hours	Do not refreeze	
Freshly expressed milk that infant has started feeding	For completion of feed, then discard	Discard	Do not refreeze	
Thawed, previously frozen, pasteurized donor human milk	≤4 hours	≤24 hours	Do not refreeze	
Frozen, pasteurized donor human milk	Not applicable	Not applicable	No recommendation provided	9-12 months from pumping date

- Use clean glass containers or sturdy bags made for freezing breast milk that seal well. Avoid using baby bottle liners because they often break and may not seal tightly.
- Use plastic containers that are BPA-free.
- Use a new clean container each time you express milk.
- Label containers for storage with the date of milk expression.
- Store breast milk near the back of the refrigerator where it is the coldest. Don't store it in the fridge door where it is not as cold.

Throw out all breast milk that is older than the above storage times!

You can cup or spoon feed expressed breast milk to your baby. If you would like more information or help, ask a qualified professional who has experience helping breastfeeding parents. You can contact your local public health unit or go to the *Getting Help* section on page 42 of this booklet.

For more information see the fact sheet *Expressing and Storing Breast Milk* that complements this resource at <https://resources.beststart.org/wp-content/uploads/2018/12/B35-E.pdf>.

SECTION 5

Frequently Asked Questions

If I have small breasts, will I be able to make enough milk?

Your breasts will make enough milk for your baby regardless of their size. The amount of milk you make is directly related to the amount of milk that is removed from your breasts when your baby breastfeeds, or when you express breast milk by hand or with a breast pump.



I've had breast surgery. Can I breastfeed?

Being able to produce enough milk following breast surgery depends on several factors:

- The kind of surgery you had.
- The way the surgery was done.
- Whether there was damage to nerves and ducts.
- The length of time since the surgery was done.

It is impossible to predict what success a parent will have with breastfeeding after breast surgery. The only way to know for sure is to try. It may take longer than usual to build your milk supply. Your baby should be seen by a health care provider regularly in the first few weeks. If possible work with a International Board Certified Lactation Consultant. It's best to start working with a lactation consultant before your baby is born. This will help you make a breastfeeding plan including when to follow-up with the lactation consultant and other health care providers.

My nipples are flat or inverted. Can I breastfeed?

Most babies will learn to latch regardless of the size or shape of your nipples, even if they are flat or inverted. It may take some time for you and your baby to learn what works for you. If you and your baby are having problems, get help right away. Go to section *Getting Help* on page 42 in this booklet.

What if I don't have enough breast milk?

Most parents have more than enough breast milk for their babies. Here are some things you can do to make sure you have plenty of breast milk for your baby.

- Start breastfeeding as soon as possible after your baby is born.
- Breastfeed your baby often, **at least 8 or more times in 24 hours (day and night)**.
- Hold your baby skin-to-skin as much as possible.
- Offer your breast whenever your baby is fussy or shows feeding cues.
- If you have concerns, hand express after each feeding and offer your milk to your baby with a small cup or spoon. Talk with your health care provider about other ways to feed expressed breast milk.

If you are concerned, get help. Go to the section called *Getting Help* on page 42 of this booklet.

Why does my baby gulp, choke and fuss or come off my breast right after I start nursing?

Sometimes the milk comes a little too fast for a baby. This is called over-active milk ejection reflex (let-down). It may cause your baby to be gassy, spit up or have watery stools. It is most common in the first 6 weeks of breastfeeding. Here are some things you can do:

- Breastfeed immediately when your baby shows early feeding cues such as baby licking lips, opening and closing mouth and sucking on fingers or hands. Your baby will suck more gently if you feed when you notice early signs of hunger rather than waiting for later feeding cues.
- Lie down or lean back while feeding so your milk will be flowing up to the baby.
- Stop and burp your baby whenever your baby gulps, coughs, or chokes.
- Feed your baby from both breasts at each feeding.
- Some parents find it helpful to hand express some breast milk before they begin breastfeeding. This means your baby starts feeding when the fastest flow of milk is over. It is best to do this only when your breasts feel very full and not at every feeding because it encourages your breasts to produce more milk than your baby needs.



Can I breastfeed more than one child at a time?

Yes you can breastfeed twins and other multiples. Also, you can breastfeed while pregnant, and you can breastfeed an older and younger child. The milk will be designed for the younger child and will be healthy for the older child. The younger child needs priority for the milk, and will almost always feed more often. Breasts usually adapt to produce all the milk needed. Refer to the resource *Breastfeeding Protocol: Positioning and Latching* pages 16 to 18 at https://breastfeedingresourcesontario.ca/sites/default/files/pdf/BFI_Positioning_and_Latching_web3.pdf.

“ It took me 6 weeks to get my baby to breastfeed. I had to pump and feed breast milk while we both learned to breastfeed. It was nice to have the support. Something so natural, it’s not always easy, but you can learn, if you have the right resources, support and lots of patience. ”

“ *Just listen to your baby! They know when they are hungry and when they need to be comforted. Persevere because it does get easier... give it a couple of months at least to get to know each other. It is such a short amount of time in the grand scheme of things.* ”

I have a fever and one of my breasts hurts. Can I still breastfeed?

If you have pain, swelling or redness in your breast and have a fever, you may have a breast infection, also called mastitis. It is okay to continue breastfeeding from both breasts. It is important to breastfeed or express milk from the breast that is infected every 2-3 hours, or the infection may get worse. The breast milk is safe for your baby and has antibodies to help protect your baby from infection. Contact your health care provider to get treatment. For more information see the fact sheet *Breast Infection (Mastitis)* that complements this resource at <https://resources.beststart.org/wp-content/uploads/2018/12/B34-E.pdf>.



I noticed a lump in my breast. What is it?

If you notice a lump in your breast that does not go away with breastfeeding, it is most likely a blocked milk duct. Continue to breastfeed your baby. Tell your health care provider if you have a lump in your breast that does not go away. For more information see the fact sheet *Blocked Ducts* at <https://resources.beststart.org/wp-content/uploads/2018/12/B33-E.pdf>.

I have more milk than my baby needs. In fact, I have a lot of milk stored in my freezer. What can I do?

It is quite normal for some parents to have more milk than the baby needs during the first few weeks of breastfeeding, especially if they have a small or premature baby. Milk supply usually settles down in a few weeks.

Some parents continue to have an over-abundant milk supply. This may be natural for your body or it may be caused by expressing milk regularly as well as feeding your baby. If you are expressing your breast milk, decrease the number of times you are expressing your milk gradually until you are no longer expressing more than your baby needs.

If your milk supply is over-abundant without expressing, try the tips on the top of page 34. Once your baby starts solids, you can use the milk stored in your freezer to mix with the solids.

If you want to provide your milk for sick or premature babies, contact a human milk bank. In Ontario go to <https://www.milkbankontario.ca/>.

How will I know if my baby or I have thrush?

Sometimes a breastfeeding parent and their baby will develop thrush. Thrush is a fungal infection that can develop on your nipples and also in your baby's mouth. There may be many symptoms. Your nipples may be sore and itchy. Your baby's mouth may have white patches. If you think you and/or your baby may have thrush, contact your health care provider. For more information see the fact sheet *Thrush* at <https://resources.beststart.org/wp-content/uploads/2018/12/B36-E.pdf>.

My breasts feel much softer than they did at the beginning. Do I have less milk?

The amount of milk in your breasts is not related to how your breasts feel. Your breasts change over time and adapt to your growing baby. Usually, having an older baby means having softer breasts.

I heard that breastfeeding can help lessen my baby's discomfort during blood draws and vaccinations. Is this true?

Yes, breastfeeding while your baby is having blood drawn or during an injection will help to reduce pain and distress. Inform your health care provider that you wish to breastfeed while they perform the blood draw or injection. Ask your health care provider to begin once your baby is sucking well. Continue breastfeeding for a few minutes after the health care provider is finished. The combination of breastfeeding with your touch and gentle words is one of the best ways to reduce pain for your baby.

When will my baby sleep through the night?

Every baby is different and babies need to feed around the clock (even overnight), especially in the early days. This meets your baby's needs because of their small tummy and helps you by stimulating your breasts frequently. Feed your baby in response to your baby's hunger cues, even during the night. It is helpful to have your baby sleep in the same room as you so that you can be in tune with your baby and feed more easily.

You may notice your baby wakes more frequently at night if:

- Your baby has a growth spurt.
- Your baby is sick.
- Your baby is learning a new skill like rolling over or standing up.
- Your baby needs to feel secure.
- You have gone back to work or school and are away from your baby more often during the day.

As babies grow, they will wake less often. This takes time for most babies. You are not alone... many new parents look forward to when they will be able to sleep through the night. For now, ask for help, and rest when your baby is sleeping whenever possible. For more information on healthy sleep tips for your baby, view the booklet *Sleep Well, Sleep Safe* at <https://resources.beststart.org/?s=sleep>.



I have been feeling weepy, anxious and irritable. I also feel as if I am not enjoying my baby. Why do I feel like this?

Some parents feel sad or have no interest in anything, not even their baby. Some parents feel nervous, anxious or feel like they can't stop worrying. About 1 in 5 mothers will develop a perinatal mood and anxiety disorder (PMAD) and 1 in 10 fathers. There is help. PMADs can be treated with medications, counselling, and support from other parents who have gone through a similar experience. Contact your health care provider if you are feeling like this. For more information refer to the section Mental Health at <https://resources.beststart.org/product-category/resources/mental-health/>.

Can I breastfeed when I am sick?

Even when you are sick, you can usually still breastfeed your baby. If you have a cold, flu or another type of infection, your body will make antibodies to fight the illness. You will pass these antibodies to your baby through your breast milk. This will give your baby some protection against your illness. When you are sick, it is always best to ask your health care provider if there are any precautions you should take.

What should I eat when I am breastfeeding?

Go ahead and eat all of your favourite healthy foods. Even if you do not have a perfect diet, your milk will still have the nourishment your baby needs. For information about vitamin D supplements for baby, go to page 38. For your own health, follow Canada's Food Guide, drink to satisfy your thirst and get plenty of rest. Visit <http://www.canada.ca/foodguide> for information on Canada's Food Guide and healthy eating options.

If you have more questions about your nutrition, contact Telehealth Ontario at 1-866-797-0000 or visit www.unlockfood.ca.

Is it safe for me to drink alcohol when breastfeeding?

Alcohol is transferred to your baby through breast milk. Alcohol decreases the letdown reflex and this could result in your baby getting less breast milk during feedings. Heavy drinking while breastfeeding has been shown to increase your baby's risk of poor weight gain, poor growth, and possible developmental delays. If you choose to have an occasional alcoholic drink while breastfeeding, it is important to plan ahead and drink alcohol immediately after breastfeeding, not before breastfeeding. Many parents choose an alcohol-free drink instead. For more information see *Mixing Alcohol and Breastfeeding* at <https://resources.beststart.org/wp-content/uploads/2016/01/A21-E-1.pdf> or discuss with your health care provider.



Is it safe to take medication while I am breastfeeding?

Most medications are safe when you are breastfeeding, but always check with your health care provider or your pharmacist. Speak to your health care provider about breastfeeding if you use street drugs. Street drugs can harm your baby. Let your health care provider know that you are breastfeeding if they are prescribing medications. If you have any questions about medications and other drugs and breastfeeding talk to a health care provider or pharmacist. You can find information at:

- *Infant Risk Center* <https://www.infantrisk.com/>.
- *LactMed* <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>.
- *MotherToBaby fact sheets* <https://mothertobaby.org/fact-sheets-parent/>.



Is it safe to use cannabis while I am breastfeeding?

When a breastfeeding person uses cannabis, a chemical called THC passes into the breast milk and is taken into a baby's fat cells and brain. It can be stored there for weeks. Some research shows that babies exposed to THC through breast milk have slower motor developments (affects baby's movements and responses). It is best to stop using cannabis while breastfeeding until further information about the effects of cannabis on babies are available. If you are unable to stop using cannabis, try using less and talk to your health care provider. For more information on cannabis and breastfeeding read the booklet, *Risk of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting* at <https://resources.beststart.org/a30e-risks-of-cannabis-htmlpage/>.

If I smoke, should I breastfeed?

Even if you smoke, breastfeeding is still the healthiest choice for your baby. If you can, try to cut down on smoking or quit. Smoking can cause your baby to be fussy. Heavy smoking can decrease the amount of milk you make. If you or someone else in your home smokes, decrease your baby's exposure to second-hand smoke and third-hand smoke. Since babies and children are especially vulnerable to the effects of smoke, here are a few ideas to reduce the risks:

- Breastfeed before you smoke.
- Smoke outside of your home and car.
- If you have smoked, wash your hands and change your outer clothing before holding your baby.
- Ask people not to smoke around you and your baby.

To help make your environment smoke-free see *Information on Second and Third-Hand Smoke – Handout* at <https://resources.beststart.org/product/n07e-information-second-third-hand-smoke-handout/>.

For more information and support on helping you quit or to cut down visit:

- www.smokershelpline.ca or call the smoker's helpline at 1-877-513-5333.
- www.pregnets.org.
- Telehealth Ontario Smoking Cessation Program at 1-866-797-0000.

Vaping is not harmless. The long term effects of vaping are not known but there are reports of hospital admissions and death due to lung damage. Read the following fact sheet on vaping and breastfeeding from the *MotherToBaby* website <https://mothertobaby.org/fact-sheets/e-cigarettes/>.

Should I give my baby any vitamins?

Vitamin D is needed by all babies. Health Canada recommends a daily vitamin D supplement of 10µg (400 IU) for exclusively and partially breastfed infants and young children from birth to 24 months of age. You can get Vitamin D supplements for your baby at your local pharmacy. Vitamin D is added to infant formula by the manufacturers.

Should I take vitamins?

Most people who breastfeed do not need to take vitamin or mineral supplements. Try to eat according to Canada's Food Guide most of the time and drink whenever you feel thirsty. See page 37 for more information. Health Canada recommends that anyone who could become pregnant take a multivitamin supplement with 0.4 mg (400 mcg) folic acid daily.

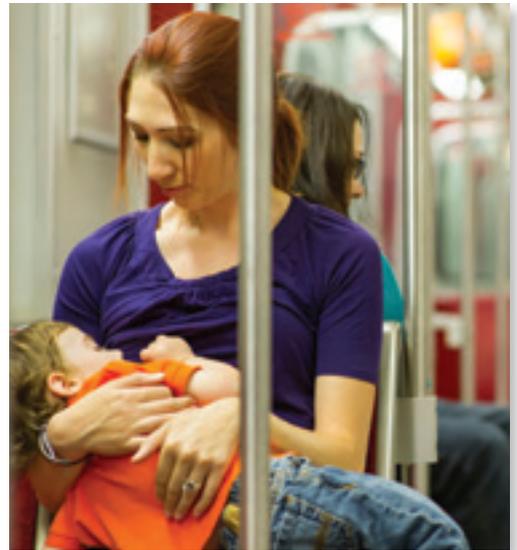
I'm not comfortable breastfeeding in public. What can I do?

You can breastfeed anywhere. You don't have to use a cover-up or a blanket if you don't want to. Nobody should tell you to go to the bathroom or another place to breastfeed.

If you want a private space to breastfeed but cannot find one, try these ideas:

- Place a blanket over part of your baby to help cover you and your baby.
- Wear a button up shirt and unbutton from the bottom.
- Wear a jacket or sweater over a loose top. You can pull the top up to breastfeed and the jacket will help cover you from the sides.
- Wear a tube top or other clothing layers to cover more of your skin.

You might feel more comfortable breastfeeding in public once you have practiced a few times. Some parents find it helpful to practice breastfeeding in front of their partner or a close friend or a mirror before breastfeeding in a public place.



When should I feed my baby more than breast milk?

Breastfeed your baby and give vitamin D drops for the first 6 months. Watch your baby for signs of readiness to begin other foods around 6 months of age. Babies who are ready to begin complementary foods are able to:

- Hold their head up steadily.
- Sit up and lean forward.
- Open their mouth when food is offered.
- Use their thumb and their finger to pick up food.
- Let you know when they are full and they no longer want food.

Talk to your health care provider or a skilled professional such as a registered dietitian or public health nurse if you are thinking of beginning solids a little earlier or later than when your baby is 6 months old. Continue to breastfeed up to age of 2 years and beyond. Breastfeeding and breast milk provide your baby with important nutrients and immune protection even when your baby is receiving other foods as well.

“ Find other parents in your community. The EarlyON Centre I went to was the best thing I ever did. I still go there every week and my baby is 10.5 months old. We talk, listen, share stories and learn. It is amazing that even though breastfeeding is a natural thing, there is still lots to learn. ”

What should I give my baby when I introduce other foods?

When your baby is showing signs of readiness for solid foods, begin with foods that are rich in iron. Well cooked meat, meat alternatives, and iron fortified infant cereal are rich in iron. Please see the booklet titled *Feeding your Baby* at <https://resources.beststart.org/wp-content/uploads/2019/04/D12-E.pdf>.

If you wish to talk with someone about feeding solids, here are some options:

- Telehealth Ontario to discuss introducing solids with a dietitian at 1-866-797-0000.
- Unlock Food at <http://www.unlockfood.ca/>.
- Your local health department or contact ServiceOntario INFOline at 1-866-532-3161 or www.health.gov.on.ca/en/common/system/services/phu/locations.aspx.
- Your local health department or contact ServiceOntario INFOline at 1-866-532-3161



When can I give my baby cow's milk?

If you continue to breastfeed, introducing cow's milk is optional. If you do choose to introduce cow's milk, wait until your baby is 9 to 12 months old and offer it in an open cup. Offer pasteurized whole (3.25%) cow's (or goat's) milk so your baby gets the extra calories and fat for their brain development. Skim, 1% and 2% milk are not recommended before 2 years of age since they do not have the extra calories and fat for your baby's brain development. Milk alternatives (e.g., soy, almond, rice, coconut) are low in calories, fat and protein and are not recommended for young children.

What if I'm going back to school or work?

When you go back to school or work, you can still breastfeed or feed your baby breast milk. Discuss with other parents who have done this or an International Board Certified Lactation Consultant or public health nurse. A woman who is breastfeeding and returning to work has a right under the Ontario Human Rights Commission to be accommodated in the workplace so that breastfeeding can continue. Visit <http://www.ohrc.on.ca/en/search/site/Discrimination%20Because%20of%20Pregnancy%20and%20Breastfeeding%20> to view the policy and video on *Discrimination Because of Pregnancy and Breastfeeding*. For more information see the fact sheet *Expressing and Storing Breast Milk* to <https://resources.beststart.org/wp-content/uploads/2018/12/B35-E.pdf>.

What kind of birth control can I use?

Breastfeeding and birth control are compatible. Ideally, space pregnancies at least 2 years apart. You and your partner have several reliable birth control options to choose from.

The following choices have no effect on the breastfeeding relationship and can generally be started soon after childbirth or the postpartum check-up.

- Condoms (male and female).
- Intra-Uterine Device (IUD).
- Intra-Uterine System (IUS).
- Tubal ligation (permanent for female).
- Spermicides (foam, gel, vaginal contraceptive film).
- Diaphragm (must be refitted after childbirth).
- Vasectomy (permanent for male).
- Lactational Amenorrhea Method (explained below).

Lactational Amenorrhea Method (LAM) is an effective form of birth control, but **only** if you **answer yes to all** of the following statements:

- My baby is less than 6 months old.
- My monthly period has not yet returned (this is what “amenorrhea” means).
- My baby is fully or nearly fully breastfed, both day and night, as noted below.

“Fully breastfed” means that your baby gets all his food from breastfeeding. “Nearly fully breastfed” means that your baby is receiving only breast milk, any vitamin/mineral supplement or medication, and only one or two mouthfuls of other fluids or solids only 1-2 times per week.

If you are not planning a pregnancy and have answered no to even one of the statements, you will need to use another form of birth control. There are medical conditions where LAM is not advised. Discuss with your health care provider.



There are also hormone-based contraceptives. If you decide to use a hormonal birth control, it is recommended that parents use Progestin-only type birth control instead of those containing estrogen. Progestin-only types can be started after your baby is 6 weeks old. There have been some reports of low milk supply with some Progestin-only choices. If you try them keep this in mind. Hormone-based birth control choices include:

- | | |
|---------------------------|-------------------------------|
| Progestin-only | Estrogen and progestin |
| • Mini Pill. | • Birth Control Pill. |
| • Depo Provera. | • Birth Control Patch. |
| • Hormone releasing IUDs. | • Vaginal Contraceptive Ring. |

It is wise to begin with a short acting Progestin-only contraceptive such as the Mini Pill before beginning a longer acting form such as Depo Provera. That way if you notice a change in your milk supply you can more easily switch to a different contraceptive.

Will I be able to breastfeed when my baby gets teeth?

Many breastfeeding parents worry that once their baby has teeth, they will bite or chew on the nipple. When babies are actively sucking while breastfeeding, they do not bite. If your baby bites when pausing or resting at the breast, your natural reaction will be to pull away or take your baby off the breast by breaking the seal. This will often discourage further biting.

SECTION 6

Getting Help

Breastfeeding is natural, but it can take time to learn. There are times when you may need to get help from a professional.

You need help from a health care provider if:

- Your nipples or breasts hurt.
- You have a fever or feel sick.
- Your baby reaches 4 days of age and is having fewer than 6 very wet diapers or is having fewer than 3 poopy diapers in 24 hours
- Your baby is having black poops after they are 4 days old.
- Your baby is very sleepy and always has to be woken up to eat.
- You are thinking about weaning.
- You are feeling worried about breastfeeding.
- You are worried about yourself or your baby for any reason.

Where to Get Help?

Professional help can include physicians, midwives, nurse practitioners, International Board Certified Lactation Consultants, and nurses. Parent-to-parent or peer supports can also help to build your confidence with breastfeeding and can be a source of information and support. To search for breastfeeding services in your area, visit the **Bilingual Online Ontario Breastfeeding Services** directory at www.ontariobreastfeeds.ca.

Other resources that offer help and support in person, on the phone or on the internet:

- La Leche League Canada – mother-to-mother breastfeeding support www.lllc.ca or call 1-800-665-4324.
- Telehealth Ontario – free access to a registered nurse (24 hours a day) or registered dietitian, call 1-866-797-0000 www.health.gov.on.ca/en/public/programs/healthykids/breastfeeding.aspx.
- Infant Risk Center and LactMed – For information about drugs and medication <https://www.infantrisk.com/> and <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>.
- MotherToBaby website <https://mothertobaby.org/news-press/>.
- MotherToBaby fact sheets <https://mothertobaby.org/fact-sheets-parent/>.
- Unlock Food <http://www.unlockfood.ca/>.
- INFACT Canada www.infactcanada.ca.
- Nutrition Connections www.nutritionconnections.ca.

Best Start Resource Centre resources on breastfeeding:

- My Breastfeeding Guide
www.beststart.org/resources/breastfeeding/BSRC_My_Breastfeeding_Guide_EN.pdf.
- Breastfeeding Your Baby (Signs that Feeding Is Going Well) – Magnet
www.beststart.org/resources/breastfeeding/pdf/magneng.pdf.
- Mixing Alcohol and Breastfeeding
www.beststart.org/resources/alc_reduction/breastfeed_and_alcohol_bro_A21E.pdf.
- What to Expect in the First Three Months – Information for New Parents
www.beststart.org/resources/hlthy_chld_dev/K82-E-hospitalhandout.pdf.
- Breastfeeding Wellness Tip Sheet and Poster Series
<https://resources.beststart.org/product/b49e-breastfeeding-wellness-tipsheet/>.
- Breastfeeding for the Health and Future of our Nation
<https://resources.beststart.org/product/b05a-breastfeeding-for-health-future-nation-book/>.
- Breastfeeding Your Early Preterm Baby
<https://resources.beststart.org/product/b05a-breastfeeding-for-health-future-nation-book/>.
- Breastfeeding Your Late Preterm Baby
<https://resources.beststart.org/product/b26e-breastfeeding-your-late-preterm-baby-booklet/>.

Local Resources:

- **211 Ontario** – A helpline to help you find programs and services in your area
www.211ontario.ca.
- **Bilingual Online Ontario Breastfeeding Services** directory at www.ontariobreastfeeds.ca.
- **Canadian Association of Family Resource Programs** – Find a directory of family resource programs across Canada 1-866-637-7226
www.parentsmatter.ca/index.cfm?fuseaction=Page.viewPage&pageId=602.
- **EarlyON Child and Family Centres** – Get information about programs and services that are available for young children and their families and talk to early years professionals, as well as other parents and caregivers in the community
www.edu.gov.on.ca/childcare/FamilyPrograms.html.
- **Find health care services in your community** –
www.ontario.ca/locations/health/index.php?lang=en.
- **Lactation Consultants** – To find a lactation consultant in your area, go to www.ilca.org, and scroll down. There may be a lactation consultant close to where you live.
- **La Leche League Canada** – parent-to-parent breastfeeding support
www.lllc.ca or call 1-800-665-4324.
- **Telehealth Ontario** – Free access to a registered nurse (24 hours a day) or registered dietitian, call 1-866-797-0000 www.health.gov.on.ca/en/public/programs/healthykids/breastfeeding.aspx.
- **Your local public health unit** – To help you find the nearest health unit and services offered in your community 1-800-267-8097 www.health.gov.on.ca/en/common/system/services/phu/locations.aspx.

There are many local resources available including breastfeeding peer support (parent-to-parent) programs. Find out about your local resources and write them down in the space below for quick reference.

“ I am extremely grateful for this booklet and groups that support breastfeeding. When my baby was first born I was lost and an emotional wreck. I was overwhelmed at all the support my region offered. The other parents in the support groups were amazing! Telling each of our stories, successes and struggles allowed me to leave there with confidence in my decision to keep breastfeeding. These groups and booklets are really important. ”

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