

Mackenzie Health Prenatal Breastfeeding Class



Information for breastfeeding families

Breastfeeding in the Hospital



Getting the best start, right in the hospital in the first few days of your baby's life, is key to long-term breastfeeding.

Talk to your obstetrician during your pregnancy so he/she is aware of your wishes. Talk to your labor nurse when you arrive at the hospital to assure that she knows your wishes and can help you when the time arrives. Talk to your pediatrician in a prenatal consultation so he/she can follow-up with your ideal plan.

First, ask that your baby be put on your tummy right after delivery

- Hold your baby skin to skin and watch him crawl up to the breast for his first feeding. This may happen from 10 to 40 minutes after birth.
- Keep your baby skin-to-skin until he has fed for the first time.
- Delay the eye treatment, first weight, newborn injections and other procedures that are common right after delivery until the first feeding is finished.
- If you give birth by cesarean-section, your partner can hold your baby skin-to-skin until you are able to hold him and breastfeed.

Second, keep your baby right with you at all times (rooming-in)

- If you are moved from the delivery area to the maternity area after the birth is over, hold your baby skin-to-skin during this transfer. Cover you both with blankets.

- Your baby can't breastfeed in the hospital nursery. Keep your baby with you so you can respond easily and quickly every time he shows feeding cues.
- Feed your baby 8-14 times each 24 hour day. It seems like a lot, allow your baby to tell you how hungry he is.
- Look for feeding cues:
 - Waking up, becoming agitated
 - Rooting (turning his head and opening his mouth)
 - Licking, smacking, mouthing movements
 - Sucking on fingers or fist
 - Crying is the last cue, don't wait for that!
- Continue holding your baby skin-to-skin, before feedings, after feedings, whenever your baby is upset.

Avoid unnecessary supplementation

- Feeding right after birth assures that your baby gets a nice big feeding right away. Then offer the breast often.
- If you are unsure your baby is breastfeeding properly, ask for help! Your nurse can give you pointers and if you need more assistance, ask to see the Lactation Consultant.

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Tips for the Feeding in Delivery



- **Provide lots of skin-to-skin contact** immediately after birth. Ask your provider to place your baby on your abdomen. Your baby will instinctively move towards your breasts for his first feeding. Skin-to-skin holding helps your baby regulate his temperature, heart rate, and breathing. Any routine procedures that need to be done can be done while your baby is nestled near your breasts. Tee-shirt to nightgown does not count; it must be skin-to-skin.
- **Position your baby comfortably on your chest.** Babies usually assume a face down position and this is perfect for him to look for the breast. Provide a little gentle guidance if your baby needs it.



- **Feed your baby early.** Begin breastfeeding within the first hour after delivery. This is the optimal time to start. Let your baby crawl to the breast and find it with only minimal help from you. He can do it! Keep your baby skin-to-skin with you until you have completed the first feeding. Your baby will be ready and willing!
- **Massage your breasts** to increase the flow to your baby. Massage from the outer edges towards your nipple. This will move colostrum into your nipple. Then give your breast a gentle squeeze.

- **Your baby is very sensitive to smells.** He will know you by your scent. Gently wipe away any fluids from his skin but delay the first bath for 24 hours or so. Let breastfeeding get off to a good start before others hold your baby. Delay your bath until after several feedings to allow your baby to “know you by your scent”.
- **If supplements are necessary** for medical reasons, give only 5 to 10 mls. Continue to hold him in skin to skin contact and encourage him to feed again as soon as he shows interest.
- **Moving to the post-partum unit.** Wrap both you and your baby together to maintain skin-to-skin contact while you are moved from labor and delivery to your post-partum room. Then keep your baby with you throughout the day and the night so you can respond quickly when your baby shows signs of wanting to feed.

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It's my birthday, *give me a hug!*

Skin-to-skin contact for you and your baby

What's "skin-to-skin"?

Skin-to-skin means your baby is placed belly-down, directly on your chest, right after she is born. Your care provider dries her off, puts on a hat, and covers her with a warm blanket, and gets her settled on your chest. The first hours of snuggling skin-to-skin let you and your baby get to know each other. They also have important health benefits. If she needs to meet the pediatricians first, or if you deliver by c-section, you can unwrap her and cuddle shortly after birth. Newborns crave skin-to-skin contact, but it's sometimes overwhelming for new moms. It's ok to start slowly as you get to know your baby.

Breastfeeding

Snuggling gives you and your baby the best start for breastfeeding. Eight different research studies have shown that skin-to-skin babies breastfeed better. They also keep nursing an average of six weeks longer. The American Academy of Pediatrics recommends that all breastfeeding babies spend time skin-to-skin right after birth. Keeping your baby skin-to-skin in his first few weeks makes it easy to know when to feed him, especially if he is a little sleepy.

A smooth transition

Your chest is the best place for your baby to adjust to life in the outside world. Compared with babies who are swaddled or kept in a crib, skin-to-skin babies stay warmer and calmer, cry less, and have better blood sugars.

Bonding

Skin-to-skin cuddling may affect how you relate with your baby. Researchers have watched mothers and infants in the first few days after birth, and they noticed that skin-to-skin moms touch and cuddle their babies more. Even a year later, skin-to-skin moms snuggled more with their babies during a visit to their pediatrician.



Photo © 2005 Pascale Wowak

Skin-to-skin beyond the delivery room

Keep cuddling skin-to-skin after you leave the hospital—your baby will stay warm and comfortable on your chest, and the benefits for bonding, soothing, and breastfeeding likely continue well after birth. Skin-to-skin can help keep your baby interested in nursing if he's sleepy. Dads can snuggle, too. Fathers and mothers who hold babies skin-to-skin help keep them calm and cozy.

About the research

Multiple studies over the past 30 years have shown the benefits of skin-to-skin contact. For more information, see Moore, ER, Anderson, GC, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev. 2007 Jul 18;(3):CD003519



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Information for breastfeeding families

Five Keys to Successful Breastfeeding



Keep your baby skin to skin with you until after the first feeding

The first feeding sets the pace for the next several feedings. The time right after birth babies are often awake and ready to feed for about an hour. Take advantage of this special time by asking the nurses to delay the eye treatment, weight and routine injections until after the first feeding. Your partner can do skin-to-skin too, especially if you have had a cesarean and skin-to-skin may be delayed a bit. Ask your nurse for assistance. Visit this excellent website http://massbreastfeeding.org/wp-content/uploads/2013/06/SkinToSkin_English_6-29-11.pdf. As your baby gets older you might like “baby wearing” <http://www.babywearinginternational.org/>



Room in with your baby

Keep your baby with you during your hospital stay so you can learn your baby’s cues and feed whenever he seems hungry. Babies typically feed 8-12 times each 24 hour day for the first several weeks



Avoid supplementary feedings

All your baby needs is you! Rarely is there a baby who needs more than the breast in the first 24 hours. Offer the breast often. The fast flow and different feel of a bottle nipple can confuse babies and make subsequent feedings difficult.

Breastfeed whenever your baby seems hungry, at least every 2-3 hours. Observe your baby for feeding cues: mouthing, sticking the tongue out, bringing hands to the face and offer the breast – before he begins crying.



Limit the use of pacifiers and swaddling

Anytime your baby seems hungry offer the breast. In-between, continue your skin to skin holding. Later your pediatrician may recommend the use of a pacifier to reduce the risks of SIDs, but not until breastfeeding is well established.

Research shows that babies who are constantly swaddled do not wake up as often for feeding. Frequent feedings in these early days assures that you will bring in an abundant milk supply and your baby will feed adequately.



Ask for help

If things don’t seem to be going well, or your breasts become sore, ask to see the lactation consultant in the hospital. She can watch a feeding and give you tips on how to hold your baby at the breast. When you get home, contact a breastfeeding support group, a lactation consultant in the community, or other breastfeeding assistance.

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I wish someone had told me . . .



Moms who have successfully breastfed their babies, can give great advice. Here are some of their gems.

Take a breastfeeding class before delivery

Breastfeeding is a wonderfully natural thing to do, but learning how can help. Spend a little time learning about what happens after delivery.

Start breastfeeding right in the delivery room

Your baby will be interested in feeding within a few minutes of birth. Keep him skin-to-skin and enjoy an early feeding.

It's all about the latch

How your baby holds your nipple and areola in his mouth is the key to comfortable breastfeeding. Make sure he opens his mouth wide and he gets a big mouthful. If it hurts, get help ASAP!

Feed throughout the night at first

No matter how tired or sore you are, you do need to feed around the clock in the beginning. This brings in a excellent supply of milk and assures that your baby starts gaining weight quickly.

Babies cry more on their second day of life

This can be upsetting and you might not know what to do to sooth your baby. Crying doesn't always mean hunger. Hold your baby skin to skin and offer the breast frequently. This fussiness is common and is called "Second Night Syndrome", although it can happen during the daytime also.

You don't need a breast pump right away

Your newborn is the best pump and frequent feedings get breastfeeding off to a good start.

If a breast pump does become necessary for a medical reason, a lactation consultant (IBCLC) can give you advice about the best kind for your situation.

Use it or lose it

The best way to make more milk is to feed the baby. An empty breast makes more milk. Don't skip breastfeeding sessions in the early days.

Don't wait too long to try a bottle

Breastfeeding exclusively for the first 4-6 weeks gets breastfeeding off to a good start. But if you are planning on going back to work or will need to give a bottle for some reason, start between 4-6 weeks and offer it weekly to keep the baby in practice.

The best milk to use in the bottle is your pumped breastmilk. A breast pump can make that an easy thing to do.

If you are going to be home with your baby, you can skip this step.

You might make too little or too much milk for your baby

Feed often in the early days to get a good start. If your baby is not gaining weight well or you are overflowing with milk, get advice from a lactation consultant (IBCLC).

Attend a breastfeeding moms group

Just seeing other moms breastfeed and chat with them can be a world of reassurance.

The leader will likely be a lactation consultant who can answer questions and help you trouble shoot problems.

Nurse lying down

Recline with your baby "on top of you" or lie on your side while your baby feeds. Use pillows to get yourself and your baby comfortable. Moms need a little rest too.

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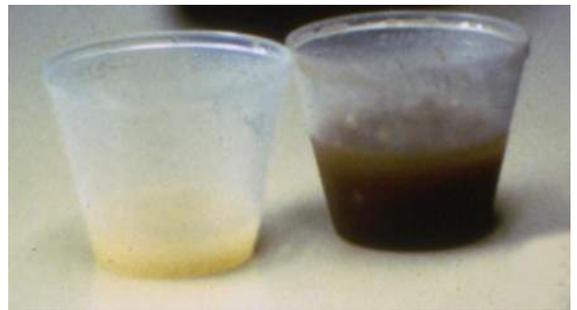
"Funny" Breastmilk

Flavors in breastmilk

- **Foods and spices**
Breastmilk will have the faint smell and flavor of spices and foods eaten by the mother. It has been speculated that these flavors passed on to the baby in breastmilk, acquaints him to the flavors of the family foods.
- **Alcohol**
Studies have shown that babies consumed less milk when it contained alcohol. Alcohol consumption should be avoided or limited due to the alcohol that is passed to the baby.
- **Exercise**
Milk from mothers who exercise prior to breastfeeding can contain "off" flavors due to the lactic acid that builds in the body during vigorous exercises which is passed into the breastmilk. Although it does not cause the baby any problem, the baby may not be eager to nurse right after exercise.

Colors in breastmilk

- **Green:** Spinach and green leafy vegetables
- **Pink:** Beets
- **Orange:** Carrots and squash
- "Rusty pipe syndrome" is a brownish color in breastmilk that occurs most often at the onset of lactation and dissipates over time. The coloration is due to small amounts of blood from broken capillaries in the breast.



Smells in breastmilk

- **Flavors of foods or spices**
- Occasionally women report milk that smells "spoiled" after only a short period of storage. The cause of this is unknown (though may be related to an unusually fast break down of milk fats) when the milk is stored in recommended containers and for limited periods of time.

Suggestions may include use of glass storage containers, freezing at the coldest temperature possible and keeping the milk away from odor releasing foods in the refrigerator or freezer.

Women have found that heat treating their milk (heating until steaming, then chilling) stops the formation of "off" odors.



Cream in breastmilk

- Cream will rise to the surface of the milk. It may appear as a layer or as clumps. Swirl the milk before feeding to disperse the fat back into the milk.

Making Milk

10 Steps to make plenty of milk

1 Frequent feeds, not formula.

The more often you feed, the more milk you make. If you give formula, your body will make less milk.

2 All you need is breastmilk!

The American Academy of Pediatrics recommends that your baby have a diet of only breastmilk for the first 6 months—no other food or drink is needed.

3 Feed early and often.

Feed at the earliest signs of hunger: if baby's awake, sucking on hands, moving his mouth or eyes, or stretching.

4 If he didn't swallow, he didn't eat.

Looking and listening for signs of swallowing will help you know that your baby's getting enough.

5 Say 'No' to pacifiers and bottles,

at least in the first 4 weeks. Pacifiers may hide the signs of hunger. The American Academy of Pediatrics recommends that you should not use a pacifier for the first month if you are breastfeeding. If your baby has problems sucking, check with a lactation specialist about how to feed him without using a bottle.

6 Sleep near your baby and nurse lying down.

You can rest while you feed your baby!

7 Have baby's mouth open wide like a shout, with lips flipped out.

Help your baby open his mouth as wide as possible. He should be directly facing you: "belly to belly, chest to chest, and his chin should touch the breast." Proper positioning keeps you both comfortable. If you're having trouble with latch, get help promptly.

8 Watch the baby, not the clock.

Feed your baby when she's hungry, and switch sides when swallowing slows down or she takes herself off the breast.

9 Go everywhere!

Plan to take your newborn everywhere with you for the first several weeks.

10 Don't wait to ask for help, if you need it.

If you wait too long to get the help you need, it may be harder to breastfeed. Stick with it – it's worth it!



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Infant Hunger Cues



Babies show several cues in readiness for breastfeeding. Tuning into your baby's cues will make your feeding more successful and satisfying for both your baby and for you.

Your baby does not have to cry to let you know he is hungry. ***Crying is the last hunger cue!***

Awakening
Soft sounds
Mouthing (licking lips, sticking tongue out, licking lips)
Rooting towards the breast (turning the head and opening the mouth)
Hand to mouth activity
Crying beginning softly and gradually growing in intensity



Try to catch your baby's feeding cues early in the cycle – avoid crying – and begin breastfeeding!

Information for breastfeeding families

Waking a Sleepy Baby



Babies are often sleepy during the first week or so. They may not awaken often enough to feed: remember newborns need to eat 8-12 times per 24 hours. Or once the feeding has begun, they may fall asleep again. Here are a few suggestions for waking your baby. Some work better on certain babies than others. When one quits working, try another.

Stimulate all of your baby's senses

- Hold baby skin-to-skin for 15-30 minutes
- Undress the baby to his diaper to cool him off slightly
- Rub and massage the baby in various places
 - Top of the head
 - Bottom of the feet
 - Up and down the spine
 - Across the belly
 - Up and down the arm
 - The spot right above the belly button
- Change the position of the baby, from cradle hold to football hold and back again
- Do "baby sit-ups". Rock the baby from a sitting to lying position and back again. Rock gently back and forth until the baby's eyes open. *Do not* "jack-knife" the baby (force him forward)
- Talk to the baby. Babies respond to mom's voice
- Try adjusting room lights up for stimulation or down so the baby can comfortably open his eyes

- Start to pull the nipple from the baby's mouth (Make sure that this does not result in the baby sucking on just the tip of the nipple. If it does break the suction and re-attach the baby to the breast.)
- Change the baby's diaper
- Apply a cool washcloth to the baby's head, stomach or back. (Do not let the baby become chilled. Premature infants become chilled more easily than term infants.)
- Allow your baby to suck on your finger for a few minutes
- Express some breastmilk and place just under your baby's nose. Dribble milk over the nipple while latching-on.

Signs of concern

If your baby is un-arousable after a reasonable amount of time and the use of several techniques, contact your physician.

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Check List for Essentials of Positioning And Latch-on

Positioning

- ✓ Hold head behind ears
- ✓ Nose to nipple
- ✓ Belly to belly



Offer the breast

- ✓ Sandwich hold
- ✓ Stroke nipple from nose to chin rolling out lower lip
- ✓ Bring baby to breast, not breast to baby



Check the latch-on

- ✓ Flanged lips, open mouth to 140o
- ✓ No pain, no wedged or creased nipple
- ✓ Chin touching breast, asymmetrical latch-on



Assess milk transfer

- ✓ Wide jaw excursion
- ✓ Consistent sucking
- ✓ Audible swallowing (after milk comes in)

Information for breastfeeding families

Positioning & Latch-on: Mother-led Latching



The way you hold your baby and how he latches on to the breast, are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch-on can prevent many of the common problems mother's encounter when starting to breastfeed.

Mother-led latching is good for any time the baby needs additional assistance, is too sleepy to latch spontaneously or you have sore nipples.

Getting comfortable

Choose a comfortable chair or sofa with good support for your back. Use a footstool to bring your knees up so your lap is slightly inclined and the pressure is off the small of your back. Position pillows where ever needed to support your arms and relax your shoulders.



Look for a straight line from the baby's ear to the shoulder to the hips. His head should not be tipped back or on his chest.

Positioning your baby

With any position you choose to hold your baby, turn your baby completely onto his side, "tummy to tummy", so his mouth is directly in front of the breast and he does not need to turn his head at all to get to the nipple.

Position your baby with his nose to your nipple so he has to "reach up" slightly to grasp the nipple. His chin should touch the breast first, then grasp the nipple.



Place your baby's lower arm around your waist. This will draw him close to you. Look for a straight line from your baby's ears, to shoulders, to hips. His legs should curl around your waist.

Basic positions for breastfeeding

Beginner's Positions
(first few days or weeks)

Cross Cradle Hold
Football Hold

Advanced Positions

(after the latch-on is easy and quick)

Cradle Hold
Side Lying

The cross-cradle hold is one of the preferred positions for the early days of breastfeeding. You will have good control of the position of your baby's head when you place your hand behind your baby's ears. Roll the baby to face you "belly to belly".



The football hold (clutch hold) is good for mothers who have had a cesarean delivery because the weight of the baby is not on the abdomen. Tuck the baby under your arm with pillow support to place the baby at breast height. Tuck a pillow or rolled receiving blanket under your wrist for support.

Place your baby's head in the bend of your arm or on your forearm and support his body with your arm in the **cradle hold**. Roll the baby towards you "belly to belly".



Side lying is great for getting a bit of rest while your baby nurses or if you want to avoid sitting because of soreness. Notice the pillow support and your back and the baby's back, and between your legs. Roll the baby towards you "belly to belly".



The Cradle hold is great for after the baby is nursing easily and the latch-on is easy. It is the most common position and you will often see this in pictures of breastfeeding mothers. Please wait to use this position until your baby latches easily.



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The Importance of the Latch-on

Sore nipples, engorgement, excessive weight loss and jaundice

New mothers sometimes run into problems with breastfeeding. Sometimes a single problem develops, but often a “cluster” of problems occur that all have the same cause. These four issues: sore nipples, engorgement, excessive weight loss and jaundice, are often seen together and are often the result of poor latch-on. You can likely avoid this by following these simple steps:

✓ ***Keep your newborn with you at all times.***

This allows you to respond to your baby quickly at any time that he seems to want to feed. Your baby needs to see, feel and smell you. Studies show that babies are calmer, sleep better and cry less when they are in constant contact with mom.

✓ ***Feed early and often.***

His first feeding should occur sometime during the first hour after birth and he should not be removed from skin-to-skin contact on your tummy until that first feeding is complete. For subsequent feedings, look for early feeding cues: licking and smacking his lips, sticking his tongue out, putting his fist in his mouth, turning his head to the side and opening his mouth (rooting reflex). Newborns normally feed 8-12+ times or more each 24 hours. Night feedings are an important at this stage.

✓ ***Use good positioning and check for a good latch-on.***

Your baby only gets milk when he is well attached. Some tenderness and sensitivity is normal at first, but pain is not. If breastfeeding hurts, the baby is not attached properly. Look for the following:
Positioning - Position your baby at breast height, using pillows to support his weight. Roll your baby “belly to belly” directly facing the breast. Line up your baby’s nose with your nipple so he has to reach “up” to get the nipple.

OR

Lay back and place your baby on top of you in any position that seems comfortable and natural. Let your baby locate the breast (may take a few minutes) and latch-on himself.

✓ ***Offer the breast***

Use a “sandwich hold” supporting the breast behind the areola and squeezing the breast gently to make it into an oval that fits in the baby’s mouth. Keep your thumb near your baby’s nose the rest of your fingers on the opposite side of your breast.

Stroke your nipple from your baby’s nose to chin rolling out lower lip as you stroke down. Bring baby to the breast, not the breast to baby

✓ ***Check the latch-on***

Your baby’s lips are flanged (rolled out), mouth open to 140°

There should be no pain, no wedged or creased nipple at the end of the feeding

Your baby’s chin is touching your breast; his nose is free, with an asymmetrical latch-on (More breast tissue from the bottom of your areola is in the baby’s mouth than from the top of the areola)



✓ ***Assess milk transfer***

Wide jaw movements

Consistent sucking

Audible swallowing (after milk comes in)

If you need assistance, ask before a little problem becomes a whole cluster!

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Breast Massage and Compression



Breastmilk flows easily when a let-down reflex occurs and slowly between these reflexes. The first one usually occurs within 2-3 minutes of the start of the feeding. The baby may stop sucking when the milk slows down. Breast massage and compression can encourage your baby to continue feeding.

Breast Massage and Compression is Useful for:

- A sleepy, sluggish baby
- When your baby does not routinely empty your breast
- When your baby stops suckling before the feeding is finished
- Poor weight gain
- When you are pumping
- If you experience plugged ducts or mastitis



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Massage

Firm but gentle massage can be done in the way most comfortable to you:

- Finger tip massage in circles
- Flat of the hand from the outer towards the center of the breast
- Side of the thumb from the outer towards the center of the breast

Compressions

Firmly and gently squeeze the breast near the chest wall, not near the nipple.

Compress when the baby pauses feeding or is suckling but not swallowing. Release and return to massage when your baby begins suckling again.

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Your Newborn is Crying, Now What?

Try these quick solutions to calm him down

➤ **Hold the baby skin to skin**

Skin to skin contact reduces stress levels for both mother and baby. When the baby is calm, then offer the breast

➤ **Let the baby suck**

Offer a finger (or pacifier) for the baby to suck on for a minute or two. Sucking is a way babies sooth themselves.

➤ **Give a taste**

Hand express milk from the nipple for the baby to taste. Or dribble milk over the nipple to entice him to the breast.

➤ **Provide motion**

Pick the baby up, rock, walk, bounce or dance. Babies are used to constant motion while in the uterus. Providing motion reminds them of “home”.

➤ **Offer swaddling**

Wrap the baby snugly for a few minutes

➤ **Check his skin temperature**

Feel your baby’s tummy and make sure he is not too hot or too cool.

➤ **Stay Calm**

Babies are sensitive to your stress level. Remain calm and your baby may follow suit.

➤ **Reduce the stimulation**

Too much stimulation, for too long, can be over-whelming for babies. Dim the lights, make no sounds and give the baby a break. Sometimes white noise like the sound of a hair dryer helps.

➤ **Burp your baby or bicycle his legs**

Maybe there is a burp that needs to come up or gas that needs to go down.

➤ **Do something different**

If none of these solutions work, distract your baby with something different. Blow in his face, sing or hum, hold him up over your head or give a bath.

Watch for feeding cues for the next feeding:

- Waking up
- Licking lips & sticking tongue out
- Sucking sounds
- Rooting
- Hand to mouth activity
- Generalized body movements

Feed the baby before the last feeding cue

- Crying

You won't spoil your baby by attending to his needs

Baby's Second Night

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again...and now it is your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warm and comfortable – albeit a bit crowded – womb where he has spent the last 8 ½ or 9 months – and it is SCARY out here! He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs or the comforting gurgling of your intestines. Instead, he's in a crib, swaddled in a diaper, a tee-shirt, a hat and a blanket. All sorts of people have been handling him, and he's not yet become accustomed to the new noises, lights, sounds and smells. He has found one thing though, and that's his voice...and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet – he protests, loudly!

In fact, each time you put him back on the breast he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed – he cries again... and starts rooting around, looking for you. This goes on – seemingly for hours. A lot of moms are convinced it is because their milk isn't “in” yet, and the baby is starving. However, it isn't that, but the baby's sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast. It's the closest to “home” he can get. It seems that this is pretty universal among babies – lactation consultants all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to pillow his head more comfortably on your breast. Don't try and burp him – just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state (REM) first, and then cycle in and out of REM and deep sleep about every ½ hour or so. If he starts to root and act as though he wants to go back to breast, that's fine...this is his way of settling and comforting.

Another helpful hint...his hands were his best friends in utero...he could suck on his thumb or his fingers anytime he was the slightest bit disturbed or uncomfortable. And all of a sudden he's had them taken away from him and someone has put mittens on him! He has no way of soothing himself with those mittens on. Babies need to touch – to feel – and even his touch on your breast will increase your oxytocin levels which will help boost your milk supply! So take the mittens off and loosen his blanket so he can get to his hands. He might scratch himself, but it will heal very rapidly – after all, he had fingernails when he was inside you, and no one put mittens on him then!

By the way – this might happen every once in a while at home too, particularly if you've changed his environment such as going to the doctor, to church, to the mall, or to the grandparents! Don't let it throw you – sometimes babies just need some extra snuggling at the breast, because for the baby, the breast is “home.”

Information for breastfeeding families

Help From Friends and Family



New mothers need help and support in the early days of breastfeeding. Partners, husbands, grandparents, siblings and friends all can play a critical role in meeting the needs of a new mother. Everyone needs to be on the same “wave length” when offering help and suggestions. Be aware of differences in culture and changes in parenting philosophy from generation to generation.

How to Help

- Bring the baby to mom for feedings
- Change diapers
- Watch for feeding cues
- Burp the baby
- Hold the baby skin to skin
- Walk, rock, swing and cuddle the baby
- Take care of household duties
- Make sure mom has some help for the first 6 weeks or so
- Bathe the baby
- Take care of the other children
- Offer encouragement
- Be there!

What Has Changed

- More breastfeeding, limited infant formula
- Feed 8-12 times or more times each day when the baby shows feeding cues. No feeding schedules.
- Respond to the baby quickly. No “crying it out”
- Minimal pacifier use
- Less babysitting, bring baby along
- Continue breastfeeding while employed by using a breast pump at work

Advice for grandparents:
<http://www.parentingstartshere.com/index.php/2011/09/07/8-ways-grandparents-can-offer-support-to-a-new-family/>

Notes from Dad to Mom

- ✓ Treat me like I know what I am doing, teach me when I don't
- ✓ Look at me like you used to
- ✓ Let me help when you are tired
- ✓ Arrange to spend some alone time with me
- ✓ Do something special for me
- ✓ Do care activities together until I feel comfortable
- ✓ Take my advice
- ✓ Be agreeable with my family
- ✓ Encourage me to be part of the special relationship you have with the baby
- ✓ Call me "Dad"
- ✓ Ask me what my concerns are and listen
- ✓ Ask for help if you need it

Notes from Mom to Dad

- ✓ Take the baby for awhile and give me a break
- ✓ Tell me I am doing a good job
- ✓ Be my "breastfeeding coach"
- ✓ Plan something special for the two of us
- ✓ Give me a massage
- ✓ Send me flowers
- ✓ Limit my visitors
- ✓ Make dinner or breakfast in bed
- ✓ Be agreeable with my family
- ✓ Don't question purchases to make breastfeeding easier/more comfortable
- ✓ Wash the pump kit
- ✓ Do some of the housework
- ✓ Plan time so I can sleep
- ✓ Call me "Mother"
- ✓ Just listen and offer support
- ✓ Be our advocate for nursing
- ✓ Bring the baby to me for nighttime feedings
- ✓ Feed my pumped breastmilk at some feedings
- ✓ Get involved in our baby's care
- ✓ Ask for help if you need it
- ✓ Talk proudly to your friends about breastfeeding



GUIDELINES FOR NURSING MOTHERS

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	 <p>At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.</p>								
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	Babies lose an average of 7% of their birth weight in the first 3 days after birth.				From Day 4 onward your baby should gain 20 to 35g per day (½ to 1½ oz) and regain his or her birth weight by 10 to 14 days.				
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

best start
meilleur départ

by/par health **nexus** santé

Breast milk is all the food a baby needs for the first six months — At six months of age begin introducing solid foods while continuing to breastfeed until age two or older. (WHO, UNICEF, Canadian Pediatric Society)

If you need help ask your doctor, nurse, or midwife. To find the health department nearest you, call INFO line: 1-800-268-1154. For peer breastfeeding support call La Leche League Canada Referral Service 1-800-665-4324.



Information for breastfeeding families

Breastfeeding Moms Survival Guide

for the First Two Weeks

Breastfeed every 1 -3 hours

It sounds like a lot, but your baby needs your milk and your breasts need the stimulation to bring an abundant milk supply. Newborns need to be fed around the clock so they get 8-12 feedings each 24 hour period

Wake your baby up well before feedings

A drowsy baby will not feed for long. Undress him to his diaper, rub his tummy and back, talk to him and rock him back and forth if necessary until his eyes open. A good strategy is to put the baby naked (except for a diaper) on your chest skin to skin for 1/2 hour prior to feeds.

Keep your baby sucking through the feeding

If she drifts off to sleep, "bug her" to keep her awake. Massage, cool wash cloths, blowing on her face, and talking to her will keep her going. Look for about 15-20 minutes of vigorous sucking on each breast.

Try baby led latching

Get in a reclining position and place the baby on top of you in any position that is comfortable for you. Allow the baby to locate the breast and latch-on. His head will bob around until he locates the breast. When his chin feels the breast first, he will open wide and latch-on. Try again if you feel any nipple pain.

Read this for more details.

<http://www.biologicalnurturing.com/index.html>

If your breasts get full, have your baby empty them for you by frequent feeding

If that is not enough, you may use a breast pump prior to feedings to get the milk flowing and shape the nipple, then feed the baby. After feedings, if you are still over-filled, use the breast pump again. Ice is also a good way to slow down breastmilk production at this time. And it will feel good!

Look for one wet diaper for each day the baby is old until day 6

Continue with 6 wet diapers and 2-3 stools daily. For example, 3 wet diapers on day three, four on day four and so on. More is fine, but if you are not getting these minimums, call me or your pediatrician for evaluation of your situation and advice.



If you nipples get sore

Try the sandwich hold. Gently squeeze the breast into a “sandwich”. Create an oval with your thumb lined up with your baby’s nose, your fingers under the breast.

When do I get to sleep?

Sleep when your baby sleeps. Newborns tend to feed a lot at night and sleep more during the day. Around the clock feeds are grueling and you can maximize your sleep by napping when your baby does. Accustom yourself to these quick "cat-naps" to help you feel refreshed. You can also encourage the baby to spend more time awake during the day by feeding and playing with him.

Do as little as possible at night

Feed your baby when he tells you he is hungry. Don’t turn on any lights, don’t change the diaper (unless it is running out or he has a diaper rash). If your baby “really wakes” up you will be ready to go back to sleep and he will be ready to play.

Find your groove

It will take several weeks for you and your baby to get into a pattern of feedings and nap times. Go with the flow and allow your baby to show you what his natural rhythms are. He will develop a pattern that works for him. Schedules don’t tend to work until the baby is a bit older and bigger. You can encourage a more predictable pattern, later.



Information for breastfeeding families

Signs of a Good Feeding



A good latch-on is the key to a good feeding. Regardless of the position you hold your baby, the latch-on remains the same.

Signs of a good latch-on

The baby has a deep latch with an angle where the lips meet the breast of at least 140°

Both upper and lower lips are flanged (rolled out)

All or most of your areola is in the baby's mouth (at least 1" from the base of the nipple). More from the bottom of the areola than the top (asymmetrical latch-on).



You are comfortable through the feeding. There may be some "latch-on" pain that subsides quickly.

There is movement in the baby's temples with sucking and the jaw moves up and down an inch or more.

There is slight movement of your breast near the baby's lips.

Signs of a good feeding

Hearing swallowing at least every third suck once the milk comes-in. Seeing milk in the baby's mouth

Consistent sucking with only brief pauses

The breasts are softer after feedings

Appropriate output for age. (1 wet diaper on day 1, 2 wet diapers on day 2, 3 wet diapers on day 3, 6 wet diapers on day 4 and on, and several stools each day)

Feeling strong, deep, "pulling", sucking, no sharp pain

Leaking from the other breast or feeling of a "let-down" reflex or noticing a change in the baby's sucking rhythm from faster to slower

15 - 20 minutes vigorous sucking on each breast or 20 - 30 minutes on one side for a newborn. 5-10 minutes for an older baby

Your baby nurses 8 -12 times per day (24 hour day). Less than 8 or more than 12 is a concern

Your baby latches-on easily with minimal attempts and stays latched-on.

Minimal weight loss during the first few days (<10% of birth weight) and return to birth weight by 2 weeks

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Information for breastfeeding families

Is My Baby Getting Enough?

Often, a new parent's biggest concern is about how much and how often the baby breastfeeds.

Here are some guidelines to help you know if your baby is getting enough:

- ✓ Your newborn baby should nurse 8 - 12 times in 24 hours during the first 2 - 3 weeks. As your baby gets older he will become more efficient and feedings may be less frequent.
- ✓ Some feedings may be close together, even an hour or so apart. Other feedings will be less frequent. Feedings do not need to be evenly spaced and are often irregular in the newborn baby. Wake your baby if he doesn't awaken to feed within 3 hours during the day. Night time feedings can be less frequent.

Typical patterns for wet diapers is

- 1 wet diaper on day one
- 2 wet diapers on day two
- 3 wet diapers on day three
- 4 wet diapers on day four
- 5 wet diapers on day five
- 6 wet diapers on day six and from then on.

Look for light yellow to clear urine.

Typical patterns for stools is several per day

- Day 1 Meconium (dark & tarry)
 - Day 2 Brownish
 - Day 3 Brownish yellow
 - Day 4 Dark yellow, soft
 - Day 5 Yellow, semi-liquid
- Some newborns stool after every feeding. Stools taper off and may not even occur every day as your baby gets older.

Babies generally lose a little weight in the first few days after birth and then begin to gain. This is a normal pattern. Ten percent is considered the maximum acceptable weight loss. Have your baby's weight checked a couple of times during the first 2 weeks, especially if you are concerned that your baby is not eating enough. A check of his weight is the only sure way to determine adequate intake. Once your baby has regained his birth weight, at about 2 weeks, you can relax and let your baby set the pace for the feedings.

Sometimes, babies seem to take a good feeding at the breast but wake within a few minutes wanting more. Offer the breast again. It will likely be a short feed "top off" feeding and your baby will drop off to sleep.

Is My Baby Getting Enough?

Signs of hunger

Rooting
Mouthing movements
Tense appearance
Grunting, other sounds
Hand-to-mouth activity
Kicking, waving arms
Crying

Signs of a good latch-on

Relatively comfortable, latch-on pain subsides quickly
Lips at the breast at least 140° angle or greater
All or most of the areola in the baby's mouth with more areola covered from the area near his chin (asymmetrical latch-on)
Lips flanged (rolled out)

Signs the Baby is Full

Drowsiness, sleepiness
Baby comes off the breast spontaneously
Relaxed appearance
Hands and shoulders are relaxed
Sleeps for a period of time before arousing to feed again

Signs of a good feeding

Easy latch-on, stays latched-on
Swallowing you can hear
Noticing that the breasts are softer after feedings
Feeling strong, deep, "pulling", sucking
Seeing milk in your baby's mouth
Leaking from the other breast or feeling of a "let-down" reflex
15 - 20 minutes vigorous sucking on each breast or 20 – 30 minutes on one side
Wide jaw movements and consistent sucking

Please see the advice of a Lactation Consultant or a physician if:

1. Your baby has not begun to gain weight by his fifth day after birth or has not regained his birth weight by 2 weeks
2. Your baby is not voiding at least 6 - 8 times per day
3. Your baby is not having several stools per day

These signs can indicate inadequate feedings and can become a serious concern if not corrected quickly. You may wish to keep a written record of when your baby voids, stools and feeds for a few days so you can accurately report this to your health care provider. Please seek help if your problem does not resolve quickly.

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Information for breastfeeding families

Hand Expression



Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first few, use hand expression to provide the milk he needs!

Hand expression routine:

1. Apply heat, massage and stroke breasts
2. Position fingers behind areola
3. Press back towards chest
4. Compress fingers together to express milk
5. Relax and repeat getting a rhythm going
6. Express for 5-7 minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back towards chest
10. Compress fingers together to express milk
11. Express milk for 3-5 minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for 1-2 minutes
15. Complete cycle takes 20-30 minutes



***Watch this video while you are hand expressing
to see the technique in action!***

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

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Information for breastfeeding families

Selecting a Breast Pump



Walk into a baby store and look at the wall of breast pumps. It is hard to make a decision about which one will be effective and comfortable for you! The basic parts of a breast pump will vary from manufacturer to manufacturer. But these are typical.



Flange goes over the breast



Connector



Tubing attaches to a motor on an electric breast pump. In the case of a manually operated pump, a handle would be located here.



Bottle

Breast pumps can remove milk from one breast at a time or both breasts simultaneously. Of course, bilateral pumping cuts the time in half. In addition, it stimulates the hormones of lactation better.

Pumps fall into 4 basic categories:

- Hospital grade - Generally rental pumps used while establishing a milk supply if your infant is premature or ill
- Personal use pumps - Generally used by employed mothers at work
- Battery or small electric pumps - Generally used by employed mothers or for occasional use
- Manually operated breast pumps - Best used for occasional use

Selection criteria

- Purpose
- Age and health of infant
- Comfort
- Availability
- Cost
- Ease of use
- Adjustable suction and frequency
- Adjustable breast flange
- Ease of cleaning
- Universal collection container
- Durability
- Versatile power source
- Portability
- Safety

Resources

FDA Breast Pump Website – Basic information on breast pumps

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/BreastPumps/default.htm>

Breast Pumps Direct – User review of various breast pumps

http://www.breastpumpsdirect.com/breast-pump-reviews_a/183.htm

Breast Pump Comparisons – User reviews of various breast pumps

<http://www.breastpumpcomparisons.com/category/first-years-breast-pump-reviews>

Are Used Breast Pumps a Good Option? Issues to Consider.

<http://www.llli.org/llleaderweb/lv/lvjunjul04p54.html>

Purpose: Is your infant premature, ill or do you need to be separated from your infant for any reason? Select a Hospital grade pump. If you will be working and away from your baby for 8 or more hours, select a personal use pump. If you will be using your pump occasionally, a battery, small electric or manually operated pump will be fine.

Age and health of infant: If your infant is a newborn and your milk supply is not well established, choose a hospital grade or personal use pump.

Comfort: Select a pump that has adjustable suction levels and flanges so you can adjust them to your comfort.

Availability: Breast pumps may be available at your hospital, from your lactation consultant or at your local baby store.

Cost: Pumps range in price from about \$35 to over \$300. Rental pumps range from \$1 to \$5 per day depending on the length of the rental agreement. Purchase or rent the best pump you can afford, it will make a difference!

Ease of use: The pump should come with clear instructions and be easy to figure out. If it is very complicated, you won't end up using it.

Adjustable suction and cycle frequency: You want your pump to mimic the typical suction patterns of a baby at the breast. Therefore the suction range should be adjustable up to about 240 mm Hg and cycle about 48-50 times per minute. Breast pump packages are not labeled with this information at this time.

Durability: What kind of a guarantee does the pump have? Is it likely that you can use it for this baby and for another baby or two?

Adjustable breast flange: Many pumps come with a standard size flange that fits most women. However, if you have very small or very large nipples, you will need a flange that fits you. You can tell if the flange fits you if it completely supports the areola and does not pull any areola into the flange indicating it would be too large. You can tell if the flange is too tight if the nipple is tight in the nipple tunnel, hurts or does not empty the breast completely.

Ease of cleaning: Check the small parts. Is it likely that small, but essential, parts could slip down the sink and be lost? Is the pump easy to reassemble? The pump should be washed with soap and water after each use.

Universal collection container: Most pumps will accept any standard baby bottle and it is convenient to be able to mix and match with any bottles you have handy. Others require their own particular size.

Versatile power source: It is useful that an electric pump can be plugged in, but also could be operated on batteries at other times. In the case of a power outage, you should be able to operate it manually.

Portability: Where will you use your pump? Will there be times you will need to quickly put it in your purse or wear it as a backpack? Or will you always be sitting in a designated pumping room?

Safety: If it is operated by electricity, the pump should be rated by the Underwriters Laboratory as safe. Check to assure it will automatically cut off at suction levels above 240 mm Hg which could damage the breast tissue.

Selected Major Pump Manufacturers

Medela <http://www.medela.us/>

Ameda <http://www.ameda.com/>

Hygeia <http://www.hygeiababy.com/>

Bailey <http://www.baileymed.com/>

Simplisse <http://www.simplisse.com/>

Limerick PJ's Comfort http://www.limerickinc.com/pjs_comfort_breast_pump.php

Nutrition Matters

Nutrition Services, Community and Health Services

Healthy eating while breastfeeding

Breastfeeding is an opportunity to continue the healthy eating habits you had while pregnant. Foods like raw sushi or deli meats no longer need to be avoided like during pregnancy.



Energy needs are higher when breastfeeding. In addition to following *Canada's Food Guide*, add 2-3 extra Food Guide Servings each day to help meet those higher energy needs. This would be equal to an extra snack during the day (e.g., ½ peanut butter sandwich and a small glass of milk or a yogurt with fresh fruit and nuts mixed in).

If you are trying to lose weight, choose low-fat, healthy foods more often. Healthy weight loss is about ½ - 1 pound (¼ - ½ kg) per week. Losing more means you may be eating too little which can lower your milk supply.

How you eat and drink can affect the amount of certain nutrients in your breastmilk. This handout highlights those nutrients and gives you tips and ideas around healthy eating.

Nutrients to get enough of:

Omega-3 fats

Omega-3 fats, especially docosahexaenoic acid (DHA), help your child's growth and development. Experts suggest eating at least 200 mg of DHA per day. You will get this amount if you eat at least two Food Guide Servings (about 5 oz) of fatty fish per week.

Sources of omega-3 with DHA include:

- Fatty fish - salmon, rainbow trout, herring and sardines (all low mercury)
- Omega-3 eggs fortified with DHA
- Milk, fortified with DHA
- Omega-3 soy beverage with algae
- DHA-enriched omega-3 margarine
- Fish oil and algae supplements

Vitamin D

Vitamin D is passed through breastmilk. To get enough vitamin D in your diet:

- Drink 2 cups (500 mL) of milk each day
- Eat fatty fish (e.g., salmon) twice a week
- Use non-hydrogenated margarine in place of butter
- Choose yogurt or other foods that have vitamin D added

In addition to the 400 IU supplement of vitamin D for your baby, you may need a vitamin D supplement also if you:

- Have dark skin pigmentation
- Don't drink milk or fortified soy beverage
- Get only minimal sun exposure due to covering your skin with clothes (e.g., wear long sleeves all year long)

Vitamin B₁₂

Vitamin B₁₂ is found in animal products including:

- Milk and alternatives (e.g., cheese, yogurt, fortified soy beverage)
- Meat (e.g., beef, fish)
- Eggs

If you aren't eating or drinking the above sources, you may need to take a vitamin B₁₂ supplement.

Folic acid (Folate)

Along with a healthy diet, take a multivitamin containing 0.4 mg of folic acid daily. Good sources of folate include:

- Dark green vegetables (e.g., spinach, broccoli)
- Legumes (e.g., beans, lentils)
- Enriched products (e.g., white flour, pasta, cornmeal)

Fluid needs

Expect to drink about 12 cups (3 L) or more of fluids daily. Drink more if you are still thirsty but avoid forcing water down as drinking too much water can actually lower your milk supply.



Water, milk, 100% juice, fortified-soy beverage and broth-based soups are all good choices. Vegetables and fruit are high in water content so be sure to include 7-8 Food Guide Servings of these each day.

Nutrients to be cautious about

Trans fats

Since unhealthy trans fats are transferred through your breastmilk, limit or avoid them in your diet.

Even though there is a small amount of trans fat found naturally in milk products and meat (e.g., beef, lamb), it is the foods that are made with partially hydrogenated oils that should be avoided. They include certain:

- Shortening or margarines, or products made with them
- Packaged breaded foods
- Packaged snacks such as crackers and cookies
- Bakery products such as cakes, donuts, pastries, muffins and croissants

Read the Nutrition Facts label and compare products. If the products lists that it has trans fat (even as little as 0.5 gm per serving) or that it is made with partially hydrogenated oil, choose a different product.

Nutrition Facts	
Per 3/4 cup (100 g)	
Amount	% Daily Value
Calories 80	
Fat 1 g	1 %
Saturated Fat 0 g + Trans Fat 0 g	0 %
Cholesterol 0 mg	
Sodium 2 mg	0 %
Carbohydrate 15 g	5 %
Fibre 3 g	12 %
Sugars 7 g	
Protein 3 g	
Vitamin A 1 %	Vitamin C 2 %
Calcium 1 %	Iron 3 %

Mercury

Mercury is an environmental toxin found in most fish, some higher than others. Too much mercury can harm your health and your baby's development.

Avoid high mercury fish including fresh or frozen tuna, swordfish, orange roughy, pickerel, sea bass, shark and tilefish. Instead, choose fish that are lower in mercury (e.g., salmon and herring).

Sweeteners

Products made with sweeteners usually offer little nutrition. The following sweeteners are safe to use in moderation:

- Acesulfame potassium (Sunett™)
- Aspartame (NutraSweet™, Equal™)
- Sucralose (Splenda™)

Avoid the following sweeteners:

- Cyclamates (Sugar Twin™)
- Saccharin (Hermesetas™)

Did you know spices and flavours like garlic can change the smell and taste of breastmilk? This may be a reason breastfed babies have fewer feeding problems as they get older.

Caffeine

Limit your caffeine intake to 300 mg per day. Since caffeine is passed into your breastmilk, high amounts of caffeine can cause your child to become irritable and have trouble sleeping.

Food or beverage	Serving size	Caffeine (mg)
Coffee, brewed	8 oz	60-150
Tea, leaf or bag	8 oz	40-80
Energy drinks, various	8.3 oz	46-88
Coke™ or Pepsi™, (includes diet)	12 oz	35-64
Iced tea, various	12 oz	11-34
Chocolate, dark or semi-sweet	1 oz	19-20
Chocolate, milk	1 oz	7
Fluid milk, chocolate flavour	8 oz	8
Coffee, decaf	8 oz	2-5
7-UP™ or Sprite™ (includes diet)	12 oz	0

Note: 12 oz = 355 mL, 8 oz = 237 mL, 1 oz = 28 gm

Be aware that coffee shops offer servings that are more than 8 oz. A “small” can be anywhere from 8-12 oz.

Herbs and herbal teas

Although you may have heard how some herbs increase breastmilk production, these recommendations are not supported by clinical studies. For example, Fenugreek may be safe to consume but evidence is lacking on its ability to improve breastmilk production.

Many herbs may be unsafe while breastfeeding. Before you take any herbs or herbal teas, check with your health care provider about the safety. If you have questions about breastfeeding or you would like to learn ways to increase your breastmilk production, contact a public health nurse at York Region Community and Health Services *Health Connection* at 1-800-361-5653.

Did you know that gas producing foods will not cause your child to be gassy? Gas and fibre do not pass into breastmilk.

For more information

See some of our other handouts at www.york.ca/nutrition for more details about the nutrients in this handout as well as meal planning ideas:

- *A guide to eating fish for women, children and families*
- *Healthy eating on the go*
- *Healthy meals for fast-paced lives*
- *Herbal teas: are they safe during pregnancy and while breastfeeding?*
- *Moms can reach a healthy weight after pregnancy*
- *Omega-3: reel in the benefits*
- *The healthy eating and cookbook shelf*
- *Vitamin D and your baby*
- *Canada's Food Guide (Health Canada)*

You can also call *York Region Community and Health Services Health Connection* at 1-800-361-5653 or e-mail HC@york.ca to have the fact sheets listed above mailed to you.



You may have additional nutritional needs while breastfeeding and should talk to your health care provider or a registered dietitian if you:

- Have food allergies or intolerances
- Are younger than 18 years of age
- Have trouble affording enough food
- Are breastfeeding more than one child
- Are pregnant while breastfeeding
- Are vegetarian
- Have an eating disorder

Call *EatRight Ontario* at 1-877-510-5102 to speak to a registered dietitian about healthy eating for you and your family.

Quick meals and snack ideas for busy moms

Planning meals and snacks

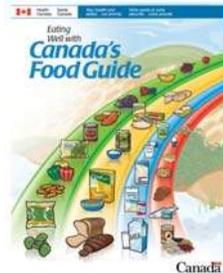
A quick way to make sure your meals and snacks are healthy is to include at least:

- Three of the four food groups at each meal
- Two of the four food groups at each snack

Canada's Food Guide

food groups include:

- Vegetables and Fruit
- Grain Products
- Milk and Alternatives
- Meat and Alternatives



Finding time to eat while caring for a baby can be hard. Try these quick and nutritious meal and snack ideas.

Breakfast ideas

- Peanut butter shake: blend 1 cup (250 mL) milk, 1 frozen sliced banana and 1 tsp vanilla. Add 1 tbsp peanut butter while blending. Blend until smooth
- Microwaved eggs: Crack 2 eggs in a mug. Beat, then microwave for 1-1 ½ minutes. Enjoy with toast and juice
- Yogurt, cantaloupe slices and a muffin
- Cheese omelette and whole wheat toast
- Instant oatmeal with milk and diced strawberries
- Toasted English muffin with melted cheese with a slice of watermelon
- Cold cereal with fruit and milk



Lunch and dinner ideas

- Bagel melt: place 2 slices of cheese between 1 sliced bagel and microwave or broil until cheese melts. Enjoy with fruit or vegetable sticks
- Turkey roll-up: place 2 oz (50 g) sliced turkey and a lettuce leaf on pita bread. Add a carrot stick and roll up
- Cottage cheese, fruit and a bran muffin
- Baked beans on toast with tomato slices
- Peanut butter and banana sandwich
- Salad with boiled egg or sliced meat. Add shredded cheese and enjoy with a whole wheat bun
- Macaroni and cheese dinner with added tuna and frozen peas
- Egg or salmon salad sandwich and carrot sticks
- Beef vegetable soup, cheese with crackers and pudding



Snack ideas

- Trail mix: mix your favourite nuts with dried fruit
- Vegetable sticks with hummus
- Apple slices with peanut butter
- Crackers and cheese
- Fresh fruit and vanilla yogurt
- Banana bread with almond butter
- Cheese stick rolled in sliced meat



With any of the meal or snack ideas, add a glass of milk or 100% juice for added nutrition.

Information for breastfeeding families

When to Call a Lactation Consultant



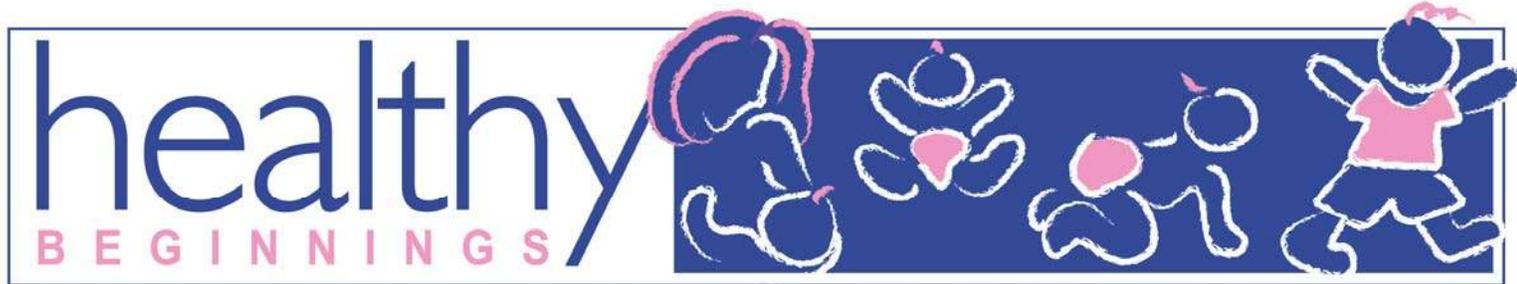
Call a lactation consultant for additional instruction and support if your baby :

- Is jaundiced
- Refuses to latch-on
- Is not gaining weight quickly (1/2 – 1 oz per day)
- Is gaining weight too quickly (more than 1 ½ oz per day)
- Cries a lot and is fussy
- Feeds “all of the time”
- Is premature or a “late preterm” baby
- Spits up “a lot”

Call a lactation consultant for additional instruction and support if you :

- Have flat or inverted nipples
- Have sore nipples
- Are engorged
- Are ill or need to have surgery
- Have a low milk supply
- Are returning to work
- Experience mastitis (breast infection)
- Wish to breastfeed an adopted baby
- Experiencing stress around feedings
- Need to take medications
- Need advice about selecting an appropriate breast pump
- Are receiving conflicting advice or discouragement to breastfeed

Or, anytime you are unsure if breastfeeding is going well



BREASTFEEDING BABIES AND CHILDREN

Storing expressed breastmilk

These guidelines are to be used for the healthy babies who were born at term. If your baby is hospitalized, please check with the hospital for guidelines regarding expressing and storing breastmilk.

Types of storage containers:

- Glass or non bisphenol A (BPA) containing hard plastic containers with a tight lid
- If you are unsure whether your plastic bottles or containers contain BPA, please contact the manufacturer
- BPA-free breastmilk freezer bags
- If you use bottle liner bags – use two bags and double bag as the plastic is thin

How to clean the storage container:

- Wash the containers in hot soapy water and rinse well with hot water
- Let the containers air dry
- If breastmilk freezer bags are being used, they are sterilized and ready to use. They are for one time use only and cannot be re-used

When storing breastmilk:

- Write the date and the time expressed on the container
- Store breastmilk in small portions (2-4 oz) to prevent wasting excess milk
- Cool freshly expressed milk in the fridge before adding it to already cooled or frozen milk
- If combining breastmilk for storage, add a smaller amount of cooled milk to frozen milk
- Leave space at the top of the container when freezing as milk will expand

Using stored breastmilk:

- Use the oldest breastmilk first
- If your baby is only getting expressed breastmilk and not breastfeeding, give fresh breastmilk as much as possible rather than stored breastmilk

You've got what it takes!

For more information call Health Connection at 1-800-361-5653



Thawing breastmilk:

Options to thaw:

- Leave container in the refrigerator for 4 hours
- Hold container under cool running water then warm water to finish thawing
- Do not thaw at room temperature

Options to warm:

- Warm breastmilk by placing container in a bowl of very warm water
- Do not heat on the stove or in the microwave as this may create hot spots or damage the nutrients in the milk

Before using:

- Swirl container to re-mix the fat into the breastmilk
- Test the temperature before using it. It should feel slightly warm but not hot
- Use warmed breastmilk within 1 hour and throw out any leftover
- Thawed breastmilk may taste or smell different than fresh, but it is still good

Breastmilk storage guidelines

	Location	Temperature	Duration	Comments
Freshly expressed breastmilk	Countertop, table	Room temperature (up to 25°C/77°F)	6 to 8 hours	Containers should be covered and kept as cool as possible
	Insulated cooler bag	-15°C/5°F to 4°C/40°F	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag
	Refrigerator	4°C/40°F	5 days	Store milk in the back of the main body of the refrigerator
Freshly expressed or refrigerated breastmilk	Freezer compartment of a refrigerator	-15°C/5°F	2 weeks	Store milk toward the back of the freezer where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
	Freezer compartment of refrigerator with separate doors	-18°C/0°F	3 to 6 months	
	Chest or upright deep freezer	-20°C/-4°F	6 to 12 months	
Thawed breastmilk	Countertop, table	Room temperature (up to 25°C/77°F)	Should not be left out on counter	Should not be warmed and then re-stored in the refrigerator. Do not re-freeze thawed breastmilk.
	Refrigerator	4°C/40°F	24 hours	
References: Centers for Disease Control and Prevention, Proper Handling & Storage of Human Milk, 2010 Breastfeeding Answer Book, 3 rd Edition, LLLI, 2003				

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<p>Day 1 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1</p> <p>Black tarry stools 1</p> <p>Notes:</p>	<p>Day 4 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4</p> <p>Yellow stools 1 2 3</p> <p>Notes:</p>
<p>Day 2 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2</p> <p>Black/brown stools 1 2</p> <p>Notes:</p>	<p>Day 5 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5</p> <p>Yellow seedy stools 1 2 3</p> <p>Notes:</p>
<p>Day 3 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3</p> <p>Brown stools 1 2</p> <p>Notes:</p>	<p>Day 6 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6</p> <p>Yellow seedy stools 1 2 3</p> <p>Notes:</p>



<p>Day 7 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6</p> <p>Yellow seedy stools 1 2 3</p> <p>Notes:</p>	<p>Day 10 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6</p> <p>Yellow seedy stools 1 2 3</p> <p>Notes:</p>
<p>Day 8 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6</p> <p>Yellow seedy stools 1 2 3</p> <p>Notes:</p>	<p>Day 11 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6</p> <p>Yellow seedy stools 1 2 3</p> <p>Notes:</p>
<p>Day 9 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6</p> <p>Yellow seedy stools 1 2 3</p> <p>Notes:</p>	<p>Day 12 Feed 8-12 times</p> <p><i>Circle the hours</i></p> <p>12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers 1 2 3 4 5 6</p> <p>Yellow seedy stools 1 2 3</p> <p>Notes:</p>