

A close-up photograph of a woman with long dark hair, wearing a denim shirt, breastfeeding her newborn baby. The woman is looking down at the baby with a gentle expression. The baby is wrapped in a white cloth and is positioned against the woman's chest. The text "Breastfeeding basics" is overlaid on the image in a white serif font.

Breastfeeding
basics

Breastfeeding *basics*

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French translation, 2006

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Public Health Services





Congratulations on choosing to breastfeed your baby! You are giving your child the best start in life—nutritionally, socially, emotionally, physically, and intellectually. Here are some ways that you and your child will benefit:

For you

- Your uterus shrinks to its pre-pregnancy size more quickly.
- You use up fat stored during pregnancy.
- Breastfeeding releases a feel-good hormone that will make it easier for you to cope with the demands of a new baby.
- You are less likely to get osteoporosis, cervical cancer, and breast cancer.
- Straight from the breast, your milk is always clean, ready, and at the perfect temperature.
- You learn your baby's cues more quickly and can respond to baby's need for food and comfort before baby becomes overly upset.
- You have the satisfaction of knowing you are giving your baby the very best.

For baby

- Your baby has a lower risk of ear infections, respiratory illness, allergies, diarrhea, and vomiting.
- Your baby will rarely be constipated, because breastmilk is easy to digest.
- Sudden Infant Death Syndrome (SIDS) is less common in breastfed babies.
- Breastmilk has many flavours, depending on what you eat. This prepares your baby for later food.
- A type of fat in breastmilk, which is not in formula, helps your baby's brain develop well.
- Breastfeeding helps your baby to bond with you.
- Your child has a lower risk for childhood diabetes. The health benefits continue into adulthood, with lower risk of high cholesterol, asthma, and breast cancer.

Almost all babies can be breastfed babies.

For everyone

- Breastfed babies smell “sweeter” than bottlefed babies. Their bowel movements, and any milk that they may spit up, are mild-smelling because breastmilk is so well digested.
- Breastfeeding is environmentally friendly, producing less waste and using fewer resources than any other method of infant feeding.

The best thing, though, is the sheer joy of it. Breastfeeding is natural, healthy, and wonderful. You will probably have many questions about breastfeeding. This booklet gives some basic information. There is much more information available and many people to help you. If you have concerns about anything, be sure to get help as soon as you need it. Breastfeeding is a great time for you and your baby to learn about each other.



Your breastmilk is the perfect food for your baby. It is all your baby needs for the first six months of life. The act of breastfeeding, the skin to skin contact, the cuddling, the love-gazing that breastfeeding encourages, is important to your baby's social and emotional development. Your baby learns that a warm breast is always available. Your baby learns to love and trust and play.



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A close-up photograph of a woman with dark hair tied up, wearing a pink cardigan and a gold necklace, breastfeeding her baby. The baby is wearing a white patterned onesie. The woman is looking down at the baby with a gentle expression. The background is a dark green textured surface.

Getting off
to a good start

Although completely natural, breastfeeding takes time to learn. This book contains information to help you, so read on. Another great way to learn is by seeing and doing. Spending time with friends and family who breastfeed will help. You can also look for groups for new mothers in your community.

Breastfeeding **as often as your baby wants** is the best way to get breastfeeding going well. Here is why: When your baby suckles at your breast, your breast gets the message to make milk. The more your baby suckles, the more milk you make. It is the law of supply and demand. When you continue to breastfeed often, your breasts keep making milk. When you have lots of milk, your baby is happy to breastfeed. When baby is happy to breastfeed, you enjoy the experience just as much as your baby. You and your baby develop a special bond that is beyond compare.

Photo previous page: Cynthia Giles with Giles Blois



The first few days

Your baby's first feeding

Most babies are alert right after birth and are especially ready to suckle at their mother's breast. The ideal time for your baby's first feeding is within the **first hour of birth**.

Get skin to skin. Gaze into each other's eyes. Relax and enjoy your baby. If this doesn't happen within the first hour, then the earlier to the breast, the better.

Don't worry if your baby doesn't drink at the breast this first time. It is enough that your baby nuzzles your breast and nipple. This starts the hormones flowing that tell your body to make milk.

If your baby does suckle at your breast, this helps your uterus to contract and expel the placenta. As your uterus contracts, you may feel pain like a menstrual cramp or labour pain. These afterpains may continue for a few days, whenever you breastfeed. Your uterus is shrinking to its normal size. This is a "good for you" pain and nothing to worry about. You will be able to take pain medication if you need it, under your doctor's advice.

Remember that baby's first feeding is a learning experience for you both. It is also a special time for you and your baby to get to know each other. Touch and smell are very important ways that your newborn will get to know you. This is why skin-to-skin contact is so important. Your body heat will keep baby at the perfect temperature when you are snuggled together under a blanket.

Unless either you or your baby needs medical care right away, you can expect hospital staff to encourage this special time with your newborn.



Also, your labour and delivery nurse, doctor, or midwife will be right there to help with positioning the baby and getting the baby latched onto your breast. Finding a comfortable breastfeeding position and getting the baby well latched right from the start will help to make breastfeeding enjoyable for you both.

Besides professional help, it is also very important to have a support person to help you in the first few days *and* throughout your breastfeeding experience. This can be a partner, family member, or friend. Most importantly, this person should support your decision to breastfeed and be there to encourage you in the early weeks. Your support person might also be either experienced with breastfeeding or willing to take over household chores while you settle in with your baby.

Breastfeeding soon after birth is good for you *and* good for baby. But if you can't breastfeed right after childbirth, then breastfeed the first chance you get. When you do get the chance to breastfeed, undress your baby and hold baby skin to skin. This helps you to get to know each other.

If you will be separated from your baby for more than six hours after birth, then you will need to start expressing your breastmilk. It is important to start expressing milk within the first six hours, because your body is most ready then. You will need to express your breastmilk as often as you would be feeding your baby. See page 78 for information on different ways to express breastmilk.

Rooming in with your baby

When you have a healthy, full-term baby, you can expect to have baby with you throughout your hospital stay. This is called rooming in. Your baby will have a bassinet that you can keep right beside your bed. Your newborn will need to eat often, **usually 8 to 12 times in 24 hours**. By rooming in, you can breastfeed whenever baby wakes.

This time together also helps you to begin to learn your baby's cues. Watch for signs that he or she is hungry, like trying to suck on fingers, fists, or lips, and turning or rooting towards anything that touches her cheek. Try to offer your breast before baby cries or becomes upset. If he is too sleepy to feed well, try to wake him by stroking his arms and cheeks, undressing him, or changing his diaper.

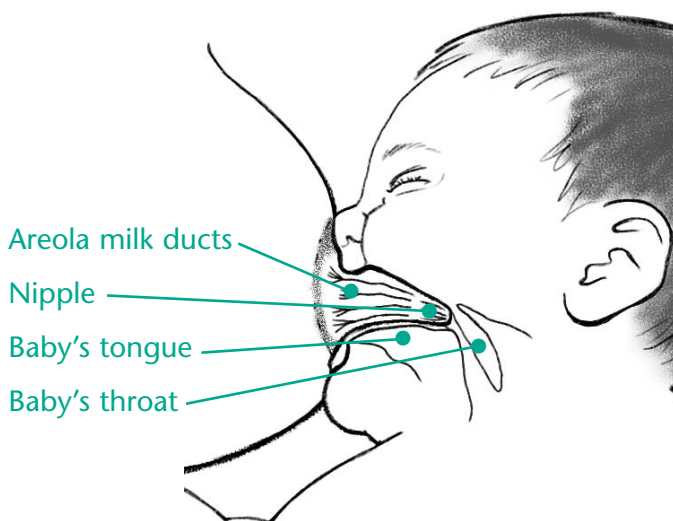
Your baby is more likely to be overly sleepy if you had a difficult labour or delivery or if you were given drugs for the birth.

You will also learn to wash, change, and dress your newborn while rooming in. Hospital staff will be there if you need help, of course, but it's important that you do as much for your newborn as you can. This, again, is a time for you and your partner or support person to begin to learn about your baby's needs and likes, to learn how to care for your newborn. At the same time, your newborn is learning your voice and smell and touch. You are learning to love and understand each other.

If this is your first child, or your first time to breastfeed, you may enjoy going to prenatal breastfeeding classes, classes for new mothers, or breastfeeding clinics that your hospital may offer. Classes or breastfeeding groups may also be available in your community. Some public health prenatal classes include a "reunion" or postnatal class. Contact your local public health office to find groups or classes near you. Public health offices are listed on page 91. You may find it a good support to talk with other breastfeeding moms about your experiences or concerns.

How to feed your baby

Your baby gets milk by suckling on the breast, not the nipple. It involves your baby's lips, gums, tongue, cheeks, jaw muscles, and hard and soft palates. It is good exercise for your baby and may help to develop strong and healthy gums, jaws, and teeth.



When you are breastfeeding, it is important that you are in a comfortable position and that your baby is positioned and latched on to your breast properly. Getting your baby properly positioned and latched will help keep breastfeeding going well for you both. Good positioning and latch are also important in preventing problems later on.

While breastfeeding, you need to be relaxed, without tension in your shoulders or back. Make sure that your arms and back are supported so that you don't strain your muscles. You may want to use pillows and a footstool to help you get comfortable. If you are sore from childbirth, you may need help adjusting pillows.

Once you are in a comfortable position, you are ready to offer your baby your breast. Babies often nurse better when they have skin-to-skin contact with their mother. Many babies find the nipple easily, latch-on to the breast right away, and seem to know what to do. Others need some help. Here are some ways to help your baby latch on:

- Have your baby at the level of your nipple before you latch. Use pillows or a rolled blanket to adjust baby's position.
- Support your breast with your free hand using a C-hold. Your thumb is on top of your breast, and your fingers are underneath, well behind the areola (the darker skin around your nipples).
- Encourage your baby's mouth to open wide. To do this, lightly touch your baby's lips with your nipple. Go from upper to lower lip and back again.

- When your baby's mouth is open wide like a yawn, draw the baby close. Your nipple should be centred upward in your baby's mouth. To support a good latch and your posture, draw your baby to your breast.
- As your baby latches on, draw your baby even closer to your breast. Baby's mouth needs to cover a large part of the areola. Your baby's chin should be tucked in closely to your breast.



- Allow your baby to suckle at the first breast for as long as he or she wishes and then offer the second breast, if she is still hungry. Babies often will come off the breast on their own when they are no longer hungry or need to burp.



If your baby takes only the nipple, gently break the suction and start again. Break the suction by placing your clean finger into the corner of baby's mouth and pressing against your breast. If you allow your baby to suckle without first getting a good latch, two things may happen. One, your nipples may get sore. Two, your baby may not get enough milk.

You must hold your baby in the correct position on the breast for a successful latch. In the early days, the best latch is often achieved most easily using the cross-cradle or football holds. Here are some positions to try:



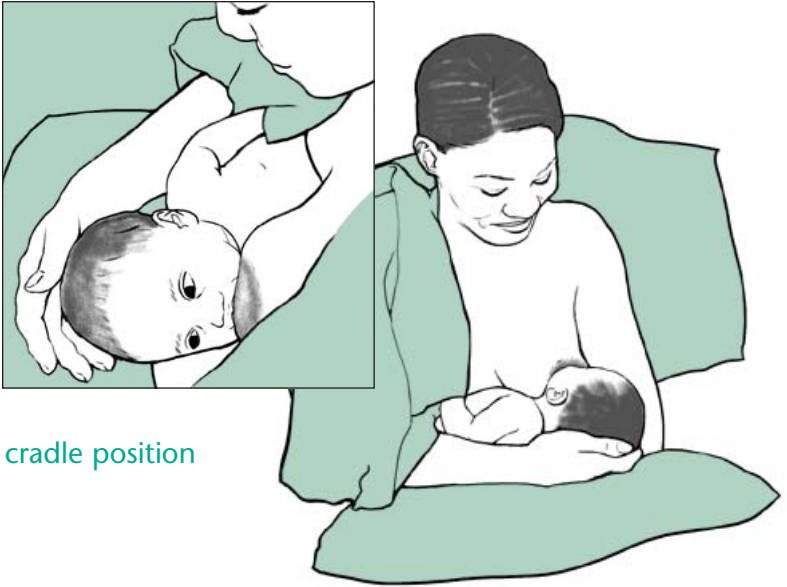
cross-cradle position

- *baby should be tummy to tummy with you*
- *your hand should be at the nape of baby's neck*
- *baby's ears, shoulder and hip should be in a straight line*
- *baby's head should be tilted back slightly so his chin will be tucked well into the breast.*

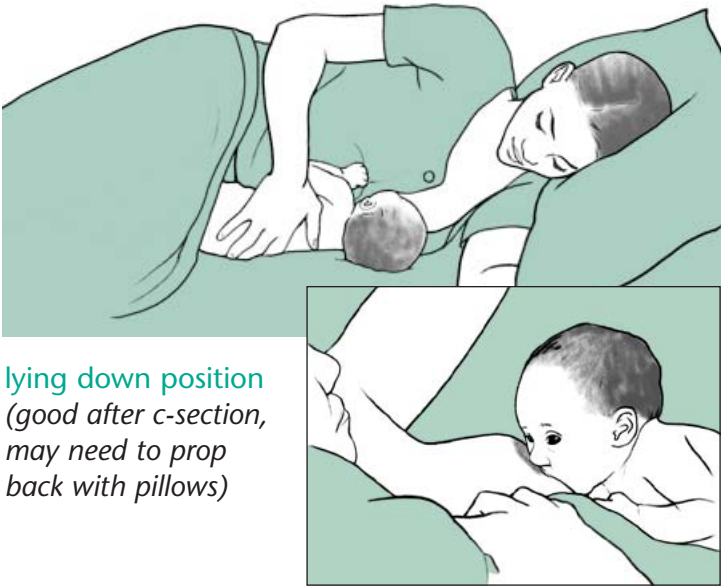
clutch or football hold position

- *you may want to sit in a large armchair or sofa to give you enough elbow room for this position;*
- *you may find this position more comfortable if baby's head and body are well supported with pillows at the level of your breast.*
- *good after c-section and for preemies.*



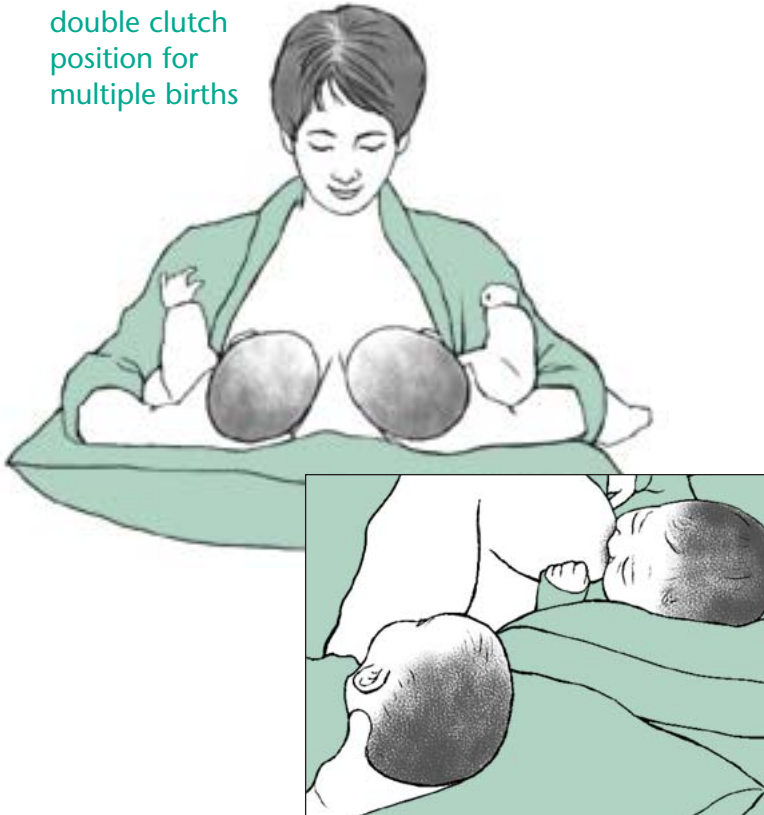


cradle position



lying down position
*(good after c-section,
may need to prop
back with pillows)*

double clutch
position for
multiple births



Breastfeeding should not hurt. Your nipples might be a little tender in the first week or two. Tenderness differs from hurting. **If it does hurt, keep breastfeeding often and get help right away.** A public health nurse or lactation consultant can help you achieve proper positioning and latch.

Once your baby feeds for as long as he or she wants on the first breast, it is a good idea to give baby the chance to burp. Burping releases air that baby may have swallowed during feeding. Breastfed babies tend to swallow less air than bottlefed babies and may not need to burp as much. You will learn if your baby needs to be given the chance to burp. After burping, baby may be ready to take the second breast. Baby may want one or both breasts during a feeding.



When burping make sure baby's back is straight.

Baby's need for vitamin D

All Canadians need vitamin D supplements because of the limited amount of sunlight in our northern climate. Sunlight is the main natural source of vitamin D for humans and vitamin D is needed to develop healthy bones and teeth.

Health Canada recommends that all breastfed, healthy term babies in Canada receive a daily vitamin D supplement of 10 ug (400 IU). Babies taking fortified formulas do not need a vitamin D supplement because it is already in their formula.

Vitamin D supplementation should begin at birth and continue until your baby's diet includes at least 10 ug (400 IU) per day of vitamin D from other foods or until your breastfed baby reaches one year of age.

A note about babies and sunlight:

Babies under 1 year of age should be kept out of direct sunlight. Even on cloudy days up to 80% of the sun's rays can go through light clouds, mist and fog. Try to avoid the sun during the peak times of 11:00 a.m. to 4:00 p.m.

Sunscreen should not be put on your baby's skin under 6 months. You can put sunscreen with SPF 15 or 30 on your children over 6 months of age before you take them outside.¹

¹The information on sun safety is from the Canadian Dermatology Association and Canadian Cancer Society.

Baby weight loss in the first few days

Your first milk, colostrum, is already in your breasts when your baby is born. You may have noticed some leaking from your breasts late in your pregnancy. This thick, creamy milk is very nourishing for your newborn. It is high in protein and full of antibodies that help your baby fight off infection. It is the *perfect* first food. Baby needs nothing else. No water. No sugar water. No infant formula.

It is normal for your newborn to lose weight within the first week of life. A loss of up to 7% of birthweight during the first week is normal. For example, if your baby's birthweight is 7 pounds, then your baby's weight may go down to 6 pounds, 8 ounces. In metric, a birthweight of 3175 grams may go down to 2983 grams. Babies should return to their birthweight in about 2–3 weeks. For most babies this happens in about 10–14 days. Hospital staff, public health nurses, and your doctor will help you to keep track of baby's weight. **If you have concerns, get help.** Trust your instincts. See the section "How to tell that breastfeeding is going well" on pages 24 to 25 for more information.

When to feed your baby

The short answer is **often**. Look for signs that he or she is hungry. You will soon get to know when your baby wants to be fed. Common signs of hunger are fist-sucking and searching for your breast. Until you learn *your* baby's cues, you should offer your breast whenever your baby wakes. If you wait until baby is upset or too hungry, then it will be more difficult to get a good latch. Remember, too, that breastfeeding means comfort to your baby as well as food.

You can expect your new baby to eat every two or three hours. That's at least 8 to 12 feedings in 24 hours. Feeding your baby often will help you to have a good milk supply. Your baby may also cluster feed. This means that your baby may feed more often at certain times of the day, with longer stretches between feeds at other times. Some babies want to be at the breast constantly. This, too, is normal and doesn't mean that you don't have enough milk. For the most part, you need to follow your baby's lead, instead of a schedule.



While feeding, your baby will have a suck and pause rhythm. Baby will suck about 10 to 15 times, then pause for a few seconds rest, and so on. Some babies will feed until full, while others will want either to rest, to be burped, or to nap during the feeding. Each baby is unique and there is a wide range of “normal” behavior. As your milk comes in, listen for the sound of your baby swallowing. This will reassure you that your baby is getting milk.

Learning baby’s cues

Babies, even newborns, can tell you what they need through the cues they give. Here are some common ways that babies try to make their needs known. Through trial and error, love and patience, you will figure out *your* baby’s special language.

“I’m hungry”

Baby may cry, move his mouth, root for the breast (bob up and down), put hands in her mouth, make sucking movements, clench fists over his chest or tummy

“I need a break from feeding”

Baby may cry, spit up, choke, arch his back, pull or look away

“I’m full”

Baby may arch her back, push away, fall asleep, open or relax his arms, open or relax her fingers

“I want to be with you”

Baby may smile, look at your face and eyes, turn his head towards you, reach out to touch you

Encouraging your milk to come in

Several days after childbirth, your milk starts to come in. You will probably feel unusually hungry and thirsty during this time. It is important to take extra good care of yourself, giving your body all the food, water, and rest it needs, so that it can make milk for your baby. To encourage your milk to come in, you can



- Breastfeed often.
- Get plenty of rest.
- Eat well and drink plenty of fluids to satisfy your thirst.

You will notice that your breasts become full and heavier as your milk comes in. You may feel your milk “let down.” You may have a tingling feeling, like pins and needles, or a feeling of warmth or pressure in your breast. Some women describe this as a pain in the breast. Your breasts may leak milk. You may also have plenty of milk without experiencing these things.

Your breasts may feel very full and even uncomfortable once your milk is in. This is normal in the first few days. Your milk supply will soon adjust to baby's needs. For your comfort, you can use warm moist cloths on your breasts, take a warm shower, or soak in warm water before a feeding. You can also express enough milk to soften the area around the nipple (areola) to help baby latch, or massage your breasts gently before and during a feeding. Feeding baby more often, before your breasts get too full, is also helpful. Wake baby to feed, if you need to. If this fullness continues or becomes painful, your breasts may be engorged. See page 45 for more information.

Your newborn's diapers in the first few days

It is normal for your newborn to have two or more wet diapers a day while drinking colostrum. He or she will also have one or more sticky, dark green, tar-like, bowel movements. This is called meconium. As your milk comes in, you can expect more wet diapers and more bowel movements each day. The bowel movements will become more yellow in colour as the days pass. See the chart on page 25 for more information.



Off to a good start at home

Contact from a public health nurse

Once you are at home, you will have a call or visit from a public health nurse. The public health nurse will discuss with you how your family is adjusting to the new baby and any concerns you may have. She will ask how breastfeeding is going and can check your positioning and latch. She can also weigh your baby. If you don't have a home visit, your doctor should do these things at baby's first check up.

Your public health nurse will tell you about well baby clinics (where you can have your baby weighed) as well as other community supports available to you. Be sure to get help whenever you are worried or concerned. Trust your instincts. **Contact your public health nurse at any time to discuss concerns you may have about your health, your baby, or breastfeeding.**

How to tell that breastfeeding is going well

You know that breastfeeding is going well when

- You can hear baby swallowing at the breast.
- Baby is gaining weight, feels heavier, and fills out newborn clothes. Baby



needs to gain at least 4 ounces a week, 1 pound a month. In metric, that's about 100 grams a week, 450 grams a month. Most babies regain their birthweight within 10 to 14 days of birth.

- Baby is content after most feedings.
- Your breasts feel softer after a feeding. They are never completely empty, because you continue to make milk while baby is feeding.
- Baby begins to stay awake for longer periods.

You don't need to measure what baby is taking in to know that she is getting enough milk. If you are concerned, you can keep track of what is coming out. This can reassure you that your baby is getting enough milk.

Here are the numbers to watch for:

Age	Wet diapers per day*	Bowel movements per day
Days 1 to 2 (colostrum)	2 or more per day.	1 or more sticky, dark green or almost black (meconium).
Days 3 to 4 (milk coming in)	3 or more per day, pale urine, diapers feel heavier.	3 or more brown/green/yellow changing in colour.
Days 5 to 6 (milk in)	5 or more per day, pale urine, heavy wet diapers.	3 or more, becoming more yellow in colour. At least 3 are the size of a dollar coin ("loonie").
Days 7 to 28	6 or more per day, pale urine, heavy wet diapers.	3 or more yellow in colour.
After day 28	5 or more per day, pale urine, heavy wet diapers.	1 or more, soft and large. Some babies may sometimes go several days without a bowel movement.

** If you are unsure diapers are wet when changing baby, place a paper towel inside the clean diaper and check for wetness next change.*


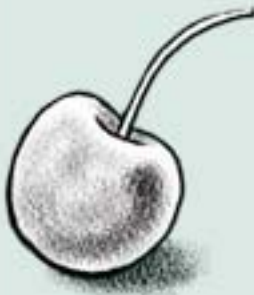

These numbers are guidelines only. Your baby can be perfectly healthy but have fewer bowel movements, for example. But you should always talk to a health care worker if your baby has a pattern different from this. **Get help right away if baby's bowel movements are not changing to yellow in colour by day three to five. If you have any concerns, contact your doctor or public health nurse immediately.**

Your need for extra rest

An important thing to keep in mind once you are at home is that you need extra rest. All new mothers need time to recover from pregnancy and childbirth. The many changes that happened to your body over the past nine months must now be reversed. You will also need to recover from the muscle strain of childbirth and perhaps even stitches. Therefore, you will need extra rest for at least the first few weeks. This is especially true if you had a difficult birth. And when you are breastfeeding, you need even more rest because your body is working to make milk. If possible, get help around the house. You can't do everything that you usually do, plus care for your new baby, care for yourself, and get breastfeeding going well. A great help is to have someone do the housework, so that you can rest and care for your baby.

If baby seems too sleepy


You may find that your baby sleeps a lot, breastfeeds little, and falls asleep often during feedings. This is most common in the first week or two after birth. Babies vary a great deal in how much sleep and how much attention they need. However, if your baby is **overly** sleepy, then your baby may not be getting enough to drink. A newborn's stomach is about the size of a canned chickpea. Breastmilk, because it is just right for human babies, is digested quickly. This means newborns need to feed often.

Baby's Age											
1 week							2 weeks	3 weeks	4 weeks	5 weeks	6 weeks to 6 months
1 day	2 days	3 days	4 days	5 days	6 days	7 days					
 <p>Size of a canned chickpea</p>		 <p>Size of a cherry or a teaspoon</p>					 <p>Size of a walnut or tablespoon</p>				
Baby's Tummy Size (actual size)											

¹ Information on 'Baby's Tummy size' is adapted with permission from Best Start Resource Centre.

If your baby would rather sleep than feed, then you will need to put extra effort into keeping her awake long enough to feed well. You need to wake an overly sleepy baby to feed every two or three hours during the day and every four hours at night during the early weeks. Try things like undressing your baby before a feeding and rubbing his skin with a cool cloth to waken him up.

If your baby is asleep at the breast, you can try a special squirting technique called breast compression. Hold your breast with one hand well back from the nipple and squeeze firmly, but gently. Continue squeezing until she stops swallowing, then release and try again. This will keep your milk flowing and baby's interest up. A public health nurse or lactation consultant can help you learn this technique.



"I started to feel overwhelmed at one point, because I seemed to do nothing but breastfeed. But I kept at it. Now, breastfeeding is so natural to us both that I wonder what all the fuss was about. It's our special time together. I also love that I can comfort her quickly whenever she gets a boo-boo." a nursing mother

If baby spits up

Babies may spit up small amounts of breast milk after feeding. It is usually not a cause for concern. Breastfed babies tend to spit up less than bottlefed babies. Most babies outgrow spitting up within four to six months. Talk with your public health nurse or doctor if you are concerned about the amount your baby spits up or if your baby is not gaining weight.

If baby's needs seem to change

You may find that you get a breastfeeding routine well established and then things change. Your baby wants to breastfeed more often. Baby is having a growth spurt, which is normal. You may notice this at **10 days, 3 weeks, 6 weeks, 3 months, and 6 months**, but each baby is different. You will know that your baby is having a growth spurt if he or she wants to feed more often than usual. During these growth spurts, you need to breastfeed as often as baby wants. But get some extra rest yourself. Your milk supply will rise to meet the greater demand in a day or two.

You produce milk because the baby's sucking causes your body to release the hormone prolactin. Prolactin is responsible for giving the signal to your breasts to make milk. Your prolactin levels are highest at night. Therefore, if you are trying to increase your milk supply,

be sure to feed your baby often at night. Some women take their babies to bed with them. This allows them to get more sleep between feedings.

Safe sleeping for you and your baby

We recommend that your baby **share a room with you for at least the first 6 months**, as this helps with breastfeeding and protects babies against crib death or sudden infant death syndrome (SIDS).

Bringing your baby into bed with you means that you can breastfeed in comfort.

As it is easy to fall asleep while breastfeeding, especially when lying down, please consider these tips before taking your baby into bed with you.



Tips to reduce the risk of injuries and over heating

Adult beds are not designed for babies. If you do wish to share a bed with your baby, here are some tips to reduce the risk of injury:

- The mattress must be firm and flat - waterbeds, bean bags and sagging mattresses are not suitable;
- Make sure that your baby can't fall out of bed or get stuck between the mattress and the wall;
- The room must not be too hot (16-18°C or 61-64°F is ideal);
- Your baby should not be overdressed;
- The covers must not overheat the baby or cover the baby's head;
- Your baby must not be left alone in or on the bed as even very young babies can wriggle into dangerous positions;
- Your partner should know if your baby is in the bed;
- If an older child is also sharing your bed, you or your partner should sleep between the child and the baby;
- Pets should not share a bed with your baby.

When NOT to sleep with your baby:

- If you (or any other person in the bed) are a smoker, even if you never smoke in bed.
- Never sleep with your baby on a sofa or armchair.
- If you (or any other person in the bed) might find it hard to respond to the baby, for example if you:
 - have drunk alcohol;
 - have taken any drug (legal or illegal) which could make you sleepy;
 - have any illness or condition which affects your awareness of your baby;
 - are so tired that you think you would find it difficult to respond to your baby.

The information on “Safe sleeping for you and your baby” has been adapted with permission from the pamphlet “Sharing a bed with your baby” produced by the UNICEF UK Baby Friendly Initiative and the Foundation for the Study of Infant Deaths.



The early weeks
and months

Most families need time to adjust after a new baby arrives. You have to adjust to a new schedule, and baby needs to adjust to life outside the womb. This is usually a joyful time, but you may have concerns about how to care for your baby. This chapter tries to deal with some of these concerns.

It is important to be patient with yourself when you are getting started. It is also important to get help whenever you think you need it. Many people in your community will be delighted to help you breastfeed successfully. See *“Getting Help,”* page 91, to find supportive people or groups near you.



Photo previous page: Florence Yetman with Hannah Langille

Breastfeed anytime, anywhere



Breastmilk is the best choice for your baby. It is far better, and safer, than formula. It is the best *food* for your baby, but it is more than that. Babies also need the touching and holding that comes with breastfeeding. The breastfeeding mother and baby become very in tune with each other. Breastfeeding is also best for mom's health.

Women have been breastfeeding their babies for thousands and thousands of years. It is nature's way. Both women and babies are designed for it. However, bottle-feeding started to become popular in the early decades of the 1900s. Companies started selling baby formula and advertising heavily to mothers, doctors, and hospitals. Our western society was influenced by this advertising and started to believe that formula feeding was safer and better for babies. By the 1950s, most babies were bottlefed. It became the accepted way to feed a baby. Along with it came sterilizing and feeding schedules, measuring how much baby drank, and the expectation that "good" babies sleep for long stretches of time.

In our communities, we want to support what is best for moms and babies, but we have some challenges to overcome. For one, breastfeeding mothers need role models. Your own mother and grandmothers may not have breastfed. Therefore, you may have to look beyond your family for practical breastfeeding support. For another, many ways that bottlefed babies were cared for do not work well for breastfed babies—things like letting babies cry until the scheduled feeding time. You might find that your family thinks that you are spoiling your baby when you breastfeed “on demand.” Try to talk with your family members about this. You may need support from others, in addition to your family, to know that your parenting choices, when it comes to breastfeeding, are best for baby. Breastfeeding circles or new mothers groups are a good place to find out how others deal with such issues. See *Getting Help*, page 91, to find supportive people or groups near you. You can also talk with your public health nurse. Phone numbers are listed on page 93.

You may also wonder whether or not to breastfeed in public. You have the right to breastfeed your baby anytime, anywhere. This right is protected in Nova Scotia by law and by government policy. If it is an appropriate place to bottlefeed a baby, then it is an appropriate place to breastfeed. You decide what works for you.

Look for this sticker



Nova Scotia's Human Rights Act and Breastfeeding Policy protect your right to breastfeed in public. Public places include restaurants, retail stores, shopping centres, theatres, and so forth. You should not be prevented from breastfeeding your baby in a public area. You should also not be asked to move to another area that is more discreet. If either of these things happens, you can file a complaint with the Nova Scotia Human Rights Commission.


One of the great things about breastfeeding is that it makes it very easy for you and your baby to travel together. No fussing with bottles and formula. You can take baby anywhere, with little advanced planning. Your baby can be fed as soon as he or she starts to fuss. This is especially convenient for long-distance travel. If you are ever stranded somewhere, you will still have food for your baby.

It will be easier for you if you can overcome any embarrassment you may have about breastfeeding in front of others. One way to become comfortable with feeding your baby in public is to practice breastfeeding discreetly.



Try breastfeeding in front of a mirror to check what others see. To be discreet, you can wear clothes that lift up from the waist. You can also drape a shirt over your shoulders or a blanket over your baby to give you more privacy. Most people will think that your baby is sleeping.

You can also help support breastfeeding by being a role model for others. For example, you can breastfeed in front of children—your own, if you have any, and those of relatives and friends. They will be curious and will ask what you are doing. Answer truthfully and simply. You are educating the next generation.



“When I was new at breastfeeding, I felt embarrassed to feed my baby in front of others. I had never seen it done and neither had my husband. At first, he wanted me to leave the room to breastfeed if we were with his family. Gradually, he changed his attitude, which made it much easier for me. Now, this baby has been breastfed everywhere imaginable--on the bus, in church, walking down the street. I wear her in a sling and no one even knows I’m feeding her.” a nursing mother

If baby is fussy

Many babies, no matter how often they are fed, have a regular wakeful, fussy time when they seem hard to settle and cry a lot. This most often happens in the late afternoon or early evening, especially at around three to six weeks of age. It can last a few hours and can continue for a few months. Some babies have fussy or unsettled periods that are so regular that parents can set their watches by them.

Here is some advice about what you can do to settle your baby. See *Year One: Food for Baby* for more ideas.

- If you are worried that your baby's crying means you don't have enough milk, remember that the more your baby drinks from your breast, the more milk you make. You can keep track of wet diapers to reassure yourself that you are making enough milk for your baby.
- Your baby *may* be reacting to something you are eating, but this is unusual. You can experiment if you think a certain food causes your baby discomfort, but don't overdo it. Remember to eat a balanced, varied diet. Try reducing the caffeine you take in. Foods you eat may take about two hours to affect your breastmilk, but the time varies depending on the food.

Carry baby in a soft baby carrier. Walk or dance. Rock baby. Play soft music, sing, or hum. Give baby a warm bath or wrap him in a light blanket. Carriage or car ride. Give your baby a massage or pat his back. Take baby into the bathtub with you. Run a vacuum cleaner or hair dryer to create “white noise.” You can also tape this “white noise.” Try these holds for comforting a fussy baby:



Arm Drape



Handstand



Dance



Colic curl

- Try feeding your baby more often. Maybe he or she is having a growth spurt.
- If breastfeeding more often does not seem to help, try some of the comfort measures shown on previous page. Your baby may just need to be held.
- If nothing seems to work, then plan ahead for the fussy time. If you can't get help around the house, then lower your housekeeping standards for now. Your baby's well-being is more important. Try to get extra rest by lying down to breastfeed.
- If you feel frustrated because your baby has been crying for a long time, ask someone to take over and give you a break. Have a relaxing bath, go for a walk, or visit with a friend.
- Talk with your public health nurse or doctor if your baby doesn't settle no matter what you do. Have your doctor check your baby to rule out physical causes for fussiness.
- Most babies outgrow this fussiness by about four months.

Overcoming breastfeeding challenges



Whenever you have a problem while breastfeeding, get help. Ask a public health nurse, lactation consultant, midwife, supportive doctor, or an experienced breastfeeding mother to help you. Breastfeeding is not always easy, but if you persevere through the difficult times, the rewards are great. The breastfeeding bond can be like no other. In one mother's words, it's a "glorious connection."

Most breastfeeding challenges happen in the early weeks and months when you and your baby are still learning. Once you pass this stage, breastfeeding usually becomes easy and uneventful. It can continue into your child's first year and beyond—for as long as you both enjoy it.

If you have a problem

- *continue to breastfeed*
- *get more rest*
- *get help.*

Get help when you notice any of these warning signs:

- you have a fever
- you notice a red area on your breast
- your breasts feel hard
- your nipples have cracks
- you have pain in a breast while nursing.

You can try to prevent breastfeeding problems by having your baby well latched and staying well rested. Breasts don't need special cleaning, just bathing with water, without using soap on your nipples.

If you notice some tenderness in your nipples, rub a few drops of breastmilk onto your nipples and let them air dry. Some common breastfeeding challenges are discussed below.



Engorged breasts

Breasts are engorged when they become swollen with milk and feel warm or hot. They also feel heavy and firm or hard. The areola may become swollen and tight, making the nipple “flatten out.” This may make it difficult for your baby to latch onto your breast properly.

What causes this?

Some fullness is normal in the first few days of breastfeeding as the breasts start to produce milk and fill. If your breasts become heavy, firm, and hard (engorged), some of the suggestions below may help you latch your baby correctly. Engorgement that continues after the first week with painful, uncomfortable breasts is usually caused by not “emptying” the breasts at each feeding.

What can I do?

Continue to breastfeed your baby.

Feed your baby frequently to keep your milk flowing regularly—every 2 to 3 hours is best. Wake baby to feed, if necessary.

Your baby may have trouble latching on when your breasts are full and hard. To make this easier for your baby, soften the areola first. The best way to do this is to express some milk by hand. (For instruction on how to express milk, please see pages 81 – 86.)

You can also gently squeeze or compress the areola between your thumb and index finger to make it easier for your baby to grasp.

Before you breastfeed, use warm moist cloths on your breasts to help your milk flow. You could also take a warm shower or soak in warm water.

After you breastfeed, use cold packs on your breasts to help reduce swelling.

If your baby is over one week old and you are still experiencing excess milk flow or engorgement, call your public health nurse, lactation consultant, or doctor.

Flat and inverted nipples

Flat nipples are those that do not stick out at all or do not stick out when stimulated or cold. Inverted nipples sink into the breast rather than stick out when the areola is squeezed.



flat nipple



inverted nipple

What can I do?

If the baby is positioned and latched on well, most types of flat or inverted nipples will not cause breastfeeding problems. Some types of nipples may be more difficult for baby to latch on to, especially at first, but patience and persistence will pay off. Remember that babies *breastfeed*, not *nipplefeed*.

Contact your public health nurse or lactation consultant in the early days of breastfeeding for help with latching on.

Cracked or bleeding nipples

What causes them?

The most common causes of cracked or bleeding nipples are incorrect positioning or latch-on of the baby or both. Generally, a cracked nipple indicates that the baby was not latched on to enough of your breast.

What can I do?

Continue to breastfeed your baby. It will not harm your baby to swallow a little blood in your breastmilk. Your breastmilk is still the very best food for your baby.

Get help immediately from your public health nurse, lactation consultant, or doctor. The longer you wait, the worse it will get. You need help to get baby positioned and latched on properly.

Review the section on positioning and latch, page 8.

You can also gently rub a few drops of your breastmilk into the nipple area after your baby has finished feeding and allow your nipple to air dry.

Blocked milk ducts

A milk duct that does not drain properly can become blocked. This causes a swollen, tender spot or lump in the breast. If you have a blocked milk duct, you feel generally well and have a normal temperature.

What can I do?

Continue to breastfeed your baby often and use different positions.

Begin feeding on the affected breast.

Gently massage the affected area before and during a feeding.

Rest and watch for signs of infection. Talk with your public health nurse, lactation consultant, or doctor if the duct continues to remain blocked or if you develop a fever and flu-like symptoms.

Mastitis

Mastitis, or breast infection, is a bacterial infection that comes on quickly, usually in only one breast. The infected breast is red, hot, and swollen, and may be painful. You may notice a lump. If you think that you have a breast infection, check your temperature. Mastitis usually causes a high temperature and flu-like symptoms, which include aches, nausea, vomiting, and chills.

What can I do?

Continue to breastfeed your baby often.

The breast infection will not harm your baby.

Get help right away from your public health nurse, doctor, or lactation consultant. If it is truly mastitis, then you will need an antibiotic. If it is not mastitis, then you can get help to clear up the problem before mastitis can develop.

Get extra rest. Your body will need it while fighting the infection.

Thrush

Thrush is a yeast infection that can affect both mother and baby. Mothers may have itchy, red, sore nipples and a shooting, deep pain in the breasts during feedings and possibly between feedings. Babies may have white patches inside the mouth. They may also have a persistent diaper rash.

What causes it?

The overgrowth of the yeast *Candida albicans*. This yeast is normally present in warm, moist places, such as in baby's mouth, in mother's milk ducts, or on mother's nipples or genital area. Yeast feeds on sugars, including milk sugars. It is common for this yeast to overgrow when your resistance is low or after you have taken antibiotics. Antibiotics destroy the good bacteria that normally keep this yeast in check. Thrush is also common in women with diabetes.

What can I do?

Continue to breastfeed your baby.

Get help right away to discuss the many options for treating thrush. If you need to take medicine, you *and* your baby will need to take it. The infection can pass back and forth between mother and baby. Your partner may also need medicine. Thrush can be passed between you and your partner during sexual activity.

Six months
& beyond



When you have been breastfeeding your baby for about six months, you and your baby will have a well-established breastfeeding routine. This chapter deals with a few things that you may need to know as you continue to breastfeed your older baby.

Photo previous page: Beth Greatorex with Madison Greatorex

How long do I breastfeed?

You can breastfeed for as long as both you and your baby are enjoying it. The World Health Organization and UNICEF recommend breastfeeding until at least age two. In cultures where breastfeeding is the norm, most children breastfeed past age two. When this works for you and your child, great. Your child will continue to benefit from antibodies in your milk for as long as he or she breastfeeds. But, more importantly, your child will benefit emotionally. Children who breastfeed longterm tend to be more secure.

Breastmilk is all your baby needs for the first six months. Until then, breastmilk provides perfect and complete nutrition. At about six months, your baby will start to need other foods as well. This is called weaning. Weaning to solid foods is a natural stage in baby's development. This type of weaning will not interfere with breastfeeding. You can continue to breastfeed long after solids have been introduced. For more information on introducing solid foods to your baby, see *Year One: Food for Baby*.

Going to work or school

Breastfeeding can continue even if you return to work or school. Some possibilities are discussed below. You will have to figure out what will work best for you, your child, your family, and your situation.

Breastfeed during your busy day

You may be able to breastfeed during your breaks at work or between classes. This is possible if you are near your child care provider. Or perhaps your partner or child care provider could bring your child to you. This is a good option if your child is under six months and you still wish to breastfeed exclusively. You could even plan to do this short term while you and your baby are getting used to being separated. Talk to your employer or school to see what flexibility can be worked into your day.

The Nova Scotia's *Human Rights Act* and *Breastfeeding Policy* protect you from discrimination at work. Your employer has a duty to try to accommodate you when you are breastfeeding. This could include things like allowing your baby to be brought into your workplace to be fed. Talk to your employer about your needs and plans. If your employer is reluctant to accommodate you, bring the provisions of the *Human Rights Act* and the *Breastfeeding Policy* to your employer's attention. The Nova Scotia Human Rights Commission can help you approach your employer about this issue. Employers must accommodate employees unless they can show that employee requests create undue hardship for them.


Express your breastmilk

You can express and store breastmilk that can be fed to your baby while you are away. See pages 81 to 87 on expressing and storing breastmilk. You can either build up a supply of stored breastmilk or express during your breaks. You might need an insulated container and ice packs to store the breastmilk you collect. Make sure your child care provider understands how to thaw and heat breastmilk safely. This is discussed on page 89.

Combine breastfeeding with another feeding choice

You can breastfeed when you are with your child and use another form of milk when you are not. If you choose this option, then start replacing breastfeedings a week or two before you go to work or school. Replace one breastfeeding every three to seven days. This gives your breasts a chance to adjust to the lower demand. Otherwise, your breasts will become engorged while you are away from your baby.

Consider your baby's age before choosing this option. Your baby is less likely to develop food allergies if fed only breastmilk for at least the first four months of life. If family members are prone to allergies, then delay solid foods and other forms of milk until your baby is six months. For more information on introducing other forms of milk, see *Year One: Food for Baby* (see page 92).



"Jacob was nine months old when I went back to work. For the first couple of months, my husband was able to stay home with him. I would skip my coffee break and go home for lunch to breastfeed him. When he was eleven months old, he went to a day home. For the first month of this new arrangement, I continued to breastfeed him at lunchtime. This made the change of routine easier for us both. My boss was great about it. He was a new dad." a nursing mother

Baby teeth and breastfeeding



Preventing tooth decay

Breastfed children are less likely to have tooth decay than bottlefed children. However, it is still something to guard against.

Dental decay happens when sugar is left on the teeth. Breastmilk contains sugar, as does juice, cow's milk, and formula. Germs on the teeth use the sugar to make acid. This acid dissolves tooth enamel. At night, tooth decay happens more quickly because there is less saliva to wash away the acid.

You can prevent tooth decay by starting mouth care early:

- Clean the inside of baby's mouth using a clean, damp facecloth each day.
- Once the first tooth appears, brush twice a day. Use a small, soft-bristled toothbrush with less than a pea-sized amount of toothpaste.
- Check your baby's teeth often. If you notice white or brown spots, call your dentist right away.
- Begin regular dental visits around age one.

See *Year One: Food for Baby* for more information on oral health.

Teething and breastfeeding

When baby's teeth start to come in, you may be concerned that baby may bite while you are breastfeeding. This is usually not a problem. Normally, your child's tongue will lie over the lower teeth while breastfeeding. If you do find that your child bites down on your breast while feeding, pull your baby closer into your breast. Baby will release your breast to breathe.

Your child may also bite down on your breast while sleeping or in being playful. Deal with any biting firmly, but gently. Take your breast away for a moment. Your child will get the message. If your child seems to be bothered by teething pain, then offer a chilled teething toy or cold cloth before breastfeeding.

A close-up photograph of a woman with dark hair, wearing a light blue checkered shirt, breastfeeding her newborn baby. The woman is looking down at the baby with a gentle smile. The baby is lying on its side, facing the woman's chest. The background is a plain, light-colored surface.

About breasts
and breastfeeding

This chapter contains more information about breasts, breastmilk, and breastfeeding. It also discusses things that affect the quality of your breastmilk.

Photo previous page: Kienya Smith with Kolieya Smith

Breastfeeding and special situations



Most babies can be breastfed. This includes babies born early, babies born as twins or triplets, and babies born with special physical conditions. In these cases, though, you will need more help and information to get breastfeeding going well. You may need help to find a comfortable feeding position or to get baby well latched. Ask your nurse, doctor, midwife, or lactation consultant for help.

If you have a special needs baby, breastfeeding is the *best* feeding choice. Breastfeeding offers your baby the best nutrition, helps your baby to fight infections, and encourages your baby to love and bond with you. These benefits are especially important to a baby who needs extra medical care.

Your breasts may produce milk even if you have never been pregnant, making it possible to breastfeed an adopted baby. Some adoptive mothers have done this successfully. Your breasts might even produce milk if you have had surgery to reduce or enlarge your breasts. In these cases, get help from a lactation consultant. There is a good chance that you can at least partially breastfeed.

About breastmilk

Your breastmilk changes to meet the needs of your growing baby. The first thick yellow milk, called colostrum, nourishes your newborn and gives your baby antibodies to fight infection. After a few days, your milk starts to change. It becomes mature milk by about 2 weeks. Your mature milk changes throughout the feed. The foremilk comes first. It is thin, low in fat, and high in vitamins. It satisfies your baby's thirst. When your child continues to suckle, the hindmilk is released. It is a high-calorie fatty white milk which satisfies your baby's hunger.

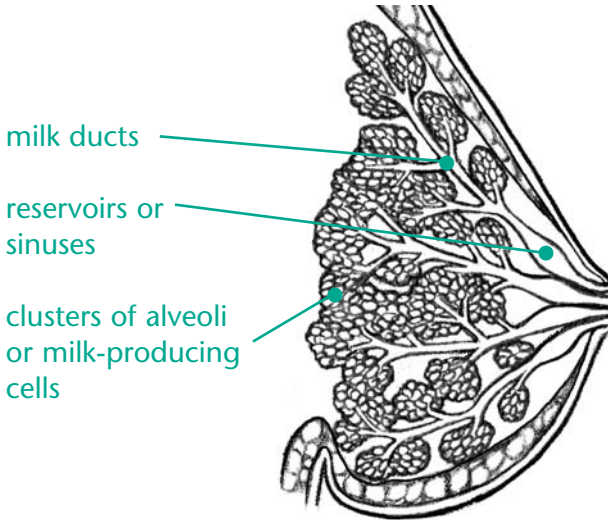
Besides responding to your baby's needs throughout a feeding, your milk responds to your environment. Your body produces antibodies to fight infections that you are exposed to. You share these with your baby through your breastmilk.

Your breastmilk is the perfect food for your baby. And the act of breastfeeding, the skin-to-skin contact, the cuddling, the “love-gazing” that breastfeeding encourages, is important to your baby’s social and emotional development. Your baby learns that a warm breast is always available. Your baby learns to love and trust and play.



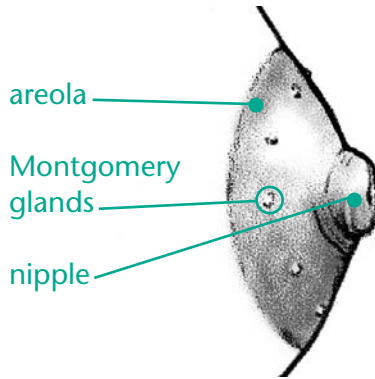
How your breasts make milk

Your breasts start to make the first milk late in your pregnancy. When you breastfeed your baby, the suckling causes more milk to be made. Size does not matter. Large or small, the mechanics are the same. Your breasts will continue to make milk for as long as your child breastfeeds. Here is an inside view:



Your breast produces milk in response to suckling. The more your baby suckles at your breast, the more milk you will produce. It is the law of supply and demand. Most women can make enough milk to satisfy twins, so don't

worry about not having enough. Just breastfeed often. And remember to drink to satisfy your thirst. For general good health, you should drink six to eight glasses of water each day. This is *especially* important when breastfeeding.




If you ever have to interrupt breastfeeding for a time, you can re-start milk flow by allowing your child to suckle at the breast. You might also hand express or use a breast pump.

Understanding your let-down reflex

Besides having full, heavy breasts, you will know that your milk has come in when you feel your milk let down. Your breasts may leak milk. You may have a tingly feeling, like pins and needles, or a feeling of warmth or pressure in your breast. Some women experience it as a pain. Some other women don't feel the let down at all, but still have plenty of milk. If you don't feel the let down, then you will know it has happened when you hear your baby swallowing.

The hormones prolactin and oxytocin work together to get your milk flowing. Prolactin, the “mothering hormone” triggers the let-down, while oxytocin causes the contractions that move the milk along. Your body produces these hormones when your baby suckles, or maybe even when you just think of your baby or hear *any* baby cry. Oxytocin, called the “hormone of love,” also causes contractions during childbirth and during orgasm. You may notice that you have sexual feelings during breastfeeding and milk let-down during sex. Both are completely normal. It’s oxytocin at work.



“I tried to breastfeed my first baby, but it just didn’t work. It was so frustrating. I felt like a failure. I thought something must be wrong with me. But, you know, I tried again when the second one came along, and it worked! I was much more relaxed, because I knew how to care for the baby and all that. There was nothing physical wrong with me. I must have been too uptight the first time. Too nervous.” a nursing mother

Milk let-down is controlled by hormones, and hormones are affected by your emotions. Therefore, if you feel embarrassed or uncomfortable, your milk might not flow as easily. It is important to understand the connection. Your milk is in there, but you must relax enough to let it flow.

If your breasts leak

Your breasts might leak at times after your milk comes in. This happens more often in the early weeks or months. Something has triggered your let-down reflex, like the cry of a baby or simply bending over. Your breasts will leak less often the longer you breastfeed.

If leaking breasts bother you, use breast pads or cotton handkerchiefs inside your bra. Breast pads can be bought or made from circles of cotton. Change your breast pads whenever they are moist and avoid nursing pads with plastic liners--they trap moisture against your skin. You can also wear clothing that disguises leaks. Try loose, printed clothing or dressing in layers.

Making healthy choices

Breastmilk is the perfect food for babies. Research has proven that breastfeeding is better for your baby than formula feeding. This is true even if you eat poorly or if you smoke or occasionally drink alcohol. However, here are some things that you can do to be as healthy as you can be—for yourself, your baby, and your family.

Healthy eating

You don't necessarily have to eat more than usual while you are breastfeeding. Eat according to your appetite. Listen to your body. Don't ignore feelings of hunger and thirst. While all foods can fit within a healthy diet, you need to eat a variety of healthy foods, with balance and moderation, for lifelong health. Your breastmilk will always be the best food for your baby. Here is what *Canada's Food Guide to Healthy Eating* recommends for breastfeeding mothers:



Health Canada Santé Canada

CANADA'S

Food Guide

TO HEALTHY EATING
FOR PEOPLE FOUR YEARS
AND OVER

Enjoy a variety
of foods from each
group every day.

Choose lower-
fat foods
more often.



Grain Products

Choose whole grain
and enriched
products more often.

Vegetables and Fruit

Choose dark green and
orange vegetables and
orange fruit more often.

Milk Products

Choose lower-fat milk
products more often.

Meat and Alternatives

Choose leaner meats,
poultry and fish, as well
as dried peas, beans
and lentils more often.

<p>Grain Products</p> <p>5 – 12 SERVINGS PER DAY</p>	<p>1 Serving</p> <p>1 Slice</p> <p>Cold Cereal 30 g</p> <p>Hot Cereal 175 mL 3/4 cup</p> <p>2 Servings</p> <p>1 Bagel, Pita or Bun</p> <p>Pasta or Rice 250 mL 1 cup</p>	
<p>Vegetables and Fruit</p> <p>5 – 10 SERVINGS PER DAY</p>	<p>1 Serving</p> <p>1 Medium Size Vegetable or Fruit</p> <p>Fresh, Frozen or Canned Vegetables or Fruit 125 mL 1/2 cup</p> <p>Salad 250 mL 1 cup</p> <p>Juice 125 mL 1/2 cup</p>	
<p>Milk Products</p> <p>SERVINGS PER DAY</p> <p>Children 4–9 years: 2–3 Youth 10–16 years: 3–4 Adults: 2–4 Pregnant and Breast-feeding Women 3–4</p>	<p>1 Serving</p> <p>Milk 250 mL 1 cup</p> <p>Cheese 3"x1"x1" 50 g</p> <p>2 Slices 50 g</p> <p>Yogurt 175 g 3/4 cup</p>	<p>Other Foods</p> <p>Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these foods are higher in fat or Calories, so use these foods in moderation.</p>
<p>Meat and Alternatives</p> <p>2 – 3 SERVINGS PER DAY</p>	<p>1 Serving</p> <p>Meat, Poultry or Fish 50–100 g</p> <p>Fish 1/3–2/3 Can 50–100 g</p> <p>Beans 125–250 mL</p> <p>1–2 Eggs</p> <p>TOFU 100 g 1/3 cup</p> <p>Peanut Butter 30 mL, 2 tbsp</p>	

Different People Need Different Amounts of Food

The amount of food you need every day from the 4 food groups and other foods depends on your age, body size, activity level, whether you are male or female and if you are pregnant or breast-feeding. That's why the Food Guide gives a lower and higher number of servings for each food group. For example, young children can choose the lower number of servings, while male teenagers can go to the higher number. Most other people can choose servings somewhere in between.



Consult *Canada's Physical Activity Guide to Healthy Active Living* to help you build physical activity into your daily life.

Enjoy eating well, being active and feeling good about yourself. That's **VITALIT**

Many breastfeeding women find that they are more hungry and thirsty than usual. Try eating a healthy snack whenever you breastfeed your baby; this will help you care for yourself. Keep supplies of healthy snack foods handy so that you can grab something quickly before you sit down with baby. Refill your water glass before you sit down, too.

If you don't think that you eat a healthy enough diet now, then try to make small improvements. Your breastmilk is *still* better for your baby than formula. Try adding one fresh whole fruit, one fresh vegetable, or a whole grain bread to your diet each day. You could also switch from soda pop to fruit juice. These small changes can make a big difference to your lifelong health. Contact a public health nutritionist for more information on healthy eating.



Caffeine is a stimulant present in coffee, tea, cola soft drinks, chocolate, and many medicines. If your baby is fussy or has trouble sleeping, you may want to limit the amount of caffeine that you eat and drink. If you think that caffeine is affecting your baby, then stop all caffeine for a week or two. You might replace your usual tea or coffee with milk, juice, water, or decaffeinated tea or coffee. Herbal supplements and teas should be used cautiously while breastfeeding. They are not regulated and have not been proven to be safe for women who are pregnant or breastfeeding. Ask your public health nurse, nutritionist, or doctor before using.



Fresh air and exercise

Exercise is important for your mind and body. It can lift your mood if you are feeling down or feeling overwhelmed by the demands of your baby. There are many ways to keep active. Dance your baby around the house. Lie on the floor and exercise with your baby. Take baby for a stroll in the fresh air.

If you smoke, now is a good time to stop. Your doctor, pharmacist, or public health nurse can help you choose a stop-smoking program. The Lung Association of Nova Scotia (1-888-566-LUNG (5864)), the Canadian Cancer Society (1-800-639-0222), and the Smoker's Helpline (1-877-513-5333) can also help. By quitting, you will improve your health *and* your baby's health. You will also reduce the risk of Sudden Infant Death Syndrome (SIDS) for your child.

However, if you smoke, it is *still* better to breastfeed than to formula feed. Your baby is less likely to develop allergies and asthma when breastfed. Cigarette smoke aggravates these conditions. Also, your breastmilk will protect your baby from some respiratory infections. Here are some things that you can do to minimize the effects of smoking on your baby:

- Cut back on the amount you smoke. This will lessen the effect of smoking on your breastmilk. If you smoke more than 10 cigarettes a day, you will make less milk.
- Smoke after you have breastfed, not before, and never during breastfeeding.
- Smoke outside always and insist that others do the same. The effect of second-hand smoke on your baby is a greater concern even than the nicotine and other toxins that will be present in your breastmilk.

Ensure that your home and your car are safe places for your baby to breathe.

If you drink alcohol, it is best to stop or limit the amount you drink while breastfeeding. Drinking large amounts of alcohol may decrease your milk production and affect your baby's health. An occasional drink or regular light drinking has not been shown to be harmful. Light drinking means one ounce of hard liquor, one bottle of beer, or one glass of wine a day.

If you drink heavily, either regularly or only occasionally, you risk your health and the health of your baby. You may want to talk with someone about how to cut down or stop drinking. Staff at Drug Dependency/Addiction Services may be able to help. You can also talk to your doctor or public health nurse about programs in your community.

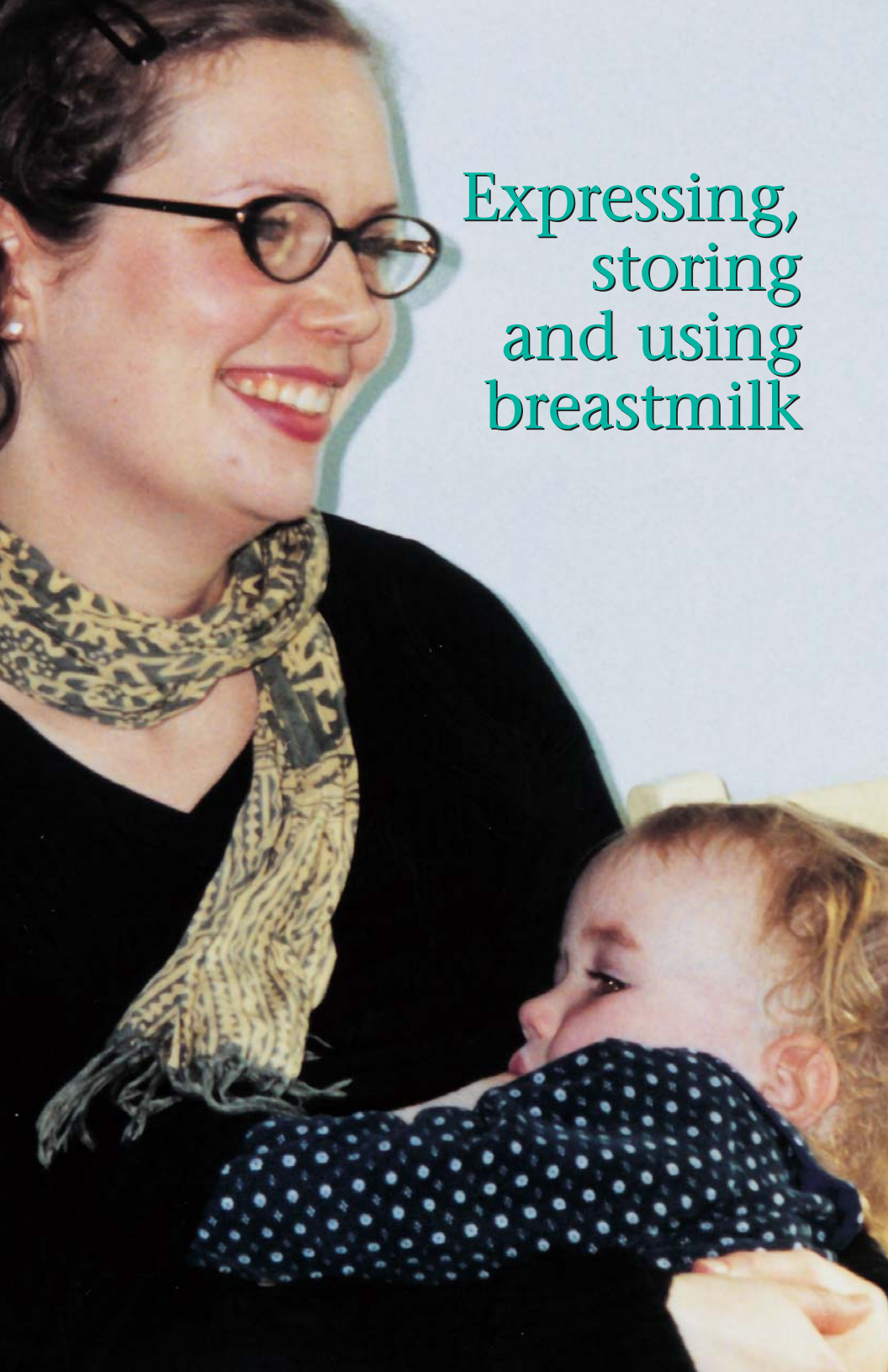
If you use street drugs or other drugs not prescribed by your doctor, there is even more risk to your health and the health of your baby. It has been shown that your baby may even become addicted to the drugs you use. You may want to talk with someone about how to cut down or stop using drugs. Staff at Drug Dependency/Addiction Services may be able to help. See the *Getting Help* section for contact information (page 102). You can also talk to your doctor or public health nurse about programs in your community.

Also remember that it is harder to take care of yourself and your baby while under the effects of alcohol or other drugs.

If you need medicine while you are breastfeeding, talk with your doctor. While most prescription drugs and other medicines are safe to take when you are breastfeeding, small amounts are passed on to your baby through your breast milk. Before you take medicine, ask your doctor, pharmacist, and even your dentist the following questions:

- What is it?
- Why am I taking it?
- What will it do to me and my baby?
- What are the possible side effects?
- What is the smallest amount I can take?
- When is the best time to take it?
- Is there a better choice I can safely take while breastfeeding?

Call MotherRisk at 1-877-327-4636 if you still have questions. MotherRisk is a program of the Hospital for Sick Children in Toronto. Staff at MotherRisk can answer your questions about how substances you take while you are pregnant or breastfeeding affect your baby.

A close-up photograph of a woman with dark hair pulled back, wearing black-rimmed glasses and a black and white patterned scarf. She is smiling warmly and looking down at a baby. The baby, with light-colored curly hair, is wearing a dark blue long-sleeved shirt with white polka dots and is looking towards the woman. The background is a plain, light-colored wall.

Expressing,
storing
and using
breastmilk

This chapter gives you information about how to express breastmilk, store it safely, and thaw and warm it for use. It also explains how waiting for six weeks before offering a bottle or pacifier can prevent nipple confusion.

Photo previous page: Megan Davies with Hannah Davies

Expressing breastmilk

Not every breastfeeding mom needs to express milk. You may want to express your breastmilk to relieve your breasts if you are away from your baby, or to save milk for later use. For healthy, full-term babies, if you do need to express, it is best to wait until baby is at least three or four weeks old. By then, your milk supply is established. If your baby is premature or sick, you can get help in the hospital to express your early milk. The following sections tell you how to express breastmilk.

Getting ready

When you need to express your breastmilk, you can do it either by hand or with a pump. Both ways take patience and practice. Begin by following these steps:

- Wash your hands.
- Wash everything that will touch the milk in hot soapy water. Rinse well and air dry.
- Choose a comfortable place where you can relax. Practice slow, easy breathing as you settle down.

- Keep warm. Put a sweater around your shoulders or sit near a heat source. Warmth helps you relax and starts your milk flowing.
- Allow enough time—don't rush.

Other ways to start your milk flowing:

- Think about your baby.
- Take a warm shower or splash warm water on your breasts.
- Stroke your whole breast with light, tickle motions.
- Roll and tug gently on your nipple using your thumb and forefinger.
- Shake your breasts gently towards each other while leaning forward.
- Massage your breasts using one of the methods shown below.
- Breastfeed on one side while you express on the other.

finger tip massage

- use two fingers
- press fingertips lightly into breast
- make small circles
- start from the back and move towards the areola
- cover the whole breast
- massage firmly, but gently

**diamond hand position**

- support breast with both hands thumbs on top, fingers below
- press gently as you move towards the nipple

**parallel hand position**

- place one hand above, one below
- gently press towards nipple
- rotate hands as they move forward

**warm washcloth massage**

- wet washcloth with warm water
- press firmly on breast, from back to nipple



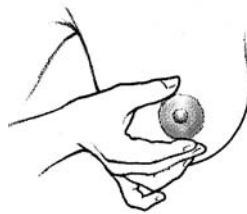
Hand expressing

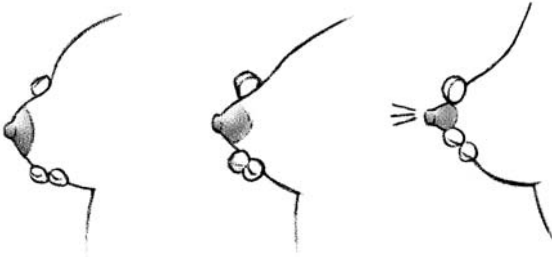
Hand expressing is more like breastfeeding than pumping is. When you use a pump, you draw the milk out of your breast. When you hand express, you compress your milk reservoirs, which is what your baby does while breastfeeding. It often takes some practice to get milk out at first, so be patient with yourself. Some women find hand expression better than any other method. It is also cheapest, because it requires no special equipment.

Remember that the milk must be gently squeezed from the back of the milk reservoirs.

Try this method for hand expressing:

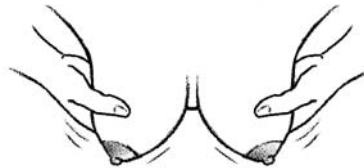
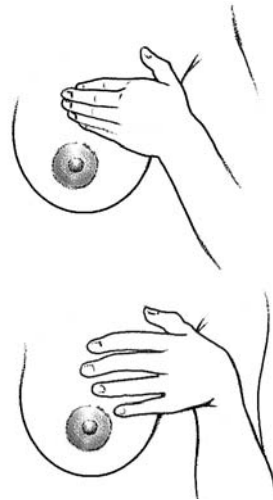
- Hold a wide-mouthed clean container under your nipple. Or place the container on a table in front of you.
- Position your thumb on top and first two fingers under the areola, a few centimetres behind the nipple. That's 1 to 1½ inches.
- Press in straight toward your chest wall about 1 inch.





- Roll your thumb and fingers forward toward the areola. Roll as if you were making a finger print. This action compresses and empties the milk reservoirs without damaging sensitive breast tissue.
- Repeat rhythmically and collect the milk.

When the stream of milk slows, vary the position of your hand. Rotate around the areola to reach more milk ducts. Change hands and repeat. After 5 to 7 minutes, change breasts. Massage, stroke, and shake your breasts. Express again for 3 to 5 minutes at each breast. Repeat once more. The whole procedure can take about 30 minutes.



Using a breast pump

Breast pumps come in three types: hand-operated, battery-operated, and electric. If you use a breast pump, first follow the directions for getting ready to express your milk. Then follow the instructions included with the pump.

A few points about breast pumps:

- If you have a premature baby or for some other reason your baby cannot feed at the breast, you may need to use an electric breast pump.
- Pumping both breasts at the same time can stimulate more milk production and save time. This is called double pumping.
- Remember to keep your breast pump clean. Before you choose one, you should find out if it can be cleaned easily.
- You may be able to rent a pump instead of buying one. Check with your local hospital, drug store, or Public Health Services office.

Storing breastmilk

Breastmilk is a fresh, living substance, as well as a food. Store it carefully to preserve its nutritional and anti-infective properties.

Here are some tips:

- Use glass or plastic containers with lids that fit well.
- Use plastic bags made especially for storing breastmilk. If you use disposable plastic nurser bags to store breastmilk, double-bag to make them stronger, as they may break.
- Store breastmilk in small amounts to avoid waste.
- Store breastmilk in the refrigerator for up to 8 days.
- Breastmilk can also be frozen. While freezing destroys some of the good things in the milk, breastmilk that has been frozen is *still* much better than formula.
- If you will be freezing the breastmilk, do so within 24 hours of collecting it.
- When freezing breastmilk, leave an inch of space in the container. The milk will expand as it freezes.

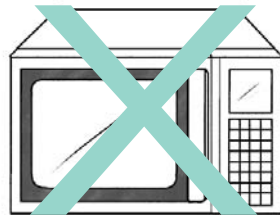
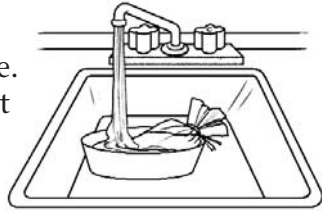
- If you add fresh breastmilk to a container of frozen milk, first chill the fresh breastmilk. This stops the warm milk from thawing some of the frozen milk.
- Label each container of milk with the date it was expressed. Use the oldest container of milk first, making sure that it has not passed the safe storage times given below.

Where	Temperature	Time*
at room temperature	18-30° c	4-6 hours
in a refrigerator	0-4° c	8 days
in a freezer compartment inside a refrigerator	temp varies <0° c	2 weeks
in a freezer compartment with a separate door	temp varies <0° c	3-4 months
in a deep freeze	-19° c	6 months or longer

* *These storage times are based on the latest research.*

Using stored breastmilk

- Breastmilk will separate into layers when stored. Shake it gently before serving to mix in the cream.
- Frozen breastmilk can be thawed in the refrigerator or by placing the container in lukewarm water. Use thawed breastmilk within 24 hours. Thawed milk should not be re-frozen.
- Warm breastmilk with care. Heat it gently by putting it in warm water. High temperatures can destroy some of its goodness.
- Breastmilk should not be heated in a microwave oven for three reasons. One, it is easy to overheat the milk, destroying its goodness. Two, microwaves heat the milk unevenly. Hot spots in the milk may scald your baby. Three, bags may burst.



If you plan to use a bottle to feed your breastmilk to your baby, wait until baby is six weeks old. Offering a bottle before six weeks of age may cause nipple confusion. This happens because the mouth and tongue action needed to get milk from your breast is very different from that needed to get milk from a bottle. An infant may become confused and refuse the breast. Wait until your baby gets really good at breastfeeding before introducing a rubber nipple, including a soother. There are other ways to feed expressed breastmilk to your baby, such as cup feeding or finger feeding... contact Public Health, La Leche League or local breastfeeding support groups for more information. For phone numbers, see the next section, *Getting Help*.



Cup feeding



Finger feeding

A close-up photograph of a woman with dark hair, seen from the side, looking towards a baby. The woman is wearing a colorful, vertically striped shirt. The baby is wearing a white onesie with small, colorful polka dots and is looking up at the woman with a slight smile. The background is dark and out of focus. The text "Getting help" is overlaid in the upper right quadrant of the image.

Getting help

There are many people in your community who can help you learn to breastfeed. There are also many books, videos, and websites that may help. Here are some ways to find them:



People and services in your community

Public Health Services

Public Health Services throughout Nova Scotia can help you in a number of ways:

- Provide information and support for you and your new baby including free copies of the books *Year One: Food for Baby*, and *After Year One: Food for Children*.
- Answer your questions and offer you help and advice about feeding your baby.
- Offer classes for new mothers and support groups for breastfeeding mothers.
- Help you find other services in your area that support your choice to breastfeed.
- Offer well baby, well child, or child health clinics.
- Provide health information on line at www.gov.ns.ca/health/PublicHealth.

Photo previous page: Beth Greatorex with Madison Greatorex

Public Health Services

Amherst

18 South Albion Street
Phone: 667-3319
or 1-800-767-3319

Annapolis Royal

Annapolis Community Health Centre
St. George Street
Phone: 532-0490

Antigonish

23 Bay Street
Phone: 863-2743

Arichat

14 Bay Street
Phone: 226-2944

Baddeck

30 Old Margaree Road
Phone: 295-2178

Berwick

Western Kings Memorial Health Centre
Phone: 538-3700

Bridgewater

Suite 109, 215 Dominion Street
Phone: 543-0850

*Public Health Services continued...***Canso**

1746 Union Street
Eastern Memorial Hospital
Phone: 366-2925

Cheticamp

15102 Cabot Trail
Phone: 224-2410

Dartmouth

201 Brownlow Ave., Unit 4
Phone: 481-5800

Digby

Digby General Hospital
67 Warwick Street
Phone: 245-2557

Elmsdale

East Hants Resource Centre
15 Commerce Court, Suite 150
Phone: 883-3500

Glace Bay

633 Main Street
Phone: 842-4050

Guysborough

10506 Highway 16
Guysborough Memorial Hospital
Phone: 533-3502

Halifax

(see Dartmouth)

Head of Jeddore

Forest Hills Shopping Centre

Phone: 889-2143

Inverness

26 Upper Railway Street

Phone: 258-2229

Liverpool

175 School Street

Phone: 354-5738

Lunenburg

14 High Street

Phone: 634-8730

Meteghan

Clare Health Centre

Phone: 645-2325

Middle Musquodoboit

492 Archibald Brook Road

Phone: 384-2370

Middleton

462 Main Street

Phone: 825-3385

Neil's Harbour

Buchanan Memorial Community Health Centre

Phone: 336-2295

Public Health Services continued...

New Germany

#5246, Highway 10

Phone: 644-2710

New Glasgow

825 East River Road, 3rd Floor

Phone: 752-5151

New Waterford

716 King Street

New Waterford Hospital

Phone: 862-2204

Port Hawkesbury

708 Reeves Street

Phone: 625-1693

St Peter's

Phone: 1-888-272-0096

(Voice mail only)

Sheet Harbour

Eastern Shore Memorial Hospital

Phone: 885-2470

Shelburne

Roseway Hospital

Phone: 875-2623

Sherbrooke

91 Hospital Road
St. Mary's Hospital
Phone: 522-2212

Sydney

235 Townsend Street
Phone: 563-2400

Sydney Mines

7 Fraser Avenue
Phone: 736-6245

Truro

201 Willow Street, 3rd Floor
Phone: 893-5820

Windsor

Windsor Mall
80 Water Street
Phone: 798-2264

Wolfville

23 Earnscliffe Avenue
Phone: 542-6310

Yarmouth

60 Vancouver Street
Phone: 742-7141

Hospitals

Your local hospital may have postpartum classes and breastfeeding clinics available.

Canada Prenatal Nutrition Programs

There are eight Canada Prenatal Nutrition Program (CPNP) sites in Nova Scotia. CPNP offers a variety of services to pregnant women and families with a new baby. These services could include food supplements, nutritional counselling, lifestyle counselling, support, education, and referrals to other services. This program aims to help you have a healthy baby. The program also encourages you to breastfeed, because it's the best feeding choice for your baby's health. Contact the program nearest you to find out if you qualify to participate. Here are the locations:

Amherst

"Babies Come First"- Canada Prenatal Nutrition Project

Maggies Place Family Resource Centre
12 La Planche Street

Trudy Reid

Phone: 667-7250

maggies@ns.sympatico.ca

Canning

Annapolis Valley-Hants Community Action
Program for Children
1036 Jordan Road, NS
Debbie Reimer
Phone: 582-1375
E-mail: kidsaction@xcountry.tv

Digby

Digby County Family Resource Centre
19 Prince William Street
Darlene Lawrence
Phone: 245-6464
Email: dcfrc@ns.sympatico.ca

East Preston

East Preston Day Care Centre
1799 #7 Highway
Sandra Brooks
Phone: 462-7266
Email: paapnp@eastlink.ca

Halifax

Home of the Guardian Angel Single
Parent Centre
3 Sylvia Ave
Barbara Sowinski
Phone: 479-3031
Email: single-parent@ns.sympatico.ca

*Canada Prenatal Nutrition Programs continued...***New Glasgow**

Kids First Association

610 East River Road, Lower Aberdeen Mall

Michelle Ward

Phone: 755-1213

Email: kidsfirst@ns.aliantzinc.ca

Antigonish Kids First, Phone: 863-3848

Guysborough Kids First, Phone: 533-3881

Pictou County Kids First, Phone: 755-5437

Sydney

Cape Breton Family Resource Coalition Society

106 Townsend Street

JoAnna LaTulippe Rochon

Phone: 562-5616

Email: jlatulippe-rochon@familyplace.ca

Truro

Native Council of Nova Scotia

166 Truro Heights

Tracey Legacy

Phone: 895-1738

Email: caringconnection@tru.eastlink.ca

La Leche League

La Leche League International is an organization dedicated to educating, informing, supporting, and encouraging families who want to breastfeed. They publish some useful books on breastfeeding, including *The Womanly Art of Breastfeeding* and *Breastfeeding, Pure and Simple*. You can find La Leche League on the web at www.lalecheleague.org/.

La Leche League Canada has ten groups throughout Nova Scotia. To find one near you, check your white pages under La Leche League Canada or phone their national referral line at 1-800-665-4324.

Local chapters provide telephone help for any breastfeeding concern you may have. They also host monthly meetings about breastfeeding. These meetings are a good place to find other breastfeeding families. Groups have lending libraries, too. If you join the organization you will receive *New Beginning*, a bimonthly magazine containing stories by breastfeeding mothers.

Addiction Services

*Serving Cape Breton, Victoria, Inverness, Richmond,
Antigonish and Guysborough Counties*

Sydney	902-563-2590
Port Hawkesbury	902-625-2363
Antigonish	902-863-5393

*Serving Colchester, Cumberland and Pictou
Counties and most of the Municipality of East
Hants*

New Glasgow	902-755-7017
Pictou	902-485-4335
Springhill	902-597-2156
Amherst	902-667-7094
Truro	902-893-5900
Elmsdale	902-883-0295

*Serving Halifax Regional Municipality, West Hants
and Mount Uniacke*

Capital Health (Main phone line for Addiction
Prevention and Treatment Services)
902-424-5623

*Serving Annapolis, Kings, Lunenburg, Queens,
Digby, Yarmouth and Shelburne Counties*

Kentville	902-679-2392
Lunenburg	902-634-7325
Yarmouth	902-742-2406

Web Site

To find the location of the closest Addiction
Services in your area visit:

www.addictionservices.ns.ca

MotherRisk

Call MotherRisk at 1-877-327-4636 if you still have questions. MotherRisk is a program of the Hospital for Sick Children in Toronto. Staff at MotherRisk can answer your questions about how substances you take while you are pregnant or breastfeeding affect your baby.

Your doctor

Most doctors are knowledgeable about and supportive of breastfeeding. However, not all doctors have received specific training about breastfeeding. If you are not getting the support you need from your doctor about breastfeeding, then try to find a doctor who can give you that support. You could also seek the help of either a nurse specializing in breastfeeding, or a breastfeeding specialist called a lactation consultant. You can find breastfeeding specialists at Public Health Services offices, your local hospital, or through a private clinic in urban areas.

Books and videos

There are so many resources available that we can't list them all. Browse at your local library, bookstore, or video outlet. Your Public Health Services office, family resource centre, or new mothers group may also lend books and videos.

Websites

The internet has many sites about breastfeeding. Here are some. These sites will link you to many others.

www.infactcanada.ca

INFACT Canada promotes mother and baby health through breastfeeding

www.ibfan.org

International Baby Food Action Network (IBFAN) aims to improve infant health through breastfeeding

www.lalecheleague.org

La Leche League International supports and encourages breastfeeding mothers

www.waba.org.my

World Alliance for Breastfeeding Action protects, promotes, and supports the right to breastfeed

www.breastfeedingcanada.ca

The Breastfeeding Committee for Canada's mission is to protect, promote and support breastfeeding in Canada as the normal method of infant feeding. They are the national authority for the World Health Organization/ UNICEF Baby Friendly™ Hospital Initiative (BFHI) in Canada.

www.babyfriendly.org.uk

The Baby Friendly Initiative is a global program of UNICEF and the World Health Organization that works with the health services to improve practice so that parents are enabled and supported to make informed choices about how they feed and care for their babies.



Public Health Services



Health Promotion
and Protection

www.gov.ns.ca/hpp