

Breastfeeding

Getting it Right



Early Breastfeeding Days...

Breastfeeding: Getting it Right

Congratulations for choosing to breastfeed your baby...
Breastmilk is the best food for your baby.

Health Canada says that breastmilk should be the only food or drink for the first six months of life and after that breastfeeding should continue for two or more years along with the gradual introduction of new foods.

Breastfeeding is a unique experience with each new baby.
It takes time for both of you to “get it right”.

The most important things to “get breastfeeding right” are:

- Holding your baby “skin to skin” right after the birth for at least 60 mins.
- Putting your baby to breast as soon as possible
- Holding and positioning your baby correctly
- Latching your baby correctly

A Vitamin D supplement of 400 IU is recommended by the Canadian Paediatric Society for babies who are fed breastmilk only.

Getting Started

1 Wash your hands with soap and water.

2 Use a warm pack or towel before feeding to help breastmilk flow.



3 Massage breasts.

Support the breast using the C-hold, with one hand on top and one hand underneath.

Apply pressure by moving the fingers along the breast towards the nipple. Rotate around the breast to ensure all areas are massaged.



Hand Expression

You may wish to express a few drops before putting baby to breast. This will help your baby get breastmilk easier. If you wish to continue to express and save breastmilk, catch breastmilk in a plastic or glass container that has been washed in hot soapy water, rinsed with hot water and allowed to air dry.



Place your thumb and 1st two fingers 1-1 1/2" away from the nipple



Push your thumb and fingers back toward your chest



Roll your thumb and 2 fingers together

Holding and Positioning Your Baby

- Sit comfortably with your back supported and feet raised to bring knees up, use a pillow to bring your baby up to the level of your breast.
- Position your baby so that his/her whole body is turned to face your breast (tummy to tummy), keeping your elbow under your baby's bum so it is tucked in around your body.
- Support your baby's back with your forearm and his/her neck and shoulder with your hand. Allow his/her head to tilt back slightly by applying pressure between the shoulders.
- Try different positions and use the one that works best for you and your baby.



For video clips on positioning and latching go to:
www.drjacknewman.com
www.breastfeedingonline.com

Positioning

Cross Cradle Position



Works well:

- When learning to feed
- With small baby

Football or Clutch Position



Works well:

- When learning to feed
- If you had caesarian birth
- If nipples are sore
- If breasts are large

Side Lying Position



Works well:

- If too painful to sit
- If you need to rest
- If baby latches well

Cradle Position



Works well:

- If breastfeeding is going well
- If baby latches well

Latching your Baby Correctly

Support your breast with your thumb on one side, fingers on the other and your hand well away from the areola.

STEP 1: Massage your breast before starting (see "Getting Started").

STEP 2: Tickle your baby's top lip with your nipple pointed upward and wait for him to open his mouth wide (like a yawn) with his/her tongue out.

STEP 3: Quickly, bring your baby towards the breast, chin first, catching the bottom lip on the breast approximately 1 inch (2.5 cm) away from the base of the nipple.

STEP 4: Guide the top lip up & over the nipple, landing on the breast just above the nipple.



How to Check a Good Latch

A good latch should not hurt - if you feel nipple pain get help. With a good latch, you should see the following:

- The chin should be pressed against the breast with the baby's head tilted back slightly (you will NOT see the baby's bottom lip.)
- The nose can be lightly touching the breast (it is NOT necessary to press down on the breast to create breathing space, as the baby will pull away from the breast if he/she cannot breathe. You can apply pressure between the shoulders instead of the head to tilt his/her head back to improve latch.)
- The feeding begins with little sucks progressing to sucks that become deep and slow; there should be a pause during the suck when the baby's mouth opens wide. The longer the pause, the more breastmilk the baby is getting. On average, there should be at least 10-20 minutes in total of this deeper and slower type of suck at each feeding.
- You may hear gulping sounds or quiet sounds like "ca" or "eh" when the baby swallows. You should not hear "clicking" or "smacking" with a good latch. If you are unable to hear or see your baby swallow breastmilk, seek help from a lactation consultant.

How to unlatch Your Baby

If you need to take your baby off the breast, keeping your baby close to the breast, insert your forefinger or pinkie finger into the corner of your baby's mouth, sliding your finger alongside the breast far enough inside the mouth so that you hear a gentle "popping" sound (suction/seal is broken). Quickly slide your baby away from your breast.



How Often? How Long?

- In the first two to three days the breastmilk is called colostrum. It is made especially for those early days and is usually all the food or drink the baby needs.
- The first feeding should be as soon as possible after delivery. It is important that your baby feeds every 1-3 hours in the first few days. Newborns are often sleepy and need to be awakened and encouraged to feed. If your baby is unable to feed, pumping within the first 6 hours is recommended.
- Hold your baby with his/her bare chest against your bare chest. Holding skin-to-skin as often as possible helps your baby learn to eat.

More Feedings = More Milk Produced

- After the first few days, your amount of milk will increase & your baby should be waking & showing signs of hunger on his/her own. If your baby is not waking on his/her own, you may need to wake him to ensure he/she is feeding at least 8-12 times in 24 hrs.
- Some babies will feed 4-5 times in 4-5 hours. This is normal and is called "cluster feeding". After a cluster feeding your baby will sleep for a longer stretch. This is fine as long as your baby is feeding well.
- The length of feeding varies from baby to baby and from feeding to feeding. It is not the length of time at the breast that is important, but how much breastmilk your baby is drinking (You should see/hear consistent swallowing).
- It is important that your baby feed on the first breast until he/she stops drinking. Burp him/her, change him/her and repeat on the other breast. If your baby does not seem full, go back to the first breast (see "breast compression" to help baby drink more).
- Always offer both breasts at each feed, even if he/she seems satisfied after feeding on one breast. At the next feeding, offer the breast that your baby fed on last.

Breast Compression

Breast compression is applied to the breast while the baby is breastfeeding to increase and maintain milk flow.



- Hold your baby with one arm, thereby freeing up one hand.
- With the free hand, hold your breast, thumb on one side, fingers on the other, keeping back close to the chest wall, clear of the areola.
- When your baby's sucking slows, when there are several sucks before a swallow or when he/she begins to fall asleep at the breast, compress the breast by squeezing the breast. The pressure should be firm but should not hurt.
- Hold the squeezing action until your baby stops sucking and swallowing and then release.
- If your baby continues to suck and swallow, do not compress again. If the swallowing decreases, then compress again.
- Continue until your baby stops swallowing even when compression is applied.

See www.drjacknewman.com for useful video clips

Is my baby getting enough?

A baby who feeds well will show the following signs:

- Small sucks moving to large deep sucks (open mouth, pause, close mouth slightly).
- Your baby will end each feeding by falling asleep at the breast or coming off breast satisfied.
- Your baby will remain satisfied between feeds.
- Your baby is waking to feed 8-12 times in 24 hrs.
- Your baby has a loud cry and moves actively.
- Your baby's mouth is wet and pink.
- Your baby's eyes look bright and awake.

NOTE: Babies can stay on the breast for long periods of time and not receive breastmilk. The breast can be a great pacifier. Seek help if you are unsure.

Most babies will have at least:

Day	1	2	3	4	5+	Over 4 Weeks
# wet diapers	1	2	3	6	6+	6+
# of stools	1	3+	3+	3+	3+	May decrease
Colour	black & tarry	black & tarry	greenish to yellow & seedy	changing to yellow & seedy	yellow & seedy	colour can change frequently

Bowel movements can change and decrease in frequency after 4 weeks.

Some babies can go several days without a bowel movement but be sure the diapers are very wet.

Your doctor or midwife should see your breastfed baby within five to seven days after birth. If you have concerns, contact your health care provider.

Weight Gain for Breastfed Babies

Baby's Age	Average Weight Gain for Breastfed Baby
First two weeks	Some infants lose up to 7% of their birth weight; should begin gaining by day 5 and are usually back to birth weight by 14 days of age
2 weeks - 4 months	At least 4 ounces or 113 grams a week
After 4 months	Weight gain much slower but remains steady

Is My Baby Getting Enough?

Care of Breasts and Nipples

Normal washing is all that is needed to clean your breasts

Change breast pads often and avoid breast pads with plastic backing

Make sure you are unlatching correctly (see How to Unlatch Your Baby)

Caring for Breasts that are hard (engorgement)

You can manage your engorgement by feeding your baby frequently (at least 8-12 times in 24 hours). Be sure to continue to breastfeed if you are engorged. If your breasts become too full, your baby may have difficulty latching on. If this happens try the following:

- Warm compresses before feeding may help the breastmilk to flow; if your breasts are extremely swollen, cold compresses before, between and/or after feeding may also help.
- Massage your breasts before and during feeding.
- Hand express some breastmilk to soften the areola around the nipple before latching your baby.
- Make sure the baby or the pump is removing lots of breastmilk; if your breasts remain hard and full after a feed or pumping, then your milk supply may go down over time.

If you have engorgement that lasts longer than 24 hours or you cannot latch your baby, seek help

Solving Common Breastfeeding Problems

Very few circumstances require you to stop breastfeeding. If breastfeeding needs to be interrupted, seek help from a lactation consultant on how to maintain your breastmilk supply.

Sore Nipples

You can avoid sore nipples with a good latch. If you feel nipple pain when latching or breastfeeding, review information on positioning and latching, or seek help from a lactation consultant.

Plugged Ducts

Plugged ducts are lumps in your breasts which occur when your breasts are not properly drained. To prevent plugged ducts, make sure your baby is latching well. Massaging your breasts during feedings may help you find and relieve plugged ducts.

Mastitis

Mastitis is a result of swelling and infection in the breast (usually caused by a plugged duct which was not relieved). Mastitis comes quickly with flu-like muscular aching followed by fever, chills and a hot/reddened/tender area on the breast. If you have mastitis, **DO NOT STOP BREASTFEEDING**. Seek medical attention for possible antibiotics and your local breastfeeding clinic for support.

Breastfeeding Checklist: Your Baby's Feedings

On day 4, answer yes or no to the following statements:

If you answer "yes" to any of the following during your breastfeeding experience, call a breastfeeding expert.

- I cannot tell the difference between sucking and swallowing
- I am experiencing sore nipples/breast pain
- I am using/thinking about using a supplement
- My baby is having less than 3 bowel movements in a day
- My baby is having less than 6 wet diapers in a day
- I am not sure if breastfeeding is going well
- My breasts remain hard and full after a feeding
- My baby is not swallowing consistently during the feed
- I am using/thinking of using a breast shield
- My baby is sleepy and hard to wake for feedings
- My baby is feeding less than 8 times in 24 hours



Calling for Help

Niagara Health System:

Toll Free to all sites: 905-378-4847

Greater Niagara General Hospital Site:

905-358-0171, Ext. 53705, clinic by appointment

St. Catharines General Hospital Site:

905-684-7271, Ext. 43223, clinic by appointment

Welland County General Hospital Site:

905-732-6111, Ext. 33351, clinic by appointment

West Lincoln Memorial Hospital, Grimsby:

905-945-2250 Ext. 354

La Leche League:

1-800-665-4324

For more information about breastfeeding support and community resources in the Niagara Region, call:

The Parent Talk Information Line:

1-888-505-6074 Ext. 7555 or 905-688-8248 Ext. 7555

Refer to "Need Help with Breastfeeding" Resource Pamphlet

Websites:

www.breastfeedingniagara.ca

www.niagararegion.ca/living/health_wellness/breastfeeding

www.lllc.ca

www.drjacknewman.com

www.breastfeedingonline.com

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Watch for information about the Niagara Baby-Friendly™ Initiative in 2009.

www.niagararegion.ca/living/health_wellness/breastfeeding/niagara-baby-friendly-initiative