

Breastfeeding



Handbook

ML MIDDLESEX-LONDON
HEALTH UNIT

www.healthunit.com

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The Benefits of Breastfeeding

Good for your baby. Good for you.

Breast Milk

- has just the right balance of nutrients for your baby.
- helps protect your baby against infections and allergies.
- is easy for your baby to digest.
- is clean, fresh, warm and available right away.
- costs little - just the price of a little extra food for you.
- helps to protect to your baby against diseases such as diabetes, lymphoma, juvenile rheumatoid arthritis and Crohn's disease.

Breastfeeding

- helps to build the special mother-baby bond.
- helps your baby develop well-formed jaws.
- protects your baby against overfeeding.
- increases your baby's IQ.
- uses up extra body fat that was stored during pregnancy.
- helps your uterus return to its normal size.
- saves you hours of formula preparation time.
- has long term health advantages such as lessening your chances of developing breast cancer, ovarian cancer, and osteoporosis.

Support People

The breastfeeding mother benefits from an adequate support system. Partners, relatives and friends can provide emotional support, encouragement and help with the many tasks that a new parent faces. This is a special time for you and your baby. Allow others to help with errands, meals and household chores.

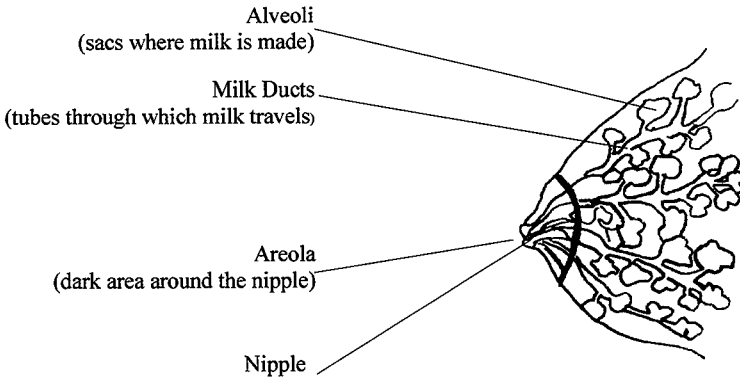
A supportive partner is a true asset to the breastfeeding mother. Fathers can offer words of encouragement and help with other tasks to free the mother so she can breastfeed. Fathers, like mothers, need to develop a special relationship with their baby. Burping, settling, bathing, and changing diapers are positive ways that Dad can actively participate in parenting.

The community offers groups that help breastfeeding mothers. Qualified professionals such as certified lactation consultants, public health nurses, doctors and registered dietitians can give help as needed. A list of local resources is available from the health unit. Check it out.



From Breast to Baby

Breast milk is produced by special milk sacs throughout the breast. The milk is carried along ducts to the nipple. Each breast has 15 to 25 duct systems.



The baby nursing at the breast is the signal for the alveoli to make milk. The milk flows through the ducts toward the nipple because of a special letdown reflex. At each feeding many letdowns occur. You may feel this as a tingling around the nipple, a pins and needles sensation of the breast, or discomfort in the breast. In the early days some mothers feel uterine cramps which can indicate that a letdown has occurred. Leaking from the opposite breast is another sign of letdown. Being comfortable and relaxed helps the milk flow. Some mothers do not feel the letdown reflex at all.

When the baby's mouth is positioned correctly on the areola, the wave-like motion of the baby's tongue helps to move the milk through the nipple openings.

At first your breasts produce colostrum, an easily digested yellowish fluid which is rich in nutrients and helps to protect your baby from infections. Sometime from the 2nd to the 6th day, the colostrum begins to change into mature milk. This milk may look thin and bluish but it is full of nutrients, antibodies, and growth factors and is the perfect food for your baby.

When to Start

Breastfeed your baby as soon as you can after birth. Newborns are often alert and ready to nurse right away. Think of this first breastfeeding as a learning experience for you and your baby. The warmth and closeness will be special for both of you.

Ask for help when getting your baby positioned on your breast. A good position and proper latch every time your baby nurses will help you get off to a good start.

How to Start

- Begin by preparing a relaxing environment. Music, relaxation and breathing exercises, and a beverage to quench your thirst are helpful.
- Wash your hands before breastfeeding whenever possible. Always wash with soap and water after changing a diaper.
- Position yourself comfortably with pillows. Sitting positions are often easiest at first. Be sure to sit with your back straight. Do not recline or slouch when latching your baby.
- Position your baby at the breast. Pillows can provide support. When learning to breastfeed the cross cradle and football positions are the easiest.

Cross Cradle Position



Positioning

- Position baby on his side, tummy to tummy, face to breast.
- Use a pillow to raise baby and support your arm. Your baby's mouth should be level with your nipple. Your baby should not have to reach for the breast.
- If you are going to latch your baby onto your left breast, place your right arm along your baby's back. Support your baby's shoulders and neck with your right hand and wrist. Do not put your hand on the back of his head as this may cause him to pull away from the breast. Tuck your baby close to your body.
- Baby's ear, shoulder, and hip should be in a straight line. Your baby should not have to turn his head in order to breastfeed.
- Baby's legs will be curved around your body.

Latching

The following instructions are for breastfeeding your baby on the left breast.

- Position baby so that his nose is near your left nipple.
- Hold your left breast with your left hand.
- Place your thumb on top of your breast and your fingers under the breast behind the areola.
- Slide your left hand down and around the breast to make a U shape. Your thumb and first finger should point toward the ceiling.
- Be sure that your baby is positioned on his side with his buttocks tucked tightly into your body.
- When coming on to the breast your baby's head should be tilted slightly back. Baby's chin should reach the breast first. Your nipple should point to the roof of baby's mouth.
- Touch your nipple to baby's top lip.
- Wait until his mouth opens wide, like a yawn. Be patient.
- When baby opens his mouth wide, use your right hand to move baby onto the breast. It usually takes practice to get the timing right.
- Place your nipple asymmetrically in baby's mouth so that more areola is covered by baby's lower lip than upper lip. Do not try to center your nipple in baby's mouth.
- Once latched, baby's chin should press into your breast. Your baby's nose should not indent your breast. You should not be able to see baby's mouth because his cheek is against your breast. If you could see it, his lower lip should be flanged outward.

Mother's view:



Diagrams are from Wiessinger, D

Football Position



Positioning

- Place a pillow behind your back.
- Position your baby on his back on another pillow with his feet pointing toward the back of the chair.
- Place your arm that is closest to the baby under your baby's body. Use your hand and forearm to support your baby at the shoulders and neck.
- Use a pillow to support your arm.
- Your baby should be positioned beneath your breast with your nipple pointing at baby's nose.
- When you are ready to latch your baby, you will move your baby toward the breast from underneath.

Latching

The following instructions are for breastfeeding your baby on the left breast.

- Position your baby so that he is lying on his back with his head well under your left breast. Your left hand and forearm should support the base of your baby's head and shoulders.
- Hold your left breast with your right hand.
- Place your thumb on top of your breast and your fingers under the breast behind the areola. This is called the C-hold. If you are small breasted your hand will be on your ribcage more than on your breast. It is important to keep your fingers well out of baby's way.
- Touch your nipple to baby's top lip.
- Wait until his mouth opens wide, like a yawn. Be patient.
- When baby opens his mouth wide, use your left hand to move baby onto the breast. It usually takes practice to get the timing right. If you bring baby to the breast too soon or wait too long his mouth will be partially closed. Your baby needs to have a large mouthful of breast.
- Place your nipple asymmetrically in baby's mouth so that more areola is covered by baby's lower lip than upper lip. Do not try to center your nipple in baby's mouth.
- When your baby is positioned and latched correctly his head should be tilted slightly backward. You should be looking at your baby's forehead and not the top of his head. Your baby's nose should not indent your breast.



Positioning Tips For Mothers With Caesarean Births

- Any position that allows you to feel comfortable and allows your baby to obtain a proper latch is suitable.
- Ask for help in positioning during the early feeds.
- Arrange pillows to protect your abdomen, bring baby closer to your body, and to help you position yourself comfortably.
- Many pain medications can be safely taken by the breastfeeding mother. Common choices are acetaminophen (tylenol) and ibuprofen. Check with your health care provider before taking any medication.

Check List For A Good Latch

A good latch looks right.

Baby's mouth should be wide open with top and bottom lips rolled out. The nipple and part of the areola should be in the baby's mouth. Your baby's jaw should be pressing into the underside of your breast. Deep jaw movements should be seen (by a helper).

If baby's nose seems to be buried in your breast try the following:

Cross cradle position – Pull baby's bottom in closer to your body.

Football position – Move baby's body toward the back of the chair.

Do not use your finger to push breast tissue out of the way of your baby's nostrils. Pushing breast tissue away in this manner can interfere with the latch.

If baby's cheeks are dimpled or his lips look like he is sucking on a straw, take your baby off the breast and try again.

A good latch feels right.

You will feel a tugging sensation when your baby first draws your nipple far into his mouth. Some deep breaths will help you relax if you feel tightness in your body. As your baby settles into sucking you should feel comfortable. Breastfeeding should not hurt! If you feel nipple pain after the first few sucks remove your baby from the breast and try again. Repositioning and relatching the baby can often resolve the problem. Some mothers notice tingling sensations in the breast and nipple as the milk begins to be released.

A good latch sounds right.

Listen for baby's swallowing. A swallow can sound like a "ca" or like a gulp. Both sounds indicate that your baby is drinking.

Babies suck and swallow in a rhythmical manner and have rest periods between sucking bursts. A swallow should occur after every one or two sucks.

Just because your baby is at the breast **does not mean** that your baby is receiving milk. Counting baby's wet and soiled diapers can help you determine if your baby is getting enough milk. Checking baby's weight on the same baby scale to see if it is increasing is also helpful.

If your latch is not right take your baby off the breast.

- Put your finger in the corner of your baby's mouth between the gums or push down on the middle of baby's chin.
- When the suction is broken or your baby is sucking on your finger move your baby away from your breast.
- Reposition and latch your baby.

If you are having difficulty positioning or latching your baby be sure to get help from a qualified health care provider who will watch you breastfeed your baby.

How Often To Breastfeed

- Your newborn baby needs to breastfeed at least **8 times in 24 hours**.
- Watch your baby and learn how your baby tells you that he is hungry. Eyelid movement, moving the arms and legs, making sucking motions, raising the hands to the mouth, and rooting are early signs that your baby is ready to feed. Crying is a late feeding cue. You need to learn to recognize these cues and respond by offering the breast.
- Newborns become hungry every **1 1/2 to 3 hours** and sometimes sooner. Some newborns breastfeed for a couple of hours and then sleep for a few hours and repeat this pattern until your milk supply becomes plentiful. Another common pattern is for the newborn to feed more frequently for shorter periods of time. Some newborns cluster feed every hour or so for three or four feedings and then sleep for 4 or 5 hours. It is important to ensure that the baby is offered the breast at least **8 times in 24 hours**.
- Breastfeeding during the night is essential for establishing milk production. When a newborn awakens at night he should be breastfed. Offering a pacifier or a supplement of water or formula interferes with breastfeeding.
- By the time your baby is 2 months old you may be nursing 6 to 8 times in 24 hours. Your baby may also be sleeping for longer stretches at night and feeding mostly in the day and evening.

If you are not able to nurse right away because of medical reasons, you can use a hospital grade electric breast pump to help establish your milk supply. You will need to pump as often as you would feed your baby.

Length of Feedings

- Offer both breasts at each feeding. This will help stimulate your milk supply.
- The baby should remain on the first breast as long as he is actively sucking. Once sucking slows or stops your baby can be taken off the breast, burped, and moved to the other side. It is important for you to watch the baby rather than focusing on the clock. Generally, however, babies should nurse from the first side for 15 to 20 minutes before being moved to the other side.
- The second breast should be the breast that is offered first at the next feeding.

Is My Baby Getting Enough Milk?

The full term infant can normally lose up to 7% of birth weight. Your baby should return to his birth weight by two weeks of age. From two weeks to six months your infant should gain 4 to 7 ounces per week. After that time, your baby will likely gain weight a little more slowly.

Another way to determine if your baby is getting enough milk is to count your baby's wet and soiled diapers. The following guidelines can assist you.

Baby's First Week Of Life	Minimum Number of Bowel Movements In 24 Hours	Minimum Number Of Wet Diapers In 24 Hours
Day 1	1 black	1 - 3
Day 2	1 blackish green	2 - 3
Day 3	1 blackish green	3 soaked
Day 4	2 brownish yellow	4 soaked
Day 5	2 yellow	5 heavily soaked
Day 6	2 - 5 yellow seedy	6 - 8 heavily soaked

- After 6 weeks many babies have less frequent bowel movements. Your baby's bowel movements should remain soft.
- Your baby should continue to wet 6 to 8 times in 24 hours after the first week of life.
- Your baby should look healthy and have periods of alertness and increased activity every day.

Your baby may require more milk if you notice any of the following:

- Your baby always needs to be wakened to feed even though he is 3 or more days old.
- Your baby sleeps for long stretches between feeds and is feeding fewer than 8 times in 24 hours.
- Your baby quickly falls asleep when at breast and then immediately awakens when moved away from the breast.
- Your baby cries and fusses when not at the breast.
- Your baby usually roots (turns head and looks for something to suck), sucks, or shows other feeding cues when not at the breast.
- Your breasts remain firm and full with few or no areas of softness although you have just breastfed your baby.
- Your breasts never show signs of increased fullness.

If you suspect that your baby is not receiving enough breast milk, you need to get help from a qualified health care provider who will watch you breastfeed your baby. Contact the health unit for further information about breastfeeding resources in your area.

Burping Your Baby

A breastfed baby does not swallow as much air as a bottle-fed baby but still needs to be burped. Air in your baby's stomach can cause pain. Try to burp your baby once during a feeding (when changing breasts, when he seems uncomfortable or when he falls asleep too soon) and at the end of the feeding.

The following pictures show three burping positions. In all pictures the baby's head is supported and the back rubbed or patted. A burp can come up easier if the back is straight. Your baby may not burp even if you are burping correctly. Try burping your baby for 5 to 10 minutes.



Some babies spit up after feedings. As long as your baby appears contented and gains weight as the weeks go on, don't worry if your baby spits up a mouthful of milk now and then.

Looking After Your Breasts and Nipples

- The nipple and breast require **no preparation** for breastfeeding. Washing the breasts and nipples with clear water is all that is needed.
- Express a few drops of milk after each feeding and gently apply to the nipple and areola (dark area around the nipple). Allow the milk to air dry.
- Applying soaps, perfumes, or other drying agents to the breast and nipple should be avoided.
- Applying creams or ointments is generally unnecessary. If your skin is dry, purified anhydrous lanolin can be applied sparingly.
- A nursing bra should provide support and not bind. Cotton bras are usually more comfortable than those made with synthetic materials. Nursing bras with underwires or elastic around the cups should be avoided. Your size when breastfeeding (after the initial fullness subsides) will be about the same as your size during the last month of pregnancy. It is wise to try on different nursing bras before making your selection. Some mothers purchase one nursing bra to try for a while before purchasing additional ones.
- Breast pads or cotton handkerchiefs can be placed inside the cups to absorb any milk that has leaked. Change breast pads when wet.

Sleepy Babies / Fretful Babies

If your baby is sleepy at feeding time.

For the first week or so, try to wake your baby for feedings at least every 3 hours during your waking hours if he doesn't waken himself. It will be easier if you watch for signs of light sleep such as sucking motions, eye movements, or limb movements.

Some suggestions:

- Unwrap and undress him. Talk to him. Change the diaper if wet.
- Lift him to your shoulder and rub his back, or stroke the soles of his feet.
- Wipe his face and head with a damp cloth.
- If he seems sound asleep, sit him up and lie him down by bending him at the hips with one hand while you support his back and head with the other hand. Most babies will start to waken if you continue these bend and stretch movements for a few minutes.
- Express a little milk from your nipple so that when you bring him to the breast there is something to tempt him (see page 16).

If your baby is fretful or frantic at feeding time.

Some babies do not latch on easily at first and will need gentle teaching. Other babies, if they are upset or excited, will "forget" how to nurse even though they breastfed well at another time.

Try these things:

- Stay as relaxed and patient as possible if your baby needs soothing.
- Wrap an easily excited baby to calm him.
- Calm your baby by letting him suck on your finger, nail against tongue and pad facing up. This helps to "remind" him how to suck.
- Express some milk to offer instant rewards (see page 16).
- Try to nurse an excitable or eager baby as soon as he begins to waken.
- Make use of other helpful hands. All new mothers need extra help.

Helping Yourself And Your Breast Milk Supply

Breastfeed frequently

- Breastfeed every 2–3 hours. Your new baby needs to feed 10–12 times in 24 hours. Avoid long stretches between feeds.
- Watch for your baby's feeding cues. Feeding cues include eyelid movement, moving the arms and legs, making sucking motions, raising the hands to the mouth and rooting. Crying is a final sign of hunger.
- Some babies are more contented than others. If your baby has few feeding cues, it is still important to feed your baby every 2–3 hours. You may need to waken or rouse your baby to feed.
- Do not give your baby any food or drink other than breast milk unless medically indicated.
- Avoid the use of a pacifier. When your baby is fussy, offer the breast. If that doesn't help, try other settling techniques.

Breastfeed effectively

- Be sure that your baby spends enough time at breast. When milk is removed thoroughly from the breast your body will make more milk.
- Make sure your baby is positioned and latched correctly. Have a health care provider who has experience helping breastfeeding mothers watch you position and latch your baby.

Take care of yourself

- Eat a well balanced diet according to *Canada's Food Guide*. A restricted or inadequate diet can result in a lowered milk supply. Be sure to get the calories and nutrition that your body needs.
- Drink enough fluids to keep you from feeling thirsty and to keep your urine pale yellow. Many mothers try to drink every time they breastfeed.
- Limit caffeine-containing foods such as coffee, tea, cola and chocolate.
- Avoid smoking and drinking alcohol. They can reduce your milk supply.
- Talk with a knowledgeable health care provider about any medications or herbal products that you are using. Some products lower milk supply. Often a suitable alternative can be found.
- Make sure you are resting adequately. Lay down when your baby sleeps. Choose a sleeping arrangement at night that allows for the best sleep possible. Studies show that mothers get more sleep when the baby is with them at night.
- Limit visitors. Ask relatives and friends to help with specific tasks such as meals or laundry so you can focus on yourself and your baby.
- Relax – let the rest of the world go by for a while.

Healthy Eating For The Breastfeeding Mom

While breastfeeding, your nutrition and energy needs are at an all-time high. You'll need about 400 extra calories each day as well as additional fluid, protein, vitamins and minerals. Eating a well balanced diet will allow you to restore your nutritional reserves following pregnancy and childbirth. A healthy diet will also provide you with enough calories to support breastfeeding and care for your new baby. Your nutritional needs can easily be met by eating a variety of foods from the four food groups on Canada's Food Guide. A total of 2-3 additional Food Guide Servings are recommended each day while breastfeeding.

Foods You May Need To Avoid

Most breastfeeding moms don't need to avoid specific foods while breastfeeding. Eat foods that you enjoy and agree with you. It takes four to six hours for a food to reach your breast milk. If you think that your baby is gassy or fussy from certain foods that you have eaten, stop eating them for about two weeks. Try them again to see if your baby reacts the same to them.

If there are no allergies in your immediate family, there is no reason to avoid allergenic foods such as peanuts, while breastfeeding. If there are allergies in your immediate family, discuss avoiding allergenic foods while breastfeeding with your doctor or health care provider.

Some babies have a reaction to cow's milk protein in their mother's milk. If this is the case, cow's milk will need to be taken out of your diet for two weeks to see if there is an improvement in the baby's symptoms. If you eliminate any food or food group for a length of time, be sure that its nutrients are obtained from other foods or a vitamin or mineral supplement.

A small amount of caffeine (from coffee, tea, cola, chocolate or some drugs) passes through breast milk to your baby. Excessive caffeine can cause some babies to be irritable and have trouble sleeping. If you usually consume products containing caffeine be sure to use them in moderation. Limit your caffeine intake to no more than 300 mg. per day, or about 2 eight ounce cups of coffee.

Weight Loss During Breastfeeding

A strict weight-reducing diet is not recommended while breastfeeding. Restricting calories can increase tiredness and decrease your milk production. It took time for you to gain the weight so don't expect to take it off overnight! Breastfeeding will help you lose weight gradually.

Consult your doctor or midwife, public health nurse, or registered dietitian about your diet if you have any concerns!

Lifestyle Issues And Breastfeeding

Exercise While Breastfeeding

Moderate exercise is beneficial for breastfeeding mothers. For example, aerobic exercise done for 45 minutes, 5 days per week, does not affect milk supply or baby's feeding pattern. Excessive exercise, especially jogging, may result in a decreased milk supply and an increase in lactic acid in your breast milk. Lactic acid tastes sour and breast milk is sweet. Some infants become fussy and colicky for 4 to 6 hours after mother's strenuous exercise. Other babies refuse to breastfeed and need to be coaxed back to the breast.

Herbal Products

Breastfeeding mothers should use herbal supplements and herbal teas with caution. Herbs, like medications, can transfer into your breast milk. Some herbs are harmful to your baby and others can affect your breast milk production. Always check with a health care provider who is knowledgeable about breastfeeding and the use of herbal products before using any herbal product.

Artificial Sweeteners

Aspartame, sucralose, and acesulfame potassium are considered safe for most breastfeeding mothers and their infants. Breastfeeding mothers of infants with phenylketonuria should avoid the use of aspartame.

Alcohol

It is best for breastfeeding mothers to avoid drinking alcohol. Alcohol passes quickly into breast milk and your baby receives a similar concentration to what is in your blood. Alcohol can reduce your milk supply and interfere with your letdown reflex. Occasional use of alcohol while breastfeeding is usually not a problem if the amount is limited. Be sure to wait at least 2 to 3 hours per alcoholic drink before resuming breastfeeding.

Smoking

It is better to smoke and breastfeed than to smoke and formula feed!

If you can't or do not want to quit smoking try to reduce the number of cigarettes you smoke. Do not smoke immediately before or while breastfeeding. When you smoke be sure that you are away from your baby. Breathing second hand smoke is harmful to your baby and can cause respiratory problems and an increased risk of Sudden Infant Death Syndrome (SIDS).

Mothers who smoke can experience a decrease in milk supply and fewer letdowns. Be sure to take twice the usual amount of vitamin C because smoking interferes with your body's ability to use that vitamin.

The nicotine in your milk can cause fussiness, restlessness and colic in your baby.

Be sure to have your baby weighed regularly because babies of smokers often have slower weight gain patterns.

Drugs

It is important to check with your health care provider before taking any medication. If you must take medication (including over-the-counter drugs), ask if and when you can take the medication while you are breastfeeding. Medications can pass into breast milk, but many are not harmful to your baby. Street drugs should be avoided if you are breastfeeding.

Environmental Contaminants

A variety of toxic substances contaminate our world. We store contaminants in our body fat. While you are pregnant your baby is exposed to these contaminants in your body. Do not be afraid to breastfeed. Although your baby will receive some of these agents your baby's body will eliminate most of them.

The benefits of breastfeeding outweigh the risks of the contaminants that may be present in breast milk. Take steps to limit your exposure to hazardous materials and environments.

Notify your health care provider and request testing of your breast milk for contaminants if you suspect that you might be at risk of heavy exposure.

Breastfeeding is a very environmentally friendly thing to do!

Well water can be a source of potentially harmful minerals including nitrate. Methemoglobinemia can occur in infants, especially infants under the age of 6 months, if exposed to excess nitrate. Levels of nitrate in water that are greater than 100 mg./L are considered unsafe. Be sure to have your water checked if you are unsure about its safety.

Baby's Nutrition

Vitamin D

Health Canada recommends that all breastfed, healthy term infants in Canada receive a daily vitamin D supplement of 10 µg (400 IU). A liquid vitamin D supplement is available at many pharmacies and grocery stores. Health Canada advises that you begin giving your baby vitamin D drops at birth and continue until your baby is weaned or reaches one year of age.

Solid Foods

Health Canada recommends that all healthy term babies be exclusively breastfed for the first 6 months of life and up to 2 years of age and beyond. At six months of age your baby will need more nutrients, especially iron, than breast milk can provide. Solid foods are meant to complement breastfeeding, not replace it. Before the age of 6 months it is better to encourage more frequent breastfeedings in response to your baby's "hungrier" periods than to recommend the introduction of solid foods.

At 6 months of age look for ALL of these signs that your baby is ready for solids:

- Baby can sit up alone or with little support.
- Baby can use the muscles in his neck to hold his head up straight.
- Baby can turn his head away if he doesn't want the food.
- Baby can close his lips over the spoon.

The Middlesex London Health Unit booklet called *Feeding Your Baby* has information about feeding your 6 – 12 month old baby solid foods.

Dental Health

All babies can develop tooth decay. Proper attention to dental hygiene is important especially after the first tooth erupts. Talk to your health care provider about proper ways to clean your baby's mouth.

Fluoride supplements are not recommended for children under three years of age. For more information contact the dental division at your local health unit.

Why Do Babies Cry?

Your baby cries to communicate with the world. When you respond to your baby's cries your baby learns that his needs will be met. Research shows that babies cry less when someone responds promptly to their cries.

Most babies have a few crying spells everyday. As you and your baby get to know each other you will be able to learn the meaning of your baby's different cries. One reason that your baby may cry is because he is hungry. Learn your baby's hunger cues. Early signs of hunger include wriggling of the body, bringing hands toward the mouth, rooting, and making sucking motions. By responding to your baby's early hunger cues you will lessen your baby's need to cry to alert you that he is hungry.

Many mothers find that breastfeeding satisfies their infant's sucking needs. A soother should be offered only when breastfeeding is well established, usually after 4 to 6 weeks. Early introduction of a soother can cause nipple confusion and interfere with breastfeeding.

How Long to Breastfeed

Breastfeeding is good for your baby as long as you both wish to continue. The Canadian Pediatric Society recommends that breastfeeding continue for up to 2 years of age and beyond.

If you are concerned that you do not have enough milk for your baby, talk to a health care provider who has experience helping breastfeeding mothers. There are many ways to build your milk supply.

Regardless of when you choose to wean (stop nursing) it is easiest for you and your baby to stop gradually over a few weeks. Replace one feeding at a time with a bottle or a cup. If weaning before 9 months use a commercial formula. Whole or homo milk can be introduced between 9 and 12 months when your baby is eating a wide variety of foods. Always check with your health care provider before you switch your baby to a different type of milk.

Birth Control

Breastfeeding can delay the return of fertility. Some families choose to practice the Lactational Amenorrhea Method (LAM) of birth control. It is important that the mother has not experienced a return of menses (amenorrhea), is breastfeeding frequently and regularly and not giving any other food or drink to her baby, and is no more than 6 months postpartum.

Breastfeeding mothers **can** get pregnant. This can happen even when periods have not returned. Use condoms, condoms with spermicide, or condoms and foam until you see a qualified health care professional to talk about other choices. If you are considering oral contraceptives or depo-provera remember that these products can reduce your milk supply.

Collecting Breast Milk

If you wish to collect your breast milk you can hand express or use a good quality breast pump. Both the hand expression of milk and using a breast pump to obtain milk require practice. Give your self some time to learn the skills involved and to become comfortable with the process.

Don't give up if you only get a little milk at first. A good time to try is after or between morning feedings when your milk supply is usually greater.

Always wash your hands thoroughly before collecting breast milk. Use a sterile container to collect your milk. Put the milk in the refrigerator as soon as possible.

When expressing or pumping, you will get more milk if you:

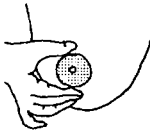
- put a warm wet cloth around your breast for a few minutes
- massage your breast gently toward the nipple
- switch from one breast to the other each time the flow stops

The amount of milk that you collect will be less than the amount of milk that your baby receives while breastfeeding. Do **not** use the amount of milk that you collect as an indicator of how much milk your baby drinks while breastfeeding.

If you are thinking of introducing a bottle to your baby be sure to wait until breastfeeding is well established. Usually after 4 to 6 weeks a bottle can be introduced and not interfere with milk supply or cause nipple confusion or nipple preference problems.

Hand Expression of Breast Milk

- Place your thumb above and two fingers below on the breast, about an inch back from the base of the nipple.
- Press inward toward the chest wall. If your breasts are large, first lift, then press inward.
- Roll your thumb and finger as if making thumb and finger prints at the same time. This gentle rolling squeezes the milk pools around and behind the nipple area.
- Rotate the thumb and finger positions to milk the entire breast if expressing to collect milk.



Place



Press



Roll



Finish Roll

Breast Pumps

A variety of breast pumps are available to you. Not all pumps are effective or safe. It is important to select a pump that is best suited to your individual needs. Talk to a health care provider who has knowledge and experience with breast pumps before you decide which pump is best for you and your situation.

Storing Breast Milk

Glass or polypropylene bottles or containers or breast milk freezer bags can be used to store breast milk. Glass containers are the preferred choice. Disposable plastic bottle liners should **not** be used. The storage container must be sterilized. Always chill the milk before freezing.

Breastmilk can be safely stored:

- At room temperature for up to 6 hours as long as the room temperature is 25 C. or less. If you do not plan to use your breastmilk at the next feeding then refrigerate or freeze it immediately.
- In the refrigerator for 6 days. Keep the breastmilk toward the back of the refrigerator to reduce temperature fluctuations.
- In the freezer section of a refrigerator for 6 months. Avoid storing the milk in the freezer door because it is warmer there.
- In a deep freezer for 12 months if the temperature is at least -18° C.

Mark the date on all stored milk. Use the oldest milk first. Thaw frozen breast milk by placing the container in a bowl of cool and then warm water or holding it under cool and then warm running water. Never microwave breast milk or expose it to extremely hot water. Gently stir the milk to mix it together. Feed thawed milk within 24 hours. Throw out any milk that your baby doesn't finish.

Breastfeeding Problems and Concerns

Breastfeeding problems such as sore nipples, milk being slow to come in, breast engorgement, milk leakage, or a slow let down reflex can occur in the early weeks of breastfeeding. Other conditions such as plugged ducts, breast infection (mastitis), yeast overgrowth (thrush), persistent sore nipples, and low milk supply sometimes occur. There are ways to manage these conditions which allow you to continue breastfeeding. If you are experiencing a breastfeeding problem, talk to a health care provider who has experience helping breastfeeding mothers.

Some mothers feel uncomfortable or are made to feel uncomfortable breastfeeding in public places. The Ontario Human Rights Code states that you have the right to breastfeed your child in public places such as restaurants, stores and parks. Employers, too, must consider your needs as a breastfeeding mother. For more information contact your local health unit or the Ontario Human Rights Commission at 1-800-387-9080 or www.ohrc.on.ca

Breastfeeding Help

This book covers only the most basic information. Detailed information about specific breastfeeding issues is available from the Middlesex-London Health Unit

Some information in this booklet may become outdated. If in doubt, check with a qualified health care professional.

Some Books About Breastfeeding

Cox, Sue. Breastfeeding With Confidence: A Practical Guide. Minnetonka, MN: Meadowbrook Press. 2006.

Huggins, Kathleen. The Nursing Mother's Companion. Twentieth Anniversary Edition. Boston: The Harvard Common Press. 2005.

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Renfrew, Mary, Chloe Fisher and Suzanne Arms. Bestfeeding: How To Breastfeed Your Baby. Third Edition. Berkeley: Celestial Arts. 2004.

Sears, Martha and Dr. William Sears. The Breastfeeding Book. Boston: Little, Brown and Company. 2000.

Spangler, Amy. Breastfeeding: A Parent's Guide. Seventh Revised Edition. Atlanta: Daddy, Mommy, And Me. 2000.

BOOKS FOR SPECIAL SITUATIONS

Gotsch, Gwen. Breastfeeding Your Premature Baby. Revised Edition. Illinois: La Leche League International. 1999.

Gromada, Karen Kerkhoff. Mothering Multiples – Breastfeeding And Caring For Twins Or More. Third Edition. Illinois: La Leche League International. 2007.

Lang, Sandra. Breastfeeding Special Care Babies. London: Bailliere Tindall. 2002.

West, Diana and Lisa Marasco. The Breastfeeding Mother's Guide to Making More Milk. McGraw Hill. 2009.

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Bumgarner, Norma. Mothering Your Nursing Toddler. Second Edition. Illinois: La Leche League International. 2000.

Flower, Hilary. Adventures in Tandem Nursing: Breastfeeding During Pregnancy and Beyond. Illinois: La Leche League International. 2003.

Huggins, Kathleen and Linda Ziedrich. The Nursing Mother's Guide To Weaning. Revised Edition. Boston: The Harvard Common Press. 2007.

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Hale, Thomas. 2008. Medications and Mothers' Milk. Thirteenth ed. Texas: Pharmasoft Publishing.

Lauwers, Judith and Debbie Shinskie. 2000. Counseling the Nursing Mother – A Lactation Consultant's Guide. Third ed. Boston: Jones and Bartlett Publishers.

Lawrence, Ruth and Robert Lawrence. 2005. Breastfeeding: A Guide For The Medical Profession. Sixth ed. St. Louis: Mosby.

Mohrbacher, Nancy and Julie Stock. 2003. The Breastfeeding Answer Book. Revised ed. Illinois: La Leche League International.

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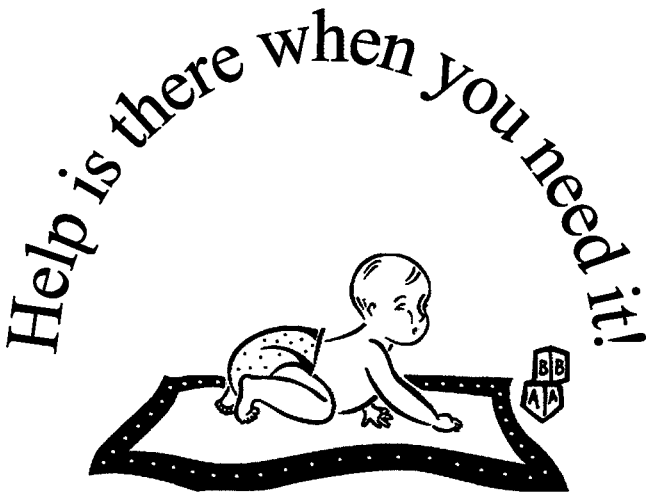
Riordan, Jan. 2004. Breastfeeding and Human Lactation. Third ed. Boston: Jones and Bartlett Publishers.

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Credits

This booklet was developed by public health nurses/certified lactation consultants and public health dietitians, Middlesex-London Health Unit, June 2009

This booklet can be copied and distributed in its entirety as long as Middlesex-London Health Unit is acknowledged.



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