

Breastfeeding Basics

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Breastfeeding Basics

Learning makes it natural



Breastfeeding Basics



Learning makes it natural

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Congratulations on deciding 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, ovarian 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.
- Breastmilk contains exactly the right mix of nutrients that babies need for their brains to develop.
- Breastfeeding helps your baby to bond with you.
- Your child has a lower risk of developing childhood leukemia, types 1 and 2 diabetes, and respiratory infections. 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 formula-fed 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.

Breastfeeding is natural, healthy, and wonderful, but it takes time to learn. 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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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.

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 feedings are 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 109 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, **at least 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.

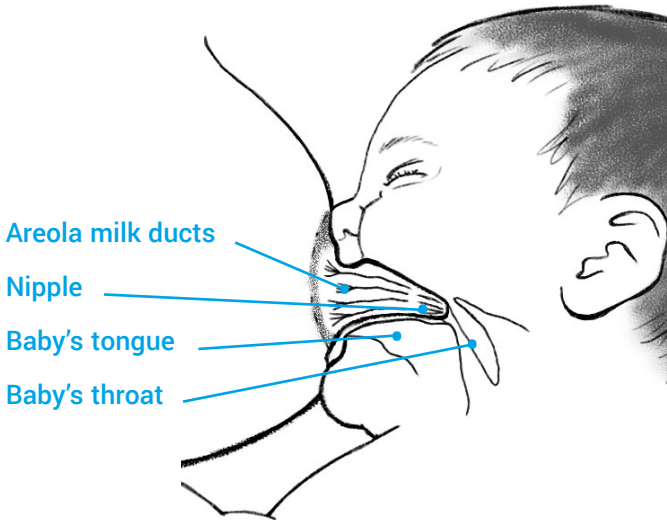
Your baby is more likely to be overly sleepy if you had a difficult labour or delivery or if you were given drugs for the birth.

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 Services office to find groups or classes near you. Public Health Services offices are listed on page 123. You may find it a good support to talk with other breastfeeding moms about your experiences.

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 breastfeed 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.

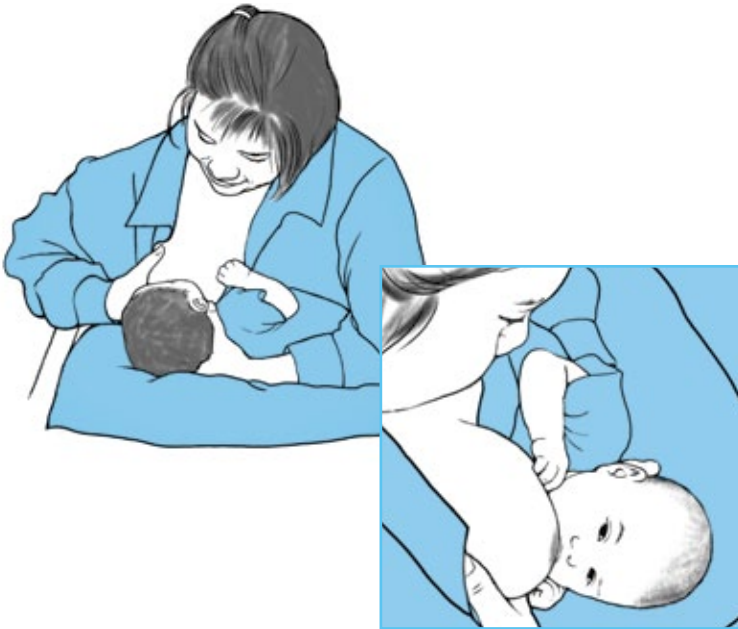


- Allow your baby to suckle at the first breast for as long as he or she wishes and then offer the second breast, if she is still hungry. Babies often will come off the breast on their own when they are no longer hungry or need to burp.



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 need to 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 premies*





cradle position

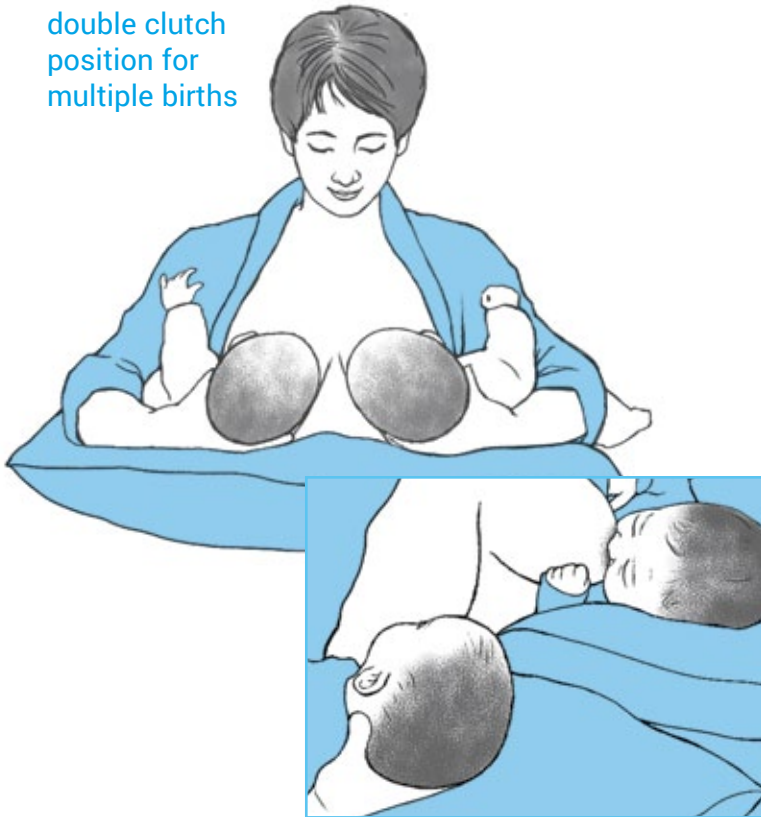


lying down position

*(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

We need vitamin D to develop healthy bones and teeth. Sunlight is the main source of vitamin D for humans. Vitamin D is also found in cow's milk and margarine.

To make sure that breastfed babies get the vitamin D they need, Health Canada recommends that all healthy, full-term breastfed babies receive a daily vitamin D supplement of 10 µg (400 IU). Your breastfed baby needs vitamin D drops daily from birth until one year of age, or until your baby's diet includes at least 10 µg (400 IU) per day of vitamin D from other foods. It comes in the form of drops. Check the bottle to make sure the label says 400 IU.

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, 30, or higher on your children over 6 months of age before you take them outside.¹

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

Baby weight loss in the first few days

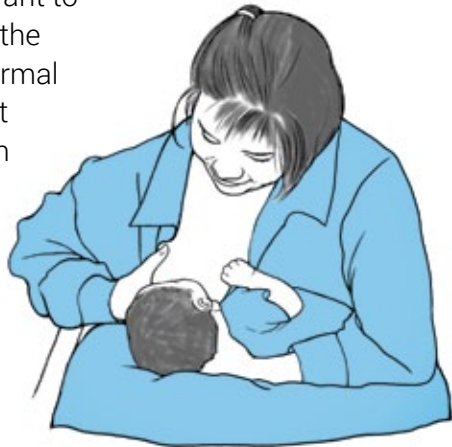
Your first milk, colostrum, is already in your breasts when your baby is born. You may have noticed some leaking from your breasts late in your pregnancy. This thick, creamy milk is very nourishing for your newborn. It is high in protein and full of antibodies that help your baby fight off infection. 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 26 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 spend a lot of time at the breast. 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" behaviour. 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 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.

"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

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. Most babies regain their birthweight within 10 to 14 days of birth.

From birth to 3 months, most babies gain between 675–900 grams (1½ to 2 pounds) per month. From 4 to 6 months most babies gain 450–560 grams (1 to 1¼ pounds) per month.

- 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:



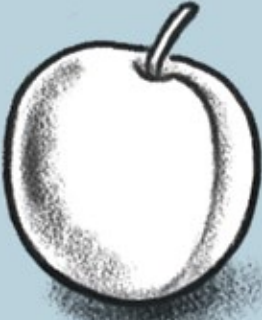

Age	Wet diapers per day*	Bowel movements per day
Days 1 to 2 (colostrum)	2 or more per day.	1 or more sticky, dark green or almost black (meconium).
Days 3 to 4 (milk coming in)	3 or more per day, pale urine, diapers feel heavier.	3 or more brown/green/yellow changing in colour.
Days 5 to 6 (milk in)	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.

Baby's Age				
1 day	2 days	3 days	4 days	
 <p>Size of a cherry</p>		 <p>Size of a walnut</p>		
5 days	6 days	7 days	2 weeks	3 weeks
 <p>Size of an apricot</p>		 <p>Size of an egg</p>		
Baby's Tummy Size (actual size)				

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

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 cherry. Breastmilk, because it is just right for human babies, is digested quickly. This means newborns need to feed often.

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.

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**. This helps with breastfeeding and protects babies against crib death or sudden infant death syndrome (SIDS). The safest place for a baby to sleep is in a crib near you. (For more information on crib safety, see the “Reducing the risk of SIDS” and “Safety at home” sections of ***Loving Care: Birth to 6 Months.***)

Many breastfeeding mothers enjoy the closeness of sharing their bed with their baby and find that it makes nighttime feedings easier.

If you bring your baby into bed with you, it’s safest if you return your baby to her crib after she is finished feeding.

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.

If you are a breastfeeding mother who does not smoke and did not smoke during pregnancy, you can make bed-sharing as safe as possible by being sure that:

- 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.
- 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.
- Pets should not share a bed with your baby.
- Your baby sleeps on her back when she's finished feeding.



When NOT to sleep with your baby:

- It is not safe to bring your baby into bed with you if you (or any other person in the bed) smoke—even if you never smoke in bed. If you smoked during pregnancy or after the baby’s birth, it increases the risk of SIDS. If you smoke, sharing a bed with your baby increases this risk even more.
- Never lie down or sleep with your baby on a sofa or armchair. Babies can become trapped down the sides or between the cushions.
- 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 121, to find supportive people or groups near you.



Breastfeed anytime, anywhere

Breastmilk is the best choice for your baby. It is healthier 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 formula fed. 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 formula fed 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.

In addition to your family, you may need support from others to know that your breastfeeding and parenting choices are what’s best for your baby. Breastfeeding circles or new mothers groups are a good place to find out how others deal with these issues. See “Getting Help” (page 121) to find supportive people or groups near you. You can also talk with your public health nurse. Phone numbers are listed on page 123.

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.

Look for either of these stickers to find a supportive place to breastfeed



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 in front of a mirror before you do it in front of others. This will allow you to see what others will see. You'll understand why most people will think your baby is just sleeping while he or she is breastfeeding.



There are many ways to protect your privacy while breastfeeding.

- You can wear clothes that lift up from the waist.
- You can drape a blanket or towel around you and your baby.
- You can use a baby sling that will cover the baby while breastfeeding.
- You can turn your body away from other people while your baby latches on.

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 are some things to think about if your baby is fussy.

- 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 variety of healthy foods following the recommendations in *Eating Well with Canada's Food Guide* (page 93). Try reducing caffeine by limiting coffee, tea and colas. Foods that you eat may take about two hours to affect your breastmilk, but the time varies depending on the food.

- 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 the next 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.

To soothe a fussy baby:

- Carry baby on a soft baby carrier.
- Walk or dance with baby.
- Rock baby.
- Play soft music, sing or hum.
- Give baby a warm bath.
- Wrap him in a soft blanket.
- Take her for a ride in the carriage or car.
- Give your baby a massage.
- Rub or pat his back.
- Take baby into the bathtub with you.
- Run a vacuum cleaner or hair dryer to create “white noise.” You can tape this “white noise” to play when your baby is fussy.

These holds may help comfort your baby:



Arm Drape



Handstand



Dance



Colic curl

Overcoming breastfeeding challenges

Whenever you have a problem while

breastfeeding, get help. Look for support and information from an experienced breastfeeding mother, a public health nurse, lactation consultant, midwife or doctor.

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.

Breastfeeding brings great rewards. The breastfeeding bond can be like no other. In one mother's words, it's a "glorious connection." You can continue to breastfeed for two years and beyond—as long as both you and your baby enjoy it.

If you have a breastfeeding 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 breastfeeding.

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 111–116.)

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 and beyond



By six months, you and your baby will have a well-established breastfeeding relationship. This chapter covers a few things that may help you as you continue to breastfeed your older baby or toddler.

At six months you can begin to introduce your baby to family foods. You can continue to breastfeed long after your baby is eating the healthy foods the rest of the family enjoys.

You'll find information on introducing your baby to family foods in ***Loving Care: 6 to 12 Months***. You can get a copy from your local Public Health Services office.

Why should I continue to breastfeed?

There are lots of good reasons to continue breastfeeding as your baby grows into a toddler.

- **Breastmilk is a healthy food for your toddler.**

Breastmilk continues to be an important part of your child's nutrition, even after he starts eating family foods. At first, children get very little nourishment from family foods. Family foods won't be your baby's main source of nourishment until he's 12 months old.

- **Breastmilk changes to meet your child's changing needs.**

For example, as your baby grows into toddlerhood, breast milk becomes more concentrated. This means that even though he may breastfeed less often, he's still getting lots of nourishment.

- **Breastfeeding fosters a close and comforting relationship between you and your child.**

Breastfeeding is a special time for you and your child. It helps him feel secure while he reaches out into a bigger world.

- **Breastfeeding protects your child from illness and allergies.** Your child will continue to benefit from antibodies in your milk for as long as he breastfeeds.
- **Breastfeeding offers mothers some protection from breast cancer.** The longer you breastfeed, the less likely you are to develop breast cancer. What's important is the length of time you spend breastfeeding in total. So if you have several children, the length of time you breastfeed each of them counts toward your total.

How long should I continue to breastfeed?

You can continue to breastfeed for as long as you and your child enjoy it.

In cultures where breastfeeding is the norm, most children breastfeed past age 2.

The Nova Scotia Department of Health and Wellness, Health Canada, the Canadian Paediatric Society, and the World Health Organization all recommend breastfeeding up to two years and beyond.

Breastfeeding your toddler

Day by day your baby is growing and changing. She's getting bigger, stronger and able to do more things. She's exploring her world and learning to get along with others.

A close breastfeeding relationship helps your child feel secure as she grows and develops. It's a safe place to return to as she moves into the world.

And while breastmilk is an important part of your child's nutrition, breastfeeding does more than make her body strong. Many mothers find that breastfeeding is a good way to comfort their little one—especially when she's tired, sick or upset.

Breastfeeding strengthens your child's attachment to you as she grows. The relationship you have with your older baby or toddler will be the model for the other relationships she'll have as she grows up. A strong attachment to you will give her a strong base for building healthy relationships throughout her life.

Secure attachment has rewards for parents, too. When your child is strongly attached, you feel competent. You feel that your child loves you and that you're a good parent.

Biting

Not all babies bite, but some do. And when a baby bites, it hurts! Biting is unpleasant for mothers but is usually a stage that doesn't last for long. Biting is not a sign that your baby is ready to wean.

Teething is the most common reason that babies and toddlers bite while breastfeeding. They may also bite to get your attention or when they have a cold or ear infection that makes it harder for them to swallow while breastfeeding.

Your child can't bite when he's properly latched on and nursing. Biting usually happens when the child is nearly finished the feed and is letting go of the nipple. However, biting can happen at any time during a feeding and can happen with no warning.

If your child bites:

- **Pull him in close to your breast.** This will cause him to open his mouth and let go. Your instinct may be to push your child away from your breast. Try not to do this! It can damage your nipple.

- **Stay calm. Try not to yell.** This can be difficult if you're taken by surprise! Look your child in the eyes and say "No!" Take your child off the breast. Then start breastfeeding again. If he bites again, put him down and stop breastfeeding.
- **Pay attention while your child breastfeeds.** This has two benefits. If he's biting to get your attention, paying attention will stop the biting.

If he's biting for some other reason, paying attention may allow you to see the signs that he's about to bite. You'll notice that he's getting to the end of the feeding when swallowing slows down and he loosens his grip on the nipple. You can try stopping the feeding at this point.

You may also notice that his jaw tightens before he bites down. If you see that he's about to bite, you can put your little finger in the corner of his mouth, between his gums. When he bites down, he'll press on your finger, not your nipple.

- **During teething, offer a cold washcloth or teething ring to chew on before and after feedings.** This will help his gums feel better and may lessen biting. (You'll find more information about teething on page 75.)

- **If a toddler bites, offer another choice.** Stop the feeding and offer a teething ring. Say something like, *"Mommy is not for biting! You can bite this."* Offer hugs, kisses and praise when he **doesn't bite**.
- **Take your child off the breast when he's falling asleep.** Some children bite as a kind of reflex when they fall asleep. Pull your baby in very close to end the feeding. He'll open his mouth and come off the breast easily.

Nursing strikes

Sometimes a child will suddenly refuse to breastfeed. This doesn't mean that she's rejecting you or even that she's ready to wean. Nursing strikes can happen for any number of reasons. Your child might be teething or sick. She might be reacting to some change in the taste or smell of your breastmilk—for example, you may be eating new food, using new soap or deodorant, or getting your period. Sometimes there doesn't seem to be any reason at all.

You can encourage your toddler to return to breastfeeding by:

- Giving her lots of cuddling and skin-to-skin contact.
- Making feeding times quiet and calm.
- Offering the breast when your child is relaxed and sleepy—for example when she first wakes up.

Try to relax and be patient during a nursing strike. It usually ends after a few days. Express milk to keep up your milk supply. You can offer this breastmilk to your child in a cup or store it to use later. See page 117 for information on how to store breastmilk.

Breastfeeding during pregnancy

You can continue to breastfeed when you are pregnant as long as you are having a healthy pregnancy. You need to eat well and drink whenever you are thirsty. You may find that your nipples are more tender than usual during pregnancy and you may have less breastmilk.

Tandem breastfeeding

You can continue to breastfeed an older child while breastfeeding a new baby. Keep in mind though, that your newborn must breastfeed between 8 and 12 times each day. And breastmilk is the newborn's only source of nourishment. Your older child will be getting some nourishment from other foods and will need to nurse less often. For these reasons, it's best if the newborn breastfeeds first, particularly in the early days when colostrum is important.

Depending on what works best for your family, you can nurse both children together or at different times.

For more information and support, contact your local Public Health Services office or a La Leche League leader.

Breastfeeding at work or school

You can continue breastfeeding while you return to work or school. With a bit of thought, planning and support, you'll find what will work best for you, your child, and your family.

You'll find more information about returning to work or school in ***Loving Care: Parents and Families.***

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 you to breastfeed your child at work or allowing you time and a place to pump.

Talk to your employer about your needs and plans. If your employer is unwilling to accommodate you, bring the provisions of the *Human Rights Act* and the Nova Scotia *Breastfeeding Policy* to his or her attention. (You'll find both of these documents on the internet. You can also get them by contacting your local Public Health Services office.) 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.

Plan ahead

Before you return to work:

- **Meet with your employer.** Let your employer know what you will need and what they can do to help you. Work together to develop a plan to continue breastfeeding. For example, you could discuss starting back to work part way through the week so that your first week is short. Or you could consider returning part-time and gradually increasing to full-time. Working from home for a part of the day may be another way to ease back into work, while making breastfeeding part of your workday.
- **Learn about expressing and storing breastmilk.** Find the method of expression that works best for you. You'll find information in the "Expressing, storing and using breastmilk" section of this book. You could also look for advice from local community supports like La Leche League.
- **Begin storing your breastmilk.** To be sure that your child has enough, start storing a supply about 2 weeks before you return to work. Be sure your child's caregiver

understands how to handle stored breastmilk safely. Work out a feeding plan for your child with the caregiver.

- **Help your child learn to drink breastmilk from a cup.** Your child may need this skill to be able to drink breastmilk while you are at work.
- **Think about what you'll wear to work.** Two-piece work outfits are more practical if you will be breastfeeding or expressing milk at work. Printed tops can hide leaks and nursing pads. You may also find it helpful to keep a sweater or cover-up at work.
- **Do a practice workday before you go back to work.** Leave your child with the caregiver. Breastfeed or express milk the way you plan to when you work. This may help you find and solve unexpected problems.

At work:

- **Plan and organize.** Having a plan and following it can make returning to work less stressful. Decide what is important and concentrate on doing that. Ask for help if you need it. Accept help when family and friends offer it. The less stress you're under, the more likely it is that you'll be able to continue to breastfeed.

- **Consider breastfeeding during work.** If you are near to your childcare provider, you may be able to leave to breastfeed your child during breaks at work or between classes. It may also be possible for your partner or childcare provider to bring your child to you. These are good options if your child is under 6 months and you are breastfeeding exclusively. You could plan to do this for the short term while you and your baby are getting used to being separated. Talk to your employer or school to see how this can be worked into your day.
- **Maintain your milk supply.** At work, express or breastfeed as often as you would breastfeed if you were at home with your child. When you're home, breastfeed as often as you can.

- **Allow time to breastfeed at home.** Breastfeed at least once in the morning, before work. Plan to breastfeed right after you return from work. Your child will be looking forward to this. Trying to put off this feeding will be stressful for you both. Use this time to cuddle and connect with one another.
- **Take care of yourself.** Eat well. Get the rest you need. Returning to work or school gets easier as you and your child develop a routine. Look for advice and support from other women who have combined work and breastfeeding.
- **Keep your employer informed.** Talk to your employer. Let him or her know how you're doing with breastfeeding.

“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 11 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

Feeding your baby when you can't be there

You have two options for feeding when you have to be away from your baby and want to continue breastfeeding:

- You can express breastmilk to be given to your baby in a bottle.
- You can use formula when you are away.

Expressing your breastmilk

Expressing your breastmilk allows your baby to get the benefits of breastmilk even when you can't be there. You can do this by:

- **Building up a supply of stored breastmilk.** You'll find information on how to express and store breastmilk on pages 109 to 118.
- **Expressing during your breaks.** If you don't have access to a refrigerator during your workday, you'll need an insulated container and ice packs to safely store the breastmilk you collect.

Be sure your baby's caregiver understands how to thaw and warm breastmilk safely. You'll find information about this on page 119.

Combining breastfeeding with formula feeding

You can breastfeed when you are with your baby and use formula when you are not, but it's important to consider your baby's age before making this choice. If you introduce formula too early, your baby may not get all the benefits of breastmilk—for example, protection against food allergies.

If you choose this option, then start to replace breastfeedings with bottles of formula a week or two before you go to work or school. Replace one breastfeeding with formula every 3 to 7 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.

Be sure that your baby's caregiver knows how to prepare, store and warm formula safely.

Dental care

Healthy baby teeth are important for your baby's overall health. Pain and infection from tooth decay can make it hard for your baby to sleep, chew, and grow normally. They make it difficult for your baby to concentrate and learn. Baby teeth also help to shape your child's face and guide adult teeth into place.

Make cleaning your baby's mouth and teeth fun! Sing a song. Make up stories about cleaning away the germs.

Baby teeth are worth taking care of! Start early to keep your baby cavity-free for life!

Three steps to help prevent cavities

Step 1. Keep your baby's teeth and mouth clean.

Before the teeth come in:

Clean the inside of your baby's mouth once a day.

- Wash your hands.
- Wrap a clean, damp facecloth around your finger.
- Wipe the inside of baby's mouth and around the gums.

For children under age 3, the Canadian Dental Association says that unless there is a risk for tooth decay, you should use plain water to brush your child's teeth.

After the first tooth comes in:

- **If your baby IS NOT at risk for tooth decay,** brush your baby's teeth and gums with a child-sized toothbrush and water.
- **If your baby IS at risk for tooth decay,** brush your baby's teeth and gums with a child-sized toothbrush and a small smear of toothpaste with fluoride—about the size of a grain of rice. You use this tiny amount because small children tend to swallow toothpaste while brushing.
- **Brush your baby's teeth every morning and every evening before bed.** When you brush, sit or lay your baby in a safe position. You need to support your baby's head so you can see his teeth clearly. Your hands should be clean and free to open his mouth and do the brushing.
- **Lift the lip to check your baby's teeth for cavities.** Look at the front and back teeth. If you notice brown or white spots on your toddler's teeth, call a dentist right away. This may be the first sign of decay.



Caution: Keep toothpaste out of children's reach.

Risk factors for tooth decay

Your baby could be at risk for tooth decay if:

- Your water supply is not fluoridated.
- Your baby has white or brown spots on his front teeth.
- Your baby eats or drinks anything high in sugar.
- Your baby's teeth are brushed less than once a day.
- Your baby has visible plaque on his teeth. Plaque looks like white or yellow deposits on the teeth.
- Your baby was premature.
- Your baby has health or behaviour issues that make it difficult for you to brush his teeth.
- You or other caregivers have tooth decay.

If your baby has one of these risk factors, talk with a health care provider.

What causes cavities?

Sugar in food and drinks plus plaque in the mouth can lead to tooth decay.

Plaque is a thin, hard-to-see layer of germs that covers the teeth and gums.

These germs use the sugars in food and drink to make acid.

This acid eats away the hard outer layer of the teeth—called enamel—and causes tooth decay.

The longer food and sugary drinks stay on the teeth, the greater the risk of tooth decay.

Germs that cause cavities can pass from your mouth to your baby. To protect your baby, take care of your own dental health.

Keep your own teeth and mouth clean. You will set a good example for your baby and there will be fewer germs in your mouth to pass along.

Step 2. Don't let food or drink stay on your baby's teeth.

Remember: Breastmilk is all your baby needs for the first 6 months. Babies' bodies aren't ready for food and other drinks until after 6 months of age.

- Never prop a bottle or a sippy cup. Never put your baby or toddler to bed with a bottle or a sippy cup. Juice (even 100% juice), milk, and formula all contain sugar. They can cause tooth decay when left on the teeth too long.
- Never allow your baby to sip all day on drinks other than water. If he sips all day on any drink that contains sugar—even milk and 100% juice—it increases the risk of tooth decay. Offer your baby milk or 100% juice at mealtime. Offer tap water to drink between meals. Have your baby sit in a high chair or at a small table for snacks and drinks.

Healthy snacks are important for healthy teeth. Avoid sweet, sticky snacks.

Dried fruits and fruit leathers are healthy foods but they stick to the teeth and can cause cavities. If your children eat these foods, brush their teeth right away.

For more information about healthy eating and introducing family foods, see the "Food" section of ***Loving Care: 6 to 12 Months***.

Step 3. See a dentist regularly.

- Take your baby for his first dental check-up by his first birthday. The dentist or dental hygienist will check your child's risk for cavities and answer your questions. If you don't have a dentist, ask your friends and family for suggestions or check the yellow pages.
- Take your baby to a dentist or dental hygienist if you see any white or brown spots on his teeth, or if he injures a tooth.

For information on the MSI Children's Oral Health Program, see page 134.

Teething and breastfeeding

Teething is a natural process during which your baby's teeth push through the gums. Most babies' first teeth start to come in at around 6 months. Some start teething a little earlier, some a little later. Most babies get the two middle teeth on the top and the two middle teeth on the bottom first. But all babies are different and some may get teeth in a different order.

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 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, there are some things you can do to help her feel better:

- Give your baby a clean, cold facecloth to suck or chew.
- Give your baby a teething ring. Teething rings should be cold but not frozen. Wash them often. Use warm, soapy water and rinse well before giving them to your baby.
- Massage your baby's gums using a clean finger.
- Don't use teething biscuits. Teething biscuits are high in sugar and may cause cavities.
- Don't use teething gels. They can affect your baby's health or cause choking by making the throat numb.

Fever or diarrhea is **NOT** a normal part of teething. If your baby has a fever or diarrhea for more than 24 hours, call your health care provider.

If your baby continues to be restless or fussy, check with your dentist or health care provider.

Caution: Check with your dentist, health care provider, or pharmacist if you think your baby might need medicine for teething pain. Ask which kind to use and how much is best for your baby.

Thumb sucking and soothers

Thumb sucking and using soothers are not likely to cause problems as long as your child stops by the time his permanent teeth start to come in at about age 5.

If you give your baby a soother:

- Don't dip a soother in anything, especially honey. It's not safe to put honey on a soother. Honey can cause infant botulism, a kind of food poisoning that only affects babies.
- Don't put it in your mouth before giving it to your baby.
- Make sure it can't come apart.
- Keep it clean. Use warm soapy water, and rinse it well before giving it to your baby.
- Get a new one when it becomes sticky or has cracks or tears.
- Don't put a soother on a string around baby's neck. Strings can choke.
- Don't pin soothers to clothes. Pins can hurt or be swallowed.

If you are concerned about thumb sucking or soothers, talk to your dentist or health care provider, or contact your local Public Health Services office.

To get your baby off to a good start with breastfeeding, it's best not to use a soother until about 6 weeks. By this time, your baby will be breastfeeding well.

Weaning

Mothers sometimes feel pressure to stop breastfeeding when their child reaches toddlerhood. All children stop breastfeeding at some point, but weaning should happen when you and your baby are ready—not when someone else thinks it's the right time.

For more information on weaning, talk to your health care provider, another breastfeeding mother, a La Leche League leader, or your local Public Health Services office.

Weaning can be natural or planned.

Weaning and your feelings

However weaning occurs, many mothers find that they have a strong emotional reaction. Some feel a sense of loss as their baby grows and their relationship changes. Others are delighted and feel a new sense of freedom.

Talk with your health care provider if you have trouble handling your feelings as your baby grows.

Natural weaning is led by the child and happens over time. The toddler gets more and more nourishment from other types of food while still breastfeeding on demand. Over time, he breastfeeds less and usually stops completely between two and four years of age.

Planned weaning happens when the mother wants or needs to stop breastfeeding rather than when the child leads. Planned weaning will cause less upset when it happens slowly, over time. The best approach will depend on your child's age.

Some general suggestions for planned weaning include:

- **Cut out one feeding a day.** Often, daytime feedings are easier to cut out. Your child may accept this better if someone else offers the substitute feeding or provides comfort or distraction during the time when the child usually feeds.
- **When you're ready, cut another feeding.** Continue this over time, slowly cutting out one feeding at a time. The slower the pace, the easier it will be for both you and your child. The last feeding at night and the first feeding in the morning will likely be the last to go.

- **Change your routine.** For example, if you sit in the same chair you use when you breastfeed, your child will want to breastfeed. When you stop a feeding, distract your child. Offer other food or drink, give extra attention, or play.

Some mothers consider partial weaning. This means substituting a cup at a few feedings and continuing to breastfeed at other times. This is often a good approach when returning to work or school. For example, you can breastfeed your baby in the morning and evening and she can drink from a cup during the day. Your milk supply will adjust to this new routine.

If your breasts fill up while you are weaning, express just enough milk so that you're comfortable. Cold compresses on your breasts can also help. Even after your baby is weaned, your breasts may have a little milk for several months.

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.

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.

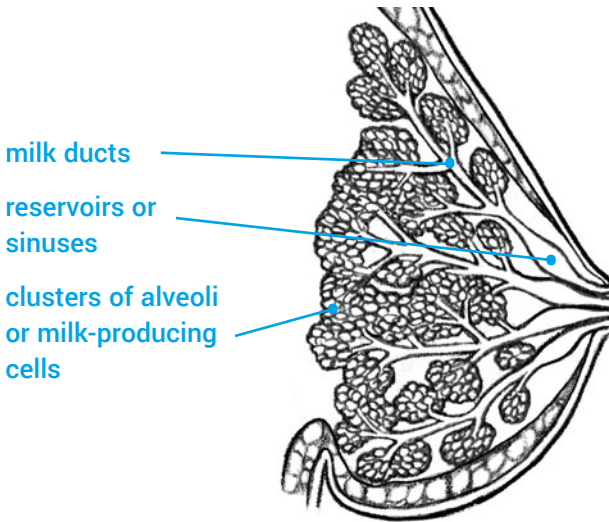
Besides responding to your baby's needs throughout a feeding, your milk responds to your environment. Your body produces antibodies to fight infections that you are exposed to. You share these with your baby through your breastmilk.

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.



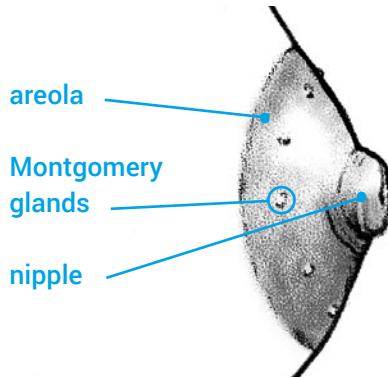
How your breasts make milk

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.

Healthy living

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 may find that you need to eat more than usual while you are breastfeeding. Listen to your body. Don't ignore feelings of hunger or thirst.

You can get the calories you need while breastfeeding by adding an extra Food Guide serving from two or three different food groups every day. You can find more information in *Eating Well with Canada's Food Guide* on page 93.

Try eating a healthy snack and having a glass of water whenever you breastfeed your baby. Keep supplies of healthy snacks handy so that you can grab something quickly before you sit down to breastfeed.

All breastfeeding mothers need to take a multivitamin and mineral supplement containing folic acid every day. A health care professional can help you find the multivitamin that's right for you.

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.

Watch out for some kinds of fish

Canada's Food Guide recommends that you eat at least two Food Guide servings of fish each week. The nutrients in fish are particularly good for children, pregnant women, breastfeeding mothers, and women who may become pregnant. However, some types of fish can have high levels of mercury.

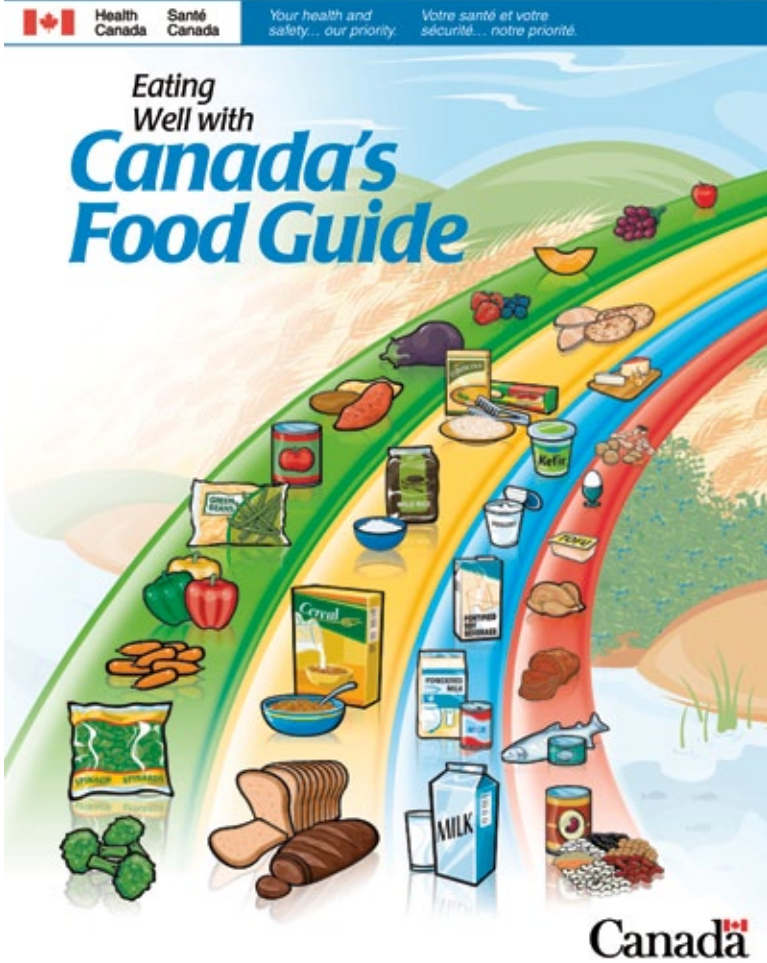
If you are pregnant, may become pregnant, or are breastfeeding, have **no more than two Food Guide servings per month** of:

- Fresh / frozen tuna
- Swordfish
- Marlin
- Orange roughy
- Escolar
- Shark

Have **no more than four Food Guide servings per week** of canned albacore tuna.

You do not need to limit the amount of canned light tuna you eat. Canned light tuna contains less mercury than albacore tuna.

You can find the latest information on mercury in fish at: hc-sc.gc.ca



Recommended Number of Food Guide Servings per Day























Age in Years Sex	Children			Teens		Adults			
	2-3	4-8	9-13	14-18		19-50		51+	
	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

Having the amount and type of food recommended and following the tips in Canada's Food Guide will help:

- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

What is One Food Guide Serving?
Look at the examples below.

 <p>Fresh, frozen or canned vegetables 125 mL (½ cup)</p>		 <p>Leafy vegetables Cooked: 125 mL (½ cup) Raw: 250 mL (1 cup)</p>		 <p>Fresh, frozen or canned fruits 1 fruit or 125 mL (½ cup)</p>		 <p>100% Juice 125 mL (½ cup)</p>					
 <p>Bread 1 slice (35g)</p>		 <p>Bagel ½ bagel (45 g)</p>		 <p>Flat breads ½ pita or ½ tortilla (35 g)</p>		 <p>Cooked rice, bulgur or quinoa 125 mL (½ cup)</p>		 <p>Cereal Cold: 30 g Hot: 175 mL (¾ cup)</p>		 <p>Cooked pasta or couscous 125 mL (½ cup)</p>	
 <p>Milk or powdered milk (reconstituted) 250 mL (1 cup)</p>		 <p>Canned milk (evaporated) 125 mL (½ cup)</p>		 <p>Fortified soy beverage 250 mL (1 cup)</p>		 <p>Yogurt 175 g (¾ cup)</p>		 <p>Kefir 175 g (¾ cup)</p>		 <p>Cheese 50 g (1 ½ oz.)</p>	
 <p>Cooked fish, shellfish, poultry, lean meat 75 g (2 ½ oz.)/125 mL (½ cup)</p>		 <p>Cooked legumes 175 mL (¾ cup)</p>		 <p>Tofu 150 g or 175 mL (¾ cup)</p>		 <p>Eggs 2 eggs</p>		 <p>Peanut or nut butters 30 mL (2 Tbsp)</p>		 <p>Shelled nuts and seeds 60 mL (¾ cup)</p>	



Oils and Fats

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.



Make each Food Guide Serving count...
wherever you are – at home, at school, at work or when eating out!

▶ **Eat at least one dark green and one orange vegetable each day.**

- Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
- Go for orange vegetables such as carrots, sweet potatoes and winter squash.

▶ **Choose vegetables and fruit prepared with little or no added fat, sugar or salt.**

- Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.

▶ **Have vegetables and fruit more often than juice.**

▶ **Make at least half of your grain products whole grain each day.**

- Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
- Enjoy whole grain breads, oatmeal or whole wheat pasta.

▶ **Choose grain products that are lower in fat, sugar or salt.**

- Compare the Nutrition Facts table on labels to make wise choices.
- Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

▶ **Drink skim, 1%, or 2% milk each day.**

- Have 500 mL (2 cups) of milk every day for adequate vitamin D.
- Drink fortified soy beverages if you do not drink milk.

▶ **Select lower fat milk alternatives.**

- Compare the Nutrition Facts table on yogurts or cheeses to make wise choices.

▶ **Have meat alternatives such as beans, lentils and tofu often.**

▶ **Eat at least two Food Guide Servings of fish each week.***

- Choose fish such as charr, herring, mackerel, salmon, sardines and trout.

▶ **Select lean meat and alternatives prepared with little or no added fat or salt.**

- Trim the visible fat from meats. Remove the skin on poultry.
- Use cooking methods such as roasting, baking or poaching that require little or no added fat.
- If you eat lunchmeat, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.



* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

Advice for different ages and stages...

Children

Following Canada's Food Guide helps children grow and thrive.

Young children have small appetites and need calories for growth and development.

- Serve small nutritious meals and snacks each day.
- Do not restrict nutritious foods because of their fat content. Offer a variety of foods from the four food groups.
- Most of all... be a good role model.



Women of childbearing age

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing **folic acid** every day. Pregnant women need to ensure that their multivitamin also contains **iron**. A health care professional can help you find the multivitamin that's right for you.

Pregnant and breastfeeding women need more calories. Include an extra 2 to 3 Food Guide Servings each day.

Here are two examples:

- Have fruit and yogurt for a snack, or
- Have an extra slice of toast at breakfast and an extra glass of milk at supper.



Men and women over 50

The need for **vitamin D** increases after the age of 50.

In addition to following Canada's Food Guide, everyone over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).



How do I count Food Guide Servings in a meal?



Here is an example:

Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert

250 mL (1 cup) mixed broccoli, carrot and sweet red pepper	=	2 Vegetables and Fruit Food Guide Servings
75 g (2 1/2 oz.) lean beef	=	1 Meat and Alternatives Food Guide Serving
250 mL (1 cup) brown rice	=	2 Grain Products Food Guide Servings
5 mL (1 tsp) canola oil	=	part of your Oils and Fats intake for the day
250 mL (1 cup) 1% milk	=	1 Milk and Alternatives Food Guide Serving
1 apple	=	1 Vegetables and Fruit Food Guide Serving

Eat well and be active today and every day!

The benefits of eating well and being active include:

- Better overall health.
- Lower risk of disease.
- A healthy body weight.
- Feeling and looking better.
- More energy.
- Stronger muscles and bones.

Be active

To be active every day is a step towards better health and a healthy body weight.

It is recommended that adults accumulate at least 2 ½ hours of moderate to vigorous physical activity each week and that children and youth accumulate at least 60 minutes per day. You don't have to do it all at once. Choose a variety of activities spread throughout the week.

Start slowly and build up.

Eat well

Another important step towards better health and a healthy body weight is to follow Canada's Food Guide by:

- Eating the recommended amount and type of food each day.
- Limiting foods and beverages high in calories, fat, sugar or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened hot or cold drinks.

Read the label

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

Limit trans fat

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

Nutrition Facts	
Per 0 mL (0 g)	
Amount	% Daily Value
Calories 0	
Fat 0 g	0 %
Saturated 0 g	0 %
+ Trans 0 g	
Cholesterol 0 mg	
Sodium 0 mg	0 %
Carbohydrate 0 g	0 %
Fibre 0 g	0 %
Sugars 0 g	
Protein 0 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 0 %	Iron 0 %

Take a step today...

- ✓ Have breakfast every day. It may help control your hunger later in the day.
- ✓ Walk wherever you can – get off the bus early, use the stairs.
- ✓ Benefit from eating vegetables and fruit at all meals and as snacks.
- ✓ Spend less time being inactive such as watching TV or playing computer games.
- ✓ Request nutrition information about menu items when eating out to help you make healthier choices.
- ✓ Enjoy eating with family and friends!
- ✓ Take time to eat and savour every bite!

For more information, interactive tools, or additional copies visit **Canada's Food Guide on-line at:**
www.healthcanada.gc.ca/foodguide

or contact:

Publications
Health Canada
Ottawa, Ontario K1A 0K9
E-Mail: publications@hc-sc.gc.ca
Tel.: 1-866-225-0709
Fax: (613) 941-5366
TTY: 1-800-267-1245

Également disponible en français sous le titre:
Bien manger avec le Guide alimentaire canadien

This publication can be made available on request on diskette, large print, audio-cassette and braille.

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

If you smoke, it is always a good time to stop.

Your doctor, pharmacist, or public health nurse can help you choose a stop-smoking program. For more information on stopping smoking, see ***Loving Care: Parents and Families*** or call the Smokers' Helpline (1-877-513-5333).

There are medications available that can help you stop smoking. Talk to a health care provider such as a doctor or pharmacist to find out what is right for you. You can also talk with staff at your local Addiction Services.

By quitting, you will improve your health and your baby's health. You will also reduce your baby's risk of sudden infant death syndrome (SIDS).

However, even 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 makes these conditions

worse. Also, your breastmilk will protect your baby from some respiratory infections.

If you smoke, here are some things you can do to reduce the effects of smoking on your baby:

- **The less you smoke, the better it is for you and your baby.** Even if you are not ready to quit smoking for good, try taking a break from tobacco. You can stop for hours, days, weeks, or months. You can increase the amount of time between each cigarette you smoke. You can smoke fewer cigarettes each day. The more you cut back, or the longer the breaks you take, the better. Any time you spend being smoke-free is good for your health and the health of your baby and the other people in your home.
- **Smoke after you have breastfed,** not before, and never during breastfeeding.
- **Always smoke outside and insist that others do the same.** There is no level of indoor second- and third-hand smoke that is safe for your baby.

Make your home and car smoke-free so that your baby will have safe spaces to breathe. The only way to protect your baby from second- and third-hand smoke is to not allow anyone to smoke in either your home or your car. In Nova Scotia, it is illegal to smoke in a car with children present. For more information on second- and third-hand smoke, see the **Loving Care** series.

If you drink alcohol

Canada's Low Risk Alcohol Drinking Guidelines for Breastfeeding

When you are breastfeeding, there will be alcohol in your breastmilk after you drink. If you plan to drink alcohol, there are things you can do to make sure the alcohol doesn't reach your baby. For example, you can breastfeed right before you drink alcohol so the alcohol can leave your breastmilk before your baby's next feed. Talk to your health care provider about how you can continue to breastfeed.

Key Points

- Breastfeeding is normal. There is no better way to feed your baby.
- If you drink alcohol, there will be alcohol in your breastmilk after you drink.
- It is safest to avoid alcohol for the first three months of your baby's life. This gives your baby's liver time to develop.
- When your baby is older than three months, follow Canada's Low Risk Drinking Guidelines if you choose to drink alcohol.
- Breastfeed just **before** you drink alcohol.

Some key points to remember:

- ***It is safest to avoid alcohol in the first three months after birth.***

If you drink alcohol, there will be alcohol in your breastmilk after you drink. Alcohol has a greater effect on babies younger than three months of age because their livers are less developed.

Young babies breastfeed often and without any pattern. This makes it difficult to be sure there is no alcohol in your breastmilk when your baby wants to feed.

- ***The amount of alcohol in your blood is the amount of alcohol in your milk.***

Alcohol gets into your breastmilk from your blood. It moves freely from blood into breastmilk and back out again.

Alcohol shows up in your breastmilk almost right away, and is at the highest levels 30–60 minutes after you start drinking.

The amount of alcohol that gets into your breastmilk depends on several things. These include:

- the strength and amount of alcohol in your drink
- what and how much you've eaten
- how much you weigh
- how quickly you are drinking.

- ***Only time reduces the amount of alcohol in your breastmilk.***

As the amount of alcohol in your blood starts to drop, the amount in your milk will drop too.

As a general rule, it takes two hours for an average woman to get rid of the alcohol from one drink. It takes four hours for two drinks, six hours for three drinks, and so on.

As long as there is alcohol in your blood, there is alcohol in your breast milk. 'Pumping and dumping'—expressing breastmilk and throwing it away—does not reduce the amount of alcohol in your breastmilk. As long as there is alcohol in your system, there is alcohol in the new milk your body makes to replace the milk you pumped out. Once the alcohol has passed through your system, it is gone from your milk, too. Alcohol is not 'stored' in your milk, just as it isn't stored in your blood.

- ***If you plan to drink alcohol, there are things you can do to make sure the alcohol doesn't reach your baby.***
- **Follow Canada's Low Risk Drinking Guidelines.**

If you have one or two standard drinks in a day:

– Breastfeed your baby immediately **before** you drink. This allows time for the alcohol you drink to leave your breastmilk before the next feeding.

- Eat before and while drinking.
- Have a non-alcoholic drink for every alcoholic drink. This will help reduce the amount of alcohol you drink.

Canada's Low Risk Alcohol Drinking Guidelines

Women: Zero to two drinks a day, up to 10 drinks a week

Once in a while you might have an extra drink, but it's important to stay within the weekly limit.

- **Be aware that three or more alcoholic drinks a day can be harmful to your health and that of your baby.**
 - You may not be able to take care of your baby properly if you are affected by alcohol.
 - Alcohol may decrease the flow of your milk and reduce your supply.
 - Your baby may be slower to reach developmental milestones.
- ***Beer (or any other type of alcohol) will not improve your milk supply.***

Research has shown that alcohol does not increase milk supply.

If you have more to drink than planned...

- Arrange for someone who isn't affected by alcohol to look after your baby.
- Don't sleep with your baby if you (or anyone else in the bed) are affected by alcohol.
- If you know that sometimes you drink more than you plan to, you can express some milk ahead of time just in case. The baby can have this milk if you miss a feeding while drinking, or while you are waiting for alcohol to leave your milk.
- If your breasts are uncomfortable because you have missed a feeding, express some milk and throw it away. This will help you feel more comfortable and will maintain your milk supply.
- Breastfeeding after drinking one or two standard drinks of alcohol is still better for your baby than giving infant formula.

• For more information...

If you want more information, or if you need some extra support, talk to a health care provider. This could be your doctor or a nurse. You could also visit your local family resource centre.

If you have concerns about how much you are drinking, contact your local Addiction Services

office. To find the one nearest you, go to:
novascotia.ca/dhw/addictions/addiction-services-offices.asp

For more information on Canada's Low Risk Alcohol Drinking Guidelines, see ***Loving Care: Parents and Families***.

If you use street drugs

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 Addiction Services may be able to help. See the "Getting Help" section for contact information (page 121). 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

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.

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 soother can prevent nipple confusion.

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.

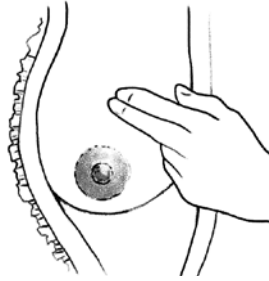
- Keep warm. Put a sweater around your shoulders or sit near a heat source. Warmth helps you relax and starts your milk flowing.
- Allow enough time—don't rush.

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.

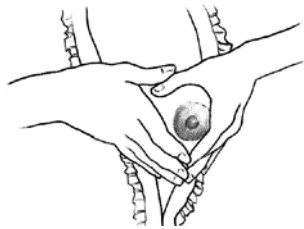
finger tip massage

- 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

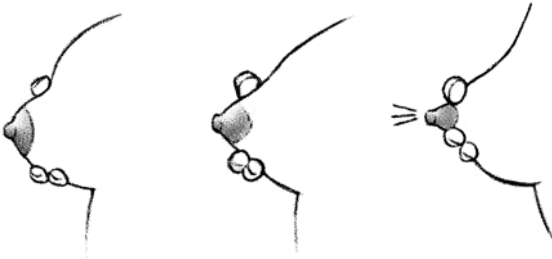
Hand expressing is more like breastfeeding than pumping is. When you use a pump, you draw the milk out of your breast. When you hand express, you compress your milk reservoirs, which is what your baby does while breast-feeding. It often takes some practice to get milk out at first, so be patient with 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:

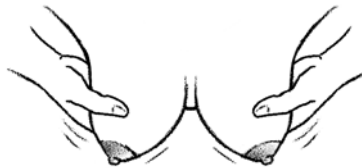
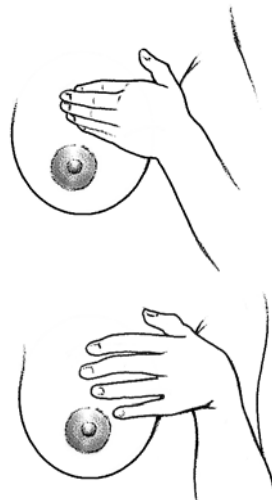
- Hold a wide-mouthed clean container under your nipple. Or place the container on a table in front of you.
- Position your thumb on top and first two fingers under the areola, a few centimetres behind the nipple. That's 1 to 1½ inches.
- Press in straight toward your chest wall about 1 inch.





- Gently squeeze the breast tissue between your thumb and fingers. Then release. This action empties the milk reservoirs without damaging your breast tissue.
- Repeat – press in, squeeze and release.

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 5 days. (less than 3 days is ideal)
- 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	3–4 hours
in a refrigerator and not previously frozen	0–4°C	5 days; less than 3 days is ideal
in a freezer compartment inside a refrigerator	temp varies <0°C	2 weeks
in a freezer compartment with a separate door	Température variable <0°C	3–6 months
in a deep freeze	-19°C	6–12 months

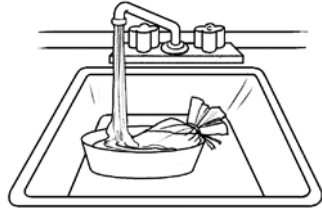
** These storage times are based on the latest research.*

Using stored breastmilk

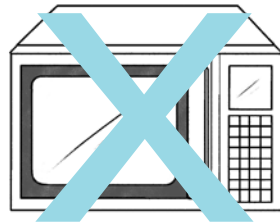
- Breastmilk will separate into layers when stored. Shake it gently before serving to mix in the cream.
- Frozen breastmilk can be thawed in the refrigerator or by placing the container in lukewarm water. Use thawed breastmilk within 24 hours. Thawed milk should not be re-frozen.



- 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 Services, La Leche League or local breastfeeding support groups for more information. For phone numbers, see the next section, "Getting Help."



Cup feeding



Finger feeding

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 ***Loving Care: Birth to 6 Months, 6 to 12 Months & Parents and Families.***
- 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 you during your breastfeeding experience.

- Offer well baby, well child, or child health clinics.
- Provide health information online at novascotia.ca/dhw

Public Health Services

Amherst

18 South Albion Street
Phone: 902-667-3319
or 1-800-767-3319

Annapolis Royal

Annapolis Community
Health Centre
821 St. George Street
Phone: 902-532-0490

Antigonish

Martha Centre
23 Bay Street, Suite 2N
Phone: 902-867-4500
ext. 4800

Arichat

Public Health Services
14 Bay Street
Phone: 902-226-2944

Baddeck

30 Old Margaree Road
Phone: 902-295-2178

Barrington Passage

3695 Highway 3
Phone: 902-637-2430

Berwick

Western Kings Memorial
Health Centre
121 Orchard Street
Phone: 902-538-3700

Bridgewater

215 Dominion Street
Suite 200
Phone: 902-543-0850

Public Health Services continued...

Canso

Eastern Memorial
Hospital
Phone: 902-366-2925

Chester

109 Duke Street
Phone: 902-275-3581

Cheticamp

15102 Cabot Trail
Phone: 902-224-2410

Digby

Digby General Hospital
75 Warwick Street
3rd Floor
Phone: 902-245-2557

Elmsdale

15 Commerce Court
Suite 150
Phone: 902-883-3500

Glace Bay

Senator's Place
633 Main Street
Ground Floor
Phone: 902-842-4050

Guysborough

Guysborough Hospital
10506 Highway 16
Phone: 902-533-3502

**Halifax Regional
Municipality**

7 Mellor Ave, Unit 5
Burnside
Phone: 902-481-5800

Inverness

39 James Street
Phone: 902-258-1920

Liverpool

175 School Street
Phone: 902-354-5737

Lunenburg

250 Green Street
Phone: 902-634-4014

Meteghan Centre

Clare Health Centre
Phone: 902-645-2325

Middle Musquodoboit

Musquodoboit Valley
Memorial Hospital
492 Archibald
Brook Road
Phone: 902-384-2370

Middleton

Soldier's Memorial
Hospital
462 Main Street
Phone: 902-825-3385

Musquodoboit Harbour

7907 Highway 7
Phone: 902-889-2143

Neil's Harbour

Buchanan Memorial
Community Health
Centre
Phone: 902-336-2295

New Germany

New Germany and Area
Medical Centre
100 Varner Road
Phone: 902-644-2710

New Glasgow

690 East River Road
Phone: 902-752-5151

New Waterford

New Waterford
Consolidated Hospital
716 King Street
Phone: 902-862-2204

Port Hawkesbury

708 Reeves Street
Unit 3
Phone: 902-625-1693

Sheet Harbour

Eastern Shore Memorial
Hospital
Phone: 902-885-2470

Public Health Services continued...

Shelburne

Roseway Hospital
1606 Lake Road
Phone: 902-875-2623

Sherbrooke

St. Mary's Hospital
91 Hospital Road
Phone: 902-522-2212

Sydney

235 Townsend Street
2nd Floor
Phone: 902-563-2400

Sydney Mines

7 Fraser Avenue
Phone: 902-736-6245

Truro

Colchester East Hants
Health Centre
600 Abenaki Road
Level 1/Wing B
Phone: 902-893-5820

Windsor

Hants Community
Hospital
89 Payzant Drive
Phone: 902-798-2264

Wolfville

Eastern Kings Memorial
Community Health
Centre
23 Earnscliffe Avenue
Phone: 902-542-6310

Yarmouth

Yarmouth Regional
Hospital
60 Vancouver Street
4th Floor
Building B
Phone: 902-742-7141

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
Maggie's Place Family Resource Centre
11 Elmwood Drive
Donna Farrell
Phone: 902-667-7250
maggies@ns.sympatico.ca

Canada Prenatal Nutrition Programs continued...

Antigonish

Kids First Family Resource Centre - Kids First
Association

27 St. Andrews Street

Phone: 902-863-3848

Email: antigonish@kids1st.ca

Canning

Kids Action Program - Great Beginnings

1063 J. Jordan Road

Debbie Reimer

Phone: 902-680-6172

Email: kidsaction@bellaliant.net

Digby

Digby County Family Resource Centre

1 Birch Street

Debbie Smith

Phone: 902-245-2300

Email: debbiesmith@ns.aliantzinc.ca

East Preston

East Preston Day Care Centre

1799 #7 Highway

Trina Fraser

Phone: 902-462-7266

Email: paapnp@gmail.com

Guysborough

Kids First Family Resource Centre - Kids First
Association

105 Queen Street

Phone: 902-533-3881

or 1-888-533-3881

*Canada Prenatal Nutrition Programs continued...***Halifax**

Chebucto Family Centre
3 Sylvia Avenue
Trena Slaunewhite-Gallant
Phone: 902-479-0508
Email: trena@hgahfx.ca

New Glasgow

Kids First Family Resource Centre - Kids First
Association
110 Provost Street
Phone: 902-744-1213
Email: pictou@kids1st.ca

Sydney

Cape Breton Family Place Resource Centre
714 Alexandra Street
JoAnna LaTulippe Rochon
Phone: 902-562-5616
Email: jlatulippe-rochon@familyplace.ca

Truro

Native Council of Nova Scotia
166 Truro Heights
Shirley Denny
Phone: 902-895-1738
Email: ncns prenatal@eastlink.ca

First Nations Family Supports

There are Community Health Centres in all First Nations communities in Nova Scotia.

- Acadia Health Centre
(Gold River Reserve and Yarmouth)
902-627-1245
- Afton-Paq'tnkek Health Centre
902-386-2048
- Annapolis Valley First Nation
Community Health Centre
902-538-1444
- Bear River First Nation Health Centre
902-467-4197
- Chapel Island Medical Centre
902-535-2961
- Confederacy of Mainland Mi'kmaq
902-895-6385
- Eskasoni Health Centre
902-379-3200
- Glooscap First Nation
902-684-9788
- Indian Brook Health Centre
902-758-4507
- Membertou Wellness Clinic-
Mawpltu Welo'ltimkew'kuom
902-564-6466

- Millbrook Health Centre
902-895-9468
- Pictou Landing Health Centre
902-752-0085
- Native Council of Nova Scotia - Caring
Connections (for off-reserve First Nations
families) ncns prenatal@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 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 Beginnings*, a bimonthly magazine containing stories by breastfeeding mothers.

Addiction Services

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

Toll-free	1-888-291-3535
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

Nova Scotia Health Authority (Main phone line for Addiction Prevention and Treatment Services)

902-424-8866 or 1-866-340-6700

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

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

Website

To find the location of the closest Addiction Services in your area visit: novascotia.ca/dhw/addictions

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.

MSI Children's Oral Health Program

MSI covers basic dental care for children from birth up to the end of the month in which they turn 15.

For children covered by a co-pay dental plan, MSI will pay the portion that you would normally pay for these basic dental services and treatments.

- Phone: 1-888-846-9199 (Toll free)
- Phone in Halifax Regional Municipality:
902-832-3253

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.

first6weeks.novascotia.ca

Includes information on breastfeeding support programs and services across Nova Scotia.

infactcanada.ca

INFACT Canada promotes mother and baby health through breastfeeding.

ibfan.org

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

lalecheleague.org

La Leche League International supports and encourages breastfeeding mothers.

waba.org.my

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

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.

unicef.org.uk/babyfriendly

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.

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