

Prenatal Breastfeeding Class

The New Brunswick Curriculum

Slide Presentation Notes

New Brunswick Baby-Friendly Initiative Steering Committee
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SLIDE 1

Welcome!

This class has been designed by the New Brunswick Baby-Friendly Initiative Steering Committee, 2020. All information is consistent with the Breastfeeding Committee for Canada's adaptation of the World Health Organization, Baby-Friendly Hospital Initiative, Ten Steps to Successful breastfeeding.

The class is used across the province which helps to ensure that wherever you give birth in New Brunswick, the information is consistent.

Throughout the class, the words “mother” and “mothers” are used. Breastfeeding has been traditionally understood to involve individuals who identify as women and has been approached with the assumption that those who are breastfeeding are cisgender mothers. We acknowledge individuals who may not identify as female and are in a human-milk feeding relationship with their baby/child.

Furthermore, we acknowledge the rich spectrum of family relationships that exist, including LGBTQIA2S+ families, blended families, surrogacy, adoption and more. The breastfeeding experience may be different for these families, and while it is not within the scope of this course to discuss them in detail, we encourage all families who may want to learn more about breastfeeding in their specific situation to contact their primary care provider or local lactation consultant for more information.

Our goal is to provide you with evidence-informed information about the importance of breastfeeding to the health of your newborn/child, and for you, your family and the community. In addition, our goal is to share basic information to help you breastfeed successfully and reduce the chances of problems occurring.

To make an informed decision about feeding methods, you should receive research-supported, evidence-informed information and should discuss any questions or concerns with your primary care provider. Once you make your decision, be assured that staff will support and teach you more about feeding your baby.

The content of this class is about breastfeeding. For families who have made an informed decision to use formula full-time or who are supplementing breastfeeding for medical or personal reasons, information about formula (including safe preparation, storage, and feeding) will be given one-on-one. In this way, the family can be sure about the steps that are important to know. All families are supported in their decision about infant feeding.

SLIDE 2

Here are the objectives for the class:

- The importance of breastfeeding for optimal health
- How to get breastfeeding off to a good start
- Ways to help make breastfeeding easier
- The value of support and where to find it

This class contains breastfeeding information that will help prepare you in advance of your baby's birth as the time you are in hospital is typically quite short and busy. Being prepared ahead is a positive first step.

A bit about your hospital stay:

Most mothers stay in hospital between 24-72 hours. This depends on how you are recovering from the birth and how well your baby is learning to feed. Remember that the health care team is there to support you as you become comfortable with your new role as a parent.

The health professionals working in the maternity department have taken a specialized breastfeeding course. They can guide you during your pregnancy and from the birth of your child onward.

Lactation consultants are also available for consultations. They are qualified to address more in-depth problems, if they happen, and are able to help and guide you through your breastfeeding journey.

Remember that:

Your baby will be feeding often during the day and night, so getting rest through the day, as much as possible, is important.

If you have concerns or questions before going home, speak up and let your nurse know.

SLIDE 3

What is the Baby-Friendly Initiative?

The Baby-Friendly Hospital Initiative (BFHI) is a World Health Organization/UNICEF best practice initiative that helps to ensure that parents and infants receive the highest quality of person-centered care. In Canada, we use the term Baby-Friendly Initiative to recognize that the continuum of care is seamless between hospital and community services.

Baby-Friendly facilities create an environment where the decisions of women and their families are protected and supported. Over the past decades, evidence confirms that the Baby-Friendly Initiative improves breastfeeding rates, which is why in New Brunswick all health care facilities are working towards achieving Baby-Friendly Initiative designation.

What this means for parents is: you'll be taught about breastfeeding basics, safe skin-to-skin care, responsive cue-based feeding, and how to support your newborn when receiving painful procedures.

If you would like to read more about BFI, visit <https://apps.who.int/nutrition/bfhi/ten-steps/en/index.html>

SLIDE 4

Health Canada Recommendations

Health Canada (2015), and many other health authorities (Canadian Pediatric Society, Society of Obstetricians & Gynecologists Canada) recommend:

- Exclusive breastfeeding for 6 months
- Continued breastfeeding for 2 years or longer
- Introduction of complementary foods at about 6 months of age
- Vitamin D supplement

Exclusive breastfeeding

Exclusive breastfeeding means that no drinks or foods other than breastmilk are given to a baby. Breastmilk contains everything your baby needs for the first 6 months of life. Vitamin and mineral supplements or medicines are permitted if needed.

Continued breastfeeding for 2 years or longer

At about 6 months of age babies will show signs of readiness to eat and they should start to receive complementary foods in addition to breastmilk. Breastmilk is still the main source of nutrition as you gradually introduce your baby to new, nutritious foods.

At 12 months of age, breastfeeding continues to be important, providing 1/3 to 1/2 the calories that your child needs. It also continues to be important for protection against disease. In fact, some of the immune factors in breastmilk increase in concentration during the second year. So, it is important that children continue breastfeeding to age 2 or for as long as the family wishes. Please set your goals based on what you feel is important for your family keeping in mind that every day you continue is important for your health and your child's health.

Remember, as the baby grows and is eating solid food, they generally breastfeed less often and for shorter periods of time.

There is no age at which the milk “runs out” of vitamins/protein etc., so continue for as long as you wish. In some cultures, the child breastfeeds for the first few years and weans themselves when they are ready.

Vitamin D:

Health Canada recommends a daily vitamin D supplement for exclusively breastfed infants (10 micrograms/ 400 IU). You can ask your primary care provider about the correct amount for your baby as this may be different if your baby is born preterm.

SLIDE 5

Breastfeeding is Natural

Humans are mammals and biologically capable of producing breastmilk.

Breastfeeding is part of the reproductive cycle. It's natural, but natural is not always easy. As with many aspects of parenting, breastfeeding is a new skill and learning a new skill takes time and practice.

Our culture has changed over the last few years and we are seeing more babies breastfeeding in the mall, at the rink and wherever else they may decide they're hungry. In addition, we are seeing more toddlers continuing to nurse for longer than in past years and continuing to nurse when their siblings are born. We will eventually see the positive impact this has on the health of our population and the impact on our environment!

This also means we will have more role models and more people who can support breastfeeding.

SLIDE 6

Why Breastfeed?

Each item on this page represents how breastfeeding makes a difference to you or your baby. Before reading the list below, look at each item and see what you can think of.

Symbolic meaning of the items:

- Watch:** Your milk is ready-to-go, nature's "fast food". There's nothing to prepare – just sit, relax and enjoy this time with your baby.
- Money:** Breastfeeding costs very little. Use your money for other things you need.
- Stethoscope:** Breastfeeding gives some protection against many childhood infections, especially ear infections and diarrhea. For mothers, there is a decreased risk of breast and ovarian cancers.
- Tissue:** Breastfed children have some protection from illnesses and allergies
- IQ:** Breastfeeding supports optimal brain growth and development.
- SIDS:** Breastfeeding provides some protection from Sudden Infant Death Syndrome (SIDS), also known as crib death.
- Car:** It is easy to go out and to travel with breastfed babies – no equipment needed. Milk is always ready, safe and at the right temperature.
- Donor blood:** Breastfeeding helps to control blood loss after birth.
- Needle:** Breastfeeding helps your baby's immune system be the strongest it can be. It also ensures the best response possible after an immunization.
- Scales:** Breastfeeding burns calories and helps you to lose some of the weight that was gained during pregnancy. It also helps decrease childhood obesity.
- Earth:** Breastfeeding is environmentally friendly. It leaves no carbon footprint, no waste to go to landfill sites, requires no external source of electricity and reduces green-house gas emissions.

The longer a baby breastfeeds, the greater the positive impact will be on the overall health of the family, society and the environment.

Women who breastfeed also have the hormonal influence that decreases anxiety, stress levels, and promotes relaxation.

In addition, the family can save approximately \$2,000 or more in the first year without the need to purchase formula and feeding supplies.

SLIDE 7

Nature Knows What to Do

Changes in your body:

Preparing for breastfeeding starts when menstrual cycles began. Your body started to develop the structures that make breastfeeding possible.

The process of lactation (*or milk production*) started as soon as you became pregnant. Hormones cause many changes in the breasts during pregnancy to prepare for breastfeeding. Inside the breast, milk glands and tubes (also called ducts) increase in number and grow in size. Some women experience breast tenderness and may notice a change in size. Others experience the changes after the baby is born.

On the outside, the areola darkens and may increase in size to help baby locate the breast after birth.

Montgomery Glands are the raised areas that can be seen on the areola. They produce an oily substance that makes the nipple and areola less dry and helps prevent germs from growing on them. It also helps the baby to locate the nipple immediately after birth as the smell resembles the familiar smell of the amniotic fluid. Since Nature is doing this, it means that ointments or creams are not needed. These products may even be a source of infection and could cause nipple dryness. Scented products can interfere with the baby's ability to locate the nipple.

The breast starts producing the first milk, colostrum, around 16 weeks or the 4th month of pregnancy.

Once baby is born, the placenta detaches and causes a drop in progesterone. This tells your body to increase milk production more rapidly and triggers the transition from colostrum to mature milk.

Another change in the breasts happens around 3 to 5 days after birth. As milk production surges, the breasts will increase in size. This is what is commonly referred to as "the milk coming in". During this time, the breasts may feel full, firm and somewhat uncomfortable.

This is temporary and is called engorgement. Frequent feeding will help relieve the fullness and discomfort during this period. Cold compresses can help decrease the swelling that occurs.

The first 24 hours after birth is an important time to establish the breastfeeding relationship. Birth can be exhausting for everyone and there is a brief window of alertness when a newborn will most easily accept the breast and latch well. Immediate and uninterrupted skin-to-skin contact for first 1 to 2 hours after birth is recommended for all stable babies and will help to establish breastfeeding. Skin-to-skin contact will be explained more fully on an upcoming slide.

SLIDE 8

How Breastmilk is Produced

- Milk is made in the alveoli (milk producing sacs). With stimulation the milk travels from the alveoli through a network of ducts to the nipple. There can be 15-25 ducts inside the breast.
- Each nipple has 15 to 25 openings to allow milk to flow to the baby.
- The amount of milk produced depends on how often and how effectively the baby removes milk from the breast.
- When the baby breastfeeds more frequently, has a good latch and effective suck, more breastmilk will be produced. This is called the principle of “demand and supply.” For the most part, milk production is a “use it or lose it” process. The more often and effectively the baby nurses, the more milk is made.

The quantity of milk produced is not determined by breast size, although breast size can affect the amount of milk that can be stored.

Storage capacity:

Another factor that affects how often the baby will feed is milk storage capacity. Storage capacity is the amount of milk that the breast can store between feedings. This can vary widely from person to person and also between breasts for the same person. People with a larger milk storage capacity may be able to go longer between feedings without impacting milk supply and baby’s growth. However, if the storage capacity is smaller, the baby may need to breastfeed more often to satisfy the appetite and maintain milk supplies. Large or small breast can produce plenty of milk for baby.

Consider this: you can easily drink a large amount of water throughout the day using any size of cup – small, medium or large – but if you use a smaller cup it will be refilled more often.

SLIDE 9

Changes in Your Breastmilk

Your breastmilk will change during the time that you breastfeed. These changes happen naturally and are controlled by hormones and your baby.

There are three changes that occur in the first few weeks: the milk changes from colostrum, into a transitional milk and then becomes a mature milk.

Colostrum:

- Is produced from about the fourth month or 16 weeks of pregnancy.
- It appears as semitransparent, thick and sticky and may range in color from pale yellow to a deeper golden shade.
- It acts as a lubricant and aids in emptying the baby's bowel of thick meconium (dark green stool).
- It is also the baby's first immunization against bacteria and viruses.
- It is made in small amounts that will fill the baby's small stomach. The stomach grows/expands in the first few days after birth, and the supply of colostrum increases during this time as well.

Transitional milk:

- Is produced in greater volume by the body starting around the third day after birth and continues to change until mature milk is made.
- The color of the milk can change.
- Transitional milk is a combination of colostrum and mature milk.
- It is important to note that colostrum is part of your milk for approximately 21 days after birth.

Mature milk:

- Is reached between 2-3 weeks after birth.
- It can resemble 1% milk in color/thickness.
- Mature milk has both foremilk and hindmilk. Both are nutritious and important for the baby to have:
 - Foremilk is higher in water (helps to quench the baby's thirst) and water-soluble vitamins. It is also high in lactose – the sugar that gives the baby

energy to complete the feeding. Foremilk is what the baby receives at the beginning of the feeding.

- Hindmilk is higher in fat and other vitamins. The higher fat milk adds the extra calories and helps the baby to feel full and sleepy!
- The transition from foremilk to hindmilk occurs naturally as the baby drains the breast.
- There is an increased concentration of immune system boosters in the second year which helps to provide more protection.

SLIDE 10

Breastmilk changes to suit your baby!

Breastmilk is never boring. It changes to keep up with the baby's needs.

It changes:

- according to the gestational age of baby at birth. (The milk of a mother giving birth before 37 weeks of gestation has more protein and higher levels of some minerals)
- with baby's age (colostrum → transitional milk → mature milk)
- according to time of day (more fat at night)
- during the feeding (foremilk is higher in water and water-soluble vitamins, and hindmilk is higher in fat and calories)
- according to season (during the summer, the milk contains more water)
- with what you eat and drink (flavour changes)
- between breasts (tandem nursing)
- with exposure to infection (increased white cells), for either the baby or the breastfeeding parent.

Human milk or breast milk is specially designed for baby. It has many "live" components and contains all the nutrients to ensure your baby reaches their full growth, development and immune system potential.

It provides immunity for babies, as it contains:

- antibodies and other factors to protect the gut (bowel)
- white blood cells to destroy harmful bacteria
- components to prevent germs from attaching

- beneficial bacteria
- and is a natural antibiotic

Breastmilk is safe, always at the right temperature, and portable.

SLIDE 11

Feeding Your Baby

Positioning can make a difference for both you and your baby during feedings. There are no definite rules, however, there are some checkpoints or tips to help. The goal is that you are comfortable, and the baby has easy access to the breasts and achieves a good latch.

Try a variety of breastfeeding positions to figure out what works best for you and your baby. **PLEASE PRACTICE WITH A DOLL AS YOU VIEW THE NEXT FEW SLIDES.**

The most common positions are: laid back or baby led-latching, cross cradle, football, cradle, lying down, and positioning for tandem feeding.

Tips:

- Find a position that is comfortable for you. Remember that while baby is learning to feed efficiently, you may be sitting for a while, so comfort is important.
- Good posture and body alignment with knees slightly higher than hips. You may need to use something under your feet. Sitting in a chair may be easier for positioning, however, if you are uncomfortable while sitting, lying down may work better.
- Try to avoid leaning forward to breastfeed. Bring the baby to you and not your breast to the baby.
- Support for your back and arm may help. Pillows can be used for support; however, a special breastfeeding pillow is not required.

Baby's position:

- Base of the head and body are supported.
- Head is at the level of the breast or slightly under your breast.
- Ear, shoulder, and hip are in a straight line.
- Head and neck are slightly extended in a sniffing position.

- Chest is facing your chest (chest-to-chest & tummy to tummy).
- Nose is facing your nipple and the baby's chin touches your breast.

These tips are important for all the breastfeeding positions that you use.

Practicing positions using a doll or a teddy bear until the real baby arrives will help build your skill and confidence!

SLIDE 12

Laid-back or Baby-led latching

Laid-back or Baby-led latching is a natural and simple way for baby to get to the breast. It is helpful for when the baby is learning to breastfeed, not breastfeeding well, or if your nipples are sore.

You should be comfortable in a 'laid back' position with the baby lying skin-to-skin, tummy down, on your chest.

In this position, the baby's instincts kick in. They will start to search for the breast and often will latch with a very wide mouth.

Practice with a doll or a teddy bear.

VIDEO: Laid-back or Baby-led Latching <https://bit.ly/3maW8du>

SLIDE 13

Football, Cross-cradle

Practice with a doll or a teddy bear.

VIDEO: Football Position <https://bit.ly/3oMYL7f>

SLIDE 14

Lying Down

Practice with a doll or a teddy bear.

VIDEO: Lying Down Position <https://bit.ly/3mdwghc>

SLIDE 15

Tandem Nursing & Twin Nursing

Many mothers continue to breastfeed their toddler during and after pregnancy for a new baby. This is called tandem feeding. For the majority of healthy people, this is safe. Talk with your primary care provider about this.

It is possible to nurse twins and in fact, multiples can be very successful at breastfeeding. If you are expecting multiples, connect with others in your community to see how it worked for them. During the first days in hospital, staff will help you to make sure each baby knows how to latch well and then will help with feeding them together if you wish.

SLIDE 16

Cradle & Saddle

Practice with a doll or a teddy bear.

VIDEO: Cradle Position <https://bit.ly/3m8RTPU>

VIDEO: Saddle Position <https://bit.ly/37UYvMy>

SLIDE 17

Good Latch

Correctly latching the baby to the breast is important for many reasons:

- To prevent sore nipples. The initial few seconds of the latch may be slightly uncomfortable; however, there should not be *pain* – there will be a tugging or a pulling sensation as the baby stretches the nipple back to the soft palate.
- To ensure the baby can transfer milk easily. Picture a straw – when the baby has a wide mouth, the straw is round and allows a good flow of milk. If the straw is pinched, it takes more work and takes longer to get the same amount of milk. In addition, the nipple is damaged.
- To establish an abundant milk supply. The breast is drained more effectively which tells it to refill abundantly.

How to get an effective latch:

- Baby should be skin-to-skin and tucked in close.
- Turn baby's entire body (not just the head), chest-to-chest, tummy to tummy.

- Support breast with the hand in a C or U hold (depending on what is appropriate) keeping fingers well back from the areola – “Thumb to nose”
- C hold:
 - The fingers are flat against the chest wall below the breast with the first finger (or two) supporting the breast
 - The thumb is on top of the breast, above the areola
- U hold:
 - The hand is under the breast, against the chest wall, with the web between the thumb and first finger supporting the breast
 - The thumb will be on one side of the breast with the rest of the fingers on the opposite side
- Baby’s nose should be at the same level as the nipple – “nose to nipple”
- Touch the baby’s upper lip (just under the nose) with the nipple to encourage him to open the mouth wide. This will place the lower lip down low enough so that it will cover a large portion of areola.
- Wait until the baby opens his mouth wide, like a yawn.
- Bring the baby onto the breast while the mouth is wide.
- The baby should be supported at the base of the head, and shoulders.

If the baby has latched correctly, the nipple should be round at the end of the feeding. It will not be pinched or flattened.

When breastfeeding is first being established, supporting the weight of the breast throughout the feeding will help to maintain a deep latch – particularly if the breast is heavy. Women who have larger breasts may choose to use a small roll under the breast for extra support. Once breastfeeding is established and the baby can maintain a deep latch, support during the entire feeding may not be necessary. However, if at any point, nipples become sore, encourage a return to supporting the breast.

ENGLISH:

<https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/?portfolioCats=191%2C94%2C13%2C23%2C65>

FRENCH:

<https://globalhealthmedia.org/portfolio-items/lallaitement-maternel-et-la-bonne-prise-de-sein/?portfolioCats=253%2C135%2C15%2C34%2C74>

SLIDE 18

What differences do you see between good latch and poor latch?

Good latch:

- Chin touching breast
- Nose is away from the breast
- Mouth is wide open with lips flanged
- Areola is more visible above than below the mouth. Latch is asymmetrical

Poor latch:

- Chin away from breast
- Mouth is not wide open
- Lower lip is pointing forward or turned in
- Areola is more visible below than above or equal amount

If you are experiencing pain, remove the baby from the breast.

To do this, gently insert a finger into the corner of the baby's mouth, break the suction and take the baby off the breast quickly to prevent ongoing damage. This also will tell the baby that the latch was not correct.

SLIDE 19

What differences can you see?

Good latch:

- Nipple is round

Poor latch:

- Nipple is flattened and pinched

A poor latch will cause sore nipples, a hungry baby, and a reduced milk supply. If pain is felt when the baby is on the breast (not simply a 'passing' discomfort) a poor latch may be the problem.

Gently remove the baby from the breast and start again.

Reminder: To take the baby off the breast and break the suction, gently insert a finger in the corner of the baby's mouth and leave it in baby's mouth between gums until baby is completely off the breast. If you just "break the seal" there is a risk of baby closing the mouth on the nipple as it is being removed, thus damaging the nipple.

SLIDE 20

What Can You See?

Picture 1 - Good latch:

- Chin touching breast
- Nose is away from the breast
- Mouth wide open
- Areola more visible above than below the mouth
- Cheeks appear to be full and rounded (not dimpling in)

Picture 2 - Good latch:

- Chin touching breast
- Mouth wide open
- Both lips are flanged (turned outward)
- Areola more visible above than below the mouth
- Cheeks appear to be full and rounded (not dimpling in)

SLIDE 21

What Can You See?

Picture 1 - Poor latch:

- Chin is away from breast
- Mouth is not wide open
- Areola is more visible below than above or equal amount

Picture 2 - Poor latch:

- Mouth is not wide open
- Upper lip is turned inside
- Areola is more visible below than above or equal amount

Poor latch is the major cause of sore nipples.

How to care for sore nipples:

- Fix the latch
- Express colostrum/milk and let it air dry on the nipple

The best treatment for sore nipples is to prevent it from happening. So, remember to be patient and wait for the baby to open the mouth as wide as they can. Watch them when they yawn, or when they are showing signs of hunger and rooting – see how wide they can open.

SLIDE 22

Getting Off to a Good Start

There are some practices that really help get feedings off to a good start, and some other practices that may slow things down. Even if it isn't a perfect start, with a bit of time, patience and practice, breastfeeding is still worth the effort. Be kind to yourself and give it time.

Parents – the advocates:

As parents, it is important to be well-informed with all things related to labour and birth and the effects on breastfeeding.

For example, understanding what types of interventions can be used and why. Also, making a birth plan and discussing it with your primary care provider during prenatal visits and at admission is important.

However, you also should be aware that sometimes situations can come up and that there are no guarantees that everything will go as planned.

SLIDE 23

Labour & Birth

Non-pharmacological methods for comfort during labour are a priority. Research demonstrates that some interventions in labour (such as drugs and medical procedures) may affect the baby's alertness, ability to coordinate the suck, swallow, and breath pattern that is necessary for effective breastfeeding.

Talk with your primary care provider about what the options are for pain relief during labour and birth. Ask questions so you have the information you need before labour starts and make an informed decision based on what is best for you!

If you have need of interventions that make the baby a bit sleepier after birth, keep your baby skin-to-skin with you as much as possible. Start frequent hand expressing to have your colostrum to use during the time the baby is sleepy and may not be latching well. This will help the baby to wake and feed more effectively. It also helps ensure that the baby is getting the food that is needed so that you don't have to worry about using other types of milk.

Patience is a great parenting skill to have and you can practice it during this sleepy time!

SLIDE 24

Skin-to-skin

Skin-to-skin contact begins an amazing process between you and your baby.

It helps you:

- bond with the baby
- feel more confident caring for your baby
- recover from giving birth, and regulate hormones
- recognize when your baby is hungry
- with breastfeeding and milk supply

SLIDE 25

Skin-to-skin

Skin-to-skin contact begins an amazing process between you and your baby.

It helps your baby:

- adjust to life in the outside world
- regulate heart rate, blood pressure, blood sugar, breathing and body temperature
- develop protection against harmful bacteria
- feel safe and warm
- calm down when fussy and cry less
- control pain during blood tests and needles
- get a good start with feeding

Safe skin-to-skin contact

Skin-to-skin care/contact should start ***immediately*** after birth for ***all STABLE babies*** and ***should not be interrupted*** (unless for a medical reason) for the first 1 to 2 hours, or until the first feeding is accomplished, or until you want to stop. All the positive points listed above happen when mother and baby are together.

Your partner or support person can also provide skin-to-skin contact, *if* you are unable or unavailable, and it is mutually agreed upon.

Baby feels secure by recognizing your heart beat, voice, and smell. It is a special time between you and your baby. It is a good idea to hold off on visitors and phoning, emailing, or texting the news. Weighing, measuring and bathing baby can be done after the baby has breastfed for the first time or two. Routine hospital procedures (vit. K, assessment, etc.) should be performed with baby on your chest, skin-to-skin.

Skin-to-skin care/contact involves placing the baby, tummy down on your bare chest, wearing only a diaper, immediately after birth and during the early weeks and months of life. Baby should be covered lightly with a blanket and have a hat (a hat is beneficial for the first few hours until the temperature is regulated and should not be necessary long-term).

SLIDE 26

How to Do Skin-to-skin Safely

Practice the positioning with a doll or teddy bear.

Every time the baby is skin-to-skin, it is important to follow these points:

- Baby's shoulders, chest and hips face you
- You can see the baby's face
- The baby's head is up, (in "sniffing" position), not looking down
- Baby's nose and mouth are not covered
- Baby's head is turned to one side
- Baby's neck is straight, not bent
- Baby's legs are in a frog-leg position
- Baby's back is covered with a blanket-NOT OVERHEATED

If you are sleepy, put the baby in the bassinet or skin-to-skin with someone else who is awake and alert

At the hospital, you will be monitored continuously by staff in the birthing area, and regularly on the postpartum unit.

What are the points in these pictures that make them safe or unsafe?

SLIDE 27

Offer Breast Soon After Birth

Most babies will show readiness to feed in the first 30 to 60 minutes after birth. Watch for the baby to show signs or cues that they are ready to feed and take advantage of this time. Ensure the baby's latch is correct and feed the baby until they are content. Generally, the nurse is with you during this time so ask all the questions that come into your mind. These early feedings will help ensure the baby's blood sugar stabilizes and helps them to pass their first bowel movement/poo/meconium.

Once this first period of alertness passes, babies will usually have a longer sleep period for approximately 3-5 hours. Make sure you rest during this period as once the baby wakes again, feedings may be fairly frequent – including during the night.

Early and frequent feedings ensure a good milk supply and longer duration of breastfeeding.

SLIDE 28

Keeping Baby Close/24 Hour Rooming-in

Rooming-in refers to the practice of a baby staying with you, in the same room during the hospital stay and room sharing for the first 6 months of life at home. During your time in hospital, we encourage you to rest and nap while your baby is sleeping in their bassinet.

In hospital, most medical procedures can be done while you are breastfeeding or doing skin-to-skin and there is no need for your baby to leave your sight at any point. At home you can bring baby's bed into your bedroom.

Why keep your baby close?

- Breastfeeding is made easier
- You are more confident about feeding and caring for their babies
- You learn your baby's feeding cues and are able to respond more quickly. Responding more quickly means the baby cries less, uses less of their energy stores, and there is less temptation to give artificial feeds
- Parent-infant attachment is fostered
- Your baby is colonized with your normal body bacteria, giving them additional immune protection

Rooming in is an additional security measure while in hospital

Don't hesitate to ask to see identification from any person who enters your room and says they are taking the baby for tests or anywhere outside your vision/sight.

You should ask to accompany the baby if they are taken out of the room.

SLIDE 29

Practices that Help Breastfeeding

Some key points:

Babies need to eat often. They need to eat at least eight or more times per 24 hours for the first few weeks. They should also feed until they are full – the same as adults do.

Sometimes parents expect, or have been told that, babies should have a routine, and eat on a schedule. However, it is important to feed the baby as often as they show signs of being hungry. Some babies will have three or four feedings close together and then rest for a longer time. This is normal.

Frequent feedings:

- are normal
- help to control physiological jaundice
- limit weight loss
- encourages early weight gain!

Frequent feedings don't mean that there is not enough milk, or that the milk is not good enough.

The production of breastmilk functions on a "use it or lose it" basis. Frequent and thorough milk removal is the key to maintaining a good milk supply.

SLIDE 30

Early Hunger Cues

- Increased alertness, moving during sleep or having REM sleep
- Smacking or licking lips
- Opening and closing mouth
- Sucking on lips, tongue, hands, fingers, toes, toys, or clothing

SLIDE 31

Mid Hunger Cues

- Rooting around on the chest of whoever is carrying the baby
- Trying to position for nursing, either by lying back or pulling on clothes
- Squirming around
- Hitting you on the arm or chest repeatedly
- Fussing or breathing fast

SLIDE 32

Late Hunger Cues

- Moving head frantically from side to side
- Crying – this is a late cue

Breastfeeding is much calmer and easier when you respond to the baby's early hunger cues.

SLIDE 33

Your Eating Pattern Compared with Your Newborn's Eating Pattern

- Take a minute and think about a day that you had free access to food
- Think about how often you had something to eat or drink, and the length of time it took you to finish your snack/drink or meal
- Describe how you feel when you were really hungry or thirsty and had no access to food/drink

Now answer the following questions:

- How often did you eat? (*average is about every 1-3hrs*) or How many times in 24 hrs? (*average 8-12 times*).
- How long did the meals take? (*Average 20-30 min.*)
- Are there times when you would take longer for a meal? (*Conversation, social time, relaxing, etc.*)
- How do you feel when you are truly hungry or thirsty and can't get food or water? Are you angry and feeling like you have no energy? Maybe you have a headache?
- Does skipping a meal teach you to go longer without food, or make you more desperate for it?
- Are you trying to gain weight? (*Babies have to double their weight in 4 to 6 months.*)
- What would you do differently from what you are doing now if you have to double your weight?

Infants need to gain weight and to double their birth weight by around 6 months. This means they need to eat often including at night, and benefit from high calorie food

(hindmilk).

Postponing or delaying feedings, giving “empty” calories (water instead of milk), shortening meals and letting babies “cry it out” are not activities that promote weight gain.

Remember that there are no calories in a pacifier and there is NEVER an advantage to keeping a baby hungry when they need to eat. Only the baby can determine when they are hungry and when they are full.

SLIDE 34

Baby’s Stomach Size

Babies come in different weights and lengths and have very small stomachs when they are born.

- Their stomach can’t hold very much at a time, especially in the first few days.
- They need to feed a minimum of 8 times in a period of 24 hour.
- It is important to follow the baby’s hunger cues. Remember to watch for these cues, as sometimes they are very subtle. If your baby has had a long labour or complicated birth, they may need to have a gentle reminder to feed frequently.
- Every baby is different and has different feeding patterns.
- Feedings change from day to day depending on many factors including: stomach capacity, activity, growth spurt, hunger, amount of milk removed and amount available.

What does this mean in terms of amount of milk the baby needs and how often the baby will feed?

- A newborn baby (1-2 days) stomach is about the size of cherry.
- At 3 to 4 days it is about the size of a walnut.
- By day 5 and 6 the stomach is now about the size of an apricot/ping pong ball.
- At 1 to 3 weeks it is about the size of an egg.

As the baby grows, the amount of milk the stomach can hold will change. Trust the baby to tell you when they are full.

SLIDE 35

Artificial Nipples

The use of artificial nipples (bottles or soothers) should be avoided until the baby has learned how to breastfeed well!

Using artificial nipples/bottles before latch is well established, may interfere with the baby learning to latch properly. This can lead to breast refusal or painful, cracked nipples.

If you make an informed decision to use artificial nipples, try to wait until breastfeeding is well established, at about 6 weeks.

Remember that all babies learn at different speeds. Some babies will have latch figured out quickly while others may take a while. Don't rush them into trying to learn too many things at once.

Artificial nipples are rigidly shaped contrary to breasts which are soft and flexible. To nurse effectively, a baby must open his mouth wide and position the nipple at the back of his mouth, away from the movement of the gums and tongue.

An artificial nipple is easily inserted into a baby's mouth even when it is almost closed. The mechanics of muscles used for suckling also differ when a baby is drinking from a breast versus a bottle.

A baby who satisfies the need to suck using an artificial nipple will spend less time stimulating the breast potentially decreasing milk production.

It is also easy to give too much food when bottle feeding since an infant with a full stomach may continue to drink if their need to suck has not been satisfied.

SLIDE 36

Supplements

If a situation comes up where your baby needs extra fluid/food, hand expressing to get your colostrum or breastmilk to use is important. Frequent hand expressing, or pumping will help to ensure you continue to build your milk supply and have your own milk to feed the baby.

If there is a medical reason for supplementation, staff will discuss this with you, so you can make an informed decision about how the baby will be given the milk.

If there is no access to your own colostrum/milk or donor breastmilk, and formula is to be used for a number of feedings, information regarding the safe preparation, storage, and appropriate volumes will be reviewed with you. You will also receive printed information.

Follow up should be arranged to ensure that you and the baby safely return to exclusive breastfeeding as soon as possible.

This slide shows ways to give supplements, other than by bottle. These options are by cup, lactation aid, spoon, or by finger feeding with a tube. Frequent hand expressing will help increase milk production and give you colostrum/breastmilk for the supplement.

If you are worried and are wondering if your baby needs something more, please discuss it with your nurse or primary care provider. If your baby is latching well, feeding vigorously and you can hear swallowing, your baby may be asking for comfort and to be with you. It's not always about more food.

The provincial booklet "Breastfeeding Your Baby" has great information for you to read including information about storing/freezing your milk.

GNB Booklet: Breastfeeding Your Baby [Breastfeeding and Baby-friendly Initiative \(BFI\) \(gnb.ca\)](http://gnb.ca)

SLIDE 37

Swaddling

Swaddling has previously been used as a method to help calm a baby in hopes that they will go to sleep and sleep for longer periods.

In the first few months, babies are not meant to sleep through the night. Babies communicate their needs by moving, sucking on their hands, and then by crying (late sign). If they are tightly bundled, they can no longer tell their parents when they are starting to get hungry, are upset, or lonely.

Research has shown that swaddling at birth and afterwards can be detrimental, because the lack of skin-to-skin decreases the hormones that are produced during skin-to-skin. It also can make latch more difficult and interfere with breastfeeding.

Tight swaddling over a long period of time has been linked to hip dysplasia and respiratory difficulties.

Parents should follow the Health Canada and Public Health Agency of Canada recommendations for safe sleep for their baby:

<https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>

SLIDE 38

The 2nd Night

The first few days of life with a newborn are a learning experience. Every newborn is unique. Your baby is no longer in the warm, comfortable womb and has to adapt to unfamiliar sounds, light, smell and temperature. It is common that the newborn wakes up and parties on the second night! This can be overwhelming for everyone, especially if there have been visitors during the day and parents haven't had an opportunity to grab some sleep! Sleep as often as you can!

Some parents start to think that the baby is not getting enough to drink or are "using them as a soother"! Many newborns just need the reassurance that is provided by breastfeeding and skin-to-skin. This will help them feel comforted and more settled. Frequent feedings during this time will really help milk production. Parents also need reassurance that breastfeeding is going well and that it will get better. (Refer to NB resource: Breastfeeding Your Baby-How to tell your baby is breastfeeding well.

[Breastfeeding and Baby-friendly Initiative \(BFI\) \(gnb.ca\)](http://gnb.ca)

Feeding Behaviour

Every baby is different and feeding patterns are varied. Babies should be fed every time they show signs of hunger, or at least 8 times (or more) in 24 hours. Many babies feed frequently, both day and night, in the first few weeks. Gradually, they begin to sleep for longer periods and stretch out the time between feedings.

Some babies will drink from both breasts at each feeding, while others are content with only one. The length of a feeding varies with some babies being satisfied very quickly and others lingering over their feeds. It is normal for babies to cluster some feedings together and then crash for a longer sleep of (maybe) 3-5 hours.

As a family, there will eventually be a balance between what the baby needs and introducing new routines, like baths and bed time. The routine will change as the baby grows older.

Growth Spurts

Some days babies may seem unsettled and want to breastfeed or snack frequently, similar to our days when we snack a lot throughout the day. These are days when baby needs more calories to support an upcoming growth spurt.

Growth spurts are normal but can be different with every baby. The baby often will feed more frequently during this time, which usually happens around 10 days of age, 3 weeks, 6 weeks, 3 months and 6 months.

Comforting Baby

For comforting or soothing the baby, you can breastfeed, cuddle skin-to-skin, or walk, talk, sing, or rock, etc. You will eventually find what works best for you and your baby. A family, friend or support person can also help with comforting the baby.

SLIDE 39

Signs of Successful Breastfeeding

Reliable signs of enough milk:

- Adequate weight gain. Baby may lose 5-7% of their birth weight in the first 3-4 days after birth. They should return to birth weight by 10-14 days.
- Passing urine in amounts that are appropriate for age. (see Breastfeeding Your Baby resource)
- Passing stools that are appropriate for age.
- Alert and growing.
- Looks relaxed and sleepy after finishing the feeding.

Signs of effective suckling and milk transfer:

- No pain is felt.
- Slow, deep sucks and swallowing sounds or visible swallowing.
- Cheeks full and not drawn in.
- Baby feeds calmly.
- Baby finishes feed by themselves and seems satisfied.
- Breasts feel softer and lighter after the feeding.

Signs that a baby is not suckling effectively:

- Continuous, rapid, shallow sucks and smacking or clicking sounds.
- Cheeks drawn in.
- Baby fusses at the breast or comes on and off.

- Baby feeds very frequently, for a very long time, but does not release breast and seems unsatisfied.
- Pain is felt.

SLIDE 40

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SLIDE 41

How to Build Your Milk Supply

Many parents worry about not producing enough milk for their baby. This is rarely the case. Situations of actual low milk production are usually related to factors that limit the amount of milk the baby removes from the breast. If the milk is not removed, less milk is made.

How to build your milk supply:

- Stimulate the breast, and remove milk frequently, generally at least 8 times per 24 hours, including at night
- Follow the baby's feeding cues instead of scheduling feedings
- Eat and drink well – follow Canada's Food Guide to achieve balanced nutrition
- Get adequate rest
- Room-share with the baby to help identify and respond to early feeding cues
- Delay the introduction of artificial nipples until the milk supply is well established (about 6 weeks)

Hand expression and breast compression are techniques that help with milk production and supply. Using breast compression is an effective way to increase milk flow and breast drainage and improve the baby's suckling pattern.

SEE VIDEO (In English Only) <https://www.youtube.com/watch?v=Oh-nnTps1Ls>

SLIDE 42

Factors Affecting Breastfeeding

The vast majority of people who breastfeed, all over the world, are able to produce enough milk for their babies. Again, your body is designed to produce the milk to nourish your baby. However, there can be situations which complicate the demand-supply equation, affecting how much milk you produce. Understanding these potential risks and addressing any issues that arise can help ensure your baby gets everything they need.

Common causes of low milk transfer:

- Ineffective attachment to the breast. (poor latch)
- Ineffective suckling

- Short or infrequent feeds
- Baby is ill or weak

Common causes of low milk production:

- Infrequent feeds
- Scheduled feeds
- Shortening feeds
- Not draining the breast well (low milk transfer)

SLIDE 43

What Goes In, Must Come Out... (2 Slides)

Wet diapers and bowel movements:

Poop:

In your baby's first few days, his poop will be dark green to black (first photo). This first bowel movement is called meconium. Colostrum, the rich first milk you produce, acts like a laxative, AND helps your baby pass the meconium . The sooner and more often you breastfeed the quicker the meconium clears from the baby's system.

As your milk supply increases, the baby's poop will change from the meconium, to a dark greenish color (second photo) and after the milk supply takes a large increase, the color changes to a yellow, mustardy, runny, seedy poop. It may be soft, like toothpaste, or grainy and liquid. The change in the color and frequency of the bowel movements is a fairly good indication that your baby is getting enough calories to grow. A well-fed baby can pass a bowel movement every time they feed. This is NOT diarrhea – its normal!

Infrequent bowel movements during the first month are usually a sign that the baby is not getting enough breastmilk.

SLIDE 44

Urine:

At all ages, urine should be clear to pale yellow in colour and almost odourless. Seeing some brick dust colored crystals in the baby's diaper in the first day or two of life is common. These are called uric acid crystals and you shouldn't see them after the first few days of life if the baby is drinking well.

Normal quantity:

- Day 1:** at least 1 wet diaper, and 1 or 2 sticky dark-green-to-black bowel movements.
- Day 2:** at least 2 wet diapers, and 1 or 2 sticky dark-green-to-black bowel movements.
- Day 3:** at least 3 heavy wet diapers, and 3 or more brown, green or yellow bowel movements.
- Day 4:** at least 4 heavy wet diapers, and 3 or more brown, green or yellow bowel movements.
- Day 5 and older:** at least 6 heavy wet diapers, and 3 or more large soft, yellow, seedy bowel movements. After their first month, some breastfed babies may have a very large bowel movement every 1 to 7 days. It is normal for some breastfed babies to have many bowel movements every day.

A wet diaper = 2 tablespoons or 30 ml

A heavy wet diaper = at least 3 tablespoons or 45 ml

SLIDE 45

Hand Expression of Breastmilk

Primary reasons to express breastmilk include:

- Your baby will not latch effectively during the first day or two after birth and it is necessary to stimulate the breasts and feed baby some colostrum
- Your breasts are too hard for your baby to establish a latch
- You want to provide breast milk for your baby during an absence
- There is a need to increase milk production
- You want to offer drops of milk to your baby to encourage suckling
- You want some milk to rub on sore nipples

Practices that help milk to flow:

- Sitting comfortably, relaxed and thinking of the baby

- Warming the breasts (shower, warm facecloth)
- Massaging or stroking the breasts
- Getting a back massage
- Expressing breastmilk in the morning when the breasts are fuller, or after breastfeeding

Hand expression technique:

- Wash hands
- Gently massage the breast
- Place the thumb and fingers around the areola in a “C” shape. Press back toward the chest
- Compress fingers together around the areola then relax the compression
- Collect the drops of milk in a cup to give to the baby or save for later
- Go around the breast repeating steps 2 to 5 until the milk stops flowing
- Change breasts and do the same thing again, starting with the massage
- You can return to the first breast afterward

Prenatal hand expression is becoming more common. For example, if you have diabetes, you can hand express and freeze colostrum at home to have it ready for use in the hospital if the baby has problems with blood sugars after birth. This should be discussed with your primary care provider a few weeks ahead of your expected due date and plans made to ensure the milk is kept frozen until it is needed. Talk with the lactation consultant at your facility to make a plan.

SLIDE 46

Choosing a Breast Pump

When deciding what kind of a pump to buy, or if one is even necessary, consider how often it will be used, how easy it is to use and clean, and of course, how portable it is.

Many mothers find that they never need to use a pump after seeing how easy it is to take a breastfed baby along on outings, or how easy hand expressing can be. Others who will be away from the baby for a longer period of time will need some way to express milk. Many women find it easy to hand express milk when needed. Remember no electricity or battery is needed to hand express.

There are many different kinds of pumps available.

Manual pumps are those that you operate by hand. They are easy to carry and usually easy to use and are designed for occasional pumping.

Battery-operated pumps are also for occasional use and may be easier to use than a hand pump.

Electric pumps are designed for more frequent or regular use. They generally are fast and may be more comfortable than manual pumps. The newer models are very lightweight and very portable. These pumps are meant to be for “single-person” use only unless it specifically says otherwise in the manufacturer’s guidelines. Mothers who have preterm babies often find that electric pumps are the most efficient option.

Everyone is different in their response to a breast pump and it is important to remember that a pump never drains the breast as effectively as the baby would. This means that we cannot compare the amount of milk that is pumped to the amount the baby actually drinks from the breast when latched well and feeding vigorously!

If you decide to pump exclusively, frequent pumping, at least 8 times or more in 24 hours, is needed to establish and maintain an adequate milk supply.

Whichever pump is chosen, the manufacturer’s instructions should always be followed to know how to use it safely and how to clean the pump parts. Wash your hands before pumping and handling milk that will be stored.

SLIDE 47

Milk Banks & Donor Milk

The World Health Organization (WHO) states that “The best food for a baby who cannot be breastfed is milk expressed from the mother’s breast or from another healthy mother”.

In some provinces in Canada, and throughout the world, there are human milk banks. These facilities collect and pasteurize breast milk in a secure way. Donors are screened before the bank accepts the donation.

In Canada, donor milk banks are located in British Columbia, Alberta, Ontario and Quebec.

For now, in New Brunswick donor milk access is limited to babies with specific needs and in certain NICUs of the province.

Obtaining milk from another mother and not from a regulated milk bank is called **informal milk sharing**. This may be unsafe. Health Canada advises Canadians to be aware of the potential health risks associated with consuming breastmilk obtained through the internet or purchased or exchanged directly from someone you know, or do not know.

There is a potential risk that the milk may be contaminated with bacteria or viruses, such as HIV. In addition, traces of substances such as prescription and non-prescription drugs can be found in breastmilk. Improper hygiene when expressing the milk, as well as improper storage and handling, could also cause the milk to spoil or be contaminated with bacteria and/or viruses that may cause illness. It's recommended to consult with your primary health care provider if you have questions about breastfeeding and donor milk.

Did you know that: if you stop breastfeeding for a length of time, it is possible to restart and build your milk supply again. This is called ***relactation*** and the lactation consultant in your area can give you guidance and support to help you rebuild your milk supply.

SLIDE 48

How to Store Breast Milk

Refer to the provincial booklet "Breastfeeding Your Baby" [Breastfeeding and Baby-friendly Initiative \(BFI\) \(gnb.ca\)](http://www.gnb.ca/breastfeeding/)

SLIDE 49

Life, Day to Day

Nutrition:

There are no food restrictions during breastfeeding. People across the world have different diets (no dairy products, spicy food, gassy vegetables, etc.) and still produce milk for their baby. There's no need to drink milk to produce milk! Only under extreme cases of deprivation will the quality of breast milk be affected. Breastfeeding mothers who do not feed themselves properly may still have a healthy baby, but it will be to the detriment of their own health. The body will make milk production its first priority. Following Canada's Food Guide is recommended for a balanced diet. Remember to drink well to stay hydrated. Water should be the priority beverage and many mothers will have a glass of water each time they sit to feed the baby.

Canada's Food Guide <https://bit.ly/3a09dnw>

Going out:

Babies are "portable" and breastfeeding makes it easy to take the baby everywhere/anywhere. There's no need to bring any equipment, heat milk, wash bottles, etc. However, if parents want to go out without the baby, they can plan ahead by expressing/pumping milk and leaving it for the caregiver to feed the baby.

Contraception:

The *lactational amenorrhea method (LAM)* is 98% effective when the four following conditions are met:

- Your baby is under six months of age;
- Your monthly periods have not returned;
- Your baby is breastfed exclusively (no other foods/fluids) ;
- Your baby breastfeeds *at least* every 4 hours during the day and at least every 6 hours at night.
- ***Unless all four conditions are met, another family planning method is advised.**

Many other family planning methods are compatible with breastfeeding. However, contraceptives containing hormones can impact your milk supply. Birth control methods that contain estrogen (including the Pill, the patch, or the ring) will decrease your breastmilk production. Progestin in contraceptives, such as the “mini-pill” *may* decrease breastmilk production. During your pregnancy, talk to your primary care provider or a Sexual Health Clinic about contraceptive options, to help you make the best decision after the baby arrives.

Prescription & Non-prescription Medications and Supplements:

Most prescribed medications are compatible with breastfeeding. Remind the client to ensure the prescribing health care professional knows they are breastfeeding and prescribes the medication that is safest for the client and the baby.

Herbal products and over the counter medications may be compatible, however, clients should discuss this with a pharmacist or primary care physician before making any assumptions of safety. “Natural” is not always safe. Dr Tom Hale’s Medications and Mother’s Milk is a great resource. Contact the LC in your area if you want more information about a particular medication.

SLIDE 50

Alcohol

Drinking alcohol is not recommended during breastfeeding. Alcohol gets into your breastmilk through the bloodstream. It shows up in your breastmilk almost right away and is at the highest level at around 30 to 60 minutes after starting to drink. The long-term effects of daily use of alcohol on the infant are unclear. Several proven or potential adverse effects of alcohol on breastfed infants have been reported even after moderate consumption.

Adverse effects include:

- Impaired motor development
- Changes in sleep patterns
- Increase risk of low blood sugar
- Decrease in milk intake
- Decrease letdown reflex and milk supply
- Impairment of parenting skills, judgement and alertness

If you are thinking of drinking alcohol, you should follow these rules to reduce the risks to the baby:

- Pump and store breastmilk before having a drink so that the baby can continue receiving breastmilk
- Limit the amount to 1-2 drinks per occasion
- Drink alcohol after breastfeeding (not before)
- Allow enough time for alcohol to be eliminated from the body before the next feeding. It takes up to 2 hours on average for one drink to be eliminated

What is a standard drink?

- Beer (5%): 341 ml (12 oz)
- Wine (12%): 142 ml (5 oz)
- Spirits (40%): 43 ml (1.5 oz)

SLIDE 51

Tobacco & Vaping

Smoking is harmful for parents and the baby and is not recommended.

Chemicals from cigarettes are passed to the baby through breastmilk. The concentration of nicotine in breastmilk varies depending on how many cigarettes have been smoked and how much time has passed since the last cigarette.

E-cigarettes are battery-powered devices that typically deliver nicotine, flavorings, and other toxicants and solvents through an inhaled aerosol. Little is known about the effects of e-cigarette use by the mother on the infant's health.

Smoking may also interfere with milk production and can lead to early weaning.

Health Canada reports that smoking cigarettes increases a baby's risk of SIDS.

Smoking and SIDS <https://bit.ly/3qzx1QA>

If you smoke and are not able to quit, it does not mean you should not breastfeed. It is better for the baby to receive the immune system boosters that give protection against allergies, illness etc. than to take that benefit away by not breastfeeding.

It would be best to quit, or cut down on the amount that is smoked, for everyone's health. If you smoke, you should delay smoking until right after each session of breastfeeding.

Second-hand smoke also affects the baby. It's your job as parents to protect your baby from second-hand smoke. You should not hesitate to ask people to smoke outside and not let them hold the baby until they change their clothes and wash their hands.

SLIDE 52

Cannabis in All Forms

The current recommendation is to stop using cannabis, in all forms, while pregnant and breastfeeding.

There is no known safe amount of cannabis use in pregnancy and when breastfeeding. The THC in cannabis passes through the breastmilk and is stored in the fat cells and brain of the baby. It can be stored for weeks. Second-hand cannabis smoke may result in illness in infants and young children. It is not recommended to smoke or vaporize cannabis in your home, around your baby or young children.

Consuming cannabis in any form (edible, smoking, vaping) may impair your parenting skills, judgement and alertness.

If you consume cannabis and are not able or not going to stop cannabis use, you need to talk to your primary health care provider about it to ensure that you make the best decision in your situation.

For more information on cannabis while pregnant or breastfeeding and long-term effects, you may refer to *Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting*

https://www.beststart.org/resources/alc_reduction/RisksOfCannabis_A30-E.pdf

SLIDE 53

Painful Nipples

Breastfeeding is not supposed to hurt. A small tug might be felt when the baby latches on and is often described as uncomfortable. This is different from the pain of a poor latch and generally lasts for only a few seconds at the beginning of the feeding.

The most common cause for sore nipples is a poor latch.

Signs and symptoms:

- Nipples may appear pinched or misshapen after feedings
- Nipples may be damaged or bleeding

Ways to prevent painful nipples:

Ensure the baby latches correctly every feeding.

To help relieve the pain, expressed breastmilk can be rubbed on the nipples after feeding and left to air dry. It is important to keep the nipple dry and change your nursing pads if they become damp.

Trying different feeding positions might help relieve the pressure on the area that is sore. Perhaps starting the feedings on the least sore side, temporarily, will help improve the soreness. It is also important to support the breasts when breastfeeding.

If the pain does not resolve quickly, parents should get help as soon as possible to avoid further problems.

SLIDE 54

Engorgement

Breast engorgement refers to a breast that is overly full, to the point of hardness. It may occur 3 to 6 days after birth if the baby is unable to drain the breast effectively, or at any time that the breasts are not drained well.

Sign and symptoms:

- Breasts are not compressible
- Generalized pain and tightness
- General redness of the breasts
- A *low*-grade fever (below 38.5 C or 101F)

Ways to prevent engorgement:

- Baby should feed frequently and with no restriction on the length of time
- Offer both breasts at each feeding
- Ensure the baby is latched well and positioned correctly
- The baby should be fed at early feedings cues
- Feed before the breasts become uncomfortable or full

If the baby is unable to latch effectively, expressing some milk before the feeding can help. Putting a warm compress or cloth on the breast just before the feeding can help the milk flow.

An ice pack (wrapped in a cloth) or a cold washcloth can be put on the breasts between feedings to help decrease the swelling. Parents should get help if the baby continues to have problems latching.

SLIDE 55

Plugged Ducts

Plugged ducts may occur in any area of the breast from which milk has not drained. The area may be red and tender.

There is no specific cause for plugged ducts, however, it may occur more often in women who experience engorgement or overabundant breastmilk supply. It may also be caused by stress; fatigue; positioning difficulties; ineffective suck or latch; infrequent, hurried or shortened feedings; or wearing clothing/bra that may be tight or restrict milk flow.

Plugged ducts can develop into mastitis if the milk is not drained from that area.

Note: It may occur in the underarm area, as there is breast tissue there also.

Signs and symptoms:

- A lump or swelling that can be felt

- Tenderness, heat and possible redness in the area
- A white dot or blister at the end of the nipple indicating a blocked nipple pore
- Slight temperature of less than 38.5°C (101°F)
- Signs of mastitis (see next slide)

What can be done to help?

- Feeding should begin on the breast with the plug ducts until the lump and pain are gone
- Changing breastfeeding positions may help to drain all areas of the breast
- A gentle massage over the lump towards the nipple before breastfeeding and while breastfeeding
- Ensure the baby is correctly latched and positioned
- Applying a warm compress before breastfeeding or taking a warm shower can help the flow of milk
- Feed frequently (including overnight) and if a feeding is missed, expressing or pumping the area is important to prevent further complications.

Plugged ducts usually resolve with continued breastfeeding.

SLIDE 56

Mastitis

Mastitis is an inflammatory condition of the breast. If it is not treated quickly, it can develop into an infection. It starts suddenly and usually occurs in one breast only.

Signs and symptoms:

- Redness, heat and swollen spot on the breast
- Possible red streaks on the breast
- Pain
- Flu-like symptoms (e.g., chills, aches, fatigue)
- Fever greater than 38.5°C (101°F)
- Nausea

Causes of Mastitis:

- Engorgement, inadequate drainage of the breasts or plugged ducts
- Sore, cracked nipples
- Stress and fatigue
- Overabundant milk supply
- Previous history of mastitis
- Missed feeds
- Rapid weaning

What can be done to help?

- Frequent breastfeeding to remove the milk
- Ensure the baby is latched well, and sucking and swallowing effectively to remove milk from the breast
- Apply warm compress to the affected area or take a warm shower or bath
- Gentle massage to the affected area while heat is applied, to promote milk removal
- Feeding should begin on the breast with the mastitis, if not too painful. If too painful the unaffected side should be offered for a short time, first
- Use a variety of feeding positions to promote drainage from all areas of the breast
- Avoid placing prolonged pressure on the breast
- Medications might be prescribed or used (e.g. antibiotic, analgesic)

Abrupt discontinuation of breastfeeding for any length of time without regular expression to effectively remove milk from the breasts can lead to complications such as engorgement, plugged ducts, prolonged or recurrent mastitis, or an abscess.

The composition of breastmilk changes during mastitis. There is an increase in anti-inflammatory components in the milk to protect the baby from the infection in the breast, so it is safe and recommended to continue to breastfeed. The sodium content also increases, and the flavor of the milk may change.

SLIDE 57

When Times are Tough

Safe feeding during emergency situations & pandemics:

During times of flooding, unsafe water, fires, pandemics and other emergency or stressful situations, breastfeeding is an essential, safe source of food security for babies and young children. Breastfeeding continues to be important, and milk supply will remain as long as the mother is supported to continue to feed the child as often as the child is asking. Ensuring that the mother gets rest, food and fluids is important for her wellbeing.

When Baby is Unwell:

During this time, mother's body will respond to the bacteria/virus that the baby has and will produce antibodies that passes through the milk to the baby to help boost the baby's immunities. Babies who are unwell may not feed for as long as they typically would... so it is suggested that the mother monitor the milk supply and consider hand expressing/pumping after a few feedings to ensure that the milk supply does not decrease.

SLIDE 58

Breastfeeding during the COVID-19 Pandemic

The corona virus outbreak has been a stressful time for families. Parents of breastfeeding children, and those who are considering breastfeeding, may be feeling especially concerned about the virus and their baby's health.

Breastmilk provides immune factors and antibodies that protects them from many infections, including respiratory illnesses. These benefits can last throughout infancy and childhood. Because of the many benefits of breastfeeding, you are encouraged to continue.

The Public Health Agency of Canada says even if you have or think you have COVID-19, you can still hold your baby skin-to-skin and stay in the same room if preferred, especially during the establishment of breastfeeding and bonding.

Parents who have or think they have COVID-19, should take all possible precautions to avoid spreading COVID-19 to their baby when feeding.

Infant Feeding

- Breastfeeding is the safest way to feed your baby/young child.
- Breast milk has antibodies and immune factors that protect your baby's health.

- As with other respiratory illnesses, if you are breastfeeding you are encouraged to continue.
- Expressing breast milk, either manually or with an electric breast pump, may be done if you wash your hands before and after touching your breast, the pump or bottle parts. If you are a confirmed case or a symptomatic case under investigation, someone who is well could feed the expressed milk to your baby if you are unable.
- **Whether breastfeeding or bottle feeding**, if you have been diagnosed or are under investigation for COVID-19 you should take precautions to prevent transmission to your baby. You should wear a mask when near your baby, including during feeding.
- If you are feeding your infant with infant formula you should keep a two-week supply on hand. Infant formula should be prepared using strict sterilization techniques, as outlined in How to Feed Your Baby with Infant Formula.
- Homemade infant formula is not recommended. These recipes may not provide the proper balance of nutrients that infants need. Homemade infant formulas can cause severe malnutrition and potentially fatal illness in infants.
- The following advice will help reduce your and your baby's risk of infection and help prevent the spread of infections:
 - wash your hands often with soap and water for at least 20 seconds;
 - avoid touching your eyes, nose or mouth with unwashed hands;
 - avoid close contact with people who are sick;
 - when coughing or sneezing cover your mouth and nose with your arms or tissue
 - wash your hands and dispose of any tissues you have used into the garbage
 - avoid contact with people who are sick
 - stay home if you are sick to avoid spreading illness to others.
 - clean the following high-touch surfaces frequently with regular household cleaners or diluted bleach (1-part bleach to 9-parts water):
 - toys
 - toilets
 - phones and electronics
 - door handles
 - bedside tables
 - television remotes

SLIDE 59

The Right to Accommodation

You have the right to breastfeed anywhere, anytime. This right is protected by the *Canadian Charter of Rights and Freedoms*. Each province and territory in Canada has a

Human Rights Code. The code provides protection against discrimination on the basis of sex. Your baby has the right to eat anytime, anywhere hunger happens!

In **New Brunswick**, the Human Rights Act prohibits discrimination in accommodation (e.g., hotels), services or facilities available to the public (e.g., stores, restaurants, schools, government programs, public spaces, shopping malls). Providers of these services and facilities cannot prohibit breastfeeding or limit someone's ability to breastfeed.

This information can be found in the *Guideline on Pregnancy Discrimination* by the New Brunswick Human Rights Commission (December 2019).

Breastfeeding continues to be important when you return to school or work outside the home. You are encouraged to approach your employer or educator to inquire about possible accommodation prior to returning to your workplace/school.

Employers who support breastfeeding reap many benefits including:

- Less absenteeism among employees as breastfed children are healthier;
- Lower prescription benefit costs for the employee's child;
- Increased retention rates following employee maternity leave;
- Better employee morale and productivity;
- Enhanced corporate image.

If it is not possible to breastfeed the baby during work hours, it is suggested to:

- Breastfeed exclusively and frequently during maternity leave;
- Continue to breastfeed whenever you are together;
- Enjoy skin-to-skin time with baby whenever possible;
- Introduce other feeds only a few days before returning to work;
- Express breastmilk, when possible, every 3 hours while at work;
- Provide expressed breastmilk to the caregiver for the baby's feeds;
- Teach the caregiver to give the feeds in a safe and loving way using a cup rather than by bottle so that the baby will continue to want to suckle at the breast;
- Have contact and support from other working parents who are breastfeeding.

Anyone in New Brunswick who experiences harassment while breastfeeding may lodge a formal complaint with the New Brunswick Human Rights Commission.

P.O. Box 6000
Fredericton, NB E3B 5H1
Tel: (506) 453-2301
Toll Free: 1-888-471-2233
E-mail: hrc.cdp@gnb.ca
Website: <http://www.gnb.ca/hrc-cdp/e/>

SLIDE 60

Going Home: Family & Community Support

Infant feeding practices have changed over the years. More and more families in New Brunswick are breastfeeding.

Beginning a family is one of the most joyous yet most overwhelming life-changing experiences. A new job or skill takes time to learn and often we need to ask for help from other people. Learning to parent is the same.

You may think that if you ask for help you may be perceived as being bad parents or unable to cope. Support from your partner, grandparents, friends and communities can have a positive effect on your breastfeeding success.

Supportive partners and friends make a difference when facing feeding challenges. They can also be very helpful when dealing with family or friends who are unfamiliar with breastfeeding and question it.

You are encouraged to discuss your plan for breastfeeding with your partner/family or friends, and plan ahead for how they can help.

Here are some things family members and friends can do to support you:

- Show respect for your decision to breastfeed.
- Offer help with daily chores such as cooking, cleaning, shopping and offer encouragement during times that you feel tired or overwhelmed.
- Be sensitive and listen to you when you talk about your needs and concerns. Ask how they can help. Offer advice only if asked.
- Help you feel comfortable breastfeeding around them and others. They could support you by sitting and chatting while you are feeding. Remember, it's a woman's right to breastfeed anywhere, anytime and a baby's right to eat anywhere, anytime they are hungry!

Here are some things partners or your support person can do:

- Support your partner. In the beginning, breastfeeding takes time to learn – every mother and baby needs practice.
- Learn about breastfeeding together. Go to prenatal classes, read books, or check out breastfeeding websites.
- Help boost her confidence with breastfeeding. In moments of doubt, encourage her.
- Listen to her needs and feelings. Be sensitive. Ask how you can help.
- Encourage her to rest. Help out with everyday chores, such as cooking, cleaning, shopping, laundry, and caring for your other children.
- Keep her company while she is feeding. Bring her food, something to drink, or anything else she may need.
- If you are away, keep in contact. Call or text with words of encouragement.
- Speak up to family, friends, or others about breastfeeding. It's a woman's right to breastfeed anywhere, anytime and a baby's right to eat anywhere, anytime they are hungry!

A list of local breastfeeding support services in each area can be found at www.gnb.ca/breastfeeding

What not to say to the breastfeeding parent:

“Are you sure you have enough milk for your baby?”

“Your milk looks thin. Is it rich enough?”

“Are you feeding the baby again?”

“Give a bottle once in a while. A bottle won't hurt. A baby needs to get used to bottles.”

“Give your baby cereal – it will help the baby sleep through the night.”

“I think your milk is drying up.”

SLIDE 61

Emotional Wellness

Having a baby is an exciting time, but it can also be overwhelming. Many women go through a short period of the “baby blues” as they adjust to their new parenting role and their body adjusts to the hormonal changes after birth. You may notice some moodiness, tearfulness, irritability or have trouble sleeping. Talk to family and friends about how you

are feeling. This period usually only lasts a few weeks and is normal.

At times, well-meaning family may suggest that breastfeeding should be stopped to “give you a break”. Breastfeeding and skin-to-skin have been shown to contribute positively to a mother’s mental health. Breastfeeding and skin-to-skin promote rest and recovery and help regulate hormone levels. Research has also demonstrated that breastfeeding mothers have better quality sleep than those who do not breastfeed.

Postpartum depression is different and more serious. It often occurs in the first few weeks or months after birth but can happen later as well. Symptoms can include feelings of hopelessness, trouble sleeping or eating, extreme sadness and frustration, and feeling disconnected from the baby. Many people also experience anxiety or panic attacks.

Having a prior history of depression and/or anxiety can increase the risk for postpartum depression. It is very important that partners, family and friends take these symptoms seriously. If you are experiencing any of these symptoms, and they aren’t getting better, contact your primary healthcare provider or call 811 for help connecting to support services. Many treatment options are available. You can continue to breastfeed during this time, if you wish! If medication is offered, ask the primary care provider to ensure it is safe with breastfeeding. Most medications, but not all, are safe to use.

Things you can do to promote positive mental health:

- Sleep when you can
- Eat well
- Take a walk outside
- Talk to your partner, friends and family about your feelings
- Join a parent group or activity
- Plan something small to look forward to each day (meeting a friend, taking an exercise class, etc.)
- Be aware that social media (i.e. Instagram, Facebook) can be a tool to connect with other new parents but can also become a source of negative feelings of comparison.

SLIDE 62

N.B. Parents’ Experiences

Click on photos to play videos.

These videos showcase parents talking about their breastfeeding experience and what support meant for them.

VIDEO: Working Together Makes Breastfeeding Better! / Ensemble pour l'allaitement!
<https://bit.ly/2W1PoEm>

VIDEO: Breastfeeding is a Journey <https://bit.ly/3n8JMUM>

VIDEO: Breastfeeding is a Family Affair <https://bit.ly/3gEsT1v>

VIDEO: Breastfeeding is a Community Affair <https://bit.ly/3mbjK1A>

SLIDE 63

Breastfeeding NB Allaitement

You are invited to join the NB Facebook page on breastfeeding. More than 4,220 parents have shared their experience, tips, etc.

It is a great online support and also a place to get information about support services, classes, and other topics.

Encourage your partner, support person or family to join the page too.

The Facebook page is bilingual, and you are welcome to post in the language of your choice.

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Thank You!

SLIDES 65-68

Reference and Resources, see following pages.

SUGGESTED RESOURCES FOR PARTICIPANTS

The printed materials that can be given to class participants should be limited to:

- Provincial booklet *Breastfeeding Your Baby* [Breastfeeding and Baby-friendly Initiative \(BFI\) \(gnb.ca\)](http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/bfi/BreastfeedingSupportServices.html)
- Fact sheet *Holding Your Baby Skin-to-Skin*
- List of breastfeeding support available in the community with contact information: https://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/bfi/BreastfeedingSupportServices.html
- Fact sheets on tips for New Brunswick partners and grandparents *Working Together Makes Breastfeeding Better*

These resources can be downloaded from:

http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/bfi.html

Online resources for parents:

- NB Breastfeeding Facebook page: <https://www.facebook.com/BreastfeedingNB.AllaitementNB>
- Online prenatal course: <https://nb.unvanl.ca/en>
- La Leche League: <http://www.lllc.ca/> and <http://www.allaitement.ca/>
- Guide “Breastfeeding Matters: an important guide to breastfeeding for women and their families” (Best Start) https://www.beststart.org/resources/breastfeeding/breastfeeding_matters_EN_LR.pdf
- Dad friendly website: : <http://www.newdadmanual.ca/>

Videos:

- Dr Jane Morton: Stanford University <https://med.stanford.edu/newborns/professionaleducation/breastfeeding/breastfeeding-in-the-first-hour.html>

- Healthy Families BC Videos and written resources.
www.healthyfamiliesbc.ca/home/articles/topic/videos-breastfeeding
- Toronto Public Health, Post-partum Depression and Anxiety,
<https://www.toronto.ca/community-people/children-parenting/pregnancy-and-parenting/postpartum-depression-and-anxiety/emotional-health-in-pregnancy-and-after-birth/>
- International Breastfeeding Centre, Dr. Jack Newman Series of 16 videos.
<https://ibconline.ca/breastfeeding-videos-english/>
- International Breastfeeding Centre, Dr. Jack Newman Visual Guide to Breastfeeding. www.youtube.com/watch?v=56YzjsZr4hQ
- Nancy Mohrbacher Twenty-one breastfeeding videos on YouTube.
www.youtube.com/results?search_query=nancy+mohrbacher