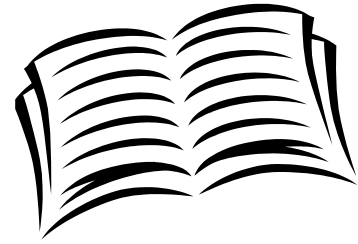


Learning to breastfeed your baby

Please bring this book with you to the
hospital when you have your baby

Hamilton Regional
lactation
Committee

Inside this book



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In this book, we call the baby “he”. We feel this is simpler than writing “he or she” every time.

Breastfeeding is important

Breastfeeding has important benefits for you and your baby. These benefits begin right away and increase as you breastfeed longer.

Why is breastfeeding important for my baby?

**YOUR breastmilk is especially made for YOUR baby.
It is the perfect food for your baby.**

- ✓ Breastfeeding is the normal way to feed your baby. It provides nutrients that help his mind and body grow to full potential.
- ✓ Breastfeeding improves development in areas such as intelligence, movement and behavior (increases intelligence by 7 to 9 IQ points).
- ✓ Breastfeeding protects your baby from harmful germs.
- ✓ Breastfeeding is comforting and develops your baby's sense of trust and security.
- ✓ Breastfeeding develops the muscles in your baby's face, mouth and lips. This improves sucking, and the position of his teeth later on.
- ✓ Breastfeeding has none of the risks related to formula. Formula increases your baby's chance of:
 - Infections of the ear, lungs, bowel and urinary tract
 - Allergies, asthma and eczema
 - Diseases such as diabetes, obesity, Crohn's disease, ulcerative colitis, celiac disease, lymphoma and leukemia, which are types of cancer.
 - Sudden infant death syndrome, also called SIDS
 - Colic-like symptoms: crying, gas, constipation

Breastmilk is the normal and unequalled method of feeding babies.

Health Canada promotes breastfeeding exclusively for the first 6 months, and for up to 2 years or longer along with other foods.

Why is breastfeeding important for me?

- ✓ Breastfeeding develops a strong bond between you and your baby.
- ✓ Breastfeeding is relaxing and helps your body in these ways:
 - Contracts the uterus which reduces bleeding after childbirth
 - May help you return to pre-pregnancy weight earlier
 - Reduces the risk of cancer of the breasts and ovaries
 - May help keep your bones strong
 - Decreases the risk of postpartum depression
 - May decrease your chance of developing Type 2 diabetes, rheumatoid arthritis, high blood pressure and heart disease
- ✓ Breastfeeding is free and convenient. Breastmilk is always warm and ready to feed.

Learning to breastfeed

You can start to learn about breastfeeding before your baby is born. Some mothers find prenatal classes or La Leche League meetings helpful. Talking with family members and friends that have been successful with breastfeeding will also help build your confidence.



During the first few weeks after your baby's birth, you and your baby will be learning to breastfeed.

Like learning any new skill, it gets easier with time and practice.

Soon your confidence with breastfeeding will grow. Women who feel confident about their ability to breastfeed have less trouble with breastfeeding and continue to breastfeed for a longer time.

**Your health care providers will give you information, skilled help and support as you get started in the early days, and beyond.
We are committed to support and promote breastfeeding.**

Some women who have not breastfed before or who have had problems with breastfeeding may worry about whether they will be able to breastfeed successfully. If you have any questions or feel worried about this, please talk with your health care providers. We can help you through difficulties as you learn to breastfeed.

Support from your partner or support person, family and friends is very helpful.

Your partner or support person can care for you and help you get enough rest. If you have other children, they can spend time with you and help with baby's care. Your family and friends may also want to help. Think about your needs and let them know what would be helpful.

Here are some ways that people can help you:

- ✓ Spend time and talk with you
- ✓ Change your baby's diaper
- ✓ Hold, rock or cuddle your baby
- ✓ Give your baby a bath
- ✓ Buy groceries, make meals
- ✓ Help with laundry or cleaning
- ✓ Care for your older children



Getting started



As soon as possible, hold your baby “skin-to-skin” after a vaginal or cesarean birth. Skin-to-skin means putting your naked baby on your bare chest.

You may place a cover over both of you to keep you warm and cozy.

Babies who are held skin-to-skin:

- ✓ Are more likely to latch onto the breast and breastfeed well
- ✓ Cry less often
- ✓ Stay warmer
- ✓ Have fewer heart rate and breathing problems
- ✓ Have better levels of oxygen in the blood
- ✓ Have less pain during needle pokes
- ✓ Go home earlier from the hospital

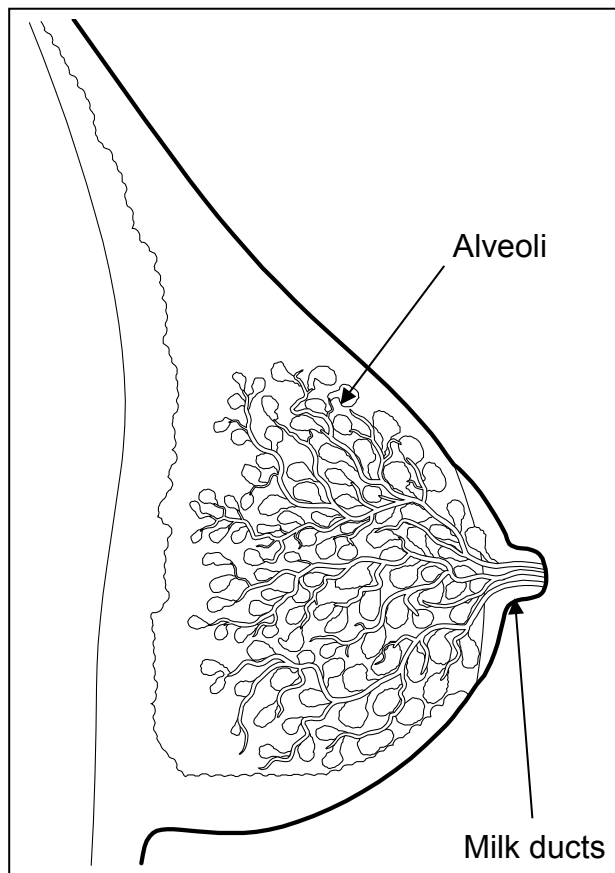
Hold your baby skin-to-skin on the first day and offer your breast frequently. This will help your baby to wake up. Hand express milk onto your baby’s lips. This will help your baby latch. Start by gently massaging your breast and then, follow the instructions on page 32.

Start to breastfeed within the first hour of your baby’s birth.

What if I would like help?

Since breastfeeding is a new skill, you may need help until you are feeding comfortably. A member of your health care team may be able to help and support you. It may take several tries to get your baby latched on correctly and comfortably. Making sure you have a good latch is the best way to avoid problems such as sore nipples.

How do my breasts make milk?



Breastmilk is made in small clusters of glands in your breasts called alveoli.

When your baby starts to suck, a hormone is released that signals your breasts to make milk.

Another hormone causes the alveoli to contract, which moves the milk into ducts that carry it to your nipples.

As the flow of milk begins, you may feel a tingling feeling in your breasts. This is called the “let-down reflex”.

What will my milk be like?

Colostrum is the first breastmilk. This thick, rich milk provides all the nutrition your baby needs for the first days of life. It also helps protect your baby from infection. You will have colostrum for the first few days. Most moms start to feel their breasts fill with larger amounts of milk around day 3.

Breastmilk naturally changes to meet all the needs of your growing baby.

How does my body know to make milk?

There is always milk in your breast. To get milk, your baby needs to open his mouth wide and get the areola, not just the nipple, in his mouth. As your baby sucks and removes breastmilk, your breasts will make more milk to replace it.

Your breasts will make enough milk if you feed your baby whenever he is showing signs of hunger. Offer nothing but your breast. **Newborn babies need to feed at least 8 times in 24 hours.**

Sometimes your baby may cluster feed. This means feeding often for several hours before falling asleep. For example, your baby may feed every hour for 4 hours, and then sleep for a number of hours.

The more you feed your baby, the more milk you will make.

As your baby grows, your breastmilk will change to meet his needs. It is normal to make different amounts of breastmilk through the day and night.

If you have more than one baby, your breasts will be stimulated more. You will make more milk and be able to breastfeed more than one baby successfully.

Your breasts will naturally adjust to make the right amount of milk for your baby – or babies!

When should I feed my baby?

Whenever your baby shows feeding cues. Watch your baby not the clock.

Signs that your baby is hungry and ready to feed:

- Moving eyes rapidly behind closed eyelids
- Bringing arms and hands close to the face
- Licking or sucking hands or anything close to mouth
- Turning head from side to side
- Crying

Your baby may be sleepy on the first day. You will need to undress him to his diaper and hold him skin-to-skin. This will help him wake up.

After the first 24 hours, your baby will be awake more often to feed.

Babies wake up a lot to feed.

Feed your baby as long as he wants. Do not limit the length of time your baby feeds. In the first few days, a feeding may last up to an hour. In the beginning, your baby will feed often during the night. This is normal. Your baby may have been more active at night during pregnancy too.

How do I help my baby latch?

When your baby is learning to breastfeed, 'baby-led latching' is very helpful. This is a natural and simple way for your baby to find your breast, after birth or any time you are breastfeeding. It is also called 'laid-back breastfeeding'.

Baby-led latching



Reproduced with permission
from the Carolina Global
Breastfeeding Institute

- Sit comfortably with support, leaning back.
- Hold your baby skin-to-skin on your upper chest, facing you, between your breasts.
- Your baby was born with a 'rooting' reflex that helps him find your nipple. You will notice him turning his head or moving it up and down – looking for your breast. This may look like bobbing or pecking.
- Support your baby's back and bottom with your arm and hand while he moves towards your breast. When his shoulders and hips are supported, he can tilt his head back a little. This will help him latch.
- Your baby will find your nipple. He may touch it with his hands first.
- After a few tries, your baby will push his chin into your breast, reach up with an open mouth, and latch to your breast.
- Once your baby is latched, you can change positions to make sure both of you are comfortable.

The 5 steps to a good latch

If you like to learn step-by-step, here are more detailed instructions for helping your baby latch on properly.

1. Make yourself comfortable

You can breastfeed sitting up or lying down. You may find it easier to breastfeed if you are sitting in a chair with a foot stool, to lift your feet. Lying on your side is helpful if you had a cesarean birth.

Try different positions and see what works best for you and your baby.

Your baby needs to be very close to you, so remove any clothes, hats, mittens or blankets that may be between you and your baby.

If you have pain from the birth, you may need to take pain medication. It is important to be comfortable while breastfeeding.

2. Hold your baby close for feeding

The pictures show different ways to hold your baby for feeding. In all positions, your baby's tummy should be against you.



Reproduced with permission from the North Carolina Breastfeeding Institute

Laid back: See Baby-led latching page 9



Cross Cradle: Wrap your baby's body and legs around you. This is called "tummy to tummy".

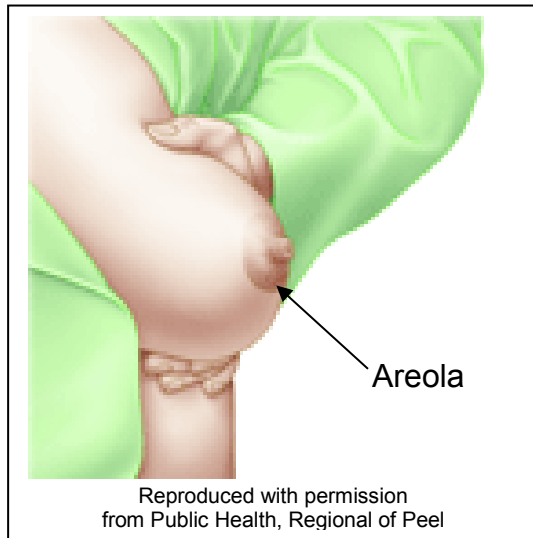


Football/Underarm: In this position, your baby will be at your side, with his head higher than the rest of his body. His tummy touches the side of your chest.



Side Lying: In this position, your baby is tucked in close to you, tummy to tummy. Lying on your side may allow you to get more rest.

3. Support your breast



When you are learning to latch your baby, it may be helpful to shape your breast to fit the oval of your baby's mouth.

Cup your breast with your free hand. Gently squeeze your breast from top to bottom, or side to side, to shape it. This will depend on how you are holding your baby. Do not pinch your breast.

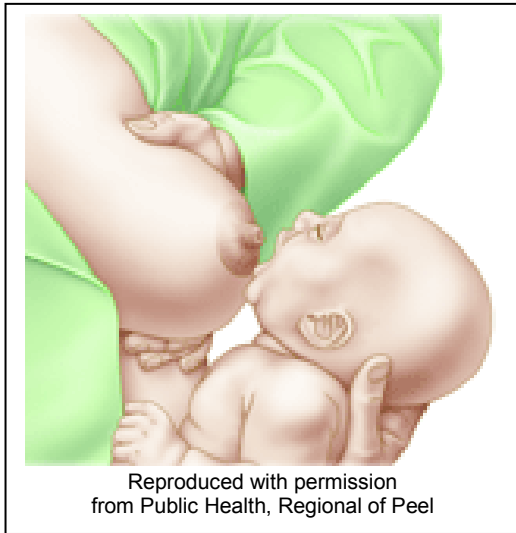
Make sure your bottom fingers are away from the areola (the darker circle around your nipple) and out of the way of your baby's chin. Once your baby is latched on and feeding well, you may not need to continue holding your breast.

4. Support your baby's neck

With your other hand, support the base of your baby's head. The palm of this hand should be supporting your baby's shoulders.

Your baby's head should be tilted back slightly. Be careful not to push your baby's head into your breast. Your nipple should point towards your baby's nose.

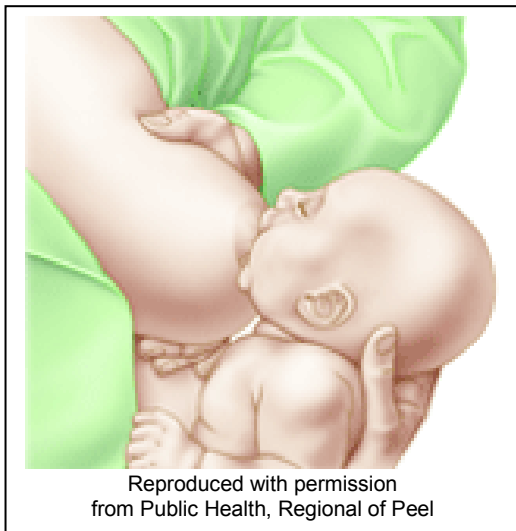
5. Wait for a wide open mouth and pull your baby close



Tilt your baby's head back slightly so his chin touches the underside of your breast. Your nipple should be sitting slightly above your baby's upper lip.

Wait for your baby to open his mouth wide with his tongue forward and down. Your baby's mouth should look like he is yawning.

If your baby does not open wide, it may help to express a few drops of milk down to the end of your nipple. You may then gently touch your nipple to the baby's lips



As soon as your baby's mouth is open wide, aim your nipple to the roof of his mouth and quickly pull him towards you. Move baby's head and body together in a straight line. Your nipple and areola should be in his mouth. His chin should be touching your breast.

Keep your baby's body, including his hips, close to you. Your baby will be able to breathe easily while breastfeeding.

Look for these signs of a good latch:

- ✓ Baby's body is facing your body so he does not have to turn his head.
- ✓ Baby's mouth is open wide with lips curled outward.
- ✓ Baby is pulled in so close that his chin is pressed into the lower part of your areola. His nose is slightly away from your breast.
- ✓ When baby comes off your breast, your nipple should be rounded, not pinched.

These pictures show a baby latched properly.



While you are in the hospital, your nurse or a breastfeeding specialist called a lactation consultant, can help you make sure your baby latches on to your breast properly.

How should it feel when my baby is latched on well?

As your baby sucks it is normal to feel a gentle tugging or a pulling feeling on your nipple and areola.

Because your hormones are changing and your breasts are stretching, your nipples may feel a little tender for up to a week. They should not be cracked or bleeding.



When your baby is latched on well, breastfeeding should not hurt. If it hurts, reposition your baby or ask for help.

Why is my baby so fussy on the second night?

Many parents find their baby fussier than usual on the second night. Often, they are quiet and sleepy during the day. This night time fussiness can last for up to 2 weeks. If your baby was active at night during your pregnancy, this may be his usual sleep pattern.

Your baby is looking for comfort. Many people have held your baby during the day. He is getting used to new noises, lights, sounds and smells. Each time you take him away from your breast and warm body he cries loudly! He is telling you that he was very happy being close to you. He is comforted by familiar sounds and hearing your heartbeat.

When he cries, you put him back on your breast. He is happy and feeds for a short time. Then, he goes to sleep. When you put him back to bed he cries again. New mothers think this happens because the baby is hungry and 'not getting enough milk'. This really happens because he wants to snuggle up to your warm body. This waking up and sleeping pattern can go on for hours and be tiring for new parents.

To cope with these long nights, make sure you take naps during the day or early evening. Resting when baby rests in those first few days of life will help you manage the night time waking better.



Most babies will start to be more alert and wakeful during the day in about 2 weeks. Then at night, they wake for feeds and go back to sleep more easily.

For more information, read [Baby's Second Night](#) at www.hamiltonrlc.com

How do I keep my baby awake at the breast?

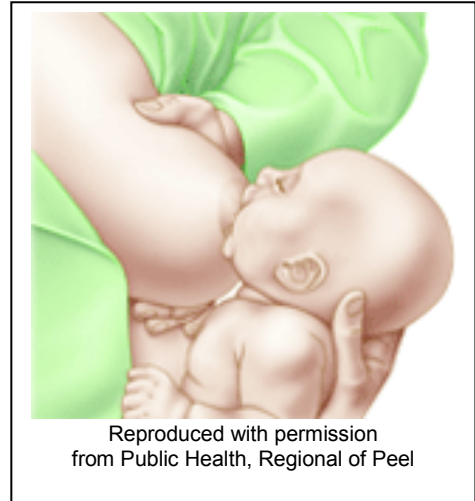
Some babies are more sleepy in the first few days. Here are some ways to keep your baby awake while feeding:

- Undress your baby leaving only his diaper on
- Change his diaper
- Tickle his hands, ears or feet
- Switch your baby to your other breast
- Use breast compression whenever he stops sucking well

What is breast compression?

Breast compression means gently squeezing your breast to help your milk flow while your baby is latched. This can help your baby drink more milk while breastfeeding, especially if he is sleepy or has a weak suck.

1. Cup your breast with your hand as shown in the picture.
2. Gently squeeze and hold your breast, when your baby's sucking slows down or stops.
3. Repeat compressions if your baby does not start to suck and swallow again after a few seconds. You may move your hand to other parts of your breast.



How can I tell when my baby is finished feeding?

Offer your baby both breasts at each feeding. When your baby slows down on the first breast, move him to the other breast. Do not limit the time your baby breastfeeds. As your baby is breastfeeding you should hear or see your baby swallowing.

Here are some signs that your baby has finished feeding:

- He has stopped swallowing
- He seems more relaxed and sleepy
- He may not seem interested in sucking even after you burp and move him
- He settles and becomes quiet and content

When should I burp my baby?

After your baby has stopped swallowing and is finished the first breast, take him off the breast by placing a finger in the corner of his mouth to break the suction. Then try to burp him.

Sometimes your baby may not burp.

Offer the other breast. Try to burp him again after the second side.



When will my baby start to gain weight?

Most babies lose up to 10% of their birth weight in the first 4 days after birth. Your baby may lose a little more if you were induced, had intravenous fluid, an epidural or a cesarean birth. In these first few days, your baby is learning to coordinate his suck, swallow and breathing.

**Have your baby's weight checked
by the doctor or midwife
1 or 2 days after you go home.**

Most babies start to gain weight by day 4 or 5, after your breasts start making more milk.

Babies are back to their birth weight around 10 to 14 days of age.



Does my baby need any other food or drink?

Your baby does not need any other food or drink for the first 6 months. Even in hot weather, your breastmilk is all your baby needs. Feeding your baby anything else can reduce your milk supply and may cause health problems for your baby.

Generally, healthy full-term babies do not need anything else but breastmilk for the first 6 months of age, unless there is a medical problem.

Your baby is born with extra fat and fluids to help him through the first few days. Your baby's stomach is about the size of a cherry at first, and only needs small amounts of breastmilk, frequently.

The amount of milk your body makes will increase as your baby grows. When your baby is having a growth spurt, he may feed very often for a few days. Growth spurts most often occur at 2 or 3 weeks, 6 and 12 weeks of age. A growth spurt usually lasts from 2 to 7 days.

Family foods may be started when your baby is around 6 months old.

Can my baby have a soother?

Soothers are not recommended for the first 4 to 6 weeks, while your baby is learning to breastfeed.

Using soothers may result in the baby having fewer feedings a day. Fewer feeds can reduce the amount of breastmilk you make and slow your baby's growth.

How can I be sure my baby is getting enough breastmilk?

It is very rare for a mother not to have enough breastmilk for her baby. However, some women worry that their baby is not getting enough breastmilk.

You can tell that baby is breastfeeding well when:

- ✓ You hear, see and feel your baby sucking and swallowing.
- ✓ Your baby is feeding **at least 8 times** in 24 hours, about every 2 to 3 hours.
- ✓ Your baby has enough wet diapers and stools (see the chart on the next page).
- ✓ Your breasts feel softer and less full after feeding, after the first 4 days.
- ✓ Your baby seems content and settled between most feeds.
- ✓ Your baby is alert and growing after day 4.

During the first few weeks, it is helpful to keep track of how often you feed your baby and the number of wet diapers and bowel movements or stools your baby has each day.

Use the chart on the next page as a guide to the number of wet diapers and stools your baby should have during the first month of age.

	Wet diapers	Stools
Day 1	1 to 2 wet diapers.	At least 1 stool that is black and tarry, called meconium.
Day 2	At least 1 to 2 wet diapers. It is common to see small pink spots on the diaper, caused by uric acid in the urine.	A least 1 stool that may have a greenish colour.
Day 3	3 or more wet diapers. You may still see small pink spots.	At least 3 stools that are dark green or yellow.
Days 4 to 6	6 or more wet diapers each day, without any pink spots. Diapers will seem heavier as your baby passes more urine.	3 to 4 soft, seedy, yellow stools each day. Your baby may have a stool with every diaper change.
Day 7 to 1 month of age	6 to 8 heavy, wet diapers each day, that have pale or colourless urine.	At least 3 soft, yellow stools each day.

For more information check out this resource by Best Start:

<https://www.beststart.org/resources/breastfeeding/pdf/breastfdeskref09.pdf>

How could I help my baby feed better?

Here are some ways to help your baby feed better, if you think he is not getting enough milk.

- Hold your baby skin-to-skin while breastfeeding.
- Help your milk flow by using a warm cloth on your breast and/or express a little milk by hand before latching your baby.
- Massage your breasts gently before and/or during the feed to improve the flow of milk to your baby.
- Make sure your baby is latched well and that you see him sucking and swallowing breastmilk.
- Use breast compressions to increase the flow of milk to your baby, especially if he is sleepy or has a weak suck.
- Switch him to your other breast when his sucking and swallowing slows or when he is no longer sucking effectively.
- Try to re-latch your baby.

Why do breastfeeding babies need vitamin D supplements?

Vitamin D is needed for bones to grow strong. Some babies are at risk for not having enough vitamin D. This is called a vitamin D deficiency. Because it is hard to tell which babies might be at risk, it is recommended that all breastfed babies receive vitamin D supplements until they are eating foods other than breastmilk.

Talk to your doctor or midwife about vitamin D supplements for your baby. For more information go to the Canadian Pediatric Society's website: www.caringforkids.cps.ca/handouts/vitamin_d

How do I feed my baby when we go out?

It is easy to breastfeed your baby when you go out. Most people will not even notice that you are feeding your baby. Choose a comfortable place where you can relax. Many shopping malls and large department stores have a room where you can feed and change your baby with more privacy if you wish. Breastfeeding is not recommended in washrooms.

To become comfortable with feeding when you go out:

- Wear clothes that pull up from the waist or undo at the front.
- Practice feeding at home, in front of a mirror.
- Take a friend or family member with you, or bring something along to look at or read.

Canada's Human Rights Code protects a woman's right to breastfeed wherever and whenever she chooses.



Reproduced with permission from The Friends of Breastfeeding

How do I take care of my breasts?

Wear a bra without an underwire that fits well and is not too tight.

After breastfeeding, gently express a drop or two of your breastmilk onto your nipples and areola. Let them dry before putting on your bra. The breastmilk moisturizes the skin and can help prevent infections. This also protects your nipples.

Keep your nipples dry between feedings. Uncover your breasts for a few minutes after feedings to allow air around your nipples. If you use breast pads, change them often and whenever they get wet. Wear breast pads without a plastic backing.

Caring for yourself

What should I eat and drink?

Healthy eating is good for your body, especially when you are breastfeeding. While you are breastfeeding you may feel more hungry and thirsty.

Canada's Food Guide - Eat well. Live well. gives you advice on how to choose foods.

If you do not have a copy, please ask your doctor or midwife, a dietitian or visit Health Canada's website: www.hc-sc.gc.ca (click on 'Canada's Food Guide')

Canada's Food Guide gives a variety of healthy foods. Follow the guidelines for breastfeeding mothers.

You do not need to increase the calcium in your diet while breastfeeding.



Caffeine

Caffeine is found in drinks such as coffee, iced and hot tea and cola. Foods like chocolate that are made from cocoa contain caffeine too. Caffeine is also found in some medications for colds or headaches.

Caffeine passes into breastmilk. If you drink a moderate amount of caffeine there should be no effect on a healthy full-term baby. A moderate amount is no more than 3 cups (750 ml or 24 ounces) a day of drinks that contain caffeine. Please note, caffeine may have a different effect on a preterm or sick baby.

Alcohol and drugs

Alcohol passes into breastmilk, so it is best not to drink any alcohol, such as wine, beer or liquor while you are breastfeeding.

If you choose to drink alcohol while you are breastfeeding, it is best to limit yourself to small amounts, drink with food, and when your baby is not likely to breastfeed for a few hours.

For example, if a mother who weighs 150 pounds has 2 alcoholic drinks, it will take 4½ hours before her breastmilk is clear of alcohol. If her baby is ready to feed before then, it would be best to feed him breastmilk that was expressed earlier, when the mother's milk was clear of alcohol.

Recreational or street drugs such as marijuana, are not recommended during breastfeeding.

Herbal teas

Some herbal teas are not safe to drink while breastfeeding. The herbs in these teas have drug-like effects which can be passed to your baby through your breastmilk. This can be harmful to your baby.

There is little information available from research about which herbal teas are safe to drink. These herbal teas are considered safe to drink as they have little or no effect on your body:

- Citrus peel
- Orange peel
- Ginger
- Rosehip
- Linden flower (not recommended for people with heart problems)

For more information:

- Talk with a health care provider.



Food that affects your baby

It is not common for a baby to react to something mom has eaten. If you think your baby seems to get gas or become irritable from certain foods you have eaten, stop eating them for a few days. Then, try them again in small amounts to see if your baby is still affected.

Can I diet when I am breastfeeding?

It is best to follow Eating Well with Canada Food Guide. If you choose to diet, avoid crash or fad diets. Regular exercise will also help with weight loss.

Breastfeeding will help you lose weight. Each month, in the first 4 to 6 months after your baby is born, you may lose 1 to 2 pounds.

Can I take medication when I am breastfeeding?

Before you take any medications while you are breastfeeding, check with your doctor or pharmacist. This includes medications that you can buy 'over-the-counter' without a prescription.

How can breastfeeding affect sexuality?

When you are breastfeeding, you may feel less interested in sex because of changes in your hormones. This is normal. Some women do not lose interest in sex. This is also normal. Most women find their usual interest in sex returns gradually, over the year after childbirth.

Some women may have vaginal dryness. Many couples use a water soluble lubricant such as K-Y Jelly® to make sex more comfortable. You can buy lubricant at the drugstore without a prescription.

Some women leak breastmilk when they become sexually aroused or have an orgasm. If this makes you or your partner feel uncomfortable you can wear a bra with breast pads during sex.

Can I become pregnant while breastfeeding?

Yes, you can become pregnant even if you have not had your menstrual period since your baby was born. If you are breastfeeding it may take several months for your menstrual periods to start again. You may become pregnant before your first period if you are not using birth control.

Birth control methods that use hormones, such as 'the pill', 'the patch' or Depo-Provera may decrease your milk supply. Condoms, spermicidal jelly and diaphragms will not affect breastfeeding.

The **Lactational Amenorrhea Method (LAM)** is another kind of birth control. **Please read the following very carefully if you plan to prevent a pregnancy using this method.**

You must be able to **say 'Yes' to all** of the following statements to prevent a pregnancy using LAM:

- ☐ My baby is less than 6 months old.
- ☐ My baby is fully or almost fully breastfed. He has no more than 1 to 2 mouthfuls of fluid or food other than breastmilk a day.
- ☐ I am breastfeeding at least every 4 hours during the day and at least every 6 hours at night.
- ☐ My monthly period has not returned.

Please note: Bleeding or spotting in the first 2 months after your baby is born is normal. Bleeding **after** the baby is 2 months old may mean that you are fertile and could become pregnant.

If you answer **'Yes' to all** of these statements, you have only a 1 to 2% change of getting pregnant.

If you answer **'No' to any** of these statements, you will need to use another birth control method.

For more information about birth control while breastfeeding speak to:

- A lactation consultant
- Your midwife
- A La Leche League member
- Your local Public Health Office
- Your family doctor

Expressing your breastmilk

Most women do not need to use a breast pump if breastfeeding is going well.

You may express your breastmilk:

- To have breastmilk available when you are away from your baby
- If your breasts are too hard for your baby to latch onto properly
- If you need to increase your breastmilk supply

It takes practice to express your breastmilk. Do not worry if you only collect small amounts at first. If your baby is not feeding from your breasts, it is important to express your breastmilk as often as the baby normally feeds to keep up your breastmilk supply. Most moms would need to express their breastmilk 8 times in 24 hours if their baby is not feeding from their breasts well.

How do I collect my breastmilk?

You can express your breastmilk by hand or with a breast pump. This depends on what you feel comfortable with and the needs of your baby.

For an occasional feeding, express by hand. This is usually easy and needs no equipment. If you prefer, you could use a hand pump.

When you are expressing breastmilk for a premature or sick baby, a hospital grade electric pump is the best choice. Pumping both breasts at the same time works best.

What do I need to collect and store my breastmilk?

Collect your breastmilk in a clean container. Plastic or glass containers that close tightly are best for storing your breastmilk. You may use plastic bags that are made for freezing breastmilk.

Before you begin, wash the containers and pump parts with very hot, soapy water. Rinse well and air dry.

How do I express my breastmilk by hand?

There are many ways to express breastmilk by hand. With practice, you will find the way that works best for you.

Before you start, wash your hands and the collection container with soap and water.

To encourage milk flow, first massage your breasts and nipples by moving fingers in a circular motion around the breast. Remember to be gentle. You can bruise your breasts easily.

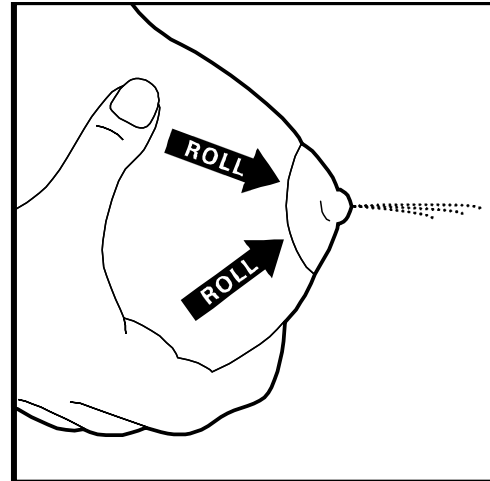


Using a warm moist towel on your breasts for 5 minutes can also help your breastmilk to flow.

Support your breast from underneath. Your hand should form a large “C” shape. Place your thumb and 2 fingers about 2 to 3 cm (1 to 1½ inches) behind the nipple. Push your thumb and fingers straight back towards your chest.

Next, roll your thumb and 2 fingers together.

Imagine you are pushing the breastmilk out, not squeezing the nipple shut.



Repeat this rhythmic motion as long as your breastmilk flows. Then move your fingers around the areola to express breastmilk from all areas of the breast. When the breast becomes soft and the flow stops, switch to the other side.

To get more breastmilk, go back and forth from breast to breast until no more breastmilk comes out.

In the beginning expect to spend 20 to 30 minutes to empty both breasts. Do not worry if you only get a few drops when first learning to express. Expressing breastmilk will get easier and better with practice.

Where can I get a breast pump?

You can buy or rent a pump at some pharmacies or hospital gift shops. Stores that sell baby supplies will often have pumps for sale.

Certain pumps may be better for your situation than others. For more information talk to a lactation consultant or a public health nurse.

How do I use a breast pump?

Read all the instructions that come with your pump. It is important that the pump is put together properly, and that you use it properly so you do not injure your nipples or breasts.

Follow the cleaning instructions. Make sure you wash your hands well before handling the pump parts.

You can express breastmilk at any time. You may find it easier to express right after feeding your baby. Do not pump right before a feeding unless your breasts are very full and your baby finds it hard to latch.

If your baby is not breastfeeding at all or very little, express both breasts every 3 hours.

How do I store my breastmilk?

Pour your milk into a clean storage container. Leave about 1½ cm or ½ inch at the top of the container, so that it does not push the lid open during freezing. Close the container tightly and label it with the date.

Milk should be stored in single feedings. It may take several collections to get one feeding of breastmilk. Cool each collection in the refrigerator before adding it to already frozen breastmilk.

Use the chart on the next page to find out how long you can store breastmilk. This depends on the method of storage.

Method	Storage time
Room temperature (less than 25° C)	4 to 6 hours
One door fridge	4 to 8 days
Freezer section inside a fridge	2 weeks
Freezer section of a 2-door fridge	3 to 6 months
Deep freezer	12 months
Breastmilk storage times are for healthy full-term babies.	

If you have a baby in the hospital, check with your baby's caregiver for storage times for breastmilk in the NICU/Special Care Nursery. Remember to use a cooler bag to transport breastmilk to the hospital.

If you plan to use your milk within 8 days, you can keep it in the refrigerator. You do not have to freeze it

Important:

- Place containers at the back of the fridge and freezer where it is the coldest.
- Previously thawed breastmilk is safe for 24 hours in a refrigerator.
- Fresh breastmilk that has been in the fridge for 8 days or less may be frozen.

How do I thaw frozen breastmilk?

Always use the oldest breastmilk first. Never thaw breastmilk in the microwave. Thaw frozen breastmilk by leaving it in the refrigerator overnight or place the container in a pan of lukewarm water.

How do I use stored breastmilk?

After the breastmilk is thawed, keep it in the refrigerator and use it within 24 hours. Before feeding, warm the milk in a container of warm water only to body temperature. When the breastmilk is warm, swirl it to mix the breastmilk. You may see white flecks in the breastmilk. This is normal.

Do not microwave breastmilk. A microwave can make “hot spots” in the breastmilk that may burn your baby’s mouth and it can also destroy valuable nutrients.

Breastmilk should never be refrozen.

Some helpful hints

Feeding your baby with an artificial nipple during the first 4 to 6 weeks may change the baby’s suck and cause problems with breastfeeding. Ask your caregiver about other feeding methods that you can use temporarily while your baby is learning to breastfeed.

If possible, express or pump in a quiet, restful place. Think about your baby and try to relax. This will help your breastmilk “let down” or flow easily.

Other things that can help are:

- Warm compresses on the breast
- Breast massage
- Listening to music
- Looking at a picture of your baby
- Smelling your baby’s blanket or clothes

What if I am returning to work or school?

Continue to express or pump while you are away from your baby. This will help to keep up your breastmilk supply.

If you are collecting your breastmilk, carry the milk in a cooler bag with an ice pack.

If you return home and your baby has just been fed, you can breastfeed again or you may need to pump your breasts for comfort.

Your employer must provide extra time at work for pumping, according to Canada's Human Rights Code.



Managing problems

Some women run into problems and decide to stop breastfeeding earlier than they had planned. Common concerns are breastmilk supply and sore nipples.

Breastfeeding is important for your baby, so ask for help right away if you are having problems. Problems can be solved so you can continue to breastfeed your baby.

What should I do if my baby refuses to breastfeed?

Talk with your baby's health care provider as soon as possible. If your baby is not latching, hand express or pump 8 times a day. Your baby may need a check-up and you may need to express your breastmilk until the problem is solved.

What should I do if my nipples become sore?

Your nipples may be tender for the first week or so as your baby is learning to breastfeed. If they are still tender after the first week and are not getting better, ask your health care provider, lactation consultant or La Leche League for help with breastfeeding.

Changing the way your baby is positioned and latched on to your breast can usually solve the problem right away. Once your baby is breastfeeding well, your nipples will feel better and will heal quickly.

Here are some ways to feel more comfortable while your nipples are healing:

- Massage and hand express to get the breastmilk flowing before you put your baby to breast. You may also put a few drops of breastmilk on your nipples after baby feeds and allow them to air dry. This may help relieve discomfort.
- Many treatments are available to relieve nipple discomfort, such as creams and ointments, warm or cool compresses, gel therapies and dressings. **While some people find them helpful, the research shows that these are not better than expressed breastmilk at improving soreness.**
- When you feed your baby, offer the least sore nipple first. Babies usually suck more vigorously at the start of a feeding.
- Use relaxation techniques such as deep breathing before and during feeding.
- Talk with your health care provider about using medication that relieves pain.

Do I have enough breastmilk for my baby?

It is very rare not to have enough breastmilk for your baby. The information on pages 20 and 21 can help you check that your baby is breastfeeding well.

Talking with your health care provider, a lactation consultation or a La Leche League leader may help you feel more at ease.

What should I do if my breasts get very full and uncomfortable?

After the first 1 to 3 days your breastmilk changes in colour and amount. As the amount of breastmilk increases, your breasts may become full. This is called engorgement. This full feeling should go away in 1 or 2 days.

Try these steps if your breasts feel very full or hard, or your baby has trouble latching:

1. Feed your baby more often.
2. Have a warm shower or bath before feeding your baby. In the bath or shower, gently massage your breasts towards the nipples.
3. Express enough breastmilk (using guidelines on page 29), to make the areola feel softer. You may express breastmilk by hand or with a breast pump. If you need a breast pump ask a health care provider which type you should use.
4. If your breasts seem really full and hard and you are not able to express the milk easily from them, there may be fluid in the breasts that is preventing the milk from flowing. Massaging the breast towards the middle of your chest and towards your arm pits may be helpful before you hand express. Here is a link to a breast massage video: <https://vimeo.com/65196007>
5. Continue to feed your baby often, at least 8 or more times in 24 hours. This is about every 2 to 3 hours.

Wear a cotton bra that supports your breasts. Use cold packs on your breasts for 10 to 15 minutes between feedings. If you are very sore or your breasts are so hard that your baby cannot latch on, ask your health care provider for help.

What should I do if a breast hurts, but I do not feel sick?

If you feel a hard, firm area on your breast which hurts, but you do not feel sick, you may have a plugged milk duct.

Try these things to help:

- Continue to breastfeed your baby at least 8 or more times a day. This is about every 2 to 3 hours.
- Begin feeding on the breast that hurts to encourage drainage.
- Make sure your baby is latched on properly.
- Change breastfeeding positions throughout the day, with at least one feeding with the baby's chin or nose pointing towards the plugged duct.
- Make sure that your bra is not too tight. Take off your bra to breastfeed.
- Gently massage the sore area with the heel of your hand while you are breastfeeding or having a shower or bath. Massage from the sore spot towards the nipple.
- Rest when your baby rests.
- If your breast is still sore after trying these things for 24 hours, call your health care provider.

What should I do if my breast hurts and I feel sick?

If your breast hurts and you feel sick, you may have a breast infection called mastitis, which needs treatment.

Call your health care provider right away if your breast hurts and you:

- Have chills or a fever
- See red streaks or the skin on your breast changes colour
- Feel as if you have the flu

If you are given antibiotic medication, **take the pills until they are all gone**, even if you start to feel better after a day or two.

Apply moist warm compresses before feeding your baby to help with breastmilk flow. To help ease the pain apply cool compresses for 10 to 15 minutes after feeding or expressing. It is safe to take ibuprofen, such as Advil® or Motrin®, to relieve pain or discomfort.

Continue to breastfeed your baby at least 8 or more times a day to keep your breasts well drained. It is safe to feed your baby from the sore breast.

If you feel sick, it may help to rest in bed and drink plenty of fluids. If you are not feeling better after 24 hours, call your health care provider again.

Can I breastfeed if my nipples are flat or inverted?

Nipples normally come in different shapes and sizes. A baby does not usually have problems latching onto his mother's nipples.

Women who have one or both nipples that are flat or dip inward (inverted) can still breastfeed their baby. You may need some extra help when you begin to breastfeed. During pregnancy it is not helpful to pull or rub your nipples to help them “come out”.

If your baby has a problem latching onto your breast, contact a lactation consultant for help. If your baby is not latching on, express your breasts to keep up your breastmilk supply. Use the expressed breastmilk to feed your baby.

What if my nipples are pierced?

If your nipples are pierced, take out the nipple jewelry for feedings. You may have more leaking due to the holes in the nipple area.

What if my doctor says my baby needs a supplement?

If your doctor identifies a medical reason that your baby needs a supplement, use your expressed breastmilk to supplement your baby. Expressing breastmilk will also increase your breastmilk supply.

Your health care provider can tell you about different supplements and how to give your baby the supplement.

Follow-up care, help and support

When does my baby need a check-up?

Your baby needs to have an appointment with the doctor or midwife within 48 hours or 2 days after your baby leaves the hospital. Your midwife may visit your baby at home.

Over the next month, the doctor or midwife will continue to check your baby to make sure he is healthy and gaining weight.

When should I get help?

Ask a health care provider for help if:

- You have any questions or concerns about breastfeeding.
- Your baby does not want to eat – refuses 2 feedings in a row.
- Your baby does not wake, cry or fuss to be fed after 6 hours.
- Your baby does not have the expected number of wet diapers and stools for his age (see chart on page 21). It is important to know how many wet and dirty diapers your baby has each day.
- Breastfeeding is painful or your nipples are red, cracked or blistered.
- You feel a burning or shooting pain at the nipple or inside your breast.
- You have itching or a rash on your nipple or areola.
- You have a lump on your breast that does not go away with massage after 24 hours.
- You have a fever, or flu-like symptoms.

Where can I get breastfeeding support?

In the hospital, you can get help from your nurse, doctor or midwife, or a lactation consultant. When you go home, call your local Public Health Office for information about breastfeeding services in your community. Here's where you can get help and support if you live in the Hamilton area.

Health Connections 905-546-3550

8:30 am - 4:30 pm Monday to Friday

Telephone support and referral for breastfeeding and other family health issues.

Healthy Babies, Healthy Children

Postpartum, home visiting program. The nurse can support parents with breastfeeding and/or other newborn issues. Usually referred from hospital, but you can refer yourself.

Call Health Connections **905-546-3550**

Public Health Breastfeeding Support

Support by Public Health Nurse Lactation Consultants

By appointment – Call Health Connections..... **905-546-3550**

St. Joseph's Hospital Breastfeeding and Newborn Assessment Clinic (BANA)

By appointment only, 7 days a week **905-522-1155**
ext. 33485

McMaster Children's Hospital NAP Clinic (Newborn Assessment Post-discharge)

9 am to 11 am - 7 days a week. For babies born at McMaster.

By appointment **905-521-2100**
ext. 76347

Joseph Brant Hospital Breastfeeding Clinic – Burlington

For women with a family doctor or pediatrician that works at Joseph Brant Hospital **905-681-4840**

La Leche League **1-800-665-4324**

For peer support, dates and times for meetings. www.lllc.ca/get-help

After hours telephone support – Telehealth **1-866-797-0000**

International Breastfeeding Centre (Newman Breastfeeding Clinic)
www.nbci.ca/ **1-416-498-0002**



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For more information or to contact the committee, please check our website at:
www.hamiltonrlc.com

dpc/pted/lgbkl/LearningToBreastfeedYourBaby-lw.docx
dt/May 6, 2019

