



# Breastfeeding for the Health and Future of Our Nation

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A BOOKLET FOR ABORIGINAL FAMILIES AND COMMUNITIES IN ONTARIO

*best start*  
*meilleur départ*

by/par health **nexus** santé

## Acknowledgements

The Best Start Resource Centre would like to thank Angela Mashford-Pringle PhD, Bryanna Scott PhD student and Sherry Peltier for researching and drafting the text for this booklet, as well as the key informants who shared their experiences and wisdom. Chi-miigwetch. Niawen ko:wa. Tansi.

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## Use of this Resource

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## Citation

Best Start Resource Centre (2013). *Breastfeeding for the Health and Future of Our Nation: A Guide for Aboriginal Families and Communities in Ontario*. Toronto, Ontario, Canada.

This document has been prepared with funds provided by the Government of Ontario. The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario. The resources and programs cited throughout this guide are not necessarily endorsed by the Best Start Resource Centre or the Government of Ontario.

The background is a teal color with a faint, repeating floral pattern. In the center, there is a blurred image of a person's hands, possibly a woman, with a red and white patterned garment visible. The text is centered in the teal area.

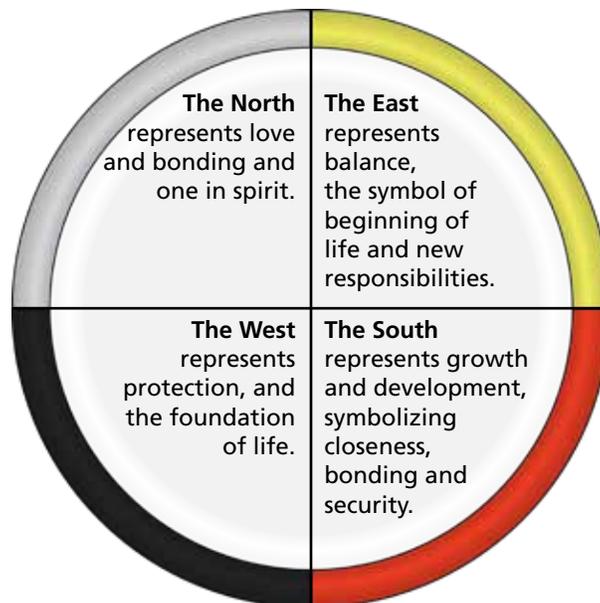
*“All the rivers of the earth  
are milk that comes from  
the breast of the Great  
Mother. Our breasts give  
the waters of life to feed  
the children.”*

*(ChoQosh Auh’Ho’oh, Elder)*

*“Prior to European contact, Aboriginal communities in what is now Canada already had regionally specific, locally controlled, culturally appropriate systems of health care in place, many of them quite sophisticated” (Smylie, 2001, p. 2).*

## How to Use this Booklet

This booklet was created to support Aboriginal women with the art of breastfeeding. The information developed in this booklet provides supportive strategies for mothers, babies and families. The Medicine Wheel is used to symbolize the balance needed to support breastfeeding women. This booklet focuses on the four directions of the Medicine Wheel as it relates to breastfeeding with each direction representing a section in the booklet.



This booklet will help you reclaim your tradition of breastfeeding. It provides:

- Information about Aboriginal traditions around breastfeeding.
- How the teachings of the medicine wheel support the teachings about breastfeeding.
- Information about why breastfeeding is important.
- Practical tips on how to get started and continue to breastfeed.
- Answers to common questions about breastfeeding.
- Information and resources you may find helpful.

In this booklet, we have sometimes used ‘he’, and sometimes ‘she’ when referring to your baby.

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## ***Breastfeeding: Reclaiming Our Tradition***

### **Traditions**

Conception, pregnancy and birth are part of the circle of life. Pregnancy brought love, respect, hope and celebration. Pregnant women, breastfeeding mothers, infants and toddlers were honoured, cherished and nurtured by family and community.

The protection of infants was the core of traditional infant care through close and constant contact with mother and breastfeeding. Breastfeeding was thought to nourish, protect, guide, comfort and ensure a strong bond between infant and mother, all which contributed to “living a good life”, just as the umbilical cord had done before birth.

*“Living a Good Life means promoting good health through life’s journey. Traditional Healers, Elders, Medicine People and Ceremonies including stories, songs, dancing and prayer guide our healing, balance, growth and wisdom.”  
(ENAADAMGED KWE - Woman’s Helper)*

*“In First Nations communities, traditionally women were respected as beings who were closest to the Creator because women created life. I believe that women were revered for both creating and sustaining life through breastfeeding. In fact, if a woman could not provide breastmilk, other women would provide theirs.”  
(Community Member)*



Traditionally, newborns were breastfed after birth. They were breastfed for at least 2 years and often for 4 or 5 years. Nursing both a newborn and a toddler was also common.

Babies were breastfed as women went about their lives, held in arms, while in a cradle board, or standing.

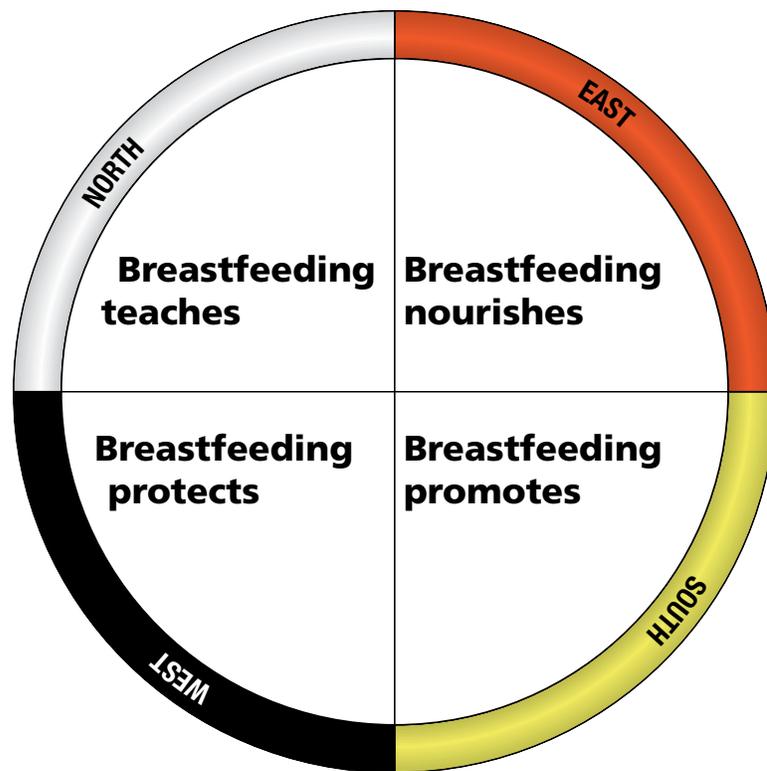
Community members brought breastfeeding mothers the best food - thick soups and venison. A porridge of fish or meat broth, cornmeal, wild rice and raspberry roots helped the breastmilk flow (increased milk production). Some nations believed chokeberries, potatoes and bread “dried up” breastmilk.

## Breastfeeding Decline

Breastfeeding rates began to decline worldwide in the 1920s when evaporated cow's milk and infant formula became widely accessible. In the early 1950s breastfeeding rates started to decrease in Aboriginal communities. Currently Aboriginal women have the lowest breastfeeding rates in all of Canada.

Aboriginal women today understand that it is crucial to the health and future generations to reclaim the tradition of breastfeeding.

## Breastfeeding is Important



### *Breastfeeding nourishes - East*

As your baby grows, your breastmilk changes to provide exactly what your baby needs for healthy growth and development.

## ***Breastfeeding promotes - South***

Breastfeeding promotes:

- Healthy growth and development.
- Healthy development of baby's jaw and teeth.
- Bonding and attachment.
- Responsive parenting.
- Restful sleep.

## ***Breastfeeding protects - West***

### **You**

You are less likely to develop:

- Excessive postpartum bleeding.
- Breast and ovarian cancer.
- Type 2 diabetes.

### **Your Baby**

Your baby is less likely to develop or have:

- Infection from bacteria and viruses (e.g., ear, respiratory or stomach infections).
- Sudden Infant Death Syndrome (SIDS).
- Future diseases (e.g., diabetes, heart disease, some cancers, or Crohn's disease).
- Pain from needle or hospital procedures if you breastfeed your baby during or right after these procedures.

### **Future Generations**

Breastfeeding has a long-lasting effect:

- By breastfeeding your baby you are thinking of the next 7 generations by promoting good health and development and future breastfeeding.
- By breastfeeding your baby you are protecting the environment because there is:
  - o No methane gas production because no cows are needed to produce your milk.
  - o No transportation costs.
  - o No packaging or waste.

### **In Emergencies**

Breastfeeding protects even in an emergency. If your drinking water is not safe, breastfeeding is the safest choice.

## ***Breastfeeding teaches - North***

Breastfeeding teaches you about your baby and about your role as a mother.



## ***Your Baby's Birth and First Few Days***

The birth of your baby is the beginning of life. Life is linked to the colour yellow. This is the colour of a new day. The feather stands for balance. When you take care of yourself you have more energy to give your baby. A new baby brings new responsibilities for a mother and her family.

*"When my son was born my Métis father was not able to come to the birth. He told me that he would pray that my son would grow up to be a strong man and that I could be a strong mother. My father later told me that he had gone to his trapping ground and boiled himself some tea and that's where he prayed to give thanks to mother earth and asked for strength for his new grandson. My son has grown up to be a strong man." (Métis mother)*

## Helping Your Baby Get a Good Start

Before your baby's birth, your body provided everything needed for growth, warmth and protection. You continue this important job after birth as well. Your baby will be gently placed on your chest immediately, or as soon as possible, after birth. If you leave your baby in this position, she will begin looking for your breast usually within an hour from birth. She will lift her head, lick her hands and bob towards your breast. She may need a little help from you or she may latch on all by herself. Your baby is born with the instinct to breastfeed.

**You can help your baby learn to breastfeed by using these key skills right from the start:**

- Holding your baby skin-to-skin.
- Learning about baby-led latching.
- Following your baby's cues.
- Learning how to hand express colostrum.

### Skin-to-Skin

Skin-to-skin is a way of holding your baby that both babies and parents find enjoyable. The baby wears only a diaper and is held in an upright position on the mother's bare chest. A light blanket can be draped across the baby's back. When babies are held skin-to-skin, they can hear their mother's heartbeat and breathing, and smell and feel her skin. This is familiar and comforting to babies.



#### Skin-to-skin ...

- Helps baby to transition from life inside your womb. It regulates your baby's heart rate, breathing and blood sugar.
- Helps your baby stay warm through your body heat.
- Promotes bonding and getting to know your baby.
- Helps your baby be calm and cry less.
- Helps you to be more confident and relaxed.
- Helps your milk supply and milk to flow.
- Promotes a deep latch. This means that you are less likely to develop sore nipples and your baby will get more milk.

Right after birth hold your baby skin-to-skin for at least one hour. Keeping him skin-to-skin helps him adjust to the world. It also helps to get breastfeeding off to a great start. Premature babies benefit from this, too. Older babies will also enjoy skin-to-skin holding. Your partner, or another person you are close to, can practice skin-to-skin as well, to comfort and nurture your baby.

## Baby-Led Latching (also called Laid-Back Breastfeeding)

Baby-led latching is a natural and simple way for your baby to find your breast right after birth or any time you are breastfeeding. It is helpful when your baby is learning to breastfeed, when your baby is not breastfeeding well, or when your nipples are sore.

- Sit comfortably with support, leaning back.
- Hold your baby skin-to-skin on your upper chest and between your breasts. Her tummy should rest on your chest.
- Your baby was born with a reflex that helps her find your nipple. It is called the "rooting" reflex. You will notice her looking for your breast. This may look like bobbing or pecking.
- Support your baby's back and bottom with your arm and hand while she moves towards your breast.
- Your baby will find your nipple. She may touch it with her hands first.
- After a few tries your baby will push her chin into your breast, reach up with an open mouth, and latch to your breast.
- Once your baby is latched, you can adjust your position and your baby's position to make sure you are both comfortable.



## Cue-Based Feeding

Your baby will show that she is ready and eager to feed. She will show some signs called feeding cues.

Breastfeed your baby often. Most babies feed at least 8 times in 24 hours. Watch for your baby's cues. Your baby will tell you when she is ready to feed and when she is finished. As your baby grows she may feed less often or she may feed more quickly. To see what feeding cues look like, go to [www.health.qld.gov.au/breastfeeding/documents/feeding\\_cues.pdf](http://www.health.qld.gov.au/breastfeeding/documents/feeding_cues.pdf).

**Early cues: "I'm hungry."**

- Stirring, moving arms.
- Mouth opening, yawning or licking.
- Hand to mouth movements.
- Turning head from side to side.
- Rooting, seeking to reach things with her mouth.

**Mid cues: "I'm really hungry."**

- Stretching.
- Moving more and more.
- Hand to mouth movements.
- Sucking, cooing or sighing sounds.

**Late cues: "Calm me, then feed me."**

- Crying.
- Agitated body movements.
- Colour turning red.

**If your baby shows late feeding cues, it is time to calm your baby before feeding her. You can do this by:**

- Cuddling.
- Skin-to-skin holding.
- Talking or singing.
- Stroking or rocking.

At the start of the feed, your baby will have shallow and quick sucks. When your milk starts to flow, the sucks will become deep and slow. You will notice a pause during the suck when your baby's mouth opens the widest. Your baby is drinking milk during this pause. You will hear or see her swallowing.

## Hand Expressing Colostrum or Breastmilk

**Hand expressing colostrum (your first milk) or breastmilk helps you to:**

- Express a few drops of milk to get baby interested in latching.
- Soften your breasts near your nipples before latching your baby, if they are very full.
- Make your breasts comfortable if they are full and baby is not feeding.
- Express milk for your baby, if you are going to be away from her or need to feed her other than directly at the breast.

You can practice expressing breastmilk as soon as your baby is born or even a week or two before your baby is born. In the first 2 - 3 days after birth, you will get a small amount of colostrum, maybe 5 - 10 ml (1 - 2 teaspoons) or less. It is important for your baby to get your colostrum. It helps your baby's immune system and is very rich in nutrients.

*Some babies may not be able to breastfeed right away. You can still get breastfeeding off to a good start by breast massage and expressing milk by hand. A lactation consultant or nurse can tell you if you should use a pump. Colostrum is your first milk, and it is very important to your baby's health.*

**PRESS****COMPRESS****RELAX****To express breastmilk for your baby:**

- Wash your hands well.
- Find a place where you are comfortable and relaxed.
- Gently massage your breasts from outside towards the nipple. Gently roll your nipple between your fingers.
- Hold your breast with one hand, not too close to the nipple. The thumb and fingers of your hand should be opposite each other and about 2 ½ - 4 cm (1 to 1½ inches) back from your nipple. Lift your breast slightly, and gently press the breast inwards toward your chest.
- Lightly compress your thumb and fingers together in a rolling motion towards the nipple.
- Relax your fingers for a couple of seconds then repeat the same motion. Do not squeeze the base of your nipple, as this will stop the flow of milk.
- Move around your breast so you are expressing from the entire breast. Continue this until the flow of milk has stopped. You may want to switch hands and switch from one breast to the other now and again.
- If your baby has not latched on and fed, collect your milk on a spoon or in a container with a wide mouth depending on the amounts you are expressing.
- You can feed your milk to your baby using a cup or spoon. Ask your health care provider, hospital or public health nurse to show you how to do this.

If your baby needs some help to get started, express some colostrum from your breasts. Let your baby lick it off, or give it to her on a spoon or from a cup.

If your baby is not able to breastfeed right away, it is important to establish and maintain your milk supply. You can do this by hand expressing or pumping your colostrum and later breastmilk. It is important that you remove milk as many times as a baby would feed, at least 8 times in 24 hours. If you need more information on expressing, storing and feeding your breastmilk, go to [www.beststart.org/resources/index.html](http://www.beststart.org/resources/index.html).

*"Women are the first environment. We are privileged to be the doorway to life. At the breast of women, the generations are nourished and sustained. From the bodies of women flow the relationships of those generations both to society and to the natural world. In this way is the earth our mother, the old people said. In this way, we as women are earth." (Katsi Cook, Mohawk, 2003)*



## ***Providing for Your Baby***

The Southern direction is often seen as an area of growth and development. Not only is your baby growing and developing while you breastfeed, but you are creating a bond. It is important to have skin-to-skin contact often. Your partner can enjoy skin-to-skin contact, too. This type of contact allows both you and your partner to connect with your baby. Traditionally, growth and development have been seen as red or the heat of the day.

As you nurture your baby with your breastmilk, you see her grow and develop. Appreciate the beauty and wonder of your body's ability to create and nurture life. Care for your body by:

- Eating healthy and traditional food.
- Staying relaxed.
- Drinking whenever thirsty.
- Sleeping or resting when your baby sleeps.
- Being physically active when you can.
- Surrounding yourself with positive images, energy and people.

*“Learning the wonders of your body, and living in tune with its rhythms and the rhythms of your baby’s body, you will naturally develop a greater sense of body-trust, which is one factor that builds your self-confidence.” (Ryan & Auletta, 2005)*

## Breastfeeding Positions

When you are about to feed your baby make sure you and your baby are in a position that makes it easy to breastfeed. Mothers and babies can breastfeed in many different positions. At first, you may find you are more comfortable in a certain position like sitting back in a favourite chair or lying in your bed. As you and your baby become breastfeeding experts, you will be able to feed your baby anywhere, while walking, carrying him in a carrier, or sitting at the table.



Your baby should be in a position that allows for a deep latch and easy swallowing. Here are a few points to keep in mind:

- Have your back well supported.
- Make sure you are in a position that does not cause you pain.
- Your baby's ear, shoulder and hip should be in a straight line.
- Your baby's head should be slightly tilted back. This allows him to latch deeply and feed comfortably.

## Helping Your Baby to Latch

A deep latch is very important because it lets your baby get milk easily without hurting your nipples or breasts. After babies learn how to latch well, they usually keep on doing it right. Your baby will take all or most of the darker or pink area around your nipple (your areola) into his mouth. That helps him "milk" the breast and will not hurt your nipple. Breastfeeding should not hurt. You should get help if it does.

- When your baby is ready to latch, bring him to your breasts.
- Make sure your baby is turned towards you or even lying on top of your chest – **Tummy to Mommy.**
- As your baby starts to search for your breast, support his body so that his head is at the level of your breasts – **Face to Breast.**

- If you are sitting up, you may need to support his shoulders and neck with the palm of your hand. This will allow your baby to move or even lift his head.
- Help your baby get into a position where his nose is at the level of your nipple. This will help him open wide and get a big mouthful of your breast – **Nose to Nipple**.
- If you are sitting up, tuck your baby's whole body in close, his bottom and legs too.
- If you have larger breasts, it sometimes helps to hold your breast by cupping it with your hand. Your fingers should be well back from the darker or pink area (areola) around your nipple. Your index finger should rest on your breast below baby's chin and your thumb above his nose. This will allow your baby to latch deeply.
- Your baby's chin and lower lip will touch your breast first.
- Your nipple will be pointing toward your baby's nose while you wait for his mouth to open wide over your nipple.
- Your baby should have more of the breast below your nipple (rather than above your nipple) in his mouth. His chin will be against your breast, and his nose will be slightly away from the breast.

You don't need to push your baby onto your breast. In fact, babies don't like getting pushed and may push back against your hand. This can make you think your baby does not want to feed.

If your baby fusses and doesn't latch on, try these things:

- Move him back to an upright position between your breasts.
- Stroke and talk to your baby.
- Calm yourself. This will calm your baby, too.
- Once your baby is calm, try latching again.
- Expressing a few drops of milk may help to get your baby's attention.

If you are unable to latch your baby, ask for help. For information on **Getting Help**, go to page 42 of this booklet.

## How to Tell if Your Baby is Latched Well

**You will know your baby is latched on well if these things are happening:**

- Breastfeeding is comfortable for you.
- Your baby has a strong, slow, regular suck.
- Your baby will suck faster at first and then slower with pauses.
- You can hear swallowing.
- Your baby's mouth is wide open with flared lips.
- Your baby's ears or temple are moving while she sucks.



**When your baby is finished breastfeeding:**

- Your nipples will have a normal, rounded shape and they should not look pinched.
- Your breasts may feel softer. You may notice this more in the first few weeks of breastfeeding.
- Your baby should be relaxed and content.
- Younger babies may fall asleep. If your baby wakes up when you take him off and shows feeding cues, he was not yet done and you can offer him your breast again.
- Older babies may stay awake but let you know they are done feeding by turning away or starting to play.

**Signs that Breastfeeding is Going Well**

Most newborn babies feed 8 or more times in 24 hours. Breastfeeding provides food for your baby to grow and develop. It also comforts your baby. And it helps both of you to develop a close connection. Some babies feed regularly and establish a routine quickly. Other babies like to have short feeds often, especially in the evening or at night. This is called cluster feeding and is very common in the first few weeks.

Feed your baby whenever she shows feeding cues. Feed her as long as she wants to feed. When she stops feeding on the first breast, burp her and offer the second breast. This will help you have a good milk supply as your baby grows. Some babies feed for 20 minutes, others take much longer. You do not need to worry how long she feeds as long as your baby:

- Feeds often, at least 8 times in 24 hours.
- Feeds with strong sucking and swallowing.
- Has plenty of wet and dirty diapers.
- Gains weight consistently (refer to the chart on page 17).

**Remember; watch your baby, not the clock.**

As babies get older they may change how long or how often they feed. Follow your baby's cues. Your baby knows when she is hungry and when she is full.

Whenever your baby wants to feed, start with the breast that your baby did not feed from. If she fed from both breasts, start with the breast from which your baby fed last. Let your baby feed as long as she is interested. Switch to the other breast when:

- Your baby is no longer sucking actively.
- Your baby lets go of the breast or falls asleep.

Make sure your baby feeds from both your breasts regularly. Some women keep track by putting a ribbon on their bra or a bracelet on their arm. Do whatever works for you and your baby.

Some babies release the breast, others don't. If your baby has been pausing a lot and is no longer swallowing, you can take her off your breast. Slip a finger between your breast and your baby's mouth to break the suction. Some babies always feed from both breasts, others don't. Some babies have a short nap and then feed from the other breast.

## Breast Compressions

Some newborn babies fall asleep easily while they are feeding. To encourage your baby to keep feeding until he is full, you can use breast compressions. If your baby falls asleep after only a few minutes at the breast, compress your breast behind the areola to help your milk to flow. Do not squeeze so hard that it hurts. This will help your baby start sucking again. You can do this throughout the feeding or at the end of the feeding when your baby starts to get sleepy.

## Is my Baby Getting Enough Milk?

These are signs that your baby is getting enough milk:

GUIDELINES FOR NURSING MOTHERS										
Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS	
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS			
<b>How Often Should You Breastfeed?</b> Per day, on average over 24 hours	 <p>At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.</p>									
<b>Your Baby's Tummy Size</b>	 <p>Size of a cherry</p>		 <p>Size of a walnut</p>		 <p>Size of an apricot</p>		 <p>Size of an egg</p>			
<b>Wet Diapers: How Many, How Wet</b> Per day, on average over 24 hours	 <p>At least 1 WET</p>		 <p>At least 2 WET</p>		 <p>At least 3 WET</p>		 <p>At least 4 WET</p>		 <p>At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE</p>	
<b>Soiled Diapers: Number and Colour of Stools</b> Per day, on average over 24 hours	 <p>At least 1 to 2 BLACK OR DARK GREEN</p>		 <p>At least 3 BROWN, GREEN, OR YELLOW</p>		 <p>At least 3 large, soft and seedy YELLOW</p>					
<b>Your Baby's Weight</b>	Babies lose an average of 7% of their birth weight in the first 3 days after birth.				From Day 4 onward your baby should gain 20 to 35g per day (2/3 to 1 1/3 oz) and regain his or her birth weight by 10 to 14 days.					
<b>Other Signs</b>	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.									

Breast milk is all the food a baby needs for the first six months — At six months of age begin introducing solid foods while continuing to breastfeed until age two or older. (WHO, UNICEF, Canadian Pediatric Society)

If you need help ask your doctor, nurse, or midwife. To find the health department nearest you, call INFO line: 1-800-268-1154. For peer breastfeeding support call La Leche League Canada Referral Service 1-800-665-4324.

To make sure your baby is getting enough milk during the first week, keep track of the number of wet and dirty diapers in a 24 hour period.

In the beginning it can be hard for new parents to know if their baby has a wet diaper. A very wet diaper is heavier than a dry diaper. If you want to know what a very wet diaper feels like, pour 30 ml (2 tablespoons) of water on a dry diaper. Your baby's urine (pee) should be clear or pale yellow, and it should have no smell. If a dirty diaper is heavy, count it as both a wet diaper and a stool.

To download this chart, go to: [www.beststart.org/resources/breastfeeding/index.html](http://www.beststart.org/resources/breastfeeding/index.html)

**If your baby does not have enough wet and dirty diapers, get help right away!**

Babies lose an average of 7% of their birth weight in the first 3 days after birth. For example, a 7 pound baby will lose about 230 grams or 8 oz. From day 4 onward your baby should gain 20 - 35 g (2/3 - 1 1/3 oz) per day and regain his birth weight by 10 - 14 days. During the first 3 - 4 months your baby should continue to gain 20 - 35 g (2/3 - 1 1/3 oz) per day.

If your baby is not gaining enough weight, wake your baby for more feedings. Get help to make sure your baby is feeding well. Always breastfeed your baby when he seems hungry.

For the first 3 weeks or so, your baby should have at least 3 stools per day. Around one month of age some babies will have only 1 - 2 stools per day. Some have one large stool every few days. This is normal as long as your baby is feeding well, seems content and his stools are soft. If your baby is not feeding well, is more fussy than usual or has not had a stool in more than a week, go to section Getting Help on page 42 of this booklet.

## Your Baby's Stomach Size

Your baby needs to feed often, because her stomach is small. When your baby is born, her stomach is about the size of a cherry and holds about 5-7 ml. By day 3 your baby's stomach increases to about the size of a walnut and holds about 22-27 ml. At about 7 days old, your baby's stomach is about the size of an egg and holds about 60 ml.





## ***Protection and Support for You and Your Baby***

The Western direction is symbolized by protection and moving along life's journey in a good way. Taking care of yourself and breastfeeding your baby is the best way to protect your new baby. Breastfeeding helps to protect against disease by building the cells necessary for fighting and reducing many health concerns. Breastfeeding allows you to bond closely with your baby and that will help you and your baby as she grows.

*"I plan on nursing her as long as I can because I love it and love that I can produce something that helps keep her from getting sick and she has never been sick."*

*Julie Francis, Mohawk*

Parenting requires self-discipline, self-care and self-love. Through the gift of honouring yourself, there is more to give to your child. You are your child's first teacher, greatest role model, and life giver, nurturer, and sustainer. You matter and everything you do for and with your child matters.

*"Nengajgchigewin means gentle parenting, extended nursing, strong attachments, immediate response to a child's need. This is based on the fundamental belief that "children will only ask for things as long as they need them" e.g. extended nursing, communal sleeping areas, kept close in a Tikanagan, baby wearing. Clare Brant, P. Patterson, "Native Child Rearing Practices and Their Role in Mental Health", A Collection of Chapters, Lecture, Workshops and Thoughts, 1997.*

## Babies like to feel close and protected.

*“Your baby has been in your womb for her entire life. It can be shocking for a baby to be outside of the womb. Imagine a warm place with the sound of your mother’s heartbeat. Stretching out is not really possible in such a tight space, especially as the time nears for birth. Babies will sometimes reach out and feel nothing but air. They will begin to cry because they don’t feel safe. It’s upsetting to them to reach out and not feel anything. Carrying your baby in a wrap or cradleboard/tikanagen helps the baby transition from the womb to this world. In cradleboard teachings, the baby is looking back into the spirit world until they begin to walk. They need to be held close to keep them here. Once they begin to walk, they look forward to their life in this world.” (Unknown Author)*



## Your Family and Community

Your partner and your community are there to protect you, too. The support and encouragement of partners and family members are important to breastfeeding success. Talk with your family about breastfeeding. Find out what they know and believe. Breastfeeding is a way to learn about your family’s history and beliefs, which can be very healing. Breastfeeding offers a way to reconnect with original teachings.

Breastfeeding is natural and babies are born to breastfeed. During the early days after birth, some babies and mothers need time to learn and get it right. What other people say or believe may affect the success of breastfeeding. Your family and friends can help you give your baby the best start in life. Your mother, grandmother, aunties and Elders may not have breastfed their babies. This is a chance for you to learn together.

*“The idea that children are the glue that holds our families and communities together was a teaching Edna Manitowabi shared with me. Stoney Lake, ON, Dec. 2010” Leanne Simpson, “Dancing on Our Turtle’s Back” 2011*

**Here are some things you can do:**

- Even before your baby is born, tell your family and friends that you plan to breastfeed and ask them to support you.
- Encourage them to become familiar with this booklet, so they know how they can support you and what help is available in your community.
- Allow them to take care of you, so you can take care of your baby.

**Your partner, family and community can help in the following ways:**

1. Learn more. Get as much information about breastfeeding as you can before the baby is born. Talk to friends, relatives, other breastfeeding families and health professionals to learn what makes the breastfeeding experience successful. Read this booklet to help you know more about breastfeeding.
2. Know where you can get support. Become familiar with the resources in your community and help the mother access them.
3. Encourage the mother. A new mother may worry that she does not have enough milk for her baby. Most women have more than enough breastmilk. Tell her that breastfeeding is the best way to feed her baby. Tell her that you believe in her. Tell her that you are there to help.
4. Do not disturb. Limit visitors, telephone calls and other interruptions during the early weeks after the baby is born so that the mother and baby can get to know one another and learn how to breastfeed successfully.
5. Encourage rest. A new mother needs lots of energy to focus on the baby. Help with everyday needs such as meal preparation, dishes and laundry, keeping the home tidy and caring for other children.



6. Help the mother care for her baby. Babies cry for many reasons - not just for hunger. Learn different ways of comforting the baby such as walking, singing or dancing. Bathing and changing are other ways to learn about the baby as a person. By comforting, bathing or changing the baby you can give the mother more time to breastfeed and take care of herself as well.

7. Be realistic. A new baby changes life forever. It is normal to have mixed feelings about these changes. Giving up breastfeeding will not end these feelings. Breastfeeding will help both the mother and baby.

8. Get help. If the mother feels that things are not going well with breastfeeding, make sure she gets help.

9. Remember that each mother is different. Ask her what she feels would help her.



## Mother-to-Mother Support

Mothers also benefit from the support of other mothers who are breastfeeding. You may have friends or relatives who are breastfeeding their babies or have recently breastfed. You can also meet other breastfeeding mothers through:

- Prenatal classes.
- Parenting groups.
- Breastfeeding support network.
- Canada Prenatal Nutrition Programs.

For more information about breastfeeding support, go to page 42 of this booklet.

*“Community members always went out to greet mothers when there was a new baby, to offer support and show caring.” (Assembly of First Nations Wisdom and Vision. Referenced in Health Canada, 2003)*

## Postpartum Mood Disorders

Breastfeeding helps mothers because of the hormones and feel good chemicals released. Many mothers feel good while they are breastfeeding. Some mothers don't. Postpartum mood disorders affect one in five mothers and one in ten fathers. They can happen to anyone.

### If you have a postpartum mood disorder you may:

- Have little or no interest or enjoyment in things you used to enjoy.
- Feel sad most of the time.

### You may also feel:

- Anxious and worried. You may feel this as aches, chest pain, shortness of breath, numbness, tingling or a "lump" in your throat.
- Guilty and ashamed.
- Alone.
- Panicky.
- Frustrated.
- Angry and irritable.
- Worthless.
- Hopeless.
- Guilty. You may think you are not a good mother.

### You may feel like you:

- Have no energy.
- Have lost your appetite or feel like eating all the time.
- Cannot concentrate.
- Cry for no apparent reason.
- Sleep too much or too little.
- Don't want to spend time with your partner, family, or your baby.
- Are not connected to your baby or afraid to be alone with your baby.

### Feeling like this is not your fault. Don't wait. There is help for you and your family

Here are some people and places you can get help from:

- Your healthcare provider (family physician, midwife, nurse, OB/GYN)
- Your community health centre
- Your Healthy Babies Healthy Children's nurse
- INFO line to find your public health agency: 1 866 532 3161
- Telehealth Ontario: 1 866 797 0000 or TTY 1 866 797 0007
- Mental Health Services Information Ontario: 1 866 531 2600
- The Best Start Resource Centre's Postpartum Mood Disorder Campaign:  
[www.lifewithnewbaby.ca](http://www.lifewithnewbaby.ca)



## Learning with Your Baby

Breastfeeding connects the baby and mother in a way that can be described as “one in spirit”. Your body and your baby’s body become connected through touch, breath and heartbeat. Skin-to-skin contact releases feel good chemicals in the brain. This helps you bond with your baby. You will feel more relaxed and this will increase the feelings of love and trust between you and your baby. Slow down and enjoy the moment. This teaches patience as you give your baby your full attention, comfort and warmth.

The Northern direction is often associated with wisdom and love. You are gaining knowledge every day learning about your body, learning about how to be a good parent and learning about your baby. According to traditional teachings, your baby is still connected to the spirit world and has great wisdom. It is up to you to learn from your baby and to protect her spirit. It is also said that your baby chose you as her parent because she saw something special in you.

*“Aanjigone means non-interference. Advice was not offered unless it was asked for, showing respect for another’s boundaries. Parenting was loving, supportive and provided guidance - not control.” (Clare Brant, P. Patterson, “Native Child Rearing Practices and Their Role in Mental Health”, A Collection of Chapters, Lecture, Workshops and Thoughts, 1997)*

There are many things to learn when you have a baby. During the first few weeks there seems to be a new challenge almost every day. As you meet your baby's needs you will quickly begin to trust yourself. In no time you will become more confident as you learn with your baby.

**Some of the things you may learn are:**

- Waking a sleepy baby.
- Calming a fussy baby.
- Burping your baby.
- Using a pacifier.
- Growth spurts.
- Sore nipples.
- Engorgement.
- Storing your breastmilk.

## Waking a Sleepy Baby

Some newborn babies are sleepy. That means your baby may not wake up on her own at least 8 times in 24 hours. Or your baby may latch and may fall asleep shortly after the feeding has started. Until your baby is waking up regularly and gaining weight steadily, you may sometimes have to wake your baby.



**Tips to wake and feed a sleepy baby:**

- Keep your baby close so you notice when she shows some feeding cues. Babies can feed when they are drowsy or not fully awake. Babies feed best when they show feeding cues.
- Feed your baby as soon as she shows some feeding cues, or she may go back into a deeper sleep. To learn about feeding cues go to page 11 of this booklet.
- Your baby will breastfeed more often, if she is kept skin-to-skin on your chest while you are awake.
- Unwrap your baby and undress her. Change her diaper if it is wet or dirty.
- Lift her to your shoulder and rub her back. Massage her body.
- Roll her gently from side to side. Talk to her.
- Express a little milk from your nipple when you bring her to the breast so there is something to tempt her.
- Using breast compressions during feeds will encourage sleepy babies to be more alert and drink more milk. To learn about breast compressions go to page 17 of this booklet.

## Calming a Fussy Baby

Babies cry for many reasons - discomfort, loneliness, hunger, fear, tension, or tiredness. Some babies cry more than others even when they are healthy and well fed. This happens more often in the first three months. It also happens more at night. Holding and comforting does not spoil your baby. In fact, babies develop best when their parents respond to their needs and cues.



**When your baby seems to cry for no reason, try these suggestions:**

- If you know your baby has been well fed and burped, try skin-to-skin, walking, rocking or standing and swaying. Babies become familiar with their mother's heartbeat, voice and movements in the months before birth and are calmed this way.
- Change your baby's diaper if it is wet or dirty.
- Adjust your baby's coverings or clothes if he seems too warm or too cool.
- Offer your breast again. Use breast compressions and offer the first and second breast again.
- Use calming strategies to calm yourself, such as counting slowly to ten, breathing deeply, or pretending you are blowing bubbles. These strategies will often calm your baby, too.
- If you are getting frustrated, ask your partner or someone else to hold your baby while you take a break.

## Using a Pacifier

Many breastfed babies never use a pacifier. The way babies suck on a pacifier is different from the way they suck at the breast. While your baby is still learning to breastfeed she may find it difficult to go from breast to pacifier and back again. Sometimes babies change the way they suck at the breast and become less efficient. This may cause sore nipples, or the baby may not gain weight well. Using a pacifier can cause mothers to make less milk. Pacifiers can also increase the risk of babies getting ear infections and having later dental problems. If you decide to use a pacifier, only give it to your baby for a short time after she has fed.

## Burping Your Baby

A breastfed baby does not swallow much air. It is still a good idea to burp your baby. Some babies fuss if they need to burp. Burping may also help to wake your baby up so she can continue to feed if she wishes. Watch your baby to see how often she needs to be burped.

- Some babies need to be burped during a feeding and again at the end.
- Some babies burp on their own, while they are feeding or when they are done.
- Some babies may not burp every time.
- Some babies spit up after feedings. As long as your baby appears content and gains weight as the weeks go on, don't worry about spitting up mouthfuls of milk.



### To burp your baby:

- Hold your baby against your shoulder or have her sitting on your lap.
- Support her head and pat or rub her back. A bubble of air can come up more easily if her back is straight.

## Growth Spurts

Babies have some days when they seem hungrier than usual. These times are called growth spurts and often occur at around 10 days, 2 – 3 weeks, 6 weeks, 3 months, and 6 months of age. When this happens, some mothers worry that they do not have enough milk. The more you feed your baby, the more milk you will produce.

## Sore Nipples

At first, most mothers feel a tug when their baby sucks. This can be a little uncomfortable. You should not experience any nipple pain. The most common cause of sore nipples is a poor latch. If your nipples are sore from a poor latch, you may find:

- The pain started 1 - 4 days after birth.
- The pain may be worse at the start of feedings, and then improve.
- Your nipples may appear pinched or misshaped after feedings.
- Your nipples may be damaged or bleeding. (Swallowing blood from your nipples will not harm your baby.)



### To prevent and improve sore nipples make sure:

- Your baby has a wide open mouth and is latched on to the areola.
- Your baby's tongue is under the nipple and her lips are flared out.
- Your baby's head is tilted back a little so he can open his mouth wide.
- Your hand is positioned back from the nipple area and your fingers are not touching your baby's cheeks or lips.

Check the information about getting a deep latch on page 10.

### If you have sore nipples:

- Air-dry your nipples following feedings. You may find it more comfortable to leave your bra flaps down as much as possible between feeds and wear a loose cotton T-shirt. You can also expose your nipples to air while you are sleeping.
- Keep your nipples dry and change damp nursing pads often.
- Breastfeed on the least sore side first until your nipples feel better.
- Try laid-back breastfeeding, see page 14, or try a different position.
- If you are sitting up, support your breast during the feeding.
- Get help to make sure your baby has a deep latch or to check what is causing your nipples to be sore.

If you do not feel some improvement within 24 hours or you notice redness, bruises or cracks call your health care provider for help. Check the Getting Help section on page 42 of this booklet.

## Engorgement

Most women find their breasts feel larger and heavier on day 3 or 4 after the baby was born. This may last for about 48 hours. If your breasts feel swollen and tender, it is called engorgement. If your breasts become engorged, it can be more difficult for your baby to latch.

Engorgement usually happens during the first week of breastfeeding, when your milk production starts to change from colostrum to milk. It can be due to:

- Increased blood flow to your breasts.
- Swelling of your breast tissue.
- More milk in your breasts than your baby is removing.

### **You can often prevent engorgement if you:**

- Breastfeed whenever your baby wants to, at least 8 times in 24 hours.
- Make sure your baby is latched well and feeding efficiently. You should hear your baby swallowing often.
- Use both breasts at each feeding. If your baby will not take the second breast, and it feels very full, express enough milk from that side to make you feel comfortable. After a few days your breasts will feel more comfortable.

### **If your breasts are engorged:**

- Breastfeed your baby more often.
- If your baby will not latch, express breastmilk to soften the areola then try again.
- Some mothers find it more comfortable to wear a bra. Other mothers prefer to go without. If you wear a bra, make sure it is not too tight.
- Apply a wrapped ice pack or cold compress to your breasts between feedings.
- If the engorgement does not improve and your baby does not seem to be feeding well, express milk from your breasts until they feel softer and get help.

By about 10 to 14 days, your breasts will feel softer and less full. This is because the swelling has gone away. It does not mean you are losing your milk.

## Storing Your Breastmilk



If you have expressed some breastmilk and want to keep it for your baby, store breastmilk using the following guidelines:

- Use clean glass or hard plastic containers that are BPS free, or bags made for freezing milk.
- Do not use baby bottle liners because they often break.
- Mark the date you expressed the milk on the container.
- Use the older milk first.
- Throw out any milk that is older than the storage times given.
- You can cup or spoon feed your baby expressed breastmilk.

For more information on expressing and storing your breastmilk go to [http://www.beststart.org/resources/breastfeeding/Expressing\\_Fact%20Sheets\\_Eng\\_rev2.pdf](http://www.beststart.org/resources/breastfeeding/Expressing_Fact%20Sheets_Eng_rev2.pdf).

*I have more milk than my baby needs. In fact, I have a lot of milk stored in my freezer. What can I do?*

*I've had breast surgery. Can I breastfeed?*

*Is it safe for me to drink alcohol when breastfeeding?*

*I noticed a lump in my breast. What is it?*

*Is it safe to take medication while I am breastfeeding?*

*My breasts feel much softer than they did at the beginning. Do I have less milk?*

*If I smoke, should I breastfeed?*

*What if I don't have enough breastmilk?*

## Frequently Asked Questions

As you continue to breastfeed your baby, you may have some questions. You will find common questions in next few pages. Your question may be answered here. If you don't find an answer, check the Support and Resources section on page 42 of this booklet.

***If I have small breasts, will I be able to make enough milk?***

Small and large breasts can make the same amount of milk. The amount of milk you make is directly related to the amount of milk your baby drinks from your breasts.

***I've had breast surgery. Can I breastfeed?***

Being able to produce enough milk following breast surgery depends on several factors:

- The kind of surgery you had.
- The way the surgery was done.
- Whether there is damage to nerves and ducts.
- The length of time since the surgery was done.

It is impossible to predict the impact of breast surgery on breastfeeding. The only way to know if you can breastfeed is to try. It may take longer than usual to get breastfeeding started. Your baby should be seen by a health care provider regularly during the early days after birth.

***My nipples are flat or inverted. Can I breastfeed?***

Yes. Some women have flat or inverted nipples. If your nipples become erect when they are stimulated, they will also respond to your baby's suck. Your baby will take your nipple and most of the area around your nipple into his mouth to suck. Most babies learn to latch quickly, no matter what shape or size your nipples are. If you are concerned, get help. Go to section Getting Help on page 42 in this booklet.



***What if I don't have enough breastmilk?***

Most women have more than enough milk for their babies. Here are some things you can do to make sure you have plenty of milk for your baby:

- Start breastfeeding as soon as possible after your baby is born.
- Breastfeed your baby often, at least 8 times in 24 hours or more.
- Hold your baby skin-to-skin as much as possible.
- Offer your breast whenever your baby is fussy or shows feeding cues.

If you are still concerned, get help. Go to the section called Getting Help on page 42.

***Why does my baby gulp, choke and fuss or come off the breast right after I start nursing her?***

Sometimes the milk comes very fast at the beginning of the feeding. This is called over-active milk ejection reflex (let-down). It may cause your baby to be gassy, spit up or have watery stools. It is most common in the first 6 weeks of breastfeeding. Here are some things you can do:

- Breastfeed when your baby wakes up, before she gets too hungry. Your baby will suckle more gently.
- Hand express some breastmilk before you begin feeding. Once your milk starts to spray, wait until the spray stops before putting your baby on the breast.
- Lie down or lean back while feeding so your milk will be flowing uphill.
- Let your baby breastfeed for a longer time on the first breast before switching him to the other side. In some cases it is helpful to feed on one breast per feeding. Switch to the other breast at the next feeding.
- Stop and burp your baby whenever your baby gulps, coughs, or chokes.



***I noticed a lump in my breast. What is it?***

If you notice a lump in your breast while you are breastfeeding it is most likely a blocked duct. Continue to breastfeed your baby and check for more information about blocked ducts at [http://beststart.org/resources/breastfeeding/Ducts\\_Fact%20Sheets\\_Eng\\_rev2.pdf](http://beststart.org/resources/breastfeeding/Ducts_Fact%20Sheets_Eng_rev2.pdf). Tell your health care provider if you have a lump in your breast that does not go away.

***I have a fever and one of my breasts hurts. Can I still breastfeed?***

If you have pain, swelling or redness in your breast and have a fever, you may have a breast infection, also called mastitis. It is okay to continue breastfeeding. In fact, it is very important to empty the breast with the infection regularly, or the infection may get worse. This will not harm your baby. Contact your health care provider to get treatment. For more information on mastitis, check [http://beststart.org/resources/breastfeeding/Infection\\_Fact%20Sheets\\_Eng\\_rev2.pdf](http://beststart.org/resources/breastfeeding/Infection_Fact%20Sheets_Eng_rev2.pdf).

***My breasts feel much softer than they did at the beginning. Do I have less milk?***

The amount of milk in your breasts is not related to how your breasts feel. Your breasts change over time and adapt to your growing baby. Usually, having an older baby means having softer breasts.

***I have more milk than my baby needs. In fact, I have a lot of milk stored in my freezer. What can I do?***

It is quite normal for some mothers to have more milk than the baby needs during the first few weeks of breastfeeding, especially if you have a small or premature baby. It usually settles down in a few weeks.

Some mothers continue to have an over-abundant milk supply. This may be natural for your body or it may be caused by expressing milk regularly as well as feeding your baby. If you are expressing your breastmilk, decrease the number of times you are expressing your milk gradually until you are no longer expressing more than your baby needs.

If your milk supply is over-abundant without expressing, try feeding your baby from one breast only at each feeding. This will reduce your milk production.

You can use the milk you have stored in your freezer to mix with infant cereal, or other baby food once your baby starts solids. If you want to provide your milk for sick or premature babies, contact a human milk bank. In Ontario, go to [www.milkbankontario.ca](http://www.milkbankontario.ca)

### ***My baby is a few weeks old and has been latching well. Why are my nipples suddenly sore?***

Sometimes a mother or her baby will develop a condition called thrush. This can cause your nipples to become sore. You may also notice white patches in your baby's mouth. Contact your health care provider and check the information about thrush in our fact sheet which can be found at [http://beststart.org/resources/breastfeeding/Thrush\\_Fact%20Sheets\\_Eng\\_rev2.pdf](http://beststart.org/resources/breastfeeding/Thrush_Fact%20Sheets_Eng_rev2.pdf).

### ***When will my baby sleep through the night?***

Every baby is different. Babies need to feed around the clock, especially in the early days. They have small tummies and need to feed often. This also helps to start up and give you a good milk supply. Going long stretches at night without feeding your baby is not a good thing in the first few months.

You may notice your baby wakes more often at night if:

- Your baby has a growth spurt.
- Your baby is sick.
- Your baby is learning a new skill like rolling over or standing up.
- Your baby needs to feel secure.
- You have gone back to work or school and are away from your baby more.

As your baby grows he will wake less often. For most babies, this takes time. You are not alone... all new moms dream about when they will be able to sleep through the night. For now, ask for help and rest when your baby is sleeping when you can.



### *Can I breastfeed when I am sick?*

You can usually still breastfeed your baby when you are sick. If you have a cold, flu or another type of infection, your body will make antibodies to fight the illness and you will pass these to your baby through the breastmilk. This will give him some protection against the illness.

When you are sick, it is always best to check with your health care provider to see if there are any precautions you should take.

### *What should I eat when I am breastfeeding?*

Go ahead and eat your favourite healthy foods including traditional foods. Even if you do not have a perfect diet, your milk will contain all the nourishment your baby needs. For your own health, follow *Eating Well with Canada's Food Guide*, drink lots of fluids, and get plenty of rest. For information about vitamin D supplements for baby, go to page 38. Call your local public health unit for a copy of *Eating Well with Canada's Food Guide*, or go to the website [www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php).

If you have more questions about your nutrition, contact Eat Right Ontario at: [www.eatrightontario.ca](http://www.eatrightontario.ca) or call 1-877-510-510-2.



### *Is it safe for me to drink alcohol when breastfeeding?*

Alcohol goes into your breastmilk. It can affect your baby's development, and lower the amount of milk you make. It is best to choose no alcohol while you are breastfeeding. If you choose to have a drink, it is best not to breastfeed for at least 2 hours. For information about drinking alcohol and breastfeeding, check the resource *Mixing Alcohol and Breastfeeding* at [www.beststart.org/resources/alc\\_reduction/index.html](http://www.beststart.org/resources/alc_reduction/index.html). You can also call Motherisk at 1-877-439-2744.

***If I have HIV, can I breastfeed?***

There is a risk that a woman infected with HIV (a virus) can pass the virus on to her baby through breastfeeding. If you are HIV positive talk to a trained health care provider about reducing the risk of infecting your child. If you are HIV positive, Health Canada recommends feeding your baby formula in order to prevent the transmission of HIV through breastfeeding.

***Is it safe to take medication while I am breastfeeding?***

Most medications are safe when you are breastfeeding, but always check with your health care provider, your pharmacist or Motherisk. Speak to your health care provider about breastfeeding if you use street drugs. Street drugs can harm your baby. The decision to breastfeed depends on the medication you are using, the amount, how you take the drug, and your weight. You can phone Motherisk or check the website at [www.motherisk.org](http://www.motherisk.org) or 1-877-439-2744.

***Is it safe to breastfeed while I am on methadone?***

Yes, it is safe to breastfeed your baby while taking methadone. Talk to your health care provider about the amount you are taking. If you notice your baby is sleeping more, has difficulty breathing or seems limp or lethargic, take your baby to a health care provider right away.



### *If I smoke, should I breastfeed?*

Breastfeeding is still good for your baby even if you smoke. If you can, try to cut down on smoking or quit. Smoking can cause your baby to be fussy. Heavy smoking can decrease the amount of milk you make. If you or someone else in your home smokes, decrease your baby's exposure to second hand and third hand smoke. Here are some ideas:

- Breastfeed before you smoke.
- Smoke outside of your home and car.
- Wash your hands well and remove your outer clothes after you smoke.
- Ask people not to smoke around you and your baby.



For help with making your environment smoke free, go to:  
[www.beststart.org/resources/tobacco/index.html](http://www.beststart.org/resources/tobacco/index.html).

If you would like to quit smoking, call the smoker's helpline at 1-877-513-5333 or visit  
[www.smokershelpline.ca](http://www.smokershelpline.ca).

### *Should I give my baby any vitamins?*

All babies need vitamin D. Breastfed babies can receive Vitamin D in drops that you can get at your pharmacy. Give your baby Vitamin D drops from birth until he is one year old. Talk to your health care provider about how much to give him. Manufacturers of formula add vitamin D to infant formula although they cannot add all the ingredients found in breastmilk.

***I'm not comfortable breastfeeding in public. What can I do?***

All mothers have the right to feed their babies in public, anywhere, anytime. Most mothers become comfortable with breastfeeding in public once they have done it a few times. You can place a blanket over the baby to cover your breast, or wear layers of clothing to cover any exposed skin. Many malls and public buildings have a clean, private place for breastfeeding mothers. If you don't know where it is, just ask.

***Is it OK to give my baby cereal?***

Your breastmilk is all your baby needs for the first six months. Once your baby is about 6 months old, you can give him solid foods that are nutritious and high in iron like pureed meats and iron-fortified infant cereal. To find out about introducing and feeding solid foods to your baby check the booklet Feeding Your Baby at: <http://beststart.org/resources/nutrition/index.html> or call your local public health unit.

You can breastfeed your baby for 2 years or longer. Breastmilk is an important part of your baby's nutrition and development during this time, even when your baby eats all kinds of solid food.

***What if I'm going back to school or work?***

When you go back to school or work, you can still feed your baby breastmilk. Check out the Expressing, Storing, and Feeding Your Baby Breastmilk at [www.beststart.org/resources/breastfeeding/index.html](http://www.beststart.org/resources/breastfeeding/index.html). You can also check out the brochure Returning to Work After Baby at [www.beststart.org/resources/wrkplc\\_health/index.html](http://www.beststart.org/resources/wrkplc_health/index.html).



### *What kind of birth control can I use?*

It is okay to use birth control when breastfeeding. Ideally, allow at least 18 months between the birth of one child and the conception of another. You and your partner can choose from some reliable birth control methods.

The following choices have no effect on breastfeeding. They can generally be started soon after childbirth or the postpartum check-up.

- Lactational Amenorrhea Method
- Condoms (male and female)
- Spermicides (foam, gel, vaginal contraceptive film)
- Intra-Uterine Device (I.U.D.)
- Diaphragm (must be refitted after childbirth)
- Vasectomy (permanent for male)
- Tubal ligation (permanent for female)

There are also hormone-based contraceptives. If you decide to use a hormone based birth-control it is recommended that mothers use Progestin-only type birth control. This can be started after your baby is 6 weeks old.

#### **Progestin-only**

- Mini Pill
- Depo Provera

#### **Estrogen and progestin**

- Birth Control Pill
- Birth Control Patch
- Vaginal Contraceptive Ring



#### **Lactational Amenorrhea Method (LAM)**

LAM is an effective form of birth control, but only if you answer yes to all of the following statements:

- My baby is less than 6 months old.
- My monthly period has not yet returned (this is what "Amenorrhea" means).
- My baby is fully or nearly fully breastfed.
- My baby breastfeeds at least every four hours during the day and at least every six hours at night.

"Fully breastfed" means that your baby gets all his food from breastfeeding.

"Nearly fully breastfed" means that in addition to breastfeeding and Vitamin D, your baby is only receiving one or two mouthfuls of fluids or solids per day.

If you are not planning a pregnancy and have answered no to even one of the statements, you will need to use another form of birth control.

### *Will I be able to breastfeed when my baby gets teeth?*

Many mothers worry that once their baby has teeth, he will bite or chew on the nipple. Many babies never use their teeth while breastfeeding. If your baby bites, your natural reaction will be to take the baby off the breast. This will often discourage further biting.



*“Traditionally, breastfeeding lasted for a long time relative to general Canadian practices. An Inuit child would usually be weaned when the mother became pregnant with her next child. This was three years on average but it was not uncommon to have children as old as five still breastfeeding if there were no younger siblings to displace them.” (The Inuit Way: A Guide to Inuit Culture, 2006)*

## When to Get Help

Breastfeeding is natural, but it can take time to learn. There are times when you may need to get help.

Be sure to get help right away if you notice any of these signs:

- Your baby is nursing fewer than 8 times in 24 hours.
- After day 4, your baby still has black stools.
- After day 4, your baby has fewer than 2-3 stools or fewer than 6 very wet diapers in 24 hours.
- Your baby is unusually sleepy, fussy, or restless.
- Your baby is still losing weight after day 4 or is not gaining weight as expected.

These are other signs that something is wrong:

- Your nipples hurt.
- Your breasts feel hard and painful.
- You feel like you have the flu.

### *Support and Resources*

Resources you may find in your area that offer help and support in person, on the phone or on the internet:

- Public Health Units  
[www.health.gov.on.ca/en/common/system/services/phu/locations.aspx](http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx)
- La Leche League Canada – mother-to-mother breastfeeding support  
[www.lllc.ca](http://www.lllc.ca) or call 1-800-665-4324
- Telehealth Ontario – free access to a registered nurse 24 hours, call 1-866-797-0000  
[www.health.gov.on.ca/en/public/programs/telehealth/](http://www.health.gov.on.ca/en/public/programs/telehealth/)
- Canada Prenatal Nutrition Program  
<http://cpnp-pcnp.phac-aspc.gc.ca/>
- Aboriginal Fetal Alcohol Spectrum Disorder and Child Nutrition Program  
[www.children.gov.on.ca/htdocs/English/topics/aboriginal/fasd.aspx](http://www.children.gov.on.ca/htdocs/English/topics/aboriginal/fasd.aspx)
- Healthy Babies Healthy Children  
[www.children.gov.on.ca/htdocs/English/topics/earlychildhood/health/index.aspx](http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/health/index.aspx)
- Ontario Early Years Centres  
[www.ontario.ca/earlyyears](http://www.ontario.ca/earlyyears)
- Motherisk – information about drugs and medication  
[www.motherisk.org](http://www.motherisk.org) or call 1-877-439-2744
- EatRight Ontario  
[www.eatrightontario.ca](http://www.eatrightontario.ca) or call 1-877-510-510-2

**Lactation Consultants**

- To find a lactation consultant in your area, go to [www.ilca.org](http://www.ilca.org), click on “Directories” and then “Find a Lactation Consultant”. There may be a lactation consultant close to where you live.

**Midwives**

- Midwives in Ontario [www.ontariomidwives.ca](http://www.ontariomidwives.ca)
- National Aboriginal Council of Midwives [www.aboriginalmidwives.ca](http://www.aboriginalmidwives.ca)

**Resources you can download or print**

- Best Start Resource Centre – resources on the following topics
  - o Breastfeeding – [www.beststart.org/resources/breastfeeding/index.html](http://www.beststart.org/resources/breastfeeding/index.html)
  - o Alcohol and Pregnancy/Breastfeeding – [www.beststart.org/resources/alc\\_reduction/index.html](http://www.beststart.org/resources/alc_reduction/index.html)
  - o Smoking/Tobacco - [www.beststart.org/resources/tobacco/index.html](http://www.beststart.org/resources/tobacco/index.html)
  - o Aboriginal – [www.beststart.org/resources/aboriginal\\_health.html](http://www.beststart.org/resources/aboriginal_health.html)

**Canada**

Breastfeeding is the natural and normal way of feeding babies and young children and human milk is the milk made specifically for human babies.  
[www.canadianbreastfeedingfoundation.org](http://www.canadianbreastfeedingfoundation.org)

**Local Resources**

There are many local resources available. Find out about your local resources from your health unit, your health care provider, your hospital, other mothers or the internet. Write them down in the space below for quick reference.

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Best Start: Ontario's Maternal, Newborn and Early Child  
Development Resource Centre

2013  
[www.beststart.org](http://www.beststart.org)



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