

Breastfeeding Your Baby

Breastfeeding is the normal and unequalled method of feeding infants.

Health Canada



Breastfeeding: good food and good medicine

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**BC WOMEN'S
HOSPITAL+
HEALTH CENTRE**

An agency of the Provincial
Health Services Authority

The Importance of Breastfeeding

For baby:

Babies who are breastfed have fewer and less severe:

- chest, ear and urinary tract infections
- stomach and bowel upsets
- allergies
- serious infections in the blood and bowels (sepsis & necrotizing enterocolitis)
- meningitis

Babies who are breastfed are less likely to have:

- diabetes
- crib death (SIDS)
- obesity
- certain childhood cancers
- ongoing bowel problems (Crohn's & celiac disease)
- higher blood pressure

For mother:

Mothers who breastfeed their babies have:

- less bleeding right after birth
- an earlier return to pre-pregnancy weight
- less chance of breast, ovarian & endometrial cancer
- less chance of diabetes
- less chance of hip fractures and weak bones (osteoporosis) later in life
- more opportunities to bond and enjoy their baby
- less risk of depression

How long do babies breastfeed?

“Breastfeeding - exclusively for the first six months, and sustained for up to two years or longer with appropriate complementary feeding - is important for the nutrition, immunologic protection, growth, and development of infants and toddlers”.

Health Canada

- Continue breastfeeding and start giving your baby solid foods at about six months of age
- Continue to breastfeed for another two years or more. The longer you breastfeed your baby the better it is for both of you

During Pregnancy how can I get ready to breastfeed?

- Talk to your partner and family about the importance of breastfeeding and how they can help
- Talk to other breastfeeding mothers
- Attend a breastfeeding class and La Leche League meetings
- Read a book on breastfeeding. For example “Bestfeeding: Getting Breastfeeding Right for You” by Renfrew/Fisher/Arms or “Nighttime Parenting” by Sears
- Call your health unit and speak to your health nurse if you have concerns about your ability to breastfeed
- Discuss the importance of breastfeeding with your doctor/ midwife

What can I expect immediately after my baby is born?

- Baby is placed skin-to-skin on your abdomen and dried off immediately after birth
- Baby is moved up onto your chest and placed skin-to-skin with a heated blanket covering both of you
- The nurse will check your baby while you warm your baby skin-to-skin
- Baby breastfeeds or rests on your breast skin-to-skin during the first hour of life

- Keep your baby skin-to-skin with a warm blanket covering both of you at least until your baby finishes feeding or as long as you wish
- Skin-to-skin care is the best way to keep your baby warm, help him recover from birth and helps you produce milk. Your baby will wear a hat until his temperature is stable - usually the first 6 hours. Once his temperature is stable, you can take off the hat.
- If you are ill, your partner can keep baby skin-to-skin
- After your baby's first feeding he may sleep for a few hours. This is a good time for you to sleep too!

How do I hold my baby?

The following diagrams show common positions.



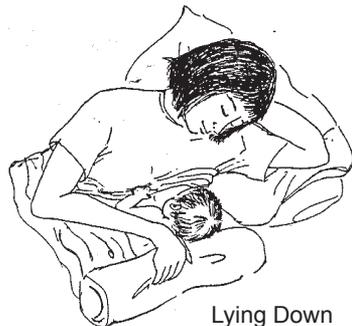
Cradle Position



Modified Cradle



Football Position



Lying Down

How do babies latch?

These diagrams show a good latch

- Support your breast, keep your fingers well back from the areola (brown area)
- Put your hand on her shoulders, not her head
- Rest your baby's chin on the breast, nose to nipple
- Hand express colostrum for baby to taste/smell



- Touch your baby's upper lip with the breast to help her open her mouth wide
- Wait until your baby opens her mouth as wide as a yawn
- Tilt nipple up

- Guide your baby up onto breast when baby's mouth is wide open



What can I expect in the hospital?

You and your partner will be tired. Limiting visitors will help you have time to rest with your baby. Many new babies need help with feeding. Your nurses are available to help you and your baby.

Provide lots of skin-to-skin care – it helps your baby keep warm and to feed well. It also helps you make more milk.

- If your baby is not skin-to-skin, dress him in a light sleeper and wrap loosely in a blanket
- Tight bundling is not a safe practice. Baby's hands and arms should be free to protect themselves

Your baby will feed frequently, especially during the night – this is normal.

- In the first 24 hours, your baby will feed several times. He may be quite sleepy. Let him wake himself up unless he is premature or has a medical problem
- After the first 24 hours, feeding at least 8 times every 24 hours is a good sign that your baby has recovered from birth
- Parents often worry that frequent feeding, especially at night, means they do not have enough milk but cluster feeding is normal. It helps your body make more milk
- Keep track of how often your baby feeds and has wet and dirty diapers
- Your nurse will help you assess how well your baby is feeding by watching the baby feed and helping you look at your baby's output (wet and dirty diapers). See the chart below to see what is normal.
- Let your baby wake himself up to feed. If he sleeps longer than 3-4 hours place him skin-to-skin to help him wake up to feed
- Expect your baby to feed actively at both breasts each feeding.

Your baby's tummy is small

- Colostrum, the first milk, comes in small amounts but has lots of calories and helps fight infection

- Small, frequent feedings help you make lots of milk and is better for your baby
- Only give extra milk (supplement) if there is a medical reason such as low blood sugar
- Colostrum also helps develop and protect your baby's intestinal tract.

Keep your baby close so you can see when your baby needs to feed – watch for feeding cues

- Baby cues or tells you he needs to feed by moving his mouth, smacking his lips, putting his hands to his mouth (rooting), opening his eyes, making some noise and sticking out his/her tongue
- Crying is a late feeding cue. Your baby will feed best when he is awake but before he starts to cry.

Learn to hand express while in the hospital.

The nurses will show you how to hand express soon after birth.

- The first few times you hand express you may not see any colostrum (your baby's first milk) – with practice you soon will
- When you start to express colostrum, drops can be given directly by letting your baby lick or suckle or by using a spoon. You can also rub colostrum into your nipples if they are tender
- Hand expressing for a few minutes after feeding will help your breasts start to make more milk

All babies lose weight in the first 3 days – this is normal. We will help you decide if your baby is losing too much and needs more milk.

- Express your own milk and give it to you baby
- If your baby needs more milk, use pasteurized donor milk or formula. Pasteurized donor milk is preferred when available
- Use a spoon or cup to give extra milk
- Giving babies bottles or pacifiers in the first few weeks when breastfeeding is getting started is not recommended and can make breastfeeding more difficult.

Expected output - signs your baby is getting enough milk

First 24 hours	At least 1 wet diaper Reddish urine often seen and is normal – caused by urate crystals	Passes meconium – black, sticky bowel movements
Second day	2-3 wet diapers. Reddish urine often seen and is normal – caused by urate crystals	1 or more meconium or greenish brown stools
Third day	3 or more wet diapers- Clear, pale urine	3-4 stools – looser and colour becoming more greenish and yellowish
Day 5 and beyond	4-6 wet diapers	3-6 yellow or golden (mustard looking) generally loose stools

Table adapted from PSBC

You will notice changes in your breasts on the third or fourth day as your breasts start to make more milk.

You will know your milk is increasing because your baby starts to have more wet diapers, you can hear more swallowing as your baby feeds and he begins to gain weight.

Going Home

Before you leave the hospital, you and your partner need to feel comfortable with the plan for feeding your baby. Often the plan is simply “breastfeed at least 8 times a day and watch for the signs that your baby is breastfeeding well.” Sometimes mothers may need to express milk as well if their baby is having difficulty. Your nurse will help you create a feeding plan that works for you and your baby and tell you about resources in your community.

How can I tell my baby is getting enough milk in the first two weeks?

- Baby has at least 5 wet diapers in 24 hours and urine is pale yellow and odourless

- Baby has 2-3 stools in 24 hours. The colour goes from brownish to seedy, mustard yellow and is the size of a “loonie” or more
- Baby is feeding at least 8 times in 24 hours
- Baby is content after most feedings
- You hear your baby swallowing during feeding
- Breasts are full before feedings and softer after feedings
- Baby is gaining weight
- Baby may feed from one or both breasts each feeding - offer both breasts at each feeding
- Around 4 to 6 weeks it is common for bowel movements to be less frequent. As long as the stool is loose and the baby has wet diapers, this is normal

What do I need to buy to breastfeed?

- *Bras*: most women buy nursing bras or use a sports bra. Keep in mind your breast size changes over the next few months so only buy one or two bras to start
- *Nursing pads*: leaking milk is common in the early days. Reusable breast pads are less expensive
- *Pillows*: some families find special pillows useful whereas others find regular pillows work well
- *Breast pumps*: If your baby is ill or unable to breastfeed, rent or buy a good electric breast pump
- *Sling*: a soft carrier or sling is very helpful to calm your baby - bring one to the hospital.

What are the common breastfeeding problems?

Effective breastfeeding and a good latch usually prevents problems. If you have one of the problems listed below, keep breastfeeding. If breastfeeding does become too painful, take your baby off your breast, express or pump your milk and give it to your baby. Seek help.

Some common concerns are:

Sore nipples

- Almost all women have tender nipples when they start breastfeeding - but nipples should not become damaged (cracked, bleeding)
- Expressed milk, warm wet facecloth or an emolient (cream) may help
- Don't wait until your nipples are cracked or bleeding before seeking help with positioning and latch from your nurse

Engorgement (firm, full, sore breasts)

- May occur when your milk comes in around 3-5 days
- Feed frequently - at least eight or more times in 24 hours
- If you can't latch your baby, soften the breasts by using cold compresses and expressing milk by hand or pump to make it easier for your baby to grasp and latch
- A warm bath or shower before feeding will help milk flow
- Cold compresses after feeding and Ibuprofen can help

Fussing Baby

- Babies need lots of skin-to-skin contact, carrying and cuddling
- Families can help to provide this care
- Frequent feedings help
- See information provided on the Period of PURPLE Crying (DVD)

Leaking Milk

- Common in the first few weeks and gets better with time
- If using breast pads, change them frequently
- Press the heel of your hand against the breast to stop leaking

Breast lumps

- Most breast lumps are caused by milk collecting in your milk ducts
- Usually a warm shower, massage and frequent feeding to empty the breasts solves the problem

- If you have a lump that does not go away, call your health nurse or mothers' support group for further suggestions (see back page)

Mastitis

- A fever, red, painful breast and flu-like symptoms (aches and pains, feeling unwell) in a breastfeeding mother may indicate a breast infection
- Continue to breastfeed your baby and call your doctor for further treatment

Jaundice

- It is common for your baby's skin and whites of the eyes to get yellow after 24 hours of age
- Breastfeeding your baby 8 or more times in 24 hours helps with jaundice
- Give your baby your expressed milk if she is too sleepy to feed
- Jaundice can make your baby very sleepy and make it difficult to feed your baby. Get help to make sure your baby is feeding well
- Continue to breastfeed if your baby goes "under the lights" (phototherapy)

Too much milk? Not enough milk?

- Many women have concerns about their milk supply
- Some babies nurse both breasts at each feeding and others do not
- If you are concerned about your milk supply or your baby's behaviour, seek help to clarify whether there is a problem

What do I do if I'm sick?

- Continue breastfeeding if possible. Your milk has antibodies to help protect your baby from illness
- Keep your baby close to you to help you rest
- Partner/family/friends can help by caring for you and your baby

Where do I get more information?

- Hospital nurse, community health nurse, doctor or midwife
- La Leche League: 604-520-4625
- BC Women's Lactation Services
Questions: 604-875-2282
Appointments: 604-875-3743
- Contact your library for books. For example "The Womanly Art of Breastfeeding" by La Leche League
- *Healthy Families BC*: www.healthyfamilies.ca/home/articles/video-breastfeeding-positions
Family Support and Resource Centre: <http://www.bcchildrens.ca/kidsteensfam/FamilyResourceLibrary/default.htm> (download pamphlets, loan books and DVDs)



When do I call for help?

Call for help when your baby:

- Has less than 4 wet diapers per day after 3-4 days of age
- Has less than 2-3 bowel movements a day after 3-4 days of age in the first 3 weeks.
- The stool colour is still black after day 5
- Feeds constantly but not content after feeds
- Is not feeding at least 8 times in 24 hours in the first 2 weeks
- Is very sleepy and missing feedings or is very difficult to feed.
- Yellow skin color spreads from face to rest of body, or does not go away
- Has projectile, forceful vomiting ("spit ups" are normal)

In addition call for help if:

- Your breasts are sore and you have flu-like symptoms
- You continue to have lumps in your breast
- You continue to have sore nipples



Call your doctor if you think your baby is ill