



# Breastfeeding Handbook

Revised 2007



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## *Acknowledgements*

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# Welcome to the Breastfeeding Handbook

This book is about how to start breastfeeding, and how to keep it going. It is a continuation of *Breastfeeding: A Healthy Start for Life*, one of the *A New Life* booklets for parents.

Here's how to make the best use of this book:

- ◆ Look in the Table of Contents to help you find answers to your questions.
- ◆ Use the pictures to help you learn about breastfeeding.
- ◆ Look in the Word List on page 75 for the meaning of any words marked with an asterisk (\*).
- ◆ See Helpful Resources on page 73.
- ◆ In this book, the baby is called “your baby” or “he”.

Remember, this book may not have all the answers. You may need to check another book, or talk to people such as another breastfeeding mother, or your health care provider. Fathers have an important role to play in supporting the breastfeeding mother and baby. See *Becoming a Father* in the *A New Life* series of parent booklets for specific information about the role of fathers and breastfeeding.



## NOTE:

The term “health care provider” is used throughout the *Breastfeeding Handbook* to describe a variety of professionals who provide health care services to pregnant women, breastfeeding mothers and their families. They may include: family doctors, registered nurses, midwives, obstetricians, nurse practitioners, lactation consultants, dietitians, physiotherapists, and social workers.



Photo Courtesy of Wendy Jolliffe

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# Breastfeeding—the Best Start

## *Breastfeeding Is the Best Start You Can Give Your Baby*

It is **all** your baby needs for the first six months of life. Introduce solid food to you baby at six months of age. Breastfeeding should continue for up to two years of age and beyond. See *Feeding your Baby: 6–12 months* for more information.

Most women are able to breastfeed. When your baby is born, both of you will need to learn how to breastfeed. Give yourself and your baby time to learn. There is no one “right way” to breastfeed. Trust your body. You grew your baby well during pregnancy, and now you will continue to do well as you nourish your baby with breastmilk.

Here are some ways you can learn about breastfeeding:

Talk to people who can help and support you:

- ◆ Your partner.
- ◆ A friend or relative who has breastfed.
- ◆ A doctor who understands and supports breastfeeding.
- ◆ Your prenatal educator or public health nurse.
- ◆ Your hospital nurse.
- ◆ A lactation consultant, midwife, or a member of a community breastfeeding support group.

See Helpful Resources on page 73.



*Photo Courtesy of Health Canada*

## *Breastfeeding Is Best for Babies*



*Photo Courtesy of Health Canada*

- ◆ Breastmilk is naturally made for your baby. It is the normal way to feed your baby.
- ◆ Breastmilk contains unique substances such as antibodies\*, live cells, hormones and special protective growth factors.
- ◆ Breastmilk is easier to digest than breastmilk substitutes such as formula.
- ◆ Breastmilk contains special fatty acids not found in formula that help your baby's brain to develop.
- ◆ Antibodies in breastmilk protect your baby against common childhood illnesses such as diarrhea and vomiting, middle ear and chest infections, and allergies.
- ◆ The fat in breastmilk contains high levels of cholesterol, and this may protect your child from high cholesterol levels later in life.
- ◆ Breastfeeding may reduce your child's chance of being overweight or obese.
- ◆ Breastfeeding helps your baby to develop well-formed jaws, gums and teeth.
- ◆ Breastfeeding may help early speech development.
- ◆ Breastfeeding offers some protection against Sudden Infant Death Syndrome (SIDS) or crib death.
- ◆ Breastfeeding reduces your baby's chances of getting some diseases such as Juvenile Diabetes.

## *Breastfeeding Is Best for All Babies*

This includes twins, triplets, pre-term babies, babies with special needs, and babies born by Caesarean birth. For example, a mother of a pre-term baby makes breastmilk that is best suited for her baby. It takes a little more time and effort, but all of these babies can be breastfed. Talk with people who can help.

## *Breastfeeding Helps Mothers, Too*

- ◆ Breastfeeding provides a special time of closeness for you and your baby, and strengthens your attachment to your baby.
- ◆ Breastmilk is free.
- ◆ Breastfeeding saves time.
- ◆ Breastfeeding helps control mother's bleeding after birth.
- ◆ Breastfeeding helps your uterus (womb) return to its normal size more quickly.
- ◆ Breastfeeding provides protection against breast and ovarian cancers.
- ◆ Breastfeeding helps new mothers return to their pre-pregnancy weight more quickly.
- ◆ Breastmilk is always available, “ready to serve”, clean, and at the right temperature. This makes it easier for night feedings and travelling.
- ◆ Mothers can continue to breastfeed after they return to work or school.



*Photo Courtesy of Health Canada*

## *Breastfeeding Is a New Experience*

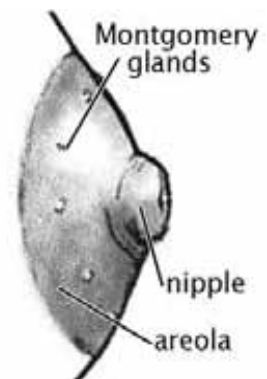
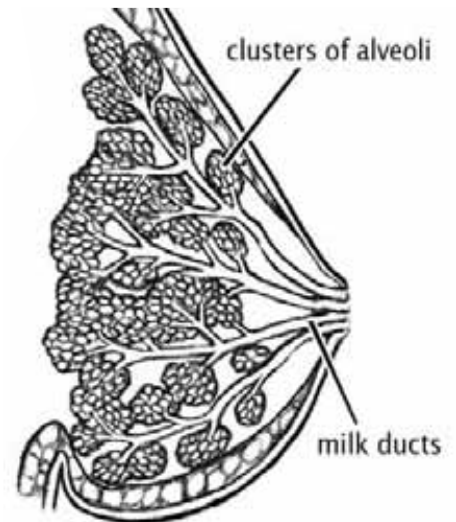
Having a baby and breastfeeding are new experiences for everyone, whether this is your first baby or your second or third. Learning to breastfeed takes time (often up to 6–8 weeks to get it just right), patience, and practice even if you have already breastfed a baby. Remember as a first-time mother you are also adjusting to being a parent. It is well worth the effort. You can get support from your labour coach or the nurses caring for you. Don't be shy, any question is a good question. Your health care providers are there to help you.

## Getting Ready to Breastfeed

### The Breast and How It Works

The breasts are working organs of the female body. They can fully nourish one or more babies for many months after birth. Read now about the parts of the breast, find out how breasts change during pregnancy and lactation (the process of how your body makes milk).

- ◆ The breast is formed by the skin, chest muscles, blood vessels, nerves, fatty tissue, and milk-producing tissue.
- ◆ The areola\* is the darker circular area around the nipple.
- ◆ Inside the breast, milk glands contain the alveoli\* (milk-producing cells).
- ◆ Milk ducts carry the milk from the alveoli to the nipple.
- ◆ Each nipple has 15–25 duct openings from the milk ducts. About eight work at one time.
- ◆ Montgomery glands, which are bumps on the areola, secrete a protective oily substance that lubricates the nipple and areola. The substance also discourages the growth of bacteria on the nipple and areola.



*Courtesy of Nova Scotia  
Department of Health  
Promotion & Protection*

## *Changes in Your Breasts*

### *Before pregnancy*

Your breasts were getting ready to breastfeed before you ever thought about becoming a mother. Milk glands began to develop during your teenage years.

### *During pregnancy*

The breast grows and develops in pregnancy because of the action of the hormones\*. Also, the areola and nipple increase in size and become darker in colour. Milk glands and ducts increase in number and grow in size. Some women may have coarse hair around the nipple. This will not affect breastfeeding. Your breasts start to make milk at about 16 weeks of your pregnancy. Some women may leak colostrum\* during pregnancy. This is normal. You can wear cotton or disposable nursing pads inside your bra, if needed. Avoid using nursing pads with plastic or waterproof linings.



*Photo Courtesy of Health Canada*

### *Examining your breasts*

Your health care provider may have checked your breasts and nipples during pregnancy. By handling and looking at your own breasts, you follow the changes during pregnancy. This will also help increase your comfort level for breastfeeding.

Nipple shape varies widely from mother to mother. You can check your nipples by doing the “pinch test”. First, look at your nipples and become familiar with their shape. Now check your nipples using the “pinch test”.

- ◆ Grasp about one inch of breast tissue and areola behind the nipple between your thumb and first finger.
- ◆ Pressing inward, gently squeeze your thumb and first finger together, slightly behind the nipple. Note what happens to your nipple.





Common Nipple

**Common**

Nipple stands out when pinched, making it easy for your baby to grasp or latch onto your breast.

**Flat**

Nipple stands out only slightly or remains flat with the pinch test.



Flat Nipple

**Inverted**

Nipple appears inverted or turned inwards before the pinch test and remains turned in when pinched. The hormonal changes during your pregnancy often improve the nipple's ability to come out.

**Remember**, a baby breastfeeds, not nipple feeds. If your nipples are flat or inverted you can still breastfeed. Also, some nipples may look inverted but with stimulation come out nicely.

**Breast shells**

Flat or inverted nipples do not cause a problem with making milk, but they may make it harder for some babies to latch onto the breast. A baby with a normal suckle brings out the nipple during breastfeeding. Also, changes in your body's hormones during pregnancy will help. Your hospital nurse will help you in the first few days. Contact your public health nurse or lactation consultant in the early days at home for help with latching on. Some women have found that wearing soft backed breast shells with small holes for the nipples during pregnancy helps draw out the nipple. This has not been shown by research to make a difference. However, the shells used in the research study were hard backed (uncomfortable), and had a large hole (designed for inverted nipples). Talk to your health care provider about using breast shells for inverted nipples.



Inverted Nipple

## *During breastfeeding*

You will notice a major change in your breasts once your baby is born. After the placenta or afterbirth is delivered, hormones stimulate the alveoli to begin making colostrum, your first breastmilk. Colostrum has all the nutrients your baby needs and also has antibodies to protect your baby from some infections. You will produce a small amount of colostrum in the first three days. This is enough for your baby. The newborn's stomach at birth is only the size of a small marble (holds about 5–7 ml). The baby's stomach size increases gradually in the days after birth.

When your baby is put to your breast, the suckling sends a message to your brain. This message releases two hormones. One hormone, prolactin\*, causes you to make milk. Your body makes more milk every time your baby suckles and swallows. This is called “supply and demand”. The other hormone, oxytocin\*, causes the milk-ejection or let-down reflex. The let-down reflex happens when the alveoli release milk into the milk ducts. You may or may not feel a tingling sensation when let-down occurs.

Once your milk starts to “come in”, usually around days 2–4 after birth, your breasts will get fuller as milk begins to fill the milk ducts. Your breasts may feel slightly uncomfortable. Breastfeeding more often helps to decrease this discomfort. This feeling of uncomfortable fullness is temporary and will subside once your milk supply adjusts to your baby's needs.

## *Nursing bras*

You may choose to wear a nursing bra during late pregnancy and later when you are breastfeeding. Here are some pointers when buying a nursing bra:

1. Choose a cotton or cotton-polyester nursing bra of simple design that provides good support, covers the breast, and has non-elastic straps. Make sure you can easily open and close the nursing flaps with one hand.

## *Average baby's stomach size:*

*Day 1  
holds 5–7 ml*



*Day 3  
holds 22–27 ml*



*Day 6 to 6 months  
holds 60 ml*





**HELPFUL HINT:**

*Breastfeeding pillows are helpful in the early weeks of breastfeeding, but certainly not a necessity. They can be purchased in local stores. Bring your pillow to the hospital.*



The flap should allow most of the breast to be uncovered.

2. Avoid bras with plastic linings. These can produce moisture which may lead to infection.
3. Avoid bras with underwires and rough seams. These may irritate your breast or compress your milk ducts.



*Photo Courtesy of Alejandro Buren*

# Starting to Breastfeed

## When Can I Start Breastfeeding My Baby?

The best time to start breastfeeding is within the first hour after birth. During this time, your baby is usually alert and he may be eager to suckle. In the hospital, ask your hospital nurse to help you. Relax and enjoy this quiet, unrushed time for you and your new family. It is a good time for you and your baby to get to know one another.

Don't worry if your baby doesn't take your breast right away. Some babies like to nuzzle and lick the nipple. This also gets the milk-producing hormones flowing. The first feeding is a new experience and both of you are learning. Get skin-to-skin with your baby. Your body heat will keep your baby warm. Skin-to-skin contact at this time and throughout assists with the breastfeeding experience, and helps your baby adjust to the outside world.

Breastfeeding as soon as possible after birth is good for you and your baby. Breastfeeding early helps you to make more milk. If this does not happen, don't worry; breastfeed the first chance you have. If separated from your baby for more than six hours after birth, you will need to start expressing your breastmilk. Express your milk as often as if you were breastfeeding. Your nurse will help you begin this process.

While you are breastfeeding in the hospital, you may want to unplug your phone, limit your visitors, close your door or pull the curtain around your bed.



*Photo Courtesy of Darrell Kean*

## *Rooming-in with Your Baby*

If you have a healthy, full-term baby you will have your baby stay with you in your room throughout the day and night. This is called rooming-in. Your baby's bassinet will be kept right next to your bed. This is important in helping you get off to a good start with breastfeeding. You will be able to notice and respond to your baby's early feeding cues. You will also get to know your baby's normal behaviour and feeding patterns. You will be able to cope better with the night feedings if you have roomed-in with your baby in hospital. When you go home you will want to continue to have your baby close to you throughout the night. This will make breastfeeding go more smoothly, and help you to get more rest. Make sure that you keep your baby's crib in your room.

## *How Do I Start Breastfeeding?*

When you are getting ready to breastfeed, wear clothes that make it easy, for example, loose blouses or T-shirts.

There are two basic steps to breastfeeding: **Position and Latching-on**

### *1. Position*

- ◆ Find a comfortable position that works well for you and your baby. This is important. You will be less likely to feel tired or have sore nipples. See page 13 for different positions.
- ◆ Remember to position yourself and your baby with pillows, if you need them. Make sure your arms and back are well supported so you don't put added strain on your muscles. You may have practised this before you had your baby.
- ◆ No matter what position you use, hold your baby in one arm and support your breast with your other hand. Place your thumb on the upper part of your breast



well behind the areola, and your fingers and the palm of your hand underneath the breast away from the areola. Your hand should gently support the breast and form a “C” shape around it. Try not to change the shape of the breast in any way. See picture on previous page.

## 2. Latching-on

- ◆ Make sure your baby properly grasps or latches onto your breast. See page 16 for signs of a good latch.
- ◆ To help your baby latch onto your breast, bring him near your breast with his head slightly tilted back and his nose at the level of your nipple. Touch or stroke his lips with your nipple. Be patient and wait for baby’s mouth to open wide like a yawn with his tongue down. Aim the nipple toward the roof of the baby’s mouth. Quickly pull him towards the breast. The chin and lower jaw should make first contact with baby’s mouth open wide. The baby’s lower lip and jaw should be as far away from the nipple as possible so his tongue draws lots of breast into his mouth. This also makes it easier for the nipple to extend well back in the baby’s mouth where the hard and soft palates meet.
- ◆ The baby’s nose and chin may or may not touch the breast. If your baby has problems breathing while at the breast, move his bottom and legs closer to you. This will position his head so he can breathe. You do not need to push your breast away from his nose since this may cause a blocked duct in your breast. You can remove your hand from supporting your breast once your baby is latched-on. If you have large breasts, a tightly rolled facecloth placed right up under the breast helps give support.



### HELPFUL HINT:

*Bring your baby to your breast, not your breast to your baby.*



## *Milk-ejection Reflex (Let-down Reflex)*

The let-down reflex is your body's reaction to release the milk from the breast so it is available to the baby. It usually occurs very soon after your baby begins suckling at your breast.

Let-down is different for each woman. Some women may have several let-down reflexes during a feeding. Some women do not feel any signs of let-down, or do not become aware of this reflex for several days or weeks after their baby is born. You may notice any of the following signs of let-down:

- ◆ A feeling of fullness or pressure in breasts.
- ◆ Milk leaking from one breast while your baby feeds from the other breast.
- ◆ Menstrual or period-like cramps while breastfeeding your baby in the early days of breastfeeding (more intense with second or more babies).
- ◆ A “pins and needles” or tingling feeling in breasts.
- ◆ A warm “rush” or burning sensation in breasts.
- ◆ A feeling of relaxation as you breastfeed.
- ◆ A change in baby's suckle-swallow, from quick to long, slow suckles with regular swallowing.
- ◆ Milk appearing in corners of baby's mouth.

Some mothers' let-down may take a few minutes to occur. As you relax and become more experienced at breastfeeding, your let-down will respond more quickly and freely when your baby suckles.

## *Positions for Breastfeeding*

Take time to try the different positions. See what works for you and your baby. Remember to use pillows to make yourself comfortable. You can feed your baby from your right or left breast with all of these positions. **Keeping your baby's head in your dominant hand will give you more control when learning to breastfeed.**

*Whichever position you choose, ask yourself:*



*Am I relaxed?*

*Am I comfortable?*

*Are my back and shoulders supported?*

*Is my baby well supported?*



### *Cradle hold*

This is commonly used when you are comfortable with breastfeeding.

- ◆ Support your baby at breast level with a pillow in your lap.
- ◆ Wrap your arm around your baby so his head is just below the bend of your arm, and the rest of your arm and hand supports his lower body.
- ◆ Hold your baby so he is tummy-to-tummy with you and his nose is across from your left nipple.
- ◆ Keep your baby's ear, shoulder and hip in a straight line.
- ◆ Place his lower arm around your side.
- ◆ Make sure your baby's head is tilted back slightly as you bring him onto the breast.
- ◆ Bring your baby to the breast chin and jaw first.
- ◆ Support your breast with your free hand using the "C" hold.



*Courtesy of Nova Scotia  
Department of Health  
Promotion & Protection*

*Cross-cradle hold*

Many moms find this position comfortable when learning to breastfeed. It also works well with a smaller baby.



- ◆ Support your baby at breast level with a pillow in your lap.
- ◆ Using your right hand, place your thumb behind your baby's ear and your fingers behind his other ear. His head, neck and shoulders will be supported by the palm of your hand and his body will rest on your forearm.
- ◆ Hold your baby so he is tummy-to-tummy with you and his nose is across from your left nipple.
- ◆ Make sure your baby's head is tilted back slightly as you bring him onto the breast.
- ◆ Bring your baby to the breast chin and jaw first.
- ◆ Support your left breast with your left hand in the "C" hold.
- ◆ You can also use this position to breastfeed your baby on your right breast. Hold your baby in your left hand in the same way as above and support your right breast with your right hand.

*Football hold*

Most moms find this position comfortable if they had a Caesarean birth, have large breasts, have flat nipples or are nursing a small or pre-term infant or twins. It also works well if you are learning to breastfeed.

- ◆ Sit either in a bed or an armchair with a pillow behind your back, one under your arm, and one across your lap.
- ◆ Hold your baby's shoulders with your right hand. Your fingers support the weight of your baby's head. Your baby's bottom rests on the pillow under your arm with his legs against the back of the chair.

Courtesy of Nova Scotia  
Department of Health  
Promotion & Protection

**HELPFUL HINT:**

*Keeping your baby's head and body in your dominant hand, move your baby to the football hold for the second breast.*



- ◆ His nose should be in front of your right nipple, his body should be snuggled close to your side.
- ◆ Support and offer your breast with your left hand using the “C” hold. Your baby will come onto the breast from below, chin and jaw first.
- ◆ Hold your baby in your left hand to breastfeed him from your left breast. Support and offer your breast with your right hand, using the “C” hold.



### *Side-lying*

This is a good position if you have a painful episiotomy\*, if you want to rest during the day or night feeding, or if you’ve had a Caesarean birth. Some mothers find this position difficult at first. You may want some help to learn this position.

- ◆ Lie on your left side with your head supported by 1-2 pillows, a pillow behind your back and one between your bent knees.
- ◆ Lay your baby on his right side, with his nose at nipple level, and nose, chin, tummy and knees touching you.
- ◆ Keep his ear, shoulder and hip in a straight line.
- ◆ If needed, place a folded towel under your baby to bring him to nipple level, and a rolled towel behind your baby to keep him from rolling backwards.



*Courtesy of Nova Scotia  
Department of Health  
Promotion & Protection*



## Signs of a Good Latch

These are the signs that your baby is latched-on well:



Courtesy of Jon Waterhouse

- ◆ Wide open mouth.
- ◆ Lips are curled outwards.
- ◆ More of areola shown above baby's mouth (baby's upper lip is closer to the nipple giving baby a bigger mouthful of the underside of the breast).
- ◆ Chin touching breast.
- ◆ No dimpling of cheeks.
- ◆ No "clicking" or "smacking" noises as your baby suckles.
- ◆ Nipple shape is the same at the end of the feeding.

## Checking Your Baby's Suckling

When your baby first starts to suckle you will notice quick non-nutritive suckles that stimulate the let-down reflex. Once the milk has let-down you will notice a slow, rhythmical suckle as the baby settles in to your breast. This type of suckling for several minutes at each feeding helps you make milk. You may hear the baby swallowing milk. This is reassuring; however, sometimes you may not hear the swallowing and yet your baby is still getting lots of milk. Ask your health care provider to show you how you can tell that your baby is drinking your milk.

## Ending a Feeding

Encourage your baby to nurse at the first breast for as long as he wishes, and always offer the second breast. Your baby will let you know when he has had enough. Each baby is different. There are no rules for how long and how often you should feed your baby. Remember that the richer hindmilk\* comes later in the feeding, and this milk is important in satisfying your baby and helping him to grow well. Feed your baby often. Most healthy breastfed babies feed every 2-3 hours, and that means at least 8-12 times in 24 hours.



### HELPFUL HINT:

*There may be some initial discomfort (20-30 sec) as the baby latches-on; if this continues and you remain uncomfortable, take the baby off and try to latch-on again.*



Every baby is different and some babies seem as if they are always on the breast. This may be quite normal. You will get to know your baby and continue to recognize his needs.

Your baby usually ends the feeding on his own by letting go of your breast. Often he has had enough or may need to burp. If you must take your baby off your breast, you can break the suction by placing your clean finger in the corner of your baby's mouth between his gums. Do not pull your baby off your breast as this may cause sore nipples.

After each feeding, express a small amount of breastmilk and allow it to dry on your nipples. The routine use of creams and ointments are unnecessary. However, some mothers find that hypo-allergenic pure lanolin cream helps reduce initial nipple soreness.

## Burping Your Baby

Breastfed babies usually swallow less air and may not need to burp as often as bottle-fed babies. You can often tell a baby needs to be burped by his fussing and squirming, or coming off and on the breast. You can burp your baby before a feeding, before offering the second breast, and at the end of a feeding.

Here are four burping positions to try:

1. Sit your baby on your lap. Support his head with one hand while gently rubbing his back with the other hand.



### HELPFUL HINT:

*In the first few days after birth your baby may nurse for shorter periods and there will be less swallowing until the milk "comes in".*



2. Lie your baby on his stomach across your lap, turning his head to one side so that his nose is free. Gently rub your baby's back from the bottom to the top.



3. Hold your baby so that his stomach presses your shoulder. Massage or gently pat the center of his back, pressing firmly from the bottom to the top.



4. Lie your baby on his stomach on your arm. His head should be near your elbow, and your hand holds him between his legs. Gently rub his back with your other hand.



## Early Concerns

### *Refusing to Latch/Difficulty Latching*

Some babies have difficulty latching onto the mother's breast in the early days of breastfeeding. There may be challenges with the baby opening his mouth wide enough, or with the shape of a mother's breasts and/or nipples. This is often more difficult around the time of the milk "coming in". When the breasts are overfull or engorged, the baby has trouble trying to compress the tight breast (think of an overfull balloon) and often slips off the breast or latches-on only to the nipple. Other possible causes include traumatic labour and birth, low milk supply, stress, and forceful let-down reflex.

Some babies refuse the breast or have trouble latching because they are not sure what to do. Never force a baby to the breast. Talk to a lactation consultant or an experienced health care provider. Stay calm as your provider helps you to express your milk and feed your baby in a different way until your baby latches-on. Lots of skin-to-skin contact and quiet, unrushed time with your baby is important.

Occasionally a nipple shield may be used as a tool to encourage your baby to take the breast. A shield is only used with the supervision of a lactation consultant or skilled health care provider. Babies may have difficulty weaning from the nipple shield. Also, some older type nipple shields can reduce your supply of breastmilk.



#### **HELPFUL HINT:**

*The third day after birth can be a challenging time for new mothers. Often this is when your milk is "coming in" and some babies struggle with latching onto a fuller breast. Also, nipple soreness is at its peak. Make sure that you know how to get help at this time. If you are ready to go home, consider if your baby is also ready or needs some more time.*



*Photo Courtesy of Soledad Porta*

## Sleepy Baby



Courtesy of David Jack

It is normal for babies to become quite sleepy about 1-2 hours after birth. Your baby may sleep for 6-8 hours and then wake up and breastfeed. If he has had a good breastfeeding just after birth you will be reassured that your baby is doing well. Some babies sleep a lot in the first week or two of life. You may find that your baby breastfeeds a short time and then falls asleep. However, a baby who is sleeping too much may not be getting enough breastmilk.

You may need to work hard to encourage your baby to breastfeed. Try undressing your baby and placing him skin-to-skin. Massage your baby's back, tummy, arms and legs to stimulate him. Sometimes cool cloths are necessary. If your baby falls asleep at the breast after the first let-down of milk and seems to be only "comfort suckling" or suckling in a non-nutritive way, try breast compression\*. Hold your breast with one hand well back from the nipple and areola and squeeze firmly (not so hard that it hurts). This should allow more milk to flow to your baby and encourage him to suckle more effectively. Continue the squeezing (compression) of your breast until your baby stops swallowing, and then release and squeeze again. Ask your public health nurse about this technique. It really works and helps to make your feeding more effective and efficient for sleepy babies. Because breast compression stimulates a let-down of milk your baby will get more high fat milk.

## Breast Fullness

Your breasts may feel full in the first week after your baby is born. You may notice an increase in the fullness of your breasts as the milk "comes in", around days 2-4 after birth. This is normal and a sign that your breasts are making more milk. Your breasts become heavier and even a little tender. They will not always feel this way. Continue to nurse your



### HELPFUL HINT:

*Gentle massage of the breast throughout a feeding encourages milk flow and increases the fat content of the breastmilk.*



baby often, without any time limits, at least every 2-3 hours for the first few weeks. After a few weeks, your breasts may feel softer and less full. Your milk is still there and ready for your baby.



**HELPFUL HINT:**  
*Normal breast fullness is different from engorgement. See page 47 for information about engorgement.*



*Avoid supplements for your baby unless your health care provider tells you that they are necessary (medically indicated). Avoid bottles, artificial nipples and pacifiers until breastfeeding is well-established (at least six weeks).*



*Courtesy of Darrell Kean*

## Keeping Breastfeeding Going

### *How Do I Know When My Baby Wants to be Fed?*



Courtesy of Pia Pehlta

All babies latch-on and breastfeed better if they are fed when they show signs or cues for feeding. These signs include: rapid eye movement below the baby's closed eyelids, mouth activity such as licking, making sucking sounds, turning or rooting towards anything that touches his cheek, trying to suck on his fingers, fists or lips, and stretching or stirring. Try to feed him before he cries, as this can be frustrating for you both. Crying is a late feeding cue. It may be harder to latch a baby who is upset and crying. (When the baby cries, his tongue lifts to the roof of his mouth. The tongue should be down and over the baby's gums when breastfeeding.)

### *Baby's Feeding and Sleeping Habits*

All babies have their own feeding and sleeping habits. Feed your baby as often as he is interested or "on cue". Many babies will need to breastfeed every 2-3 hours during the day and night, about 8-12 feedings in 24 hours. Remember, night feedings help to build your milk supply and prevent engorgement.

Your baby may feed more often at certain times of the day (every hour for 2-6 hours) and then sleep for a longer period. This is called cluster feeding and it is normal. Some mothers worry that they do not have enough milk if their baby seems to want to be on the breast often. Follow your baby's cues. Frequent feeding in the early weeks helps encourage a good milk supply.

As your baby grows, he will set his own sleeping and feeding patterns. A breastfed baby may feed about every two hours during the day and sleep for longer stretches at night by the age of 2-3 months. There is no set age when a baby should sleep through the night. In fact, most healthy breastfed infants wake frequently for night feedings well into their first year of life.

### *How Often and How Long Should I Breastfeed?*

Let your baby nurse as long as he wants at each feeding. The length of each feeding will vary because each mother and baby is different. Breastmilk changes during a feeding. As you begin to nurse, your baby receives the foremilk\*. Foremilk is high in nutrients but low in fat and calories. As the feeding continues, your baby receives the hindmilk. Hindmilk is higher in fat and calories and has a creamier appearance. **In order for your baby to grow properly, he must receive both the foremilk and the hindmilk.**

Feeding times vary a lot in the early days of breastfeeding. Many mothers find that they have to encourage their baby to breastfeed. Sometimes the feedings may seem as if they go on for a long time. As your baby gets older, he will nurse more efficiently. There is no need to watch the clock. Let your baby nurse at one breast as long as he wants. Then, offer the second breast.

### *How Do I Know If My Baby Is Getting Enough Milk?*

One of the most common reasons for stopping breastfeeding is fear that the baby is not getting enough milk. Be assured that you can produce enough milk for your baby.

The baby's growth is a good sign of how much milk he is getting. Normally, all babies will lose some weight during the first few days of life, usually from 7-10% of their birth weight. They usually return to their birth weight by about two weeks.



#### **HELPFUL HINT:**

*Some babies are satisfied after nursing well on one breast, while others breastfeed on both breasts at every feeding. If your baby does not nurse on the second breast, start the next feeding on that breast.*





### HELPFUL HINT:

*Removing milk from your breasts is the trigger for ongoing milk production. When the milk is not removed by the baby's suckling or by expression, your brain receives a signal to stop making milk.*



The normal range of weight gain is about 155–240 g per week (5–8 oz per week) for the first four months. The rate of weight gain generally slows down after four months.

Other signs that breastfeeding is going well:

- ◆ You can hear swallowing at the breast.
- ◆ Your baby is content after most feedings.
- ◆ Your breasts feel softer after a feeding.
- ◆ Your baby feels heavier and is starting to fill out his clothes.

## *Wet Diapers and Bowel Movements*

The number of wet diapers and bowel movements a baby has every day is an important sign of how much milk he is getting.

Before your milk comes in, the baby's urine may be concentrated with reddish-brown spots or crystals appearing on the diaper. This is normal during the first few days. Just feed your baby often. After the first week of life, the urine should be pale in colour and mild smelling.

Disposable diapers may not feel wet even when they are. To know what a "wet" disposable diaper is like, pour 2–4 tablespoons of water in a dry diaper and feel the weight of the wet diaper as compared to a dry diaper. Another way is to put a tissue inside the disposable diaper before putting it on your baby, and then note its wetness after your baby has wet the diaper. As your baby gets older, the diapers will feel even wetter.

The number of bowel movements will also differ between babies and can go through several changes. They can be very loose, spurty, seedy, mild in odour, and change from black to dark green (tar-like) to mustard yellow within the first week. There should be no black bowel movements after day five. The baby may have bowel movements with every feeding during the first



*Courtesy of David Jack*

weeks. During the first month, at least three or more bowel movements every day is a sign that the baby is receiving enough milk. After the first month, as the baby's gut matures, the baby's bowel movements may be less frequent, once every 3-4 days. Some babies have bowel movements only once a week without being constipated. Loose, spurty bowel movements are not diarrhea. Infrequent bowel movements are not constipation. Both patterns are normal, depending on your baby's age.

Here is a chart with the numbers to reassure you that your baby is getting enough milk:

<i>Age</i>	<i>Wet diapers per day</i>	<i>Bowel movements per day</i>
<b>Days 1-2</b> <i>(colostrum)</i>	1-2	1 or more black to dark green, sticky (tar-like)
<b>Days 3-4</b> <i>(milk coming in)</i>	3 or more, pale urine, diapers feel heavier	3 or more greenish-brown or yellow (becoming lighter as baby takes in more breastmilk)
<b>After first week</b> <i>(milk is in)</i>	5-6 or more, pale urine, heavier diapers	3 or more yellow, may be loose or seedy
<b>After 4 weeks</b>	5 or more, pale urine, heavy wet	Depends on your baby, some have 1 or more soft and large. Other babies may go several days without a bowel movement.



**HELPFUL HINT:**

*If lots of bowel movements come out, lots of breastmilk went in.*

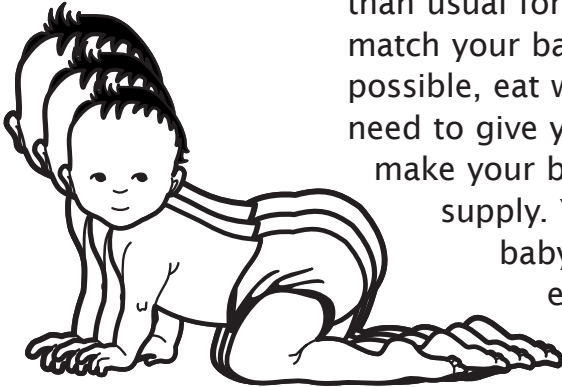


### *Growth spurts*

Most babies go through several growth spurts. Growth spurts can occur at any time, but usually happen around 7-10 days, 2-3 weeks, 4-6 weeks, 3 months, 4 months and 6 months. They last for a few days. Each baby is different,

so don't worry if your baby's growth spurt is not exactly at these times.

You may notice that your baby will want to feed more often and may be fussy during a growth spurt. Nursing more often than usual for a few days will increase your milk supply to match your baby's appetite. You need to rest as much as possible, eat well, and always drink when thirsty. You do not need to give your baby bottles of formula or water. This may make your baby nurse less, and will reduce your milk supply. Your milk supply will increase to meet the baby's greater demand in a day or so. You may even feel that your breasts are a little overfull for a few days after the growth spurt. Hand express just enough for comfort.



**Remember**, you **can** and **will** make enough milk for your baby during these growth spurts.

### *Nipple Preference/Confusion*

Sometimes a newborn baby finds it difficult to switch back and forth between artificial nipples and the breast, especially during the early weeks of breastfeeding. The baby's tongue, jaw and mouth all move differently during breastfeeding, compared to using a bottle or a pacifier. The cue for suckling is stimulation of the hard palate or the roof of the baby's mouth. The baby may miss this cue from the softer breast if he is used to harder artificial nipples. Wait until your baby is at least six weeks old before introducing artificial nipples.

### *Vitamin and Mineral Supplements for Mother*

#### *Multivitamins*

Health Canada recommends that all breastfeeding mothers need a multivitamin containing **folic acid** every day. Talk to your health care provider about choosing the right multivitamin for you.

## *Vitamin and Mineral Supplements for Baby*

### *Vitamin D*

Health Canada recommends that breastfed infants receive 400 International Units (I.U.) of vitamin D each day until one year of age or until breastfeeding is stopped. You can buy a bottle of vitamin D complete with a dropper. Follow the instructions on the box to measure the dosage your baby needs. Drops can be put directly into your baby's mouth. Babies who continue to breastfeed after one year of age should receive a daily supplement of 200 I.U. of vitamin D, unless they are obtaining that amount of vitamin D from food. A healthy diet, including two cups of milk a day, provides approximately 200 I.U. of vitamin D.



*Photo Courtesy of Alejandro Buren*

### *Iron*

The healthy full-term infant has ample iron stores at birth, and these stores will last until the baby is about six months old. The iron in breastmilk is much more available to the baby than the iron in formula. At six months, he can also get iron from infant cereals and meats.

Pre-term infants may need an iron supplement from eight weeks of age to one year. Check with your health care provider about this.

### *Expressing Breastmilk*

Once breastfeeding is going well, you may wish to express breastmilk. For example, you might express when you need relief from full breasts, want a break from your baby, return to work or school, or are away from your baby.

Many mothers find it easier to express breastmilk when relaxed and not feeling rushed. Good times to express breastmilk are: when you and your baby have had a good rest; in the morning, when your breasts are most full; when your baby has taken only one breast at a feeding; and when your baby would normally have fed.

### *Did you know?*

- ◆ Many mothers breastfeed successfully for many months but are unable to express breastmilk.
- ◆ It takes about the same amount of time to express breastmilk as it does to feed your baby.
- ◆ Your baby's suckling at your breast is more efficient than expressing.
- ◆ It may be easier to express milk from one breast while the baby is feeding on the other. The baby breastfeeding helps stimulate the let-down reflex, and the milk will flow more readily.



### **HELPFUL HINT:**

*Relaxation and breathing exercises may help with the let-down of milk. Have your baby or a picture of your baby near you. Take a warm shower or bath, or wet a clean cloth diaper with warm water and place on your breasts. Expressing your milk while you are in the bath is helpful.*



### *How do I express breastmilk?*

You can express your breastmilk by hand, or by using a manual or electric breast pump. It should not hurt to express milk by hand or by pump.

There are different ways to express breastmilk:

- ◆ Hand expression—natural, easy to learn, convenient, and no equipment needed.
- ◆ Manual pumps—easy to use, easy to carry and not very expensive.
- ◆ Electric pumps—more expensive, can be rented, better for long-term expression needs.

### *Hand expression*

Here's how to express breastmilk by hand. When done properly, hand expression should not hurt. In the early days of breastfeeding it is often helpful to hand express a little milk to make your breast softer and easier for the baby to

latch onto the breast, and to drip milk onto baby's lips to encourage baby to latch.

1. Wash your hands well.
2. Find a comfortable place where you can have your breast bare.
3. Think about your baby. Have him near you or look at his picture.
4. Put warm compresses on your breast. Gently massage, stroke or shake the breasts to help get the milk flowing before and while expressing milk.
5. Use the smooth end of your fingers to gently massage your breast. Start at the top and move around the breast and down the nipple. Move the fingertips around in small circles to get the milk flowing.



6. Lean forward.
7. Have a clean bowl or cup ready to catch expressed breastmilk.
8. Cup the breast or support it with your thumb above the nipple and the first two fingers below the nipple, forming the letter "C" about 1-1½ inches behind the nipple.



*Courtesy of Nova Scotia  
Department of Health  
Promotion & Protection*

9. Gently push straight into the chest wall. Do not squeeze the nipple. Pressing or pulling directly on the nipple will damage it.



10. Gently roll your thumb and fingers forward at the same time, like rolling a marble between your fingers.



11. Repeat steps 8-10 for about five minutes on the first breast and then switch to the other breast, rotating your thumb and fingers to milk all the areas where the milk flows under the areola. Go back and forth to each breast 2 or 3 times. The milk will come in drops at first and then as the milk starts to flow, it may spray.



*Courtesy of Nova Scotia  
Department of Health  
Promotion & Protection*

## Breast Pumps

### Manual pumps

These are simple, easy to use and carry, least expensive and easily cleaned. They are best used for short separations from your baby such as when you go to work or school, have an evening out, or need relief from overfull breasts.

There are many types of manual pumps. Make sure you buy from a good quality pump company. Seek advice for your specific needs and price range. The bulb, cylinder and bicycle horn pumps are not recommended, since it is hard to control the suction with them, and this may damage your nipple. These pumps are also hard to clean.



#### HELPFUL HINT:

*Always follow the manufacturer's instruction for routine cleaning and sterilizing of breast pump parts.*



### Battery-operated pumps

These can be used with one hand and are easy to carry. Some have electric adaptors. However, they are expensive to buy, some are noisy, and new batteries are also expensive. When the batteries start to wear out, the pumps are not as effective.

### Electric pumps

These are useful when you are separated from your baby for a long time, or with a sick or pre-term baby who is not able to feed from the breast. The electric pump with a “double set-up” allows a woman to pump both breasts at the same time. This cuts down on pumping time, and helps to increase the prolactin levels. Electric pumps are the most expensive, but they can be rented from drug stores by the week. When you rent a breast pump, you need to buy the attachments for it. Check with the drug store in your community.

### Using manual or electric pumps

Getting ready to express breastmilk with a pump is the same as getting ready to express by hand. Start with steps 1–4 in Hand Expression on page 28. Continue with these steps.



### HELPFUL HINT:

*For occasional breastmilk expression, express after or between breastfeedings. When expressing using a double set-up electric pump to maintain your milk supply for a sick or pre-term infant, or when you are separated from your baby, you will need to express at least eight times in 24 hours for about 15 minutes each time.*



5. Take the time to read the instructions that come with your pump.
6. Make sure all parts of the pump are sterilized\*. Follow the sterilization directions that come with your pump.
7. Try using relaxation techniques, breast massage, and warm compresses for a few minutes before pumping. Stress and tension, as well as cool body temperature, can inhibit the let-down reflex and make pumping less productive.
8. Begin by putting the pump to your breast. Wet the flange with some breastmilk or wet your breast with water. The nipple should be in the centre of the flange. Don't let the nipple rub. The nipple can be hurt if it fits too snugly. Make sure you have the right size flange. Don't push in on your breast with the flange.
9. If there is a pump setting, always set it on "low" to start, then increase it to your comfort level.
10. For manual pumps, gently pull the plunger in and out, pulling only halfway out for the first couple of minutes to get the milk flowing. Once the milk is flowing, use long steady strokes. For electric pumps, turn the pump on.
11. The milk will come in drops at first, and then as the milk starts to flow it may spray.
12. Pump on one breast for about five minutes, then go to the other breast and switch back and forth for a total of 10-15 minutes on each breast.



### NOTE:

*You can keep frozen breastmilk for up to:*

- two weeks in the freezer compartment or rear of the freezer of a single-door fridge
- 3-4 months in the freezer of a two-door fridge
- six months in a deep freezer that stays at a temperature of -17°C.



## Storing Breastmilk

Breastmilk can be kept safe and nutritious with proper handling and storage. Here's how to store breastmilk:

1. Wash your hands thoroughly with soap and water.
2. Pour freshly expressed breastmilk into a clean, sterile\*, hard glass, or plastic container. Plastic bottle liner bags are fine if your baby receives only an occasional bottle.

3. Freshly expressed breastmilk can be kept at room temperature for up to 10 hours.
4. Breastmilk can be safely refrigerated for up to eight days **provided your fridge remains at 4°C or below.**
5. For longer storage it is best to freeze your breastmilk. If you are freezing breastmilk, pour it into a sterile glass or hard plastic container, or a disposable plastic bottle liner (double bags), or a special breastmilk freezer bag. Leave some space at the top of the container or bag since the milk will expand. Seal the container, mark the date on it and store it upright in the freezer.
6. You can add freshly expressed breastmilk to a partially-filled container of frozen milk. First, cool the fresh milk in the refrigerator for 30 minutes. This keeps the fresh milk from thawing the top layer of the frozen milk. Do not add more than the amount of milk already in the container.
7. Thaw frozen milk in the fridge. Milk can also be thawed quickly in a container of warm water (not to exceed 37°C) . Make sure the water does not touch the lid. Once the milk is liquid, but still chilled, dry the bottle and refrigerate until use. Do not use the microwave to either thaw or warm breastmilk as it may destroy nutrients. Microwaved milk may be unevenly heated and could cause burns. Never let frozen breastmilk thaw at room temperature. Never thaw breastmilk in boiling water. Do not refreeze thawed breastmilk. Use milk within 24 hours after thawing.
8. The cream in breastmilk rises to the top, so shake the milk gently before feeding it to your baby. Check that the milk is not too hot by shaking a few drops on the inside of your wrist. Be sure to use a sterile bottle and nipple.



**NOTE:**

*Always make sure your milk is stored in the coldest part of the fridge (at the back of fridge, not the door). If the fridge temperature goes above 4°C after three days storage, use the breastmilk that day or throw it out. In a well-used fridge (door is opened and closed often and the amount of food in the fridge varies from very full to near empty), your breastmilk should be used within three days.*



## Caring for Yourself



Photo Courtesy of Alejandro Buren

Some mothers feel they can have a baby and continue to follow the same routines they did before having a baby. But most mothers need time to adjust to this change in their life. Your family also needs time to adjust after the new baby arrives.

Your body has gone through a major change during the last nine months. Finally, you have your baby and your focus and energy is on caring for this new little one.

Having a new baby is both exciting and busy.

The first couple of months may be exhausting and hectic if you try to do everything, such as looking after your baby, taking care of everyday household chores and paying bills. If you try to keep this pace, you may exhaust yourself and become frustrated. **Take care of yourself. You can look after your baby's needs better when you feel good yourself.** Be patient with yourself when you are learning to breastfeed and to be a parent. Having a new baby and breastfeeding may seem demanding in the first couple of months. Ask for help with chores, errands, or talk with someone who can tell you you're doing fine. Also, remember to accept help when offered from family and friends.

Here are some suggestions to help you with the adjustment:

- ◆ Be sure to get your rest; take a nap when your baby naps; turn off the phone; leave a note on your doorbell or door of your room "Mom, and Baby Resting—please leave a note".
- ◆ Eat well, following *Eating Well with Canada's Food Guide* (See *Canada's Food Guide* at the end of this handbook).

If you feel short of time to eat meals, it may help to prepare easy meals ahead of time so you can grab one while you are breastfeeding, for example; a sandwich, carrot sticks and a glass of milk. Do not focus on losing weight just now. Ask your family to help by delivering meals that can be stored in your freezer and popped into the oven for an evening meal. Have healthy snacks always at hand.

- ◆ Limit visitors in hospital and during the first week at home. While in hospital or at home, have your support person direct your calls and visits. Inform your friends and family that you would appreciate their visits in the second week. Explain to them you would like time for you and your baby to get to know each other.
- ◆ Forget about housework. Ask a family member or friend to assist you at home with meals, errands and chores. Make a “must do” and “should do” list. Your support person can assist you by taking over the responsibilities and allowing time for you to care for yourself and your baby.
- ◆ Allow time for yourself. This could be 15 minutes a day to read a magazine or go for a short walk. You may not be able to meet the needs of your baby unless you see to your own needs.
- ◆ After the first week, arrange to get out to a breastfeeding support group to talk to other mothers. It is a good feeling to get dressed and go out. Also, it is reassuring to know other mothers have the same concerns and feelings as you do at this time.
- ◆ Take one day at a time.



*Photo Courtesy of Andry Ratsimandresy*

## *How Should I Feel in the Early Weeks?*



*Photo Courtesy of Alejandro Buren*

Most women experience emotional changes during these few weeks. You may go through many emotions such as excitement, joy, satisfaction, worry, disappointment and feeling down. You may find you cry at the smallest thing, lose your temper or lose interest in everything. You may feel guilty because you feel this way, or question your ability to care for your child.

These feelings are normal in the first few weeks after having a baby. They are called “baby blues”. They are related to hormonal changes after giving birth, and the responsibility of caring for a new baby.

Here are some suggestions that may help:

- ◆ Realize that you are doing the best for your baby.
- ◆ In the first week or so, you may feel like staying in your night clothes; this is normal. Afterwards, pay attention to your appearance and get dressed every day. You’ll feel better if you look better. It helps to do something special for yourself, like getting a haircut or a massage.
- ◆ If you are concerned, and these feelings are continuing after six weeks, talk to your health care provider.

## *Support*

Newfoundland and Labrador is moving towards a



*Photo Courtesy of Kevin Logue*

breastfeeding culture, but there are still areas where breastfeeding is not considered the norm. Our communities are trying to be more supportive of breastfeeding. However, in some communities there may be few women available to act as role models for new breastfeeding mothers. Many of today’s grandmothers may not have breastfed. Sometimes well-meaning family and friends can question your breastfeeding

and parenting practices. For example, they may feel you are “spoiling” your baby by breastfeeding frequently in response to your baby’s cues. Talk to your friends and family about this. Make sure that you focus on breastfeeding, nurturing, and caring for your new baby. Your partner, family and friends can support you in so many other ways.

Look to your friends and family members who have successfully breastfed to be your support in the early weeks. Breastfeeding support groups are also a good place to chat with other women. Many mothers feel good after attending a breastfeeding support group. Try to attend one within the first two weeks. Mothers who attend breastfeeding support groups or get to know other breastfeeding mothers usually breastfeed longer. It helps to meet or talk to other women who may feel the way you do. Also, you can help other mothers by sharing your positive experiences.



*Photo Courtesy of Soledad Porta*

## Modesty

Many mothers feel uncomfortable with the idea of breastfeeding in front of others or out in public. Be assured that you will learn very easily how to breastfeed in a discreet way. People who are not used to seeing a woman breastfeed may feel uncomfortable at first. But the more exposure they have to breastfeeding helps them to realize that this is the normal way to feed a baby. You have a right to breastfeed anytime and anywhere! You will also gain more confidence with breastfeeding as you become more experienced. Try wearing loose-fitting shirts that can lift up from the waist to make breastfeeding your baby in public easier.



*Photo Courtesy of Health Canada*

You will be a good role model for other mothers and young people in your community. Breastfeeding in front of family and friends helps educate people about the importance of breastfeeding. You will also help influence the younger generation.

## Healthy Eating



Photo Courtesy of Health Canada

During your pregnancy, you may have been more aware of good eating habits. These habits should continue throughout breastfeeding. You don't have to eat more than usual while breastfeeding. Always listen to your body and respond to your feelings of hunger and thirst. *Canada's Food Guide* is a good base for healthy eating. By eating a variety of foods from *Canada's Food Guide*, you will receive all the nutrients that you need. If you feel you have to make some changes, make the changes over time. Try to limit foods like cookies, pop, bars and chips, as they will provide extra calories without the nutrients you need. When you breastfeed, have healthy snacks readily available before you sit down to feed your baby. Most women find that they are thirsty when breastfeeding. Drink to satisfy your thirst. Remember, there are no special foods that you must eat or avoid while breastfeeding. Also, you do not have to drink milk to make breastmilk, but milk is recommended in *Canada's Food Guide* for your own health.

If you are concerned about your eating habits, make small changes, such as adding one serving of fresh, frozen, or canned fruit, one vegetable serving, and whole grain bread to your foods each day. Limit beverages and foods with caffeine such as coffee, tea, soft drinks and chocolate. Caffeine does pass through the breastmilk, and high levels of caffeine may make your baby restless and fussy. Try decaffeinated beverages like decaffeinated tea, coffee and soft drinks. Talk to your health care provider before using herbal supplements and teas while breastfeeding. Many of these products have not been proven safe for women who are breastfeeding.

## Vegetarian Diet

You can follow a vegetarian way of eating while breastfeeding. You will need a similar type and amount of food as you did during pregnancy. See the “Healthy Eating” section above. Choose foods from *Canada’s Food Guide*. If you do not eat any animal products at all (milk or milk products, meat, eggs, fish, chicken), you will need a supplement of vitamin B12, and, possibly calcium and vitamin D. Check with a dietitian or your health care provider.

## What If I Want to Lose Weight?

Within the first couple of months after having your baby, you may be thinking about losing weight. Remember, it took nine months to gain this weight, and it can take several months to get back to your original weight. Breastfeeding will help you get in shape more quickly.

Focus on eating well. Eating well will keep you from feeling tired. Eat at least the lower number of servings for each group, plus the extra 2–3 servings per day recommended in *Canada’s Food Guide* for breastfeeding women.

You can work towards feeling good about yourself by going for a walk or enrolling in a fitness class. Exercise or physical activity is good for your body, but also good for you emotionally. The physical activity makes you feel better about yourself. It is especially important if you are feeling overwhelmed by the demands of a new baby and parenting. Some areas offer moms-and-tots programs that include a fitness component. Other ways of being active with your baby include dancing with your baby in your home and doing exercises on the floor with your baby. The *Healthy Activity* booklet in *A New Life* series includes valuable information about physical activity.



Photo Courtesy of Health Canada

## Healthy Lifestyle



Photo Courtesy of Health Canada

Having a baby and breastfeeding may help you think about making changes for a healthier lifestyle. Some women may have concerns about smoking, alcohol or taking a drug.

### Smoking

Smoking does affect breastfeeding. However, breastfeeding is still the best choice even if you smoke. Your baby is less likely to have allergies and asthma, and breastmilk protects your baby from some chest infections such as pneumonia.

Nicotine from cigarettes passes into breastmilk. You can cut down on the amount of nicotine that goes into your breastmilk. Smoke after a breastfeeding rather than before a feeding. Never smoke while you are breastfeeding. Try to cut down on the number of cigarettes you smoke. For example, have one after every second breastfeeding, then every third.

Smoking may reduce your milk supply, and may cause fussy times for your baby. It may also lower the fat content of your breastmilk. It also pollutes your baby's air so that he may have more colds, chest infections or be at risk of SIDS or crib death. Be aware of your baby's breathing space. Smoke outside. Second-hand smoke can have a harmful effect on your baby. Always insist that others smoke outside as well.

There are people to help you with cutting down and quitting. Please talk to your health care provider about smoking cessation programs and the resources in your local community.

### Alcohol

Alcohol passes into breastmilk. When the alcohol level is highest in your blood it is also highest in your breastmilk. Too much alcohol can decrease your milk supply and cause

poor growth in your baby. It will also make it more difficult for you to respond to your baby's needs and cues if you have consumed too much alcohol. However, an occasional drink, such as one ounce of hard liquor, one bottle of beer or one glass of wine, is unlikely to cause concerns. Ideally, it is best to avoid breastfeeding for about 2-3 hours after drinking one alcoholic beverage.

If you drink heavily often, or even occasionally, you should try to stop. You are affecting your health and your baby's health. There are people to help you. Ask your health care provider about how you can get the help you need to stop drinking.

## *Drugs/Medications*

Most drugs or medications pass into breastmilk. This includes all prescription drugs from your health care provider (doctor or dentist); medications that you can buy in a grocery or drug store such as pain relievers, cold remedies, vitamins; and street drugs. If you have to take any medication, consult with your health care provider and let her know you are breastfeeding. It is rare to have to stop breastfeeding because you are taking a medication. Most prescription medications are okay to take while breastfeeding. If a medication is not recommended while breastfeeding, usually a different medication can be used.

Drugs for treatment of cancer and radioactive substances are some examples of drugs that are not recommended while breastfeeding. Some drugs may require a short period of interruption of breastfeeding. If this is necessary, you will be given information on how to maintain your milk supply by expressing milk during this time. Your health care provider will provide specific information on drugs and breastfeeding.



*Photo Courtesy of Health Canada*

Here are some questions you can ask your health care provider prior to taking any medications:

- ◆ 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 I breastfeed?

**If you are using street drugs or other drugs not prescribed by your health care provider, you and your baby's health are at risk. Your baby may become addicted to the drugs you are taking.** Talk to your health care provider about addictions programs in your community. If you are on methadone treatment you can continue to breastfeed. The benefits of breastfeeding the baby outweigh the risks of methadone treatment. The methadone, however, does pass through your breastmilk in small amounts. Talk to your health care provider about how you can combine breastfeeding with your methadone treatment.

### *Contaminants and Breastfeeding*

There has been a lot of attention in the media about contaminants in the environment and the possible effects on breastmilk. There are contaminants in breastmilk and in breastmilk substitutes such as formula. Because there may be chemical residues in your breastmilk, this is not a reason to stop or limit breastfeeding. You should breastfeed your baby. Try to reduce you and your baby's risk of coming into contact with toxins in the environment. The prenatal period is an especially vulnerable time for the growing fetus. Breastmilk contains substances that help your baby develop a stronger immune system. It protects against pollutants and other toxins in the environment.

## *HIV and Breastfeeding*

Women who are HIV positive and who are able to provide a safe alternative to breastmilk, should feed their baby a breastmilk substitute such as commercially prepared iron-fortified infant formula. Mixed feeding (using breastmilk and formula at the same time) may increase your risk of transferring the HIV virus to your baby. Formula feeding can irritate the lining of the baby's stomach, making it easier for the HIV in breastmilk to get in and cause an infection. Talk to your health care provider about this issue.



*Photo Courtesy of Pia Pehlta*

## Breastfeeding Questions

You may run into concerns or have questions from time to time. There is a lot you can do to help yourself. Usually, continuing to breastfeed will make the situation better.

Here are a few things you can do, no matter what your concern is:

- ◆ Do not let a concern go on for very long without getting help.
- ◆ You can continue to breastfeed in most cases.
- ◆ Make sure your baby is positioned and latched-on well to your breast.
- ◆ Breastfeed often, every 2–3 hours.
- ◆ Look after yourself—try to eat well, drink when thirsty and rest.
- ◆ Try to have a nap in the day while your baby sleeps to make up for the time you are up with your baby at night.
- ◆ Talk to people who can help you: your hospital nurse, public health nurse, your health care provider, members of a breastfeeding support group or La Leche League, another mother who has breastfed, a lactation consultant.
- ◆ Try the suggestions in this book.



### HELPFUL HINT:

*Some women have found it helpful to go back to sleep after the early morning feeding, as it is harder to sleep once you are up and dressed for the day.*



## Leaking Breasts

### What is it?

Leaking is caused by fullness in your breast or by the milk “letting down”. It is a normal part of breastfeeding. Leaking may happen if your baby sleeps a little longer than usual,

if you hear a baby cry, or if you think about your baby. It is most common in the early weeks and months as your breasts adjust to breastfeeding. It is usually temporary, but it can happen any time while you are breastfeeding your baby. Some women may also experience some leaking during sexual activity/climax.

### *What can I do?*

- ◆ **Continue to breastfeed your baby.**
- ◆ Apply gentle pressure by folding your arms across your breasts, or rest your chin in your hand and press your forearms against your breasts.
- ◆ Use cotton or disposable nursing pads in your bra to provide comfort, avoid embarrassment, and protect clothing.
- ◆ Do not use breast pads with plastic or waterproof liners.
- ◆ Change pads when moist to prevent sore nipples/infection.
- ◆ Printed clothing may disguise leaking better than plain colours. Breastmilk won't stain washables.



*Photo Courtesy of Soledad Porta*

## *Excess Milk Flow (Forceful Milk Flow)*

### *What is it?*

Excess milk flow or forceful milk flow is when your milk comes so fast that your baby is surprised, cries, and pulls away from your breast when feeding. Your baby may find it hard to swallow the milk. This may happen most often in the first 2–4 weeks when your milk supply is building up.

*What can I do?*

- ◆ **Continue to breastfeed your baby.**
- ◆ Express a small amount of milk before putting your baby to your breast. This slows the flow of milk.
- ◆ Breastfeed when your baby is starting to wake up and is still drowsy and more relaxed. It is harder to breastfeed when your baby is crying and ravenous.
  - ◆ Feed your baby in a more upright position so your baby is nursing “uphill” (baby’s head and throat are above level of nipple). Lie down on your back to feed your baby. Position your baby on your chest, as shown in the picture. Use this position only as a temporary measure. Also you can try an elevated football hold with baby sitting up and facing mom to nurse.
  - ◆ Wait until your let-down happens, then take your baby off the breast and spray or catch the milk in a towel or cloth diaper. Once the flow slows down, put your baby back to the breast.
  - ◆ Burp your baby before and after a feeding.

*Normal Fullness*

Early breast fullness is normal. It occurs in response to your milk “coming in” and the extra blood and fluids in your breasts. Most women have more milk than is needed during the early time when a baby still has an irregular breastfeeding pattern. This will settle down after the first week. You can avoid having this normal fullness lead to engorgement by making sure you breastfeed your baby early and often in the time after birth. Avoid formula or water supplements unless they are medically indicated. Make sure that your baby is positioned and latched-on well to the breast.

## Engorgement

### *What is it?*

Engorgement is the painful **overfilling** of your breasts due to the build-up of milk and fluids in the breast tissue. Engorged breasts may be heavy, hard, warm and painful. The skin looks shiny. The nipple may appear flattened and may be sore. This may make it difficult for your baby to latch onto the breast.

If engorgement is handled properly, the breasts will feel better in 24–48 hours. After the first two weeks, engorgement is usually caused by your breasts not being drained well enough at each feeding, or you have missed a feeding.

### *What can I do to avoid engorgement?*

- ◆ Start breastfeeding as soon as possible after birth, preferably within the first hour.
- ◆ Nurse often, every 2–3 hours; make sure your baby is properly positioned and latched-on well. Use different positions to ensure all areas of the breast are well drained. See pages 13–16.
- ◆ If you miss a feeding, express milk from your breasts.
- ◆ Wear a well-fitting supportive bra that is not too tight.

### *What can I do to treat engorgement?*

- ◆ Continue to breastfeed your baby. It may take several feedings before you feel relief from the engorgement.
- ◆ Put warm compresses or face cloths on your breasts, or bathe them in warm water (getting in a warm shower helps) before feeding to help the let-down of milk, and get the milk flowing more easily.
- ◆ Gently massage your breasts toward the nipple before and during a feeding.





### HELPFUL HINT:

*The areola should feel soft “like your cheek” when latching your baby onto the breast. If it feels hard “like your forehead” you may need to express some milk.*



- ◆ Before a feeding, gently express a small amount of milk by hand in a warm shower or by using a breast pump. This will remove milk from your breasts, and make it easier for your baby to latch-on.
- ◆ Find a comfortable, well-supported position for nursing. Check your baby’s position on your breast; make sure he is latched-on properly. See pages 11–16. Try different positions to help relieve the engorgement. See pages 12–15.
- ◆ Breastfeed more often, every 1½–2 hours day and night using your engorged breast first.
- ◆ Gently express some milk by hand, or pump after a feeding if the baby has not drained your breast well.
- ◆ Use ice packs or compresses (or a frozen bag of peas or crushed ice) on your breast after a feeding to relieve discomfort. This will reduce blood and fluid supply, and may make you more comfortable.
- ◆ Use an over-the-counter pain relief medication such as Ibuprofen to reduce pain or swelling.
- ◆ Place chilled, clean, raw green cabbage leaves on your breasts in between feedings for about 20 minutes. You should only have to follow this treatment 2–3 times. Some women have found that this helps to reduce the swelling.
- ◆ Wear a good supportive bra.
- ◆ Avoid restrictive clothing and underwire bras.
- ◆ Do not give bottles of water or formula to your baby.
- ◆ Avoid pacifiers.
- ◆ Rest, eat well and drink when thirsty.
- ◆ Talk to people who can help you: your public health nurse, doctor, members of a breastfeeding support group or La Leche League, another mother who has breastfed, or a lactation consultant.

## Sore Nipples

### What is it?

A common reason for stopping breastfeeding is sore nipples. Some women find the initial latching-on a little uncomfortable but it should not be painful. Nipple soreness usually peaks on the third day after birth and clears by the end of the first week. You may have some nipple tenderness/soreness in the early weeks of breastfeeding. The main reason for sore nipples is poor positioning and poor latching of your baby at your breast. A baby may appear to be positioned properly but may not be latched properly. If this is not corrected, it may lead to cracked nipples and a breast infection. Sore nipples can be prevented.

Other reasons for sore nipples can be:

- ◆ Baby not opening mouth wide enough when latching-on.
- ◆ Baby sliding off nipple.
- ◆ Flat or inverted nipples.
- ◆ Using soap on your breasts and nipples.
- ◆ Wet nursing pads.
- ◆ Baby falling asleep during a feeding and clamping down on your breast.
- ◆ Pulling your nipple out of your baby's mouth at the end of a feeding.
- ◆ Going too long between feedings.
- ◆ Engorgement.
- ◆ Thrush (white mouth) in your baby.
- ◆ Tongue tie.



*Photo Courtesy of Soledad Porta*

### What can I do?

- ◆ **Continue to breastfeed your baby.**
- ◆ Check positioning. See page 10. Make sure your baby is latched-on and taken off your breast properly. See pages

16 and 17. Hold your baby close so your nipple will not be pulled.

- ◆ Breastfeed often, every 2–3 hours. This will keep your breasts from getting too full, and may prevent your baby from sucking too vigorously.
- ◆ Use different positions to help relieve pressure on your nipples. See pages 13–16.
- ◆ Start a feeding on the less sore nipple.
- ◆ Express breastmilk to start the let-down at the beginning of a feeding. Your baby won't need to suck so vigorously.
- ◆ Let your baby feed as long as he wants. Let him release your nipple after a feeding. See page 16 on how you can end a feeding, if necessary.
- ◆ If you wear nursing pads, change them when they get moist. Remember to use cloth or cotton breast pads. Do not use plastic-lined breast pads as they may cause soreness.
- ◆ Express breastmilk and spread on your nipples after each feeding and air-dry, if possible. Breastmilk helps with healing.



*Photo Courtesy of Health Canada*

- ◆ Some women have had success with hypo-allergenic lanolin cream applied to the nipples after a feeding. There is no need to wash the lanolin off before breastfeeding.
- ◆ Avoid using soap on your breasts.
- ◆ Rest, eat well and drink when thirsty.
- ◆ In very extreme cases, you may need to allow your nipple to heal for 24 hours. You may continue to nurse your baby from the unaffected nipple. During this time, express your milk from the sore nipple. When the nipple is healed, start breastfeeding again. Be sure your baby is properly positioned, latched-on and removed from your breast.
- ◆ Avoid using nipple shields.

- ◆ If your baby has thrush or white mouth, see your health care provider for treatment of both you and your baby. See page 68 for information of thrush.
- ◆ See your health care provider if you have sore nipples that are not improving, even with good latch and positioning techniques. You may need a medicated ointment for your nipples.

## *Cracked or Bleeding Nipples*

### *What is it?*

The nipple area is cracked, reddened and painful. This may happen in one or both breasts. The most common cause of cracked or bleeding nipples is improper latching-on and/or positioning of the baby at the breast. When a nipple is cracked there is an increased risk of infection. Infected nipples are also very slow to heal.

### *What can I do?*

- ◆ **Continue to breastfeed your baby.**
- ◆ Try suggestions for sore nipples.
- ◆ Do not worry if your baby swallows some blood in your breastmilk. It will not harm him.
- ◆ Get help immediately from your health care provider, especially your public health nurse or lactation consultant. They will help you with correct positioning and latching-on. If needed, they could also give you advice about the types of ointments or creams to use on your nipples.
- ◆ Use over-the-counter medications for relief of pain and inflammation.
- ◆ Try to keep positive. Your nipples will eventually heal. It may take several weeks for severely cracked nipples to heal completely.

## *Blocked Milk Ducts*

### *What is it?*

A milk duct that does not drain properly at a feeding may become blocked. Pressure builds up behind the block. A blocked milk duct makes a swollen, tender, warm spot or lump in the breast. You will generally feel well, and may or may not have a temperature.

A blocked milk duct happens gradually and usually in only one breast. If the block is close to the nipple, there may be a white spot on the nipple. See blocked nipple pore on page 54. A blocked duct usually improves within 24–48 hours with continued nursing.

Some reasons for a blocked milk duct:

- ◆ Waiting too long between feedings.
- ◆ Too short a feeding time or “feeding on the run” so the breast is not drained well.
- ◆ Wearing too tight clothing, bra or a bra with underwires.
- ◆ Wearing a baby carrier for long periods of time.
- ◆ Nursing at the same breast at every feeding.
- ◆ Sleeping on your stomach.
- ◆ Giving your baby a bottle of water or formula instead of breastfeeding.
- ◆ Mother being tired.
- ◆ Pressing your finger on your breast during a feeding as a way of keeping your breast away from your baby’s nose.

### *What can I do?*

- ◆ **Continue to breastfeed your baby.**
- ◆ Feed your baby or express milk often, every 2-3 hours.
- ◆ Be sure your baby is positioned and latched-on correctly. See pages 10–11.

- ◆ Before a feeding, place warm, moist cloths on the affected area or take a warm shower to help promote drainage of the breast.
- ◆ Express some milk first to relieve fullness.
- ◆ Gently massage the lump before and during a feeding.
- ◆ Feed on the affected breast first when the baby's suckling is more vigorous. Stroke the lump towards the nipple as the baby feeds.
- ◆ Use different breastfeeding positions. See pages 12–15. Use a position that points your baby's chin and nose towards the sore spot for the strongest suckling action.
- ◆ Nurse until your baby stops feeding. Encourage longer feedings on the affected breast.
- ◆ If your baby doesn't drain your breast well enough, you may try to express the milk.
- ◆ Feed your baby at both breasts during each feeding.
- ◆ Avoid giving your baby water or formula instead of nursing.
- ◆ Avoid pacifiers.
- ◆ Wear loose clothing. Avoid wearing underwire bras.
- ◆ Avoid sleeping on your stomach.
- ◆ Avoid wearing a baby carrier on your front for long periods of time.
- ◆ Rest, eat well and drink when thirsty.
- ◆ Watch for signs of infection. See page 55 about mastitis.
- ◆ Talk to people who can help you: your public health nurse, lactation consultant, doctor, members of a breastfeeding support group or La Leche League, or another mother who has breastfed.
- ◆ See your health care provider if a lump persists.



*Photo Courtesy of Soledad Porta*

## *Blocked Nipple Pore*

### *What is it?*

A blocked nipple pore is also called a milk blister or a bleb.

It happens when a small amount of skin overgrows a milk duct opening on the nipple, and milk backs up behind it. It looks like a white, clear or yellow spot on the nipple or areola. A blocked nipple pore can be very painful, especially during nursing. It may last several days or weeks, and then heal on its own when the skin peels away from the area.

A white spot on the nipple can also be caused by a blockage within the milk duct. The blockage may be a small amount of hardened milk. It can often be hand expressed from the milk duct.

### *What can I do?*

- ◆ Apply moist heat to soften the blister just before nursing. Soak the nipple in warm water.
- ◆ Gently rub your nipple with a soft facecloth to loosen the blister.
- ◆ Feed your baby on that breast after you have tried the above. Usually you feel more comfortable breastfeeding as soon as the blister is broken.
- ◆ Ask your health care provider to help you if it doesn't loosen with heat and hand expression, or breastfeeding. Your health care provider can apply a sterile needle to open the blister.

## Mastitis

### What is it?

Mastitis is a breast infection. It comes on quickly, usually only in one breast. The infected breast is red, hot and swollen, and may be painful. You will have a fever and flu-like symptoms (aches, nausea, vomiting and chills). If mastitis is not corrected, it can lead to an abscess\* which needs prompt medical care.

Mastitis can develop when the breast is not being drained properly as in engorgement or blocked milk ducts. It can also develop from cracked nipples or leaving wet breast pads on for too long. Usually mastitis occurs in the first six weeks of breastfeeding.

### What can I do?

- ◆ **Continue to breastfeed your baby at least every two hours.**
- ◆ Follow suggestions for engorgement on page 47 and blocked ducts on page 52.
- ◆ Rest and do nothing but feed your baby.
- ◆ Get help with your other children and chores.
- ◆ If symptoms last more than 24 hours, go to your health care provider. Usually, an antibiotic is prescribed. Remind your health care provider that you are still breastfeeding. You do not need to stop breastfeeding. You can continue to breastfeed even when you are on an antibiotic. Remember to finish the medication even if you feel better. Sometimes, antibiotics can cause loose bowel movements in both you and your baby.



*Photo Courtesy of Health Canada*

## Low Milk Supply

Concern over milk supply is the most common reason worldwide why women give up breastfeeding early. Unfortunately, we still live in a bottle-feeding culture and the process of breastfeeding is often compared to bottle-feeding. It is a completely different experience. Remember, the more your baby breastfeeds, the more milk you will make. Your baby removing milk from your breasts is the key to ongoing milk production. If your baby is not breastfeeding you will need to express your breastmilk to keep up your supply.

### *What is it?*

Most mothers make enough milk to satisfy their baby. You may notice that your milk supply seems lower if you are tired, under stress, or at the end of the day. Don't be discouraged if you cannot express milk after a feeding. The amount of milk you can express is not the same as the amount of milk in your breast. You have milk in your breast even if you cannot express it. See "How do I know if my baby is getting enough milk?" on page 23.



Photo Courtesy of Health Canada

### *What causes it?*

There could be several reasons why your milk supply is low. Sometimes the low milk supply is caused by problems in breastfeeding management. For example, the baby not latched-on well to the breast; weak suckle; not breastfeeding often and long enough (baby not effectively removing milk); missed feedings; giving bottles of formula; overuse of pacifiers; and switching breasts before baby has had time to get to the hindmilk. There are also medical reasons for a low milk supply: excessive bleeding during or after birth, or retained afterbirth; thyroid problems; infections and breast reduction surgery.

### *What can I do?*

- ◆ **Continue to breastfeed your baby.**
- ◆ Have a calm environment for you and your baby when feeding. Work on any stresses that may be in your life.
- ◆ Rest, eat well and drink when thirsty. Limit tea, coffee and cola drinks to a total of three servings a day.
- ◆ Check that your baby is positioned and latched-on properly.
- ◆ Encourage your baby to nurse by expressing some milk into his mouth.
- ◆ Breastfeed often, approximately every 1½–2 hours, for at least 20 minutes on each breast. Your baby will then receive the rich hindmilk that comes later in a feeding. Draining the breast is important in promoting an increased milk supply.
- ◆ In the first few days after birth, some babies are sleepy or not interested in breastfeeding. They may need to be awakened to feed every two hours during the day, and every three hours during the night, to increase your milk supply.
- ◆ Try super-switch nursing\*—switching sides two or three times during each feeding. Watch your baby’s suckling and switch to the other breast as soon as the suckling slows down, or your baby stops actively drinking (just nibbling or comfort suckling). Repeat this several times during the feeding to increase breast stimulation, and encourage more let-downs and more effective suckling.
- ◆ Breast compression\* is another technique that encourages more active suckling. Often young babies under six weeks of age fall asleep at the breast when the milk flow slows (after the first let-down reflex). Breast compression continues the flow of milk to the baby once the baby is no longer drinking on his own. It encourages the baby to drink more milk, and stimulates a natural let-down reflex



#### **HELPFUL HINT:**

*Babies whose mothers can comfortably hold more milk in their breast take more breastmilk in at each feeding and need fewer feedings in a day. Other women produce the same amount of milk but their breasts store less milk. Their babies require more frequent feedings.*





Photo Courtesy of Alejandro Buren

to occur. The baby also gets more hindmilk. When the baby is not drinking on his own, the mother squeezes her breast to encourage more active suckling. Ask your public health nurse or lactation consultant to show you how to do this.

- ◆ Correct other problems such as engorgement or blocked ducts.
- ◆ Do not give bottles of formula or water to your baby. This will decrease your milk supply.
- ◆ Avoid pacifiers as they decrease suckling time at the breast.
- ◆ Expression of breastmilk using a double, electric breast pump after a feeding may also increase stimulation and removal of breastmilk.
- ◆ Your health care provider may suggest herbal preparations such as fenugreek or blessed thistle, or prescription medications that may increase your milk production. He or she may also suggest using a lactation aid\* at the breast such as the Supplemental Nursing System. Your baby can receive supplements while at the same time stimulating your breasts with suckling.
- ◆ Keep life simple and avoid extra commitments. Ask for help with household chores from family and friends with other children.

## *Sleepy Baby*

### *What is it?*

A sleepy baby sleeps a lot, breastfeeds less, and falls asleep during feedings. Sleepiness is most common during the first week after birth. Remember, if your baby is sleepy, this does not mean he does not like breastfeeding.

*What causes it?*

Your baby may be sleepy because of a difficult labour and birth, drugs given to you during birth, or jaundice in the baby. A very young baby who sleeps a lot may not be getting enough breastmilk. Other later causes are overstimulation, overheating, or medications.

*What can I do?*

- ◆ **Continue to breastfeed your baby.**
- ◆ Be sure your baby is properly latched-on at each feeding.
- ◆ In the hospital, have your baby “room-in” with you so he can be fed when he starts to wake up.
- ◆ Encourage lots of skin-to-skin contact with your baby.
- ◆ Watch for the early feeding cues that tell when your baby is starting to wake and get hungry. See page 22 for signs of early feeding cues.
- ◆ You may need to wake your baby. Here are some ways to wake him:
  - Cuddle and talk with your baby, massaging his back, arms, legs and feet.
  - Sit your baby upright, supporting his jaw and chest with one hand, and placing the opposite hand behind the base of his head and shoulders. Rock your baby slightly forward and backward, almost flat. This will help him to open his eyes.
  - Hold your baby in classic burping position, skin-to-skin on mother’s chest.
  - Loosen or remove your baby’s clothes and blankets. Change your baby’s diaper during the feeding.
  - Gently wipe your baby’s face with a cool (not cold) cloth.



*Photo Courtesy of Pia Pehlta*



Photo Courtesy of Joan "Mom-mom" Jolliffe

- ◆ You may need to keep your baby alert before a feeding. You can try these ideas:
  - Position your baby so that his head is higher than his body.
  - Lightly stroke around your baby's mouth, lips, and gums to stimulate suckling prior to latch-on.
  - Express a little milk onto your baby's lips to increase interest in feeding.
- ◆ Switch breasts as soon as your baby begins to lose interest in actively breastfeeding. You may have to make the switch several times during a feeding (super-switch nursing).
- ◆ Rub the top of your baby's head, feet and palms during a feeding.
- ◆ Dim the lights in the room, because bright lights may make your baby close his eyes.
- ◆ Try to feed your new baby every 2-3 hours during the day. At night, wake your baby at least once. Your baby should have 8-12 feedings in 24 hours.
- ◆ Do not take any sleeping medication.
- ◆ Try to wake your baby if he falls asleep during a feeding. If he will not waken or feed, put him back to bed and try again in one hour.
- ◆ If your baby is overstimulated, feed him in a quiet area with low lighting.
- ◆ If your baby is sleepy and gaining weight slowly, see your health care provider.
- ◆ Talk to people who can help you: your public health nurse, a lactation consultant doctor, members of a breastfeeding support group or La Leche League, another mother who has breastfed.

## Jaundice

### What is it?

Jaundice is a yellowish colouring of the skin that is very common in newborns. It happens around the third day after birth and disappears within 7–10 days, but may last longer. The higher level of jaundice in breastfed babies may be a normal and protective response for the baby to life outside the uterus. Your baby may be sleepier at this time. **There is no need to stop breastfeeding. Breastfeeding your baby early and often in the time after birth helps prevent or decrease jaundice.**

### What can I do?

- ◆ **Continue to breastfeed your baby.**
- ◆ Breastfeed every 2–3 hours. You may need to wake your baby to feed him. See suggestions for sleepy baby on pages 58–60.
- ◆ If jaundice lasts for more than 10 days, or if your baby appears to be getting darker in colour, see your health care provider.

### Breastmilk Jaundice

No one knows why, but some babies develop breastmilk jaundice. It occurs when your baby is at least one week old, breastfeeding well, and having normal bowel movements and urine. Breastmilk jaundice usually is highest around 10–21 days after birth but may last for two or three months. **Breastmilk jaundice is normal. Rarely, if ever, does breastfeeding need to be discontinued even for a short time.** If you have questions about jaundice talk to your health care provider.



#### NOTE:

*If your baby is not breastfeeding well, this could make the jaundice worse. Get help with latching your baby. Make sure you can tell how you know your baby is getting enough breastmilk.*



## *Fussy and Crying Baby*

### *What is it?*

Many babies have a regular, wakeful, fussy time when they seem hard to please. All babies cry and some babies cry a lot. Some cry for several hours each day. Crying is a way for babies to communicate their needs, and a way to exercise.



*Photo Courtesy of Pia Pehtla*

The crying can come and go. It often occurs late afternoon or early evening, especially at around 3–6 weeks of age. It can last a few hours.

### *What causes it?*

Babies may be fussy for many reasons. Your baby may be hungry, lonely, overtired, overstimulated, in discomfort, having a growth spurt, or adjusting to his surroundings. Sometimes you may not be able to figure out why your baby is fussy. Other causes could be related to the mother: drinking too much caffeinated beverages, tense feelings, or strong scents/perfumes.

### *What can I do?*

- ◆ Continue to breastfeed your baby. When you are not sure why your baby is crying or fussy always breastfeed your baby before trying other soothing techniques.
- ◆ Be sure your baby is properly positioned and latched-on at each feeding. Burp well after feeding.
- ◆ Your baby's crying does not mean that you don't have enough milk. All babies cry. Remember that the more you breastfeed your baby, the more milk you make.
- ◆ If your baby is hungry because of a growth spurt (see page 25), continue to breastfeed your baby often.
- ◆ Use the side-lying position for breastfeeding. You'll get extra rest to help you cope with the fussiness.

- ◆ Plan ahead for the fussy time so you can cope better with it. Rest when your baby sleeps, try to have help for the fussy time.
- ◆ If your baby does not seem to be hungry, try the suggestions in “How do I cope with a crying baby?”
- ◆ If your baby is overstimulated, try placing him in a quiet setting and don’t handle him, or try gently massaging him.
- ◆ Reduce caffeine-containing foods and beverages, if you are consuming a lot of them.
- ◆ Some babies are bothered by strong scents on your skin or clothing. If this is a possibility, stop using them.
- ◆ Talk to your public health nurse or lactation consultant for other suggestions if your baby really doesn’t seem to settle no matter what you do. Your health care provider may want to rule out physical causes for fussiness.
- ◆ Attend a breastfeeding support group such as La Leche League. This is a good way to receive support and advice from other mothers.

### *How do I cope with a crying baby?*

It is frustrating for parents trying to comfort a crying baby. You can decrease your baby’s crying through carrying, comforting or talking to your baby. A baby’s crying a lot does not mean you are a bad parent. Remember that your baby is not crying to punish you. If you feel frustrated because your baby has been crying for a long time, try these ideas:

- ◆ Get help from a trusted friend.
- ◆ Ask someone to take over and give you a break.
- ◆ Have a relaxing bath.
- ◆ Go for a walk.
- ◆ Visit with a friend.



*Photo Courtesy of Rachel Moore*

- ◆ Set priorities and be realistic about how much time you can spend on other things.
- ◆ Talk with a supportive adult. It can help you see things in a different light!

### *Comforting a Crying Baby*

- ◆ Try the five S's of calming a crying baby: swaddling, sucking, shushing, side-lying and swinging.
- ◆ Try burping your baby.
- ◆ Check your baby's diaper; perhaps it needs to be changed.
- ◆ Carry your baby in a sling or soft baby carrier. Walk around your home or take a walk outdoors.
- ◆ Cuddle or rock your baby. You may be soothed by rocking, too!
- ◆ Play soft music or try singing or humming.
- ◆ Give your baby a warm bath or wrap him in a light blanket.
- ◆ Place your baby on his abdomen, or gently massage his abdomen.



#### HELPFUL HINT:

*Even if you have tried all of these suggestions, some babies will not stop crying. Stay calm. It is okay for you to put your baby in a safe place such as the crib and leave the room. Never shake a baby. You could cause serious brain damage or death.*




*Courtesy of Darrell Kean*

- ◆ Put a warm cloth on his abdomen or bathe your baby in the tub.
- ◆ Try a carriage or car ride.
- ◆ Give your baby a massage or pat his back.
- ◆ Make sure your baby is warm enough.
- ◆ The foods you eat are rarely a factor in crying and fussiness. However, if you think your baby is reacting to a food you are eating, do not eat that food for 3-4 days. Start eating the food again to see if your baby has the same reaction. If so, avoid that food.



## *The 5 “S’s” for soothing the crying baby:*

1. **Swaddling:** Wrap your baby snugly to prevent his arms and legs from flailing about. He will feel the same sensation as being in your womb.
2. **Side/Stomach lying:** It is sometimes easier to calm your baby when he is lying on his side or stomach. A crying, fussy baby may be very unhappy on his back. The side/stomach position is great for calming a baby but, remember, babies should only sleep on their backs.
3. **Shushing:** Shushing your baby imitates the sound he heard in the womb. The sound has to be as loud as your baby’s crying and close to his ear. White noise (e.g., a vacuum cleaner or a recording of a hair dryer) is suggested.
4. **Swinging:** Little jiggling movements imitate the movements felt in the womb. Always carefully support your baby’s head and neck. Try: baby slings and carriers, dancing, infant swings, rocking, and car rides.
5. **Sucking:** Offer your baby the breast to encourage sucking and the calming reflex. 



For more information about Dr. Harvey Karp and his techniques for calming crying babies, watch “The Happiest Baby on the Block” or go to [www.thehappiestbaby.com](http://www.thehappiestbaby.com).



Photos Courtesy of Health Canada

## *Foremilk–Hindmilk Imbalance*

### *What is it?*



*Photo Courtesy of Health Canada*

The healthy breastfed baby with green bowel movements, gassiness and fussiness may have a foremilk-hindmilk imbalance. The baby is getting lots of foremilk and not as much hindmilk. Your mature breastmilk changes throughout a breastfeeding. The foremilk comes first in the feeding. It is lower in fat but high in vitamins and the milk sugar lactose. As your baby continues to suckle, the hindmilk is released. This creamier looking milk is higher in fat and calories, and is important in satisfying your baby's hunger and in helping your baby to gain weight. This is the reason why your baby should feed on the first breast without any time limits. Some babies get all they need from the first breast. Always offer the second breast.

### *What causes it?*

Usually, the mother has lots of breastmilk. Switching the baby from one breast to the other before the baby has finished the first breast can also cause this problem. A baby who is getting too much foremilk may want to feed often or for very long periods. He is often getting a high-volume, low-calorie feed. The extra feed of lactose that goes into the baby's gut, results in fussiness, gas and green, frothy, explosive bowel movements. He does not seem content at the breast, and sometimes refuses the breast. There may also be a low or slow weight gain.

Low-fat feeds (of mostly foremilk) are very rapidly digested. A baby will be hungry again soon after feeding. This will further stimulate the mother's milk production, often resulting in oversupply and making the situation worse.

### *What can I do?*

- ◆ Make sure your baby has a good mouthful of the breast (well latched-on).
- ◆ Feed before he becomes ravenous.
- ◆ Allow your baby to finish the first side before switching to the second side. Sometimes it may be necessary to feed your baby on the same breast for a couple of feedings. If the other breast is overfull just express enough for comfort. Your supply will settle down in a few days or so.
- ◆ Talk to your public health nurse or a lactation consultant if you need further assistance.



#### HELPFUL HINT:

*An occasional green stool is normal.*



### *Spitting Up*

#### *What is it?*

Babies often spit up small amounts of breastmilk after a feeding. It is even common for some babies to spit up regularly after feeding. They usually outgrow this within the first few months.

#### *What causes it?*

Your baby may be a “poor burper”. Your baby may swallow milk too quickly and then spit up the extra milk. This can happen if you have a forceful let-down, and your baby has a very strong suckle. Perhaps your baby is also being moved too much after a feeding.

#### *What can I do?*

- ◆ **Continue to breastfeed your baby.**
- ◆ Learn to identify your baby’s waking and hunger cues, and feed him before he becomes too hungry.



*Photo Courtesy of Pia Pehlta*

- ◆ Burp your baby before feeding and after feeding at each breast, and keep him upright for a few minutes after feedings.
- ◆ Feed your baby on one breast.
- ◆ Handle your baby gently.
- ◆ Avoid excitement and activity after feedings.
- ◆ If he is spitting up small amounts but is gaining weight, he is probably doing fine.
- ◆ Spitting up is mainly a laundry problem. Be patient and be prepared with clean-up supplies, protective coverings, a change of clothes for your baby, and a clean top for yourself.
- ◆ Talk with your public health nurse if you are concerned about your baby's spitting up, or if your baby is not gaining weight.

## *Thrush ("White Mouth")*

### *What is it?*



*Photo Courtesy of Health Canada*

Thrush is a yeast (fungus) infection that can affect mother and baby. It usually happens several weeks after your baby is born. Mothers may have pink, red, shiny nipples and areolae; a burning feeling around the nipples and areolae during a feeding; sore or cracked nipples that do not heal; and sharp, shooting pain in the breasts during feedings and possibly between feedings. The intense nipple pain does not improve even with better position and latching-on techniques. Some women also have a thick, white vaginal discharge with redness, itchiness and burning in the vagina.

Your baby may have white patches on the inside of his mouth, cheeks, or tongue that do not wipe off. He may have a bright red diaper rash that does not improve with regular diaper cream. He may be gassy or cranky and pull off the breast during feeding. Some babies with thrush have no signs or symptoms at all.

### *What causes it?*

The germ that causes thrush grows well in warm, moist places, such as in your baby's mouth, in your milk ducts, on your nipples or in your vagina. Thrush is more likely to happen when you or your baby has been on an antibiotic, and when you have sore or cracked nipples. There is an overgrowth of the normal yeast. The germ that causes thrush reproduces very quickly—about every 2–3 hours—so you need to treat you and your baby after each feeding.



#### **HELPFUL HINT:**

*Once the signs and symptoms of yeast have completely gone, continue your treatment for an additional two weeks.*



### *What can I do?*

- ◆ **Continue to breastfeed your baby.**
- ◆ Talk with your health care provider if you think you or your baby has thrush. Once you start the treatment, you may see improvement in a day or two. The infection can pass back and forth between you and your baby. You both need to be treated for at least 2 weeks.
- ◆ Keep your medication and your baby's medication separate.
- ◆ Using a clean swab each time, paint the inside of baby's mouth (cheek, gums, tongue and roof) after each breastfeeding.
- ◆ Offer your baby frequent, short breastfeedings, and start with the least sore breast.
- ◆ Pay special attention to personal cleanliness, because the infection may also be present in your vagina. Remember to wash your hands well, especially after changing your baby's diapers.
- ◆ Change your nursing pads at each feeding. Disposable ones should be discarded. Cloth ones should not be used again until they've been washed in hot, soapy water and dried in a dryer at a hot setting.
- ◆ Rinse your nipples and areolae with a vinegar and water solution (one tablespoon of vinegar to one cup of water) after each feeding. Make up a new solution every day.

**NOTE:**

*Gentian violet (1% solution in water) is an effective and cheap way to treat thrush. Talk to your health care provider about how you can use this treatment properly.*



- ◆ Put the cream prescribed by your health care provider on your nipple and areola of both breasts after each feeding. Gently massage cream into nipples. Do not remove cream before breastfeeding.
- ◆ The milk that you express during a thrush infection can be used but not frozen.
- ◆ Sterilize any items that come into contact with your baby's mouth such as medicine droppers, spoons, pacifiers, etc.
- ◆ Wash all of your bras, pads, nightgowns or other clothing that comes in contact with your nipples. Use hot water and bleach.
- ◆ Put the cream on your baby's diaper area during each changing.
- ◆ Talk with your public health nurse, lactation consultant or doctor if you need more help. You may need to be treated more than once and/or try different anti-fungal medications. Infections that don't go away may need to be treated with an oral medication.
- ◆ Some women add acidophilus\* supplements (40 million units a day) to their diet and cut back on sugars and yeast-containing foods.

## *Slow Weight Gain*

### *What is it?*

In the first days after birth, healthy full-term babies lose from 7-10% of their birth weight. Most babies return to their birth weight by about two weeks. It may be a little longer if your baby has had difficulties getting breastfeeding established. Most healthy breastfed babies gain about 155-241 grams (5-8 ounces) a week for the first four months. Between 4-6 months the average weight gain is 92-126 grams (3-4 ounces) a week. Slow weight gain is a gain of less than 120 grams (4 ounces) a week for the first four months.

*What causes it?*

There are several possible causes of slow weight gain in babies. A baby may be incorrectly positioned or latched-on, or may have poor sucking skill. Some mothers may wait too long between feedings or do not feed long enough at each feeding. Allowing a new baby to stay asleep too long can also cause problems with a mother's milk supply. The mother may have a foremilk/hindmilk imbalance. Mothers may have a lower milk supply because of doing too much ("super-mom syndrome"), being overtired, or because of using alcohol, drugs, or cigarettes.



*Photo Courtesy of Pia Pehlta*

*What can I do?*

- ◆ **Continue to breastfeed your baby.**
- ◆ Feed your baby every two hours during the day and every three hours at night, at least 10–12 times in a 24-hour period. Remember, your baby may not cry or demand feedings. You may need to wake him.
- ◆ Check your baby's positioning, latch-on and sucking skill. See pages 10–16.
- ◆ Feed your baby from one breast at each feeding or allow your baby to feed for a longer period on one breast. This will help him get the hindmilk that he needs to gain weight.
- ◆ Try breast compression or super-switch nursing if your baby falls asleep at the breast or suckles effectively for only a short period.
- ◆ Avoid pacifiers.
- ◆ See page 20 about a sleepy baby.
- ◆ See pages 23–25 for signs that your baby is getting enough milk.
- ◆ Try to get enough rest, eat well and drink when you feel thirsty.

- ◆ Some forms of birth control pills may also decrease milk production. Talk with your health care provider about other recommended forms of birth control.
- ◆ Talk to your public health nurse, lactation consultant or doctor about using a lactation aid at the breast. Your baby may need help from a lactation aid at the breast for a short period until breastfeeding is “back on track”.



*Photo Courtesy of Rachel Jean Harding*

# Helpful Resources

## Books

*Dr. Jack Newman's Guide to Breastfeeding* by Dr. Jack Newman and Teresa Pittman, Harper Collins, Toronto. 2003.

*Breastfeeding—Getting Breastfeeding Right for You* by Mary Renfrew, Chloe Fisher and Suzanne Arms, Celestial Arts, California. 2000.

*The Womanly Art of Breastfeeding* by La Leche League International, Penguin Group, New York. 2004.

## DVDs

Dr. Jack Newman's Visual Guide to Breastfeeding (2005)  
by Dr. Jack Newman

The Happiest Baby on the Block (2002) by Dr. Harvey Karp

## Help Lines

Motherisk 1-416-813-6780 email [momrisk@sickkids.on.ca](mailto:momrisk@sickkids.on.ca)

Janeway Pediatric Advice Line 722-1126 or 1-866-722-1126

NL Telehealth Line 24-hour 1-888-709-2929

## Internet Resources

There are many resources for parents about breastfeeding on the internet. Here are a few good sites:

- La Leche League International [www.lalecheleague.org](http://www.lalecheleague.org)  
Encourages mother-to-mother support
- INFACT Canada [www.infactcanada.ca](http://www.infactcanada.ca)  
Promotes mother and infant health through breastfeeding
- Dr. Jack Newman and Edith Kernerman [www.drjacknewman.com](http://www.drjacknewman.com)  
Online breastfeeding resources including handouts, instructional DVD's, video clips of latch.

## References

International Lactation Consultant Association. (2005). *Clinical Guidelines for the Establishment of Exclusive Breastfeeding*. Raleigh, North Carolina: Author

Mohrbacher, N., Stock, J. (2003). *The Breastfeeding Answer Book*, 3<sup>rd</sup> Revised Edition. Schaumburg, Illinois: La Leche League International

Beazley, G. (2001). *Breastfeeding Basics*. Nova Scotia Department of Health, Halifax, NS: Communications Nova Scotia

Riordan, J., Auerbach, K. (2005). *Breastfeeding and Human Lactation*. 3<sup>rd</sup> edition, Boston, USA: Jones and Bartlett

Department of Public Health. (1996). *Breastfeeding*. City Clerk's Department, City of Toronto, Toronto: Author

Health Canada. (2000). *Family-Centred Maternity and Newborn Care: National Guidelines*, Ottawa: Author

## Word List

### *Abscess*

A rare problem where an infected area in the breast is swollen, tender, and filled with pus.

### *Acidophilus Supplement*

A dietary supplement that helps replace the normal bacterial flora of the intestinal gut. These “friendly bacteria” help keep yeast in check.

### *Alveoli*

Milk producing cells of the breast.

### *Antibodies*

Proteins in breastmilk that fight infection and decrease the chance of allergy in your baby.

### *Areola(e)*

Darker area of the breast around the nipple.

### *Breast Compression*

Breast compression is a method of squeezing or massaging the breast to continue the flow of milk to the baby once the baby no longer drinks on his own. It encourages the baby to breastfeed more effectively. Breast compression often stimulates a natural let-down reflex to occur.

### *Episiotomy*

A cut made between the vagina and the rectum to make more room for the baby to pass through. It is usually done right before the baby is born. The cut is sewn with dissolving stitches after the baby and the placenta are out.

### *Foremilk*

Foremilk is the milk which comes first during a feeding. It is thin and lower in fat content, satisfying the baby’s thirst and liquid needs.

### *Hindmilk*

Hindmilk is the milk which flows after the foremilk during a feeding. It is richer in fat content and is high in calories.

*Hormone*

A protein substance made in one part of the body. It is transported through the blood to another part of the body where it causes a particular action.

*Oxytocin*

A hormone released into the mother's system when her baby breastfeeds. This hormone causes the alveoli to contract and push the milk into the milk ducts. This is known as the let-down.

*Prolactin*

A hormone released into the mother's system when her baby breastfeeds. This hormone causes the alveoli to make milk.

*Lactation aid*

This device consists of a plastic bag or bottle filled with breastmilk or formula. This hangs around your neck with a tube going from the bag to your nipple. As your baby suckles he gets the breastmilk or formula from the bag, plus milk from your breast. This suckling helps stimulate your milk supply.

*Sterile*

An item that has been sterilized.

*Sterilize, Sterilized*

To sterilize an item such as a nursing bottle, wash with hot soapy water and rinse it. Place item on a rack or cloth in a deep covered pot. Cover with water and bring to a boil. When water comes to a boil, cover pot and boil for 2-5 minutes. Drain off water and let items cool. To sterilize baby bottle nipples, follow the manufacturer's instructions.

*Super-switch nursing*

A method of encouraging a baby to breastfeed more effectively. Watch your baby's suckling and switch to the other breast as soon as the suckling slows down or your baby stops actively drinking (just nibbling or comfort suckling). Repeat this several times during the feeding to increase breast stimulation and encourage more let-downs and more effective suckling. You may need to switch sides two or three times during each feeding.



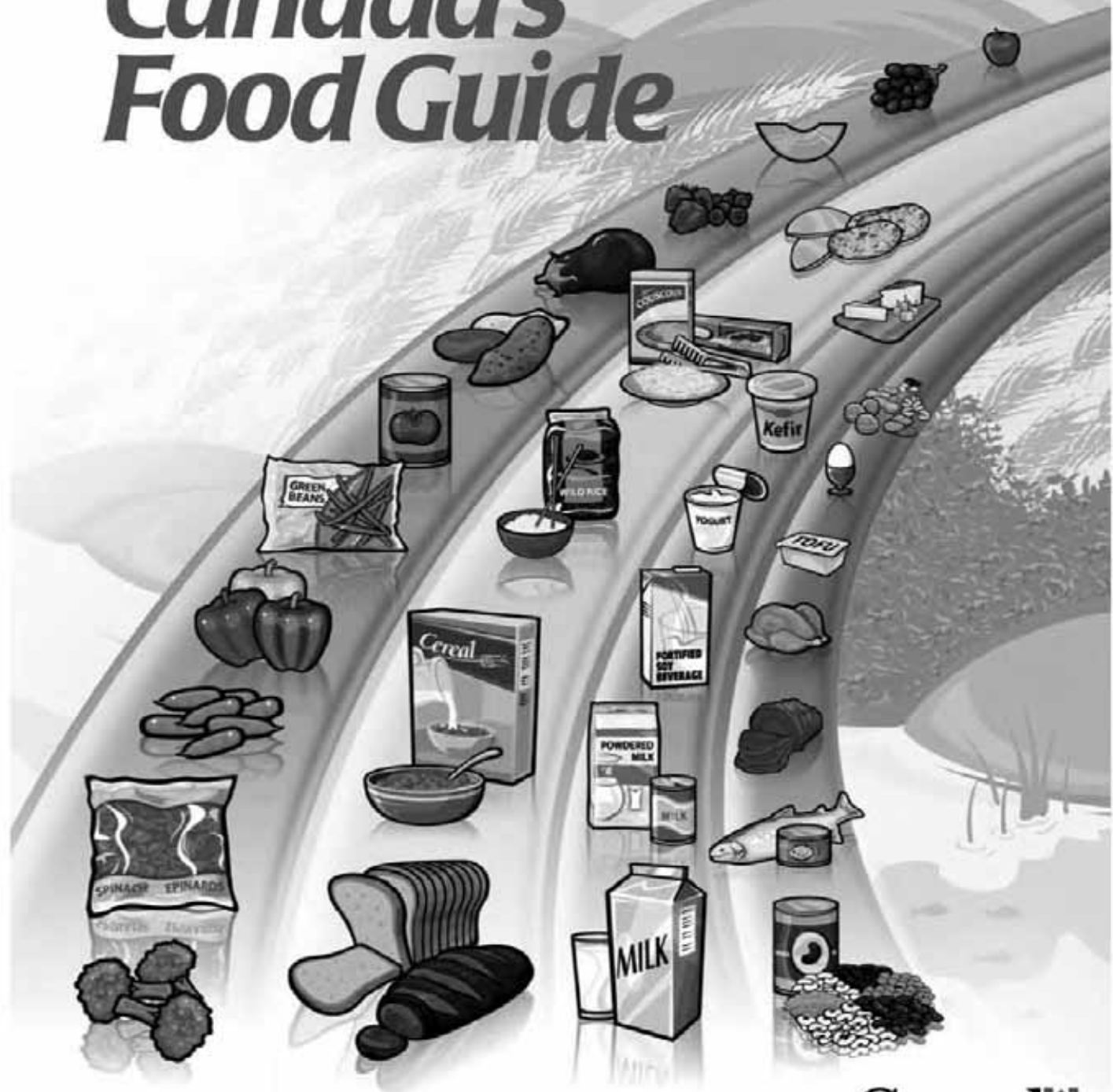
Health  
Canada

Santé  
Canada

Your health and  
safety... our priority.

Votre santé et votre  
sécurité... notre priorité.

# Eating Well with Canada's Food Guide



Canada

## 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
<b>Vegetables and Fruit</b>	4	5	6	7	8	7-8	8-10	7	7
<b>Grain Products</b>	3	4	6	6	7	6-7	8	6	7
<b>Milk and Alternatives</b>	2	2	3-4	3-4	3-4	2	2	3	3
<b>Meat and Alternatives</b>	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.



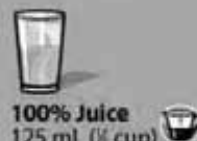
**Fresh, frozen or canned vegetables**  
125 mL (½ cup)



**Leafy vegetables**  
Cooked: 125 mL (½ cup)  
Raw: 250 mL (1 cup)



**Fresh, frozen or canned fruits**  
1 fruit or 125 mL (½ cup)



**100% Juice**  
125 mL (½ cup)



**Bread**  
1 slice (35 g)



**Bagel**  
½ bagel (45 g)



**Flat breads**  
½ pita or ½ tortilla (35 g)



**Cooked rice, bulgur or quinoa**  
125 mL (½ cup)



**Cereal**  
Cold: 30 g  
Hot: 175 mL (¾ cup)



**Cooked pasta or couscous**  
125 mL (½ cup)



**Milk or powdered milk (reconstituted)**  
250 mL (1 cup)



**Canned milk (evaporated)**  
125 mL (½ cup)



**Fortified soy beverage**  
250 mL (1 cup)



**Yogurt**  
175 g (¾ cup)



**Kefir**  
175 g (¾ cup)



**Cheese**  
50 g (1 ½ oz.)



**Cooked fish, shellfish, poultry, lean meat**  
75 g (2 ½ oz.)/125 mL (½ cup)



**Cooked legumes**  
175 mL (¾ cup)



**Tofu**  
150 g or 175 mL (¾ cup)



**Eggs**  
2 eggs



**Peanut or nut butters**  
30 mL (2 Tbsp)



**Shelled nuts and seeds**  
60 mL (¼ cup)

### 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 char, 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 luncheon meats, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.



***Enjoy a variety  
of foods from  
the four  
food groups.***



***Satisfy your  
thirst with water!***

Drink water regularly. It's a calorie-free way to quench your thirst. Drink more water in hot weather or when you are very active.

\* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to [www.healthcanada.gc.ca](http://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.



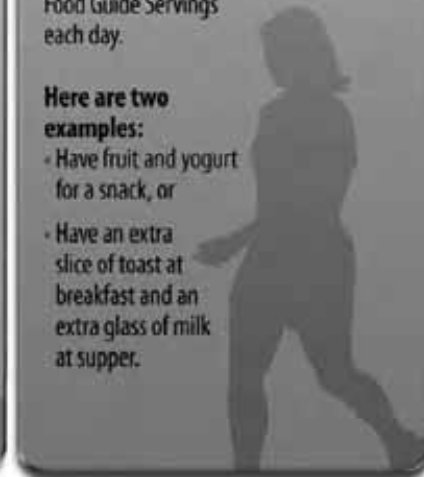
### Women of childbearing age

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** increase the age of 50.

In addition to following *Canada's Food Guide*, everyone over the age of 50 take a daily vitamin D supplement 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 ½ 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.

Canada's Physical Activity Guide recommends building 30 to 60 minutes of moderate physical activity into daily life for adults and at least 90 minutes a day for children and youth. You don't have to do it all at once. Add it up in periods of at least 10 minutes at a time for adults and five minutes at a time for children and youth.

*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.

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

### Limit trans fat

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

### 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](http://www.healthcanada.gc.ca/foodguide)

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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.



