

# *Breastfeeding Basics*



REVISED NOVEMBER 2008

**T**his booklet is intended for the use of parents of healthy, full term infants. If your baby has medical concerns or is in NICU, please ask for specific recommendations from your health care provider.

Breastfeeding is the normal, natural way to feed your baby. The keys to success are early, frequent feeding and proper positioning and latch of the baby at the breast. Avoidance of artificial nipples and supplemental feedings in the early days also helps ensure a positive outcome.

Manufactured infant milk (formula) contains nutrients that are foreign to the human and are mixed in proportions that are not suitable to humans. Formula is unable to provide many nutrients found in breast milk. Babies feed differently from a bottle than they do from a breast. Infants who are not breastfed are at greater risk for: infections, respiratory illness, allergic disorders. Mothers who do not breastfeed are at greater risk for: breast and ovarian cancer and osteoporosis. Families who do not breastfeed spend more money on infant food, medicine, have more visits to the physician's office with sick children, and more hospital admissions.

*Revised November 2008*

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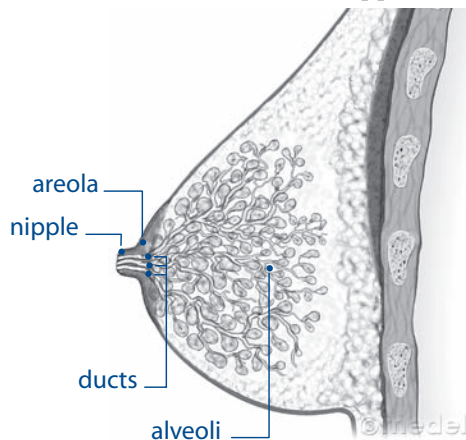
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## How The Breast Works

When the baby latches on to the breast, he/she compresses the milk ducts under the alveoli and draws out the small amount of milk that collects there between feedings. This suckling causes the release of two hormones: prolactin and oxytocin. Prolactin tells the alveoli (the milk producing cells) to make more milk and oxytocin causes the alveoli to squeeze the milk out into the ducts and down toward the nipple.



(c)Medela AG, Switzerland, 2006<sup>2</sup>

Breastfeeding works on the principle of supply and demand. The amount of milk removed from the breast determines the amount of milk produced. Milk production occurs between feedings as well as during feedings. How often, how long, and how well the baby feeds at the breast will impact how much milk will be made.

At the beginning of a feeding, the breast produces fore milk. This is higher in lactose and fluid. The hind milk that the baby receives later in the feeding is higher in fat and calories. It is important to let the baby finish the first side completely to ensure he/she receives the hind milk needed to feel satisfied and for adequate weight gain.

Breastfeeding is a skill and may take time to learn. This booklet offers information to help you and your baby get started. Call your local public health office if you have any questions.

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## Getting Off to a Good Start

- **1. Breastfeed Early** - Breastfeed as soon as possible after birth. Your baby is most awake and ready to learn how to breastfeed during the first 2 hours after birth. Breastfeeding early will also help you to make more milk.
- **2. Breastfeed Right** - In the hospital, ask your nurse to help you put your baby on to your breast. Get help right away if you are having breastfeeding problems. See the back of this book for places to get help when you are at home.
- **3. Breastfeed Often** - In the first month, most babies will breastfeed well at least 8 times a day. This can be every 1 1/2 - 3 hours. It is common for babies to have many feedings in a short period, and then sleep longer between feeds at other times. There are no set times to feed your baby. Feed your baby when he/she is showing signs of hunger (see next page).
- **4. Breastfeed Only** - Give your baby only breast milk. No extra drinks or food are needed for a healthy baby for the first 6 months of life. Extra drinks or foods before this time will slow down your milk supply and may affect your baby's health (for example, your baby may develop an increased risk for allergies).

Do not give your baby soothers or bottles. If you decide to use these, it is best to wait until your baby has learned to breastfeed. This often happens by 4 - 6 weeks. Giving a soother or bottle too early can cause your baby to have problems latching onto your breast and could make breastfeeding painful or even impossible.

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## Feeding the Baby

### Getting Ready

#### Feeding Cues:

Baby shows one or more signs of being ready to feed, even if still very sleepy.

- Fast eye movements under the eyelids as he/she begins to wake up to feed.
- Sucking and licking movements of the mouth.
- Putting hands into the mouth.
- Stretching and increased body movements.
- Making small sounds.

You will have the opportunity to notice these cues if the baby shares your room. They will start these activities in their sleep. If you wait until you hear the baby actively crying, getting the baby latched may be more difficult.

Get comfortable and find a position that works well for you. Get clothing, yours and baby's, out of the way. Skin to skin contact increases baby's ability to breastfeed.

### Breastfeeding Positions

When preparing to feed your baby, check that:

- Your back and arms are well supported. A pillow behind your back and under your arms will help.
- Your baby's head and body are raised up to your breast. A pillow under your baby will help.

#### *Cradle Hold*

- Place your baby on his/her side on your lap.
- Your baby's chest is facing and touching your chest.
- Your baby's nose is directly in front of your nipple.
- Place your opposite hand on the baby's neck and shoulders.
- Bring baby to you using the opposite hand, the baby's head should be slightly tipped back.
- When comfortably latched, 'cradle' the baby with the arm on the nursing side.

*"Cradle Hold"*



### *Football Hold*

- Place your baby on his/her back or slightly turned to the breast.
- Your baby is lying beside you, your baby's nose is directly under your nipple.
- Place your nursing side hand under the baby's neck and shoulders.
- Bring baby to you using the nursing side hand, the baby's head should be slightly tipped back.



*"Football Position"*

Once you are in the proper position, you are ready to get the baby 'latched on'.

*Please note that breastfeeding while lying down may take longer to learn.*



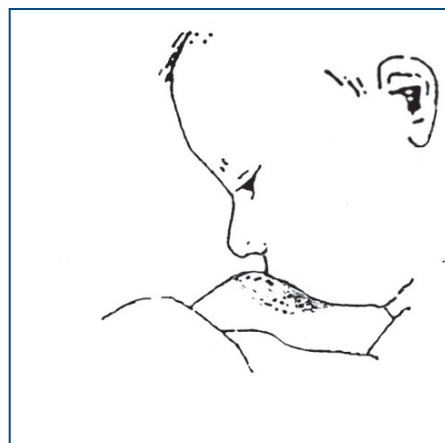
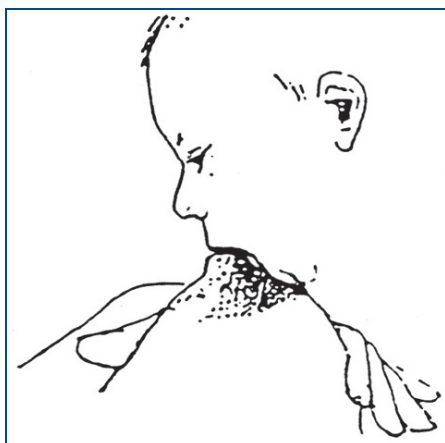
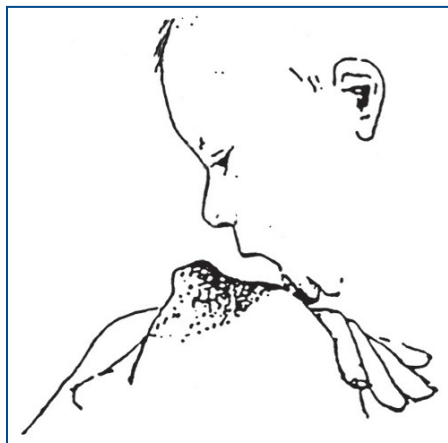


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## Latch On

While holding the baby in position with one hand, support your breast with your other hand. Cup the breast in a “C” shape by putting your four fingers around your breast with your thumb on the other side. Keep hand and fingers closer to the rib cage so that baby’s chin can be touching the breast.

Touch baby’s upper lip with your nipple. Wait for wide “ahh” mouth, (1st image) tongue on floor of mouth and roll your breast onto his/her tongue so that your nipple is the last part to enter his/her mouth. (2nd image) As his/her upper lip comes over the nipple, bring baby’s shoulders extra close so you are moving the baby to breast, not moving the breast to baby.



*“Your View of Latch-on, Baby at Left Breast”*

© 2000 Diane Wiessinger, MS, IBCLC



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Comfortable? Baby should be so close that his/her cheeks touch your breast and hide his/her mouth. If you could, you would see (3rd image):

- Mouth open wide
- Lower lip rolled back toward chin
- Lower lip farther from nipple than upper lip
- Baby's head slightly tipped back, chin firmly on the breast, nose lightly touching or free of breast

If the latch feels comfortable and no damage is done to your nipple, it is a good latch. Resist the urge to peek as poking about trying to see can unlatch your baby.

**RELAX!!** Once baby is on the breast well, put your feet up and get comfortable.

Feed on the first breast as long as baby is actively nursing before offering the second breast. When baby is finished the first side, he no longer has strong “deep and slow” sucks and your breast feels softer, offer the second breast. Baby may only feed a short time on the second breast. At the next feeding, offer this ‘second’ breast that you did not offer first at the last feeding. This is often the breast that feels the fullest.

If you want to take baby off your breast, slip your finger into the corner of baby's mouth and between the gums to break the suction.

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## Signs That Your Baby Is Breastfeeding Well

### Feedings:

#### How Often and For How Long?

- Expect at least 8 feedings in 24 hours
- Some babies like to breastfeed every 2 - 3 hours, day and night
- Other babies will feed every hour for 4 - 6 feeds, then sleep 4 - 6 hours
- If necessary, wake a sleepy infant for feedings until your milk supply is established and baby is gaining weight
- You can expect the baby to feed less often as he/she gets older except during growth spurts.

### Signs that baby is getting milk

#### *Infant:*

- Sustained, rhythmic suck/swallow pattern with occasional pauses
- Swallowing you can hear
- Relaxed arms and hands
- Moist mouth
- Satisfied after feedings
- Wet and dirty diapers (see page 11)



## Signs that baby is getting milk

### *Mother:*

- strong tugging at breast which is not painful
- thirst
- contractions of the uterus or increased lochia (bleeding) flow during or after feeding for the first few days after birth
- relaxation or drowsiness
- milk leaking from the opposite breast while feeding
- breast softening while feeding
- nipple looks longer after feeding, but not pinched or raw

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## Ways To Increase Milk Transfer To Baby

### Breast compression

Breast compression keeps the milk flowing to baby once they are not sucking as often or as strongly. By compressing mom's breast, a 'let down' occurs and milk starts to flow to baby again. Using the hand that is supporting the breast, compress firmly and hold as long as baby keeps swallowing and sucking again. Release and compress and hold again.



### "Switch nursing"

Switching back and forth between breasts to encourage baby to nurse can be an effective way to increase the amount of milk getting to baby. Using breast compression with switch nursing works well.

### Feed expressed breast milk

If you are concerned that baby is not getting enough milk at the breast, baby can be fed expressed breast milk (EBM). EBM can be fed to baby by a small cup or by spoon. Babies don't need to learn to drink from a bottle.

#### *Cup feeding:*

- Hold baby in an upright sitting position.
- Using a small flexible cup, tip small sips of EBM into the baby's mouth.

#### *Spoon-feeding:*

- Hold baby in an upright sitting position.
- Using a baby spoon, tip small amounts of EBM into baby's mouth.

## Baby's Output: Wet Diapers and Stools

Baby's Age	Wet Diapers Each Day	Stools Each Day
1 day old	<ul style="list-style-type: none"><li>At least one wet diaper (a wet diaper feels like at least 2 tablespoons or 30ml of water poured on a dry diaper).</li></ul>	<ul style="list-style-type: none"><li>At least 1 – 2 sticky dark green/black stools.</li></ul>
2 days old	<ul style="list-style-type: none"><li>At least 2 wet diapers.</li></ul>	<ul style="list-style-type: none"><li>At least 1 – 2 sticky dark green/black stools.</li></ul>
3 days old	<ul style="list-style-type: none"><li>At least 3 <b>heavy</b> wet diapers (a heavy wet diaper feels like at least 4 – 5 tablespoons or 60 - 75 ml of water poured on a dry diaper).</li></ul>	<ul style="list-style-type: none"><li>At least 2 - 3 brown/green/ yellow stools.</li></ul>
4 days old	<ul style="list-style-type: none"><li>At least 4 <b>heavy</b> wet diapers.</li></ul>	<ul style="list-style-type: none"><li>At least 2 - 3 brown/green/ yellow stools.</li></ul>
5 days old	<ul style="list-style-type: none"><li>At least 5 <b>heavy</b> wet diapers.</li></ul>	<ul style="list-style-type: none"><li>At least 2 – 3 stools, getting more yellow.</li></ul>
6 days old	<ul style="list-style-type: none"><li>At least 6 <b>heavy</b> wet diapers.</li></ul>	<ul style="list-style-type: none"><li>At least 2 – 3 <b>large</b> yellow stools.</li><li>Stools can be soft like toothpaste or seedy and watery.</li><li>After 1 month, some breastfed babies may have 1 very large yellow stool every 1 – 2 days or longer. This is normal as long as the stool is soft and the baby is healthy. It is also normal for some breastfed babies to have many stools each day.</li></ul>

## Weight Gain/Loss

- Most breastfed babies will lose 5 - 7% of their birth weight in the first 3 - 4 days after birth.
- Most health professionals express concern when a baby loses more than 7% of birth weight and may provide suggestions to help your baby gain weight.

Typical Weight Gain	
Age	Weight gain per week
2 weeks	Return to birth weight
Birth to 3 months	4-8 ounces
4-6 months	3-5 ounces
6-12 months	1.5-3 ounces
Double birth weight by 6 months Triple birth weight by 1 year	

### Do not worry if:

- Baby does not gain or if baby loses a few ounces during one week. One weight check is not enough to cause concern, weigh the baby again after a few days or a week.
- Your baby does not gain the same amount as another baby. Every baby grows at its own rate. Growth spurts will happen, but usually babies grow at a steady rate.

### Other Signs that Your Breastfeeding is Going Well

- 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.
- Your baby comes off the breast looking relaxed and sleepy.
- Your breasts feel softer and less full after breastfeeding.

*Get help right away if your baby is  
not showing signs of breastfeeding well.  
(See page 27)*

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## General Breast Care

- Wash breasts daily. Try not to use soap on your nipples, especially if they are sore. Soap may dry your nipples and cause them to crack.
- Wear a bra that fits well and is not too tight. Do not wear a bra with underwires.
- After breastfeeding, express some breast milk onto the nipples and dark area around them to help protect the skin. Let the milk dry before putting on your bra.
- If you use breast pads, change them at each feed if wet. Avoid using breast pads with plastic liners.

## A Guide to Fitting a Nursing Bra

- 1. Measure your chest under your arm and above your breast. This indicates your bra size. (i.e. 32, 34, etc.)
- 2. Measure the breasts at their fullest point. This indicates the cup size:

If the breast measurement is:

- |  |       |
|--|-------|
| • Less than 1½ inches larger than chest... | A cup |
| • 1½ to 2½ inches larger than chest...     | B cup |
| • 2½ to 3½ inches larger than chest...     | C cup |
| • 3 ½ to 4½ inches larger than chest...    | D cup |
| • 4½ to 5½ inches larger than chest...     | E cup |

Example: If the chest measurement is 36 inches and the breast measurement is 39 inches, then purchase a 36 C bra.

- 3. Make sure the bra is not too tight. A finger should slip between the fabric and your skin. A bra that fits too tightly can cause blocked ducts and may lead to mastitis, an infection in the breast.
- 4. Cotton nursing bras allow air to circulate to the nipples, which is good for the skin.
- 5. Breasts tend to increase one bra size during pregnancy (i.e. 34 to 36 and B to a C cup). Breast size can also increase temporarily right after having the baby.



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## Tips to Help With Breastfeeding

### What if Baby is Sleepy?

- Try taking baby's clothes off or changing the diaper. Tickle baby's ears, chin and feet.
- If you want to take baby off your breast, slip your finger into the corner of baby's mouth and between the gums to break the suction.



### What if Baby is Having Difficulty Nursing?

- Check for tongue-tie in baby.

Some babies may have difficulty in moving their tongue to be able to 'milk' the mother's breast well. They may:

- Have a poor latch and suck
- Make a clicking sound when nursing
- Tires easily when nursing
- May be fussy and arch away from the breast
- "Chew" on the nipple

If the baby has tongue-tie and is having difficulty nursing, your health care provider can arrange to have the tongue-tie clipped. This is a very simple and quick procedure. After clipping, your baby will need time to learn how to move their tongue properly to nurse well.

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## Caring For Breasts That Are Hard

Some mothers find that their breasts become swollen and hard 3 - 5 days after birth. This is called engorgement. If your breasts become hard, your baby may have trouble latching on.

Swelling is minimized with frequent, effective feedings (every 1 ½ to 3 hours).



### To reduce swelling:

- Apply cold compresses (ice, bags of frozen vegetables, cold cabbage leaves) for about 15 minutes
- Breast massage before feeding (gentle pressure with finger tips in small circles working towards the nipple)
- Milk expression (pumping)
- Take medication for pain - ibuprofen or acetaminophen if allowed
- Avoid use of heat



### Get help right away if you:

- Cannot soften your breasts or are having problems breastfeeding.
- Have a red and painful area on your breast.
- Have a fever.
- Are feeling sick.

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## Caring For Nipples That Are Sore

Your nipples may be tender at first, at the beginning of each feeding when baby latches on to the breast. This should get better each day. Breastfeeding should not be painful. If you feel nipple pain, check or try the following:

### During feeding:

#### *Is baby positioned properly?*

- Baby's head and body are at the same level as your breast so you are not leaning over the baby.
- Baby's chest is facing your chest.
- Baby's nose is facing your nipple.

#### *Is baby latched on the breast properly?*

- Baby's mouth opened wide.
- Baby's lips curled out.
- Baby's chin pressed into your breast.



*Review breastfeeding positions and latch on information on pages 4-7*

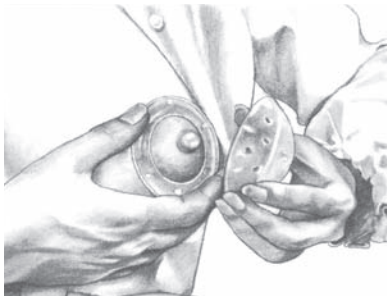
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### After feeding:

Express some breast milk onto the nipples and areola (the dark area around the nipple). Let the milk dry before putting on your bra.

Some creams and ointments may help. Read the label carefully, pure lanolin is a safer option (unless you are allergic to wool). Ask someone who knows about breastfeeding for more information.

You can wear a breast shell under your bra to help protect the sore nipple from rubbing against your bra.



To help avoid having baby 'nipple sucking' at the breast it is best to wait until your baby has learned to breastfeed before giving a bottle or soother. This often happens by 4 - 6 weeks. Nipple sucking can be very painful, and is usually due to a poor latch or poor positioning.



#### Get help right away if:

- Feeding is painful.
- Your nipples are cracked or bruised.

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## Expressing Breast Milk

### You May Need To Express Milk If:

- Your breasts are too hard for your baby to latch on.
- You want your baby to have breast milk when you are away from your baby.
- You need to increase your breast milk supply.

You may express your milk by hand or by using a manual or electric breast pump. Many mothers find it easier to express in the morning, when their breasts feel the fullest, or after breastfeeding the baby.

You may only get a few drops when first learning to express. Expressing breast milk will get better and easier with practice. You will be able to express more milk when you are relaxed.

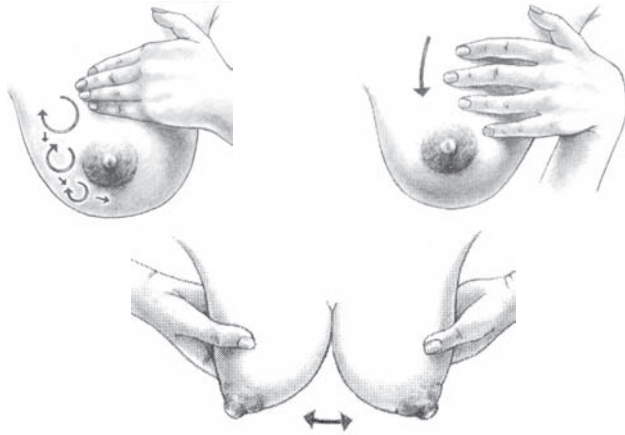
**A breast pump is not as good at getting milk out of the breast as a baby is.** If you do not get a lot of milk when using a pump, that does not mean your baby is not getting enough milk. A baby will usually get more milk out of a breast than the pump will. If you want to

store breast milk to feed at a later time, wait until the baby is at least 6 weeks old when the baby's latch and your milk supply is well established before using a bottle to feed expressed breast milk.

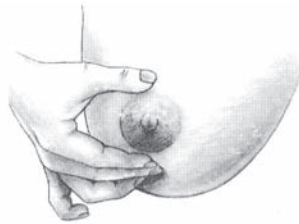
### How To Express Breast Milk By Hand

1. Wash hands with soap and water.
2. To help breast milk to flow, apply warm, moist towel to the breast.
3. If your baby is healthy, use a clean glass or hard plastic container to express your breast milk into. "Clean" means to wash with hot soapy water, rinse well with hot water and leave to air dry.
4. Massage breasts and nipples to stimulate milk ejection reflex. Use gentle pressure in a circular motion and move around the breast from the outer area to nipple. Stroke the breast using a light touch. Lean forward and shake the breast.

## Breast Massage:



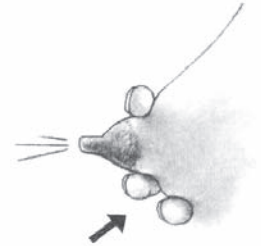
5. Position your thumb and first 2 fingers about 1 - 1 ½ inches away from the nipple.



6. Push your thumb and 2 fingers straight back toward your chest.



7. Roll your thumb and 2 fingers together.



**Repeat steps 5, 6, and 7 until the flow of milk slows down, then switch to the other breast.**

Switch breasts a few more times whenever the flow of milk slows down. Be sure to move your thumb and 2 fingers along all areas around the nipple (from 12 and 6 o'clock to 10 and 4 o'clock, etcetera).

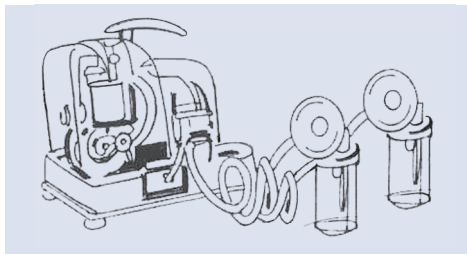
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## Breast Pumps

### Types Of Breast Pumps

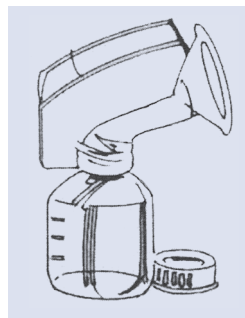
#### 1. Electric Pump - Hospital Grade

- Best pump to use if you cannot be with your baby for lengthy periods of time.
- Can pump both breasts at the same time. It will take less time to pump and will result in more milk production.
- Is often rented because it costs the most money. Call your local public health office for places that rent this pump.
- Some work insurance plans may pay for the cost of renting the pump.



#### 2. Hand Held Electric or Battery Operated Pump

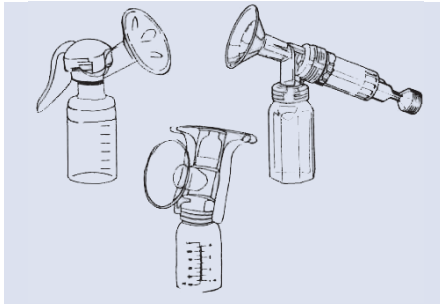
- Good pump to use if you plan to pump for a short time or only once in a while. Most of these breast pumps cannot replace the baby at the breast.
- Can be used with one hand.
- Is easy to carry.
- Need to replace batteries often (it is best to buy one that can also be plugged into an electrical outlet.)





### 3. Manual Hand Pump

- Good pump to use if you plan to pump for a short time or only once in a while. This pump cannot replace the baby at the breast.
- Some can be used with one hand, and others with two hands (depends on the type of hand pump).
- Is easy to carry.
- Can tire the hands and wrists so it should not be used by mothers with hand, wrist or arm problems.
- Cost the least money.



### Cleaning your breast pump

If your baby is healthy, sterilizing isn't necessary. Wash the parts of the pump that come into contact with your breast milk with warm soapy water. Rinse these parts well with hot water and allow to air dry. You should wash the pump soon after using so that the milk particles don't start to dry and stick. **Using the dishwasher is not recommended.**

### 2nd hand breast pumps are not recommended.

Breast milk from a previous user cannot be completely removed. Certain diseases can be transmitted by breast milk such as HIV and cytomegalovirus. Even yeast can be transmitted. Home sterilizing is not a reliable way to make sure that you will not be exposed. Only hospital grade breast pumps should be used by more than one person.

**Follow the instructions that come with the breast pump.**

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## Storing and Feeding Breast Milk

### Containers For Storing Breast Milk:

- Use a clean glass or clear hard plastic container (Bisphenyl A free) with a tight lid (for example, small jars and bottles with lids).
- Special breast milk freezer bags can also be used.
- Do not use bottle liner bags. These are thinner plastic bags made for bottle feeding, not storing milk.

### *Cleaning the containers:*

- If your baby is healthy, you do not need to sterilize the storage containers.
- For healthy babies, wash containers in hot soapy water and rinse well with hot water. Let the containers air dry.
- If your baby has been sick or was pre-term, it may be a good idea to sterilize the containers after washing them in hot soapy water and rinsing as extra protection from infection.

### Tips For Storing Breast Milk:

- Label each container with date and time of when the milk was expressed.
- Store in 2 - 4 ounce portions to prevent wasting milk.
- Always cool freshly expressed milk before adding it to already cooled or frozen milk to prevent 'warming up' the first milk collected.
- Always add a smaller amount of cooled milk to frozen milk to avoid thawing the frozen milk.
- Leave a 1-inch space at the top of the container when freezing.
- Frozen breast milk can be kept in the fridge for 24 hours after it has been thawed.
- Do not refreeze the breast milk once it is thawed.
- Fresh breast milk is better for baby as freezing destroys some nutrients.

### *Breast milk can be stored in the following ways:*

- Fresh milk at room temperature:  
(19-22° C) 10 hours    *or*    (25 ° C) 4 to 6 hours
- Fresh milk in fridge: 8 days
- Thawed breast milk in fridge: 24 hours
- Freezer of a 1 door fridge: 2 weeks
- Freezer of a 2 door fridge: 3 or 4 months  
(*temperature varies because the door opens and closes frequently*)
- Deep freezer: 6 months (-18°C)

It is better to feed your baby fresh milk as freezing destroys some of the nutrients and kills the 'living cells' found in your milk.

### *Thawing Frozen Breast Milk*

- Check the date on the stored breast milk. Use the container with the earliest date first.
- Thaw frozen breast milk by leaving it in the fridge for 4 hours    **OR...**
- Place container under cool running water. Once it has begun to thaw, run warm water to finish thawing.
- Place container in cold water until breast milk is thawed.
- **Never** thaw at room temperature.

### **Feeding Tips:**

- Warm breast milk by placing the container in a bowl of very warm water.
- Test the temperature of the warmed breast milk on your wrist before using it.

**DO NOT HEAT ON STOVE  
OR IN MICROWAVE  
AS THIS MAY DESTROY  
SOME OF THE NUTRIENTS.**

- Many babies take expressed breast milk well when fed with a cup or spoon.
- Hold your baby when feeding expressed milk.
- Make feedings an enjoyable time for you and your baby. Talk to your baby and give lots of smiles.
- Burp your baby as needed.
- Throw away any breast milk left in the bottle/cup that your baby does not drink after each feeding. Saliva and bacteria get into this milk and start to spoil the milk.

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## Questions and Answers

### *1. When should I take my baby for a check-up after leaving the hospital?*

Your baby should have a check-up by a “breastfeeding specialist” between 1 - 2 days after leaving the hospital. A “breastfeeding specialist” can be a nurse, nurse practitioner, midwife, lactation consultant, or doctor. Your baby should then have a second check-up within 7 days after birth. This second check-up should be with your doctor, nurse practitioner, or midwife.

### *2. Will I make enough milk for my baby?*

In the first few days, your breasts will make a special milk in small amounts called “colostrum”, a thick, yellowish fluid. This is very high in calories and suits your baby’s tiny stomach. After 3 - 5 days, your breasts will feel fuller and begin to make breast milk. More milk will be made when your baby breastfeeds more often and has a good suck. Most mothers have more than enough breast milk to feed their baby as long as the baby sucks well at the breast at least 8 times a day.

### *3. What are “growth spurts”?*

These are times when your baby is growing quickly, will be quite hungry and need to breastfeed more often. Growth spurts happen at about 2-3 weeks, 6 weeks, 3 months and 6 months of age. They will often last for a few days. Your breasts will make enough milk for your baby during these growth spurts. Allow your baby lots of feeding time, and the extra demand will soon bring in a bigger supply of milk.

### *4. What are some signs that my baby is hungry?*

Your baby may be:

- having fast eye movements under the eyelids as he/she begins to wake up to feed.
- sucking and licking movements of the mouth.
- putting hands into the mouth.
- stretching and increased body movements.
- making small sounds.

**It is best to feed your baby before he/she is too upset and crying loudly.**

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### 5. *Is it normal for my baby to spit up?*

It is common for young babies to spit up after feeding or when being burped. This should not be a problem if your baby is showing signs of drinking enough (see the section on “Signs That Your Baby Is Breastfeeding Well” on page 8). Many babies will spit up less often at about 4 - 6 months of age. If you have an ‘overactive letdown’ (see question #6) your baby may spit up at the end of most feedings.

### 6. *My baby coughs and sputters as if the milk is flowing too fast (overactive letdown).*

Overactive letdown occurs when your milk flows very quickly to the baby. Your baby may cough and choke when drinking at the breast, or may pull off the breast shortly after starting to nurse. Position yourself so that milk doesn’t flow as quickly. Recline your seat so that baby is lying on you, and excess milk will flow out of the side of their mouth. Offer only one breast per feeding. Do not wait until baby is really hungry, feed when baby is quiet and calm. You may have to express an ounce or so prior to feeding at the breast.

### 7. *Should I give my baby vitamins?*

At this time, the Canadian Pediatric Society recommends giving all breastfed babies vitamin D drops. Talk to your doctor about this.

### 8. *Should I continue breastfeeding if I am sick?*

Yes. Your baby has most likely already been exposed to the same virus or bacteria that you have. You will be producing antibodies and passing them with your breast milk to your baby that will help to protect your baby.

### 9. *Can I take medications when breastfeeding?*

In most cases, it is safe to continue breastfeeding when taking medications. Call Motherisk (416-813-6780) for more information. Dr Thomas Hale’s book *Medications and Mothers’ Milk* 2008 is an excellent reference.

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### *10. What should I be eating when I am breastfeeding? Are there any foods I should not eat?*

Enjoy a variety of foods from all the food groups. You can get a free copy of 'Eating Well with Canada's Food Guide' by calling your local public health office. There are no foods you must stay away from. Few infants are affected by foods eaten by the mother. Drink to satisfy thirst.

### *11. How long should I breastfeed for?*

This is a personal choice. The World Health Organization and The Canadian Pediatric Society recommends giving only breast milk for the first 6 months and continuation of breastfeeding up to 2 years or more. Complementary foods (solid foods) may be given after the first 6 months. Many mothers breastfeed for longer. There is no "right time" to stop.

### *12. Can I drink alcoholic beverages while I am breastfeeding?*

There are two schools of thought on this issue. Dr. Jack Newman, in his book, "A Guide to Breastfeeding", points out that although alcohol passes freely from the mother's blood to her breast milk, if a mother's blood alcohol level is 0.08%, then the breast milk will have an alcohol level of 0.08%. Dr. Newman suggests that you could drink a liquid that is 0.08% alcohol, day and night, and it won't affect you, so how will this harm a baby? A woman who is drunk puts her baby at greater risk of neglect or accidental injury than from the alcohol that might pass through her breast milk.

Motherisk, on the other hand, offers a table including mother's weight, amount of alcohol, and time to clear the alcohol from her system, suggesting that the mother refrain from breastfeeding during this interval.

Drinking during pregnancy is strictly **NOT** recommended. Having the odd drink while breastfeeding is not as clear an issue.

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## Where To Get Breastfeeding Help

**Haliburton, Kawartha, Pine Ridge District Health Unit**  
Public health nurses in the Family Health Department provide breastfeeding support through: telephone support, home visits, Well Baby Clinics, prenatal breastfeeding classes as well as individual support with a registered nurse. Call the Health Unit at 1-866-888-4577 Monday to Friday from 8:30 am to 4:30 pm to schedule an appointment.  
Website: [www.hkpr.on.ca](http://www.hkpr.on.ca).

**Women's Health Care Centre, Breastfeeding Clinic**  
157 Charlotte Street, Peterborough  
1-800-419-3111 or (705) 743-4132

**Peterborough Family Resource Centre, Breastfeeding Clinic**  
201 Antrim Street, Peterborough (705) 748-9144

**Haliburton Highlands Family Health Team**  
(705) 455-9220

**Soldiers' Memorial Hospital (Orillia), Breastfeeding Clinic**  
(705) 325-2201

**Dr. Jack Newman Breastfeeding Clinic (Toronto)**  
(416) 498-0002 Website: [www.drjacknewman.com](http://www.drjacknewman.com)

**Private Lactation Consultants/Clinics** (fee for service)  
See the directory at [www.ilca.org](http://www.ilca.org)

**La Leche League**  
1-800-665-4324; Lindsay (705) 328-2316;  
Peterborough (705) 740-6188  
Website: [www.lalecheleaguecanada.ca](http://www.lalecheleaguecanada.ca)

**Motherisk** Information on medications, herbs and chemicals.  
(416) 813-6780 Website: [www.motherisk.org](http://www.motherisk.org)

**Telehealth Ontario** 1-866-797-0000

**Breastfeeding Made Simple**  
Website: [www.breastfeedingmadesimple.com](http://www.breastfeedingmadesimple.com)

**Ontario Breastfeeding Supports**  
Website: [www.breastfeedingontario.org](http://www.breastfeedingontario.org)



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## Breastfeeding Basics

*Breastfeeding Basics* provides guidelines for healthy babies. If you have special concerns, contact your doctor or a health care professional.

Thank you to Leeds, Grenville & Lanark Health Unit staff and friends for allowing the use of the fabulous photos of them and their children.

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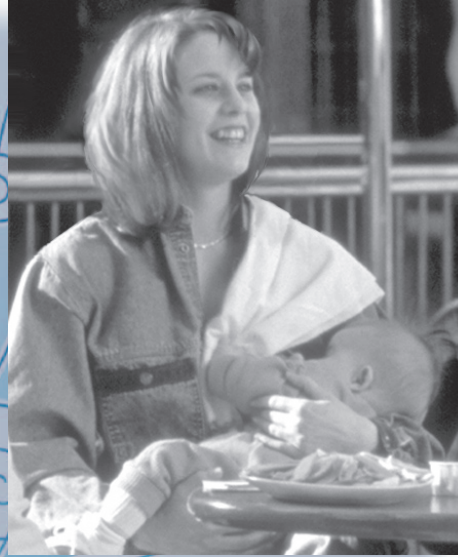
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Haliburton, Kawartha, Pine Ridge District

**Health Unit**