

# Breastfeeding Basics







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# Making a decision about feeding your baby

There are many things to think about when deciding how to feed your baby.

When searching for information, always check to make sure it is coming from a trustworthy source.

Experiences in your life, such as trauma, may affect your decision about how you will feed your baby. If you feel comfortable, talk with your health care provider and/or Public Health about supports you may need. You'll find contact information for Public Health on page 135.

You can also talk with your health care provider and/or Public Health to discuss topics such as:

- The benefits of breastfeeding for your baby, you, your family, and your community
- The health risks for your baby and you if you don't breastfeed
- The risks and costs of infant formula
- Your right to be accommodated in your workplace during pregnancy and breastfeeding
- The difficulty of going back to breastfeeding once breastfeeding is stopped
- The supports you will need and where you might find them

- Community supports, such as breastfeeding groups, La Leche League, and your local Family Resource Centre, where you can meet breastfeeding parents and learn about first-hand experience

## The importance of breastfeeding

Breastfeeding is important for you and your baby. Some people use the term “breasts” and some use “chest” to talk about their body. Similarly, the term “breastfeeding” can be used to explain a method of infant feeding, but some people will prefer “chestfeeding” or “nursing”. You can share your preferences with your health care providers.

Breastmilk has over 200 known ingredients and is the healthiest food for your baby. Your baby needs only breastmilk for the first 6 months. At around 6 months, your baby will be ready for solid foods. It is recommended that you continue breastfeeding for up to 2 years and beyond, or for as long as you and your baby decide.

Here are *10 Great Reasons to Breastfeed Your Baby*, from the Public Health Agency of Canada:

## 1. Perfect nutrition

Breastmilk is the best food to help your baby grow and develop. It is custom-made for your own baby. Breastmilk has the perfect amount of protein, carbohydrates, fat, vitamins and minerals, and is easy to digest.

## 2. Protection

Breastmilk helps your baby fight off sickness and disease.

After birth, the first milk your breasts make is called colostrum. It helps to stop harmful germs that can make your baby sick. Colostrum does this by coating your baby's digestive system so that germs have no place to grow. This protection is even more important if your baby is born early (premature).

Breastfeeding helps reduce the chance your baby will:

- have diarrhea, ear infections or lung infections
- die of Sudden Infant Death Syndrome (SIDS)
- be overweight or obese when they are older

## 3. Brain power

Research shows that children who were breastfed score higher on intelligence (IQ) tests. They may even stay in school longer and earn more money as adults.

## 4. Ready and portable

Breastmilk is always fresh and exactly the right temperature. It is ready for your baby whenever they are ready to eat. You do not have to heat it, boil water or sterilize bottles. This makes feedings so much easier! Since breastmilk is always with you, travelling or shopping with your baby is easier.

## 5. Size does not matter

The size of your breasts does not matter. Big or small, your breasts will make enough milk for your baby. Breasts start to get ready for baby very early in pregnancy. Your breasts can make colostrum once you are in your second trimester.

As soon as your baby is born, hormones tell your breasts to start making more milk. Your breasts will make as much milk as your baby needs. The more your baby breastfeeds — the more milk you will make!

## 6. Good for you too

Research shows that breastfeeding can protect you from many diseases such as:

- breast and ovarian cancer
- diabetes
- heart disease



Your body uses energy to make milk, so breastfeeding can help you to lose weight that you gained during pregnancy.

Exclusive breastfeeding (feeding your baby only your breastmilk) may also delay the return of your periods for at least a little while. It is important to know that you can still get pregnant even if your periods do not start.

## **7. Builds a special bond**

The closeness and comfort of breastfeeding helps you bond with your baby. It is one of the many things you can do to build a secure and loving relationship. Cuddling your baby can help your baby be more trusting and confident as they grow older.

## **8. Advantages continue as baby grows**

Breastmilk is so complete, it is the only food or drink your baby needs for the first 6 months. As your baby grows, your breastmilk will change to keep up with your baby's needs.

From about 6 months of age, your baby will need a variety of healthy foods as well as breastmilk. But breastmilk continues to be an important source of nutrition and protection for your baby. Breastfeeding is recommended for up to two years or more, or for as long as you and your baby want to. Any amount of breastmilk that you can give your baby is good!

## 9. Good for the planet

Breastfeeding is good for your baby, for you and for the environment. Breastmilk is made and delivered right to your baby — without any processing, chemical preservatives, packaging or waste.

## 10. Easy on the budget

Breastfeeding saves you money. Having a baby can be expensive, so it is nice to know that breastfeeding is not! Breastfeeding could save you hundreds — or even thousands — of dollars.

Breastfeeding is natural and healthy, but it takes time to learn. You will probably have many questions about breastfeeding. This booklet gives some basic information. There is much more information available and there are many people who can help you. If you have concerns about anything, be sure to get help as soon as you need it. Breastfeeding is a great time for you and your baby to learn about each other.

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There are many different kinds of families and many different relationships in which people love and raise children as partners and families. You have a right to health care that respects your race, culture, religion, sexual orientation, identity, and ability.

- You and your partner(s) may be gay, lesbian, bisexual, queer, or straight.
- You may be transgender, two-spirit, intersex, non-binary, queer, or cisgender.
- You may be non-monogamous or monogamous.
- You may be living with your partner(s) or living apart.
- You may be birthing your baby, adopting, or fostering.
- Your baby may be born through surrogacy.
- You may be raising a grandchild.
- You may be living on your own, or sharing a home with other family members.

We hope that all those who are welcoming a new baby—or babies—into their lives and families will feel included here.





# About breasts and breastfeeding



This chapter contains more information about breasts, breastmilk, and breastfeeding. It also discusses things that affect the quality of your breastmilk.

# Breastfeeding and special circumstances

Most babies can be breastfed. This includes babies born early, babies born as twins or triplets, and babies born with special physical conditions. In these cases, though, you will need more help and information to get breastfeeding going well. You may need help to find a comfortable feeding position or to get a deep latch. Ask your Public Health nurse, health care provider or midwife for help.

If you have a baby with special needs, breastfeeding is an important feeding choice. Breastfeeding offers your baby important nutrition, helps your baby to fight infections, and encourages your baby to love and bond with you. These benefits are especially important to a baby who needs extra medical care.

Your breasts may produce milk even if you have never been pregnant. Some partners and parents who have not birthed their babies have been able to breastfeed their babies. Even if you have had surgery to reduce or enlarge your breasts, your breasts will likely still be able to produce milk. In these cases, get help from an experienced practitioner. There is a good chance that you will still be able to breastfeed.

# About breastmilk

Your breastmilk changes to meet the needs of your growing baby. The first thick yellow milk, called colostrum, nourishes your newborn and gives your baby antibodies to fight infection. After a few days, your milk starts to change. It becomes mature milk by about 2 weeks. Your mature milk changes throughout the feed.

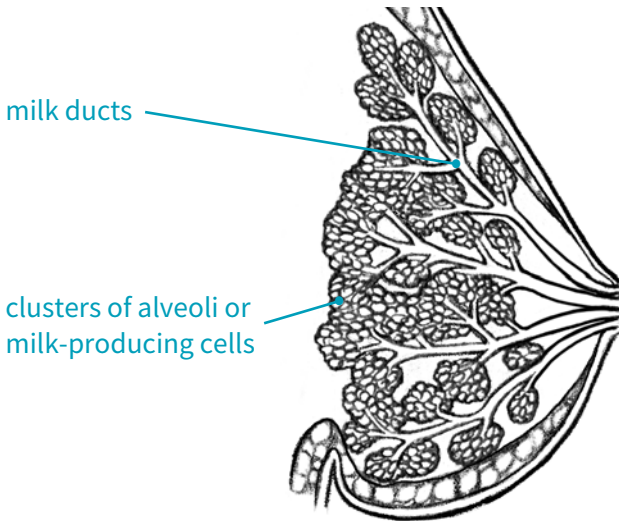
Besides responding to your baby's needs throughout a feeding, your milk responds to your environment. Your body produces antibodies to fight infections that you are exposed to. You share these with your baby through your breastmilk.

Your breastmilk is an important food for your baby. And the act of breastfeeding, the skin-to-skin contact, the cuddling, the “love-gazing” that breastfeeding encourages, is important to your baby's social and emotional development. Your baby learns to love and trust and play.



# How your breasts make milk

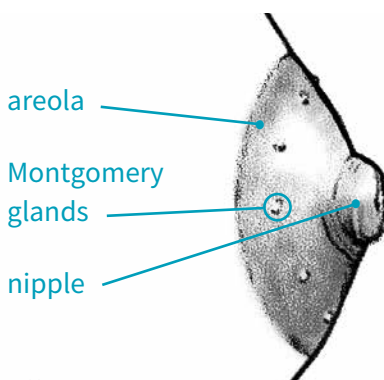
Your breasts start to make the first milk late in your pregnancy. When you breastfeed your baby, the suckling causes more milk to be made. Size does not matter. Large or small, the mechanics are the same. Your breasts will continue to make milk for as long as your child breastfeeds. Here is an inside view:



Your breast produces milk in response to suckling. The more your baby suckles at your breast, the more milk you will produce. It is the law of supply and demand. Most breastfeeding parents can make enough milk to

satisfy twins, so don't worry about not having enough. Just breastfeed often. And remember to drink to satisfy your thirst.

If you ever have to interrupt breastfeeding for a time, you can re-start milk flow by allowing your child to suckle at the breast. You might also hand express or use a breast pump.



## Understanding your let-down reflex

Besides having full, heavy breasts, you will know that your milk has come in when you feel your milk let down. Your breasts may leak milk. You may have a tingly feeling, like pins and needles, or a feeling of warmth or pressure in your breast. Some breastfeeding parents experience it as a pain. Some other breastfeeding parents don't feel the let-down at all, but still have plenty of milk. If you don't feel the let-down, then you will know it has happened when you hear your baby swallowing.

The hormones prolactin and oxytocin work together to get your milk flowing. Prolactin triggers the let-down, while oxytocin causes the contractions that move the

milk along. Your body produces these hormones when your baby suckles, or maybe even when you just think of your baby or hear *any* baby cry. Oxytocin, called the “hormone of love,” also causes contractions during childbirth and during orgasm. You may notice that you have sexual feelings during breastfeeding and milk let-down during sex. Both are completely normal. It’s oxytocin at work.

Milk let-down is controlled by hormones, and hormones are affected by your emotions. Therefore, if you feel embarrassed or uncomfortable, your milk might not flow as easily. It is important to understand the connection. Your milk is in there, but you must relax enough to let it flow.

## If your breasts leak

Your breasts might leak at times after your milk comes in. This happens more often in the early weeks or months. Something has triggered your let-down reflex, like the cry of a baby or simply bending over. Your breasts will leak less often the longer you breastfeed.

If leaking breasts bother you, use breast pads or cotton handkerchiefs inside your bra. Breast pads can be bought or made from circles of cotton. Change your breast pads whenever they are moist and avoid nursing pads with plastic liners—they trap moisture against your skin. You can also wear clothing that disguises leaks. Try loose, printed clothing or dressing in layers.





## Getting off to an important start



Although completely natural, breastfeeding takes time to learn. This book contains information to help you, so read on. Another great way to learn is by seeing and doing. Spending time with friends and family who breastfeed will help. You can also look for groups for new parents in your community.

Breastfeeding **as often as your baby wants** is the best way to get breastfeeding going well. Here is why: When your baby suckles at your breast, your breast gets the message to make milk. The more your baby suckles, the more milk you make. It is the law of supply and demand. When you continue to breastfeed often, your breasts keep making milk.

# Prenatal hand expression

Prenatal hand expression is when you hand express colostrum from your breast while you are still pregnant. This is also called *antenatal colostrum collection*. Hand expression during your pregnancy can help you get comfortable with these skills before your baby arrives. Hand expression helps stimulate milk-making cells in the breast. Doing this during pregnancy may help you produce more milk sooner after your baby is born.

Prenatal hand expression can help you to have an easier time starting and continuing breastfeeding. It may also help your body prepare for labour, by helping to release hormones that help your cervix soften for labour.

For information on how to hand express, see pages 108–110. Remember, always wash your hands before you begin hand expressing.

## Should everyone hand express during their pregnancy?

Prenatal hand expression is safe for most low-risk pregnancies, from 36 weeks on. However, there are reasons why some people should not hand express during their pregnancy. Always discuss this with your health care provider before you begin prenatal hand expression.

Do not hand express during pregnancy if you

- have threatened or actual preterm labour
- have a short cervix, cervical insufficiency, or cervical cerclage (a stitch holding your cervix closed)
- have had bleeding during your pregnancy
- have a low-lying placenta or placenta previa
- have had previous multiple c-sections or previous “classic c-section”

Talk to your health care provider before beginning prenatal hand expression if

- your baby is small for their gestational age
- you experienced a previous c-section
- you have any obstetric or medical issues
- you are pregnant with more than one baby

## How often should I hand express while I'm pregnant?

If your health care provider says it's safe for you to hand express, begin hand expressing between weeks 36–37 of your pregnancy. Hand express once daily for 5 minutes in your first week. When you begin, you can try practicing hand expression in the shower to help you learn.

After your first week, hand express 3 to 4 times a day for 5 to 10 minutes each time. Switch back and forth between breasts every 2 to 3 minutes. Once your colostrum starts dripping easily, often in the second week after you begin hand expressing, start collecting this colostrum. Some breastfeeding parents find that using a syringe to suck up the bead of colostrum off the nipple works best. Colostrum can be collected 2 to 3 times each day in the same syringe. During the day, store the syringe with colostrum in the fridge between uses. At the end of the collecting day, freeze the colostrum.

**Do not use a breast pump to collect colostrum during your pregnancy.**

## How much colostrum should I be expressing?

It is normal to not collect any colostrum while hand expressing during pregnancy. Even if you do not get any colostrum, you are still activating the milk-making cells

which will get your milk production off to a great start once your baby arrives. A normal amount is 0 to 5 mL (about a teaspoon or less) of colostrum for the whole time you express prenatally.

## What do I do with the colostrum?

The process for how your local hospital handles your expressed colostrum may vary. Often, the process is that you bring in your frozen colostrum in the syringes that you collected it in. However, check with your local hospital in advance to learn about their policies and procedures for handling expressed colostrum.

You may have heard about *More Milk Sooner*. *More Milk Sooner* is a program that educates families on the benefits of prenatal hand expression. For more information about *More Milk Sooner*, visit [www.moremilksooner.com](http://www.moremilksooner.com)

# The first few days

## Your baby's first feeding

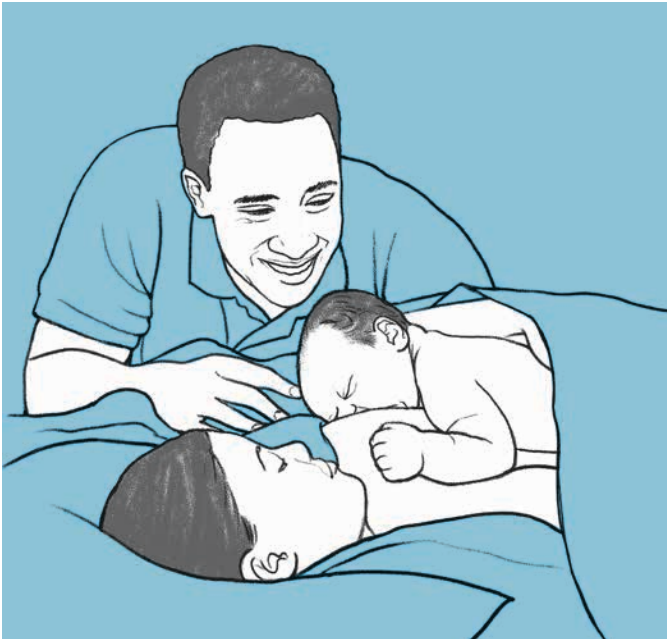
Most babies are alert right after birth and are especially ready to suckle at the breast. The ideal time for your baby's first feeding is within the **first hour of birth**. Get skin to skin. Gaze into each other's eyes. Relax and enjoy your baby. If this doesn't happen within the first hour, then the earlier to the breast, the better.

Don't worry if your baby doesn't drink at the breast this first time. It is enough that your baby nuzzles your breast and nipple. This starts the hormones flowing that tell your body to make milk.

If your baby does suckle at your breast, this helps your uterus to contract and expel the placenta. As your uterus contracts, you may feel pain like a menstrual cramp or labour pain. These afterpains may continue for a few days, whenever you breastfeed. Your uterus is shrinking to its normal size. This is a "good for you" pain and nothing to worry about. You will be able to take pain medication if you need it, under your health care provider's advice.

Remember that your baby's first feedings are a learning experience for you both. It is also a special time for you and your baby to get to know each other. Touch and smell are very important ways that your newborn will get to know you. This is why skin-to-skin contact is so important. Your body heat will keep your baby at the perfect temperature when you are snuggled together under a blanket.

Unless either you or your baby needs medical care right away, you can expect hospital staff to encourage this special time with your newborn.





Also, your labour and delivery nurse, health care provider, or midwife will be right there to help with positioning the baby and getting the baby latched onto your breast. Finding a comfortable breastfeeding position and getting the baby latched deeply right from the start will help to make breastfeeding enjoyable for you both.

Besides professional help, it is also very important to have a support person to help you in the first few days *and* throughout your breastfeeding experience. This can be a partner, family member, or friend. Most importantly, this person should support your decision to breastfeed and be there to encourage you in the early weeks. Your support person might also be either experienced with breastfeeding or willing to take over household chores while you settle in with your baby.

Breastfeeding soon after birth is good for you *and* good for your baby. But if you can't breastfeed right after childbirth, then breastfeed the first chance you get. When you do get the chance to breastfeed, undress your baby and hold them skin to skin. This helps you to get to know each other.

If you will be separated from your baby, you will need to start expressing your breastmilk within the first hour of birth and at least 8 times in the next 24 hours to establish and build milk supply. It is important to start expressing milk within the first 1 to 2 hours, because your body is most ready then. You will need to express your breastmilk as often as you would be feeding your baby. See pages 105–111 for information on different ways to express breastmilk.

## Rooming in with your baby

When you have a healthy, full-term baby, you can expect to have your baby with you throughout your hospital stay. This is called rooming in. Your baby will have a bassinet that you can keep right beside your bed. Your newborn will need to eat often, **at least 8 times in 24 hours**. By rooming in, you can breastfeed whenever your baby wakes.

This time together also helps you to begin to learn your baby's cues. Watch for signs that they are hungry, like trying to suck on fingers, fists, or lips, and turning or rooting towards anything that touches their cheek. Try to offer your breast before your baby cries or becomes upset. If your baby is too sleepy to feed well, try to wake them by stroking their arms and cheeks, undressing them and placing them skin to skin, or changing their diaper.

Your baby is more likely to be overly sleepy if you had a difficult labour or birth or if you were given medications for the birth.

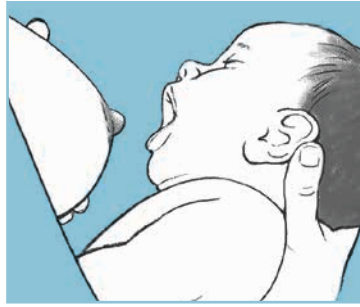
You will also learn to wash, change, and dress your newborn while rooming in. Hospital staff will be there if you need help, of course, but it's important that you do as much for your newborn as you can. This, again, is a time for you and your partner(s) or support person to begin to learn about your baby's needs and likes, to learn how to care for your newborn. At the same time, your newborn is learning your voice and smell and touch. You are learning to love and understand each other.

## Latching your baby

When latching your baby, make sure you and your baby are both comfortable. Holding your baby skin to skin helps with latching. It is best to try to breastfeed your baby when they are showing early feeding cues as can be seen on page 37. In order to achieve an effective latch, consider the following:

- You may need to support your breast with your hand (guiding hand). When using your fingers to cup your breast, make sure they are well back from the dark or pink area (areola) around your nipple.

- Hold your baby tucked in close with their tummy against you, and preferably skin to skin without bundling your baby in a blanket.
- Support your baby with your hand behind your baby's shoulders, supporting the neck and not the head. Your baby's hands remain free to explore your breasts.
- Your baby's nose approaches the nipple (nose-to-nipple as a landmark). Allow your baby to lick, search and explore the nipple. This will help trigger a wide open mouth.
- Once your baby's mouth opens wide, place the bottom lip and chin below the nipple and gently push the areola into the mouth. Your nipple will be the last part in the mouth. When latched well, the chin



will be pressed into your breast, your baby's head will be tipped back, and the tip of the nose may be touching your breast (not buried into the breast).

- Your baby should have your nipple and areola in their mouth. Depending on the size of your areola, your baby may have some of the breast in their mouth as well. You want your baby to have as much areola and breast tissue in the mouth as possible.
- Your baby will now start to breastfeed. You don't need to push your baby onto your breast. Babies don't like getting pushed and may push back against your hand.
- When your baby is feeding you will notice your baby's chin is tucked into your breast, your baby's head is tilted slightly back and your baby's nose is free and not indenting the breast. Your baby is mostly relaxed during the breastfeed and does not get tense or agitated.
- After you feed your baby, your breast is softer than before the feed. See these helpful videos:
  - <https://www.healthlinkbc.ca/pregnancy-parenting/parenting-babies-0-12-months/breastfeeding/latching-your-baby-video>
  - <https://globalhealthmedia.org/videos/attaching-your-baby-at-the-breast/>

## How to tell if your baby is latched deeply

While your baby is breastfeeding you will know your baby is latched deeply if these things are happening:

- Breastfeeding is comfortable for you. You feel a tugging sensation. **This can sometimes be a little uncomfortable but you should not experience nipple pain.**
- Your baby's chin is tucked into your breast, your baby's head is tilted slightly back, and your baby's nose is not indenting into the breast.
- Your baby's mouth is wide open with the lips curled out. If your baby has a deep latch you might not see your baby's lower lip.
- Your baby has a strong, slow, regular suck. Your baby's cheeks remain full and rounded, not dimpling or indrawn.
- You can hear swallowing ("kah" sounds).
- Your baby's ears or temple are moving while your baby sucks.
- Your baby is comfortable and maintains the latch.

When your baby is finished breastfeeding:

- Your nipples will have a normal, rounded shape and they should not look pinched.

- Your breasts feel softer. This is more noticeable during the first few weeks of breastfeeding.
- Your baby is mostly relaxed and content. Younger babies may fall asleep when they are done feeding. Older babies may stay awake but let you know they are done feeding by turning away or starting to play.
- Younger babies often fall asleep at the breast, but when you take them away, they wake up again. If your baby does this, it is a sign that your baby needs a little more.

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

- Express some milk on your nipple so your baby will smell and taste it right away.
- Move your baby back to an upright position between your breasts.
- Stroke and talk to your baby until your baby calms down.
- Calm yourself. This will help calm your baby too.
- Switch to a different breastfeeding position.
- See if your baby will latch by themselves in the laid-back position. See page 26 for information on this position.

If you are unable to latch your baby, ask for help.

## 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. 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 time goes on you will feel comfortable breastfeeding your baby in different positions and in different places such as sitting at a table or while walking.

When your baby is positioned comfortably and aligned with your breast, a deep and effective latch is more likely and can:

- Help your baby suck effectively.
- Help your baby get enough milk.
- Stimulate, build and maintain your breastmilk production.
- Help prevent many breastfeeding problems such as sore nipples, mastitis, low breastmilk supply, and poor weight gain.

Whichever position you like to use (laid back breastfeeding, sitting up, or lying down), your baby should be in a position that allows for a deep latch and easy swallowing. When you are feeding, follow these tips:

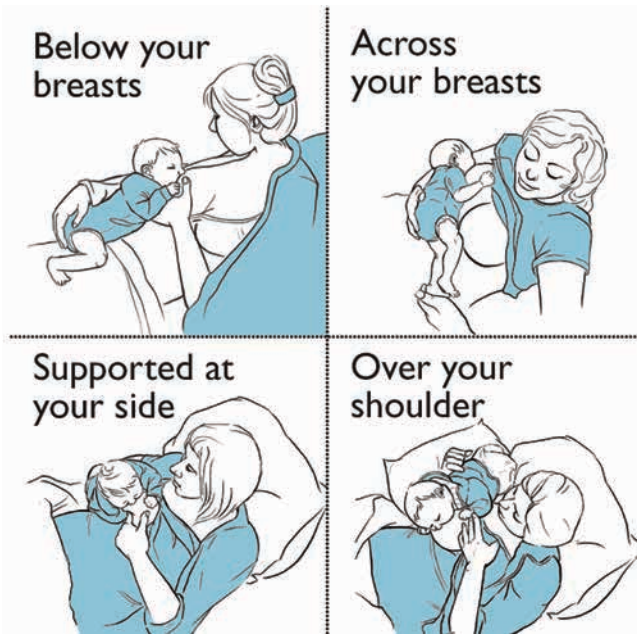


- You and your baby are well supported.
- You hold your baby skin to skin.
- You hold your baby tucked in close with their tummy against you.
- Make sure you are in a position that does not cause you pain (from an episiotomy or caesarean birth).
- Your baby's ear, shoulder, and hip should be in a straight line.
- Your baby's head should be slightly tilted back. This allows the baby to latch deeply and swallow easily.
- Have water and any items you may need within easy reach before you start.

When your baby is ready to feed, bring your baby to your breast. There are many positions and many ways to latch. Here are some tips that may help:

**Tummy-to-Tummy** – Position your baby's tummy against your tummy. Hold your baby's shoulders and body as babies do better when they can freely lift and move their heads.

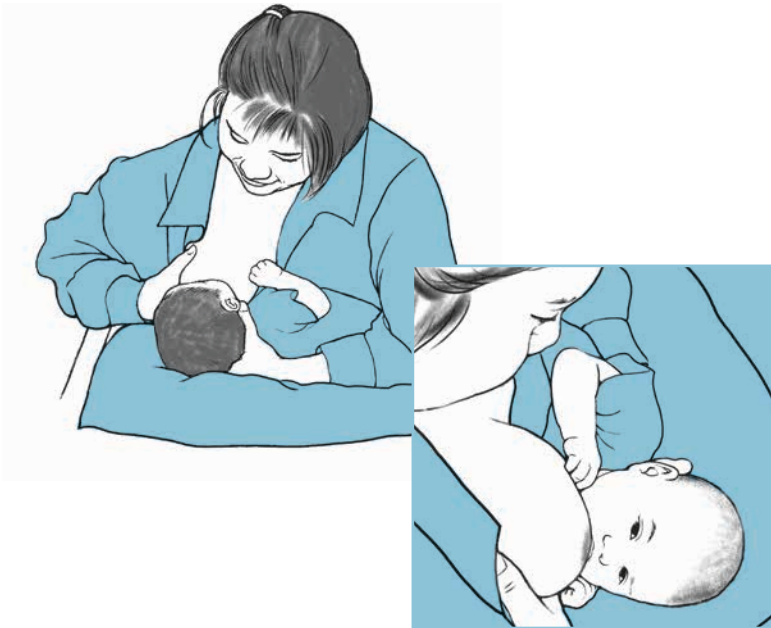
### Laid-back position (Biological nurturing)



*Illustrations adapted with permission from Nancy Mohrbacher. See free video at [www.NaturalBreastfeeding.com](http://www.NaturalBreastfeeding.com)*

- This position is helpful when a baby is learning to breastfeed, not breastfeeding well, when your nipples are sore, or when you need a deeper latch.
- Lean back into a comfortable semi-reclined position with a pillow to raise your head.
- Place your baby tummy down across your chest and belly. Having your baby skin to skin is ideal, but lightly dressed will also work.

- Support your baby's back and bottom with your forearm.
- When ready, your baby will start to show feeding cues. They may even lift up their head, push with their legs, use their hands to find the nipple or bob their head up and down to find the nipple and latch.



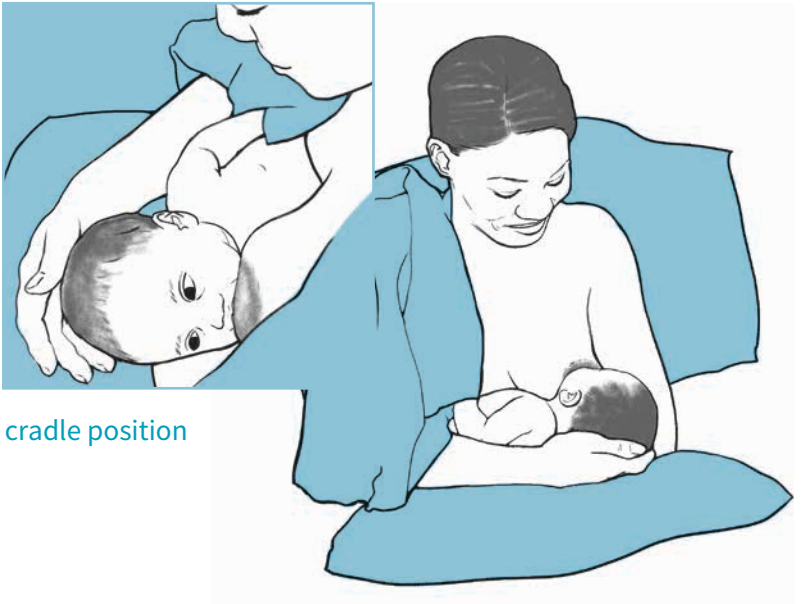
### cross-cradle position

- *your baby should be tummy to tummy with you*
- *your hand should be at the nape of your baby's neck*
- *your baby's ears, shoulder and hip should be in a straight line*
- *your baby's head should be tilted back slightly so their chin will be tucked well into the breast*

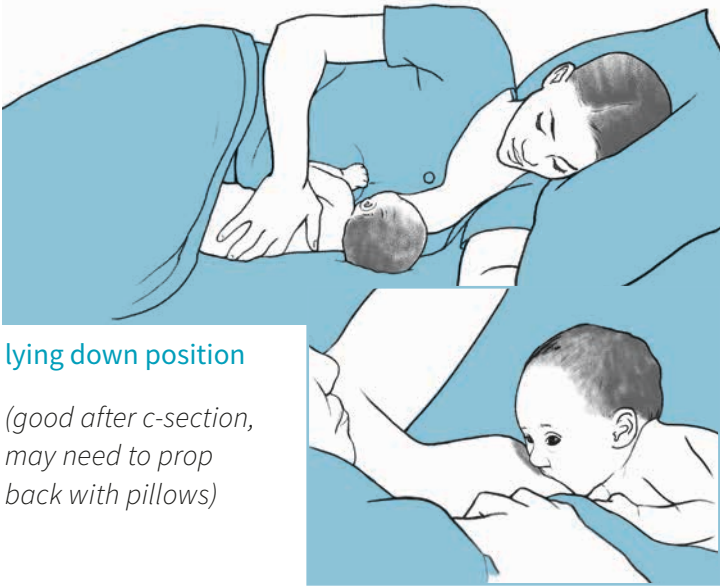
### cross or football hold position

- *you may want to sit in a large armchair or sofa to give you enough elbow room for this position*
- *you may find this position more comfortable if your baby's head and body are well supported with pillows at the level of your breast*
- *good after c-section and for preemies*





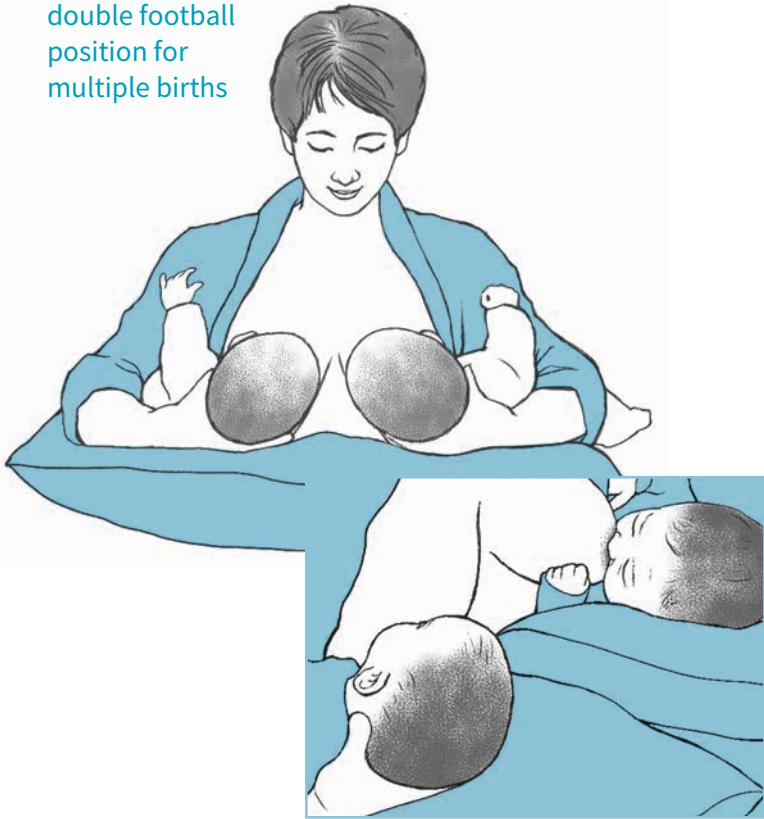
cradle position



lying down position

*(good after c-section,  
may need to prop  
back with pillows)*

double football  
position for  
multiple births



Breastfeeding should not hurt. Your nipples might be a little tender in the first week or two. Tenderness differs from hurting. **If it does hurt, keep breastfeeding often and get help right away.**

Once your baby feeds for as long as they want on the first breast, it is a good idea to give your baby the chance to burp. Burping releases air that your baby may have swallowed during feeding. Breastfed babies tend to swallow less air than bottlefed babies and may not need to burp as much. You will learn if your baby needs to be given the chance to burp. After burping, your baby may be ready to take the second breast. Your baby may want one or both breasts during a feeding.



**When burping make sure your baby's back is straight.**



## Your baby's need for vitamin D

All babies need vitamin D. It helps their bodies to build and keep strong, healthy bones and teeth. If a baby does not get enough vitamin D, they could get rickets. Rickets is a disease that causes the bones to not grow properly. Breastmilk only has small amounts of vitamin D, which may not be enough to meet your baby's needs. Babies who are breastfed should receive a daily supplement of vitamin D from birth until they get enough from their diet. Babies who are breastfed should get 400 IU (international units) per day.

Formula companies add vitamin D to infant formula, so most full-term babies who are fed only formula don't need a supplement. Babies who are fed a combination of breastmilk and formula should still receive a 400 IU vitamin D supplement daily.

Aside from supplements, you can get vitamin D through sunlight, and vitamin D–fortified foods. Since infants should not be exposed to direct sunlight, and breastfed infants, especially under 6 months, do not eat vitamin D–fortified foods, they need to get their vitamin D from a supplement.

Babies with risk factors for vitamin D deficiency may need extra vitamin D supplement. Talk with your health care provider if your baby is breastfed and:

- Has darker skin.
- Their skin is covered with clothing much of the time (for example, for religious reasons).
- Lives in a community where vitamin D deficiency is common (for example, some northern communities).
- Their parent has a known vitamin D deficiency.

***A note about babies and sunlight:***

**Babies under 1 year of age should be kept out of direct sunlight.** Even on cloudy days up to 80% of the sun's rays can go through light clouds, mist and fog. Try to avoid the sun during the peak times of 11:00 a.m. to 4:00 p.m.

**Sunscreen should not be put on your baby's skin under 6 months.** You can put sunscreen with SPF 15, 30, or higher on your children over 6 months of age before you take them outside.<sup>1</sup>

<sup>1</sup> *The information on sun safety is from the Canadian Dermatology Association and Canadian Cancer Society.*

## Your baby's weight loss in the first few days

Your first milk, known as colostrum, is already in your breasts when your baby is born. You may have noticed some leaking from your breasts late in your pregnancy. This thick, creamy milk is very nourishing for your newborn. It is high in protein and full of antibodies that help your baby fight off infection. It is an important first food. Your baby needs nothing else. No water. No sugar water. No infant formula.

It is normal for your newborn to lose weight within the first week of life. Most of this weight loss is usually fluid loss, as you may have taken on extra fluid during labour that was passed on to the baby. A loss of up to 7% of birthweight during the first week is normal. For example, if your baby's birthweight is 7 pounds, then your baby's weight may go down to 6 pounds, 8 ounces. In metric, a birthweight of 3175 grams may go down to 2983 grams. Babies should return to their birthweight in about 2 to 3 weeks. For most babies this happens in about 10 to 14 days. Hospital staff, Public Health nurses, and your health care provider will help you to keep track of your baby's weight. **If you have concerns, get help.** Trust your instincts. See the section "How to tell that breastfeeding is going well" on pages 40–42 for more information.

## When to feed your baby

The short answer is **often**. Look for signs that they are hungry. You will soon get to know when your baby wants to be fed. Common signs of hunger are fist-sucking and searching for your breast. Until you learn *your* baby's cues, you should offer your breast whenever your baby wakes. If you wait until your baby is upset or too hungry, then it will be more difficult to get a good latch. Remember, too, that breastfeeding means comfort to your baby as well as food.

You can expect your new baby to eat every 2 or 3 hours. That's at least 8 feedings in 24 hours. Feeding your baby often will help you to have a good milk supply. Your baby may also cluster feed. This means that your baby may feed more often at certain times of the day, with longer stretches between feeds at other times. Some babies want to spend a lot of time at the breast. This, too, is normal and doesn't mean that you don't have enough milk. For the most part, you need to follow your baby's lead, instead of a schedule.



While feeding, your baby will have a suck and pause rhythm. Your baby will suck about 10 to 15 times, then pause for a few seconds' rest, and so on. Some babies will feed until full, while others will want either to rest, to be burped, or to nap during the feeding. Each baby is unique and there is a wide range of "normal" behaviour. As your milk comes in, listen for the sound of your baby swallowing. This will reassure you that your baby is getting milk.

## Learning your baby's cues

Breastfeed your baby often. Babies need to feed at least 8 times in 24 hours including through the night. Watch for your baby's cues and respond to them. Your baby will tell you when they are ready to feed, if they need a brief break during the feeding, and when they are finished feeding. These signs are called feeding cues.

### ***"I'm hungry."***

Early feeding cues:

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



***“I’m really hungry”***

Moderate feeding cues:

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



***“Calm me, then feed me.”***

Late feeding cues:

- Crying
- Agitated body movements
- Colour turning red



You can calm your baby before feeding by:

- Cuddling
- Holding skin to skin
- Talking or singing
- Stroking or rocking

If you miss your baby's early feeding cues and need to calm your baby for breastfeeding, here are some tips:

- Stay together with your baby so that you can see their early hunger cues. Once a baby starts to cry it can be more difficult to calm them so they can feed.
- Undress your baby and hold your baby skin to skin.
- Offer your breast even if your baby fed a short time ago.
- Hold your baby closely and walk around or sit and hold your baby while you rock in a rocking chair.
- Try burping your baby.
- Talk to your baby, sing to your baby, or say “shhhh.”
- Change your baby's diaper if they are wet or poopy.
- Use a baby carrier or wrap while you go for a walk.

## How to tell that breastfeeding is going well

These are signs that your baby is getting enough milk (refer to chart below):

- Your baby feeds at least 8 times every 24 hours.
- Your baby has enough wet and dirty diapers according to their age (see chart on page 42).
- Your baby is active and has a strong cry.
- Your baby has a wet, pink mouth, and bright eyes.



To make sure your baby is getting enough milk, 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 45 mL (3 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 poopy diaper.
















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

Most babies lose a bit of weight in the first 3 days after birth. From day 4 onward, most babies gain weight regularly. Weight is just one part of a larger picture of how a baby is doing. During the first 3 to 4 months, your baby's health care provider will check their growth regularly. If your baby is gaining more slowly, be sure you are responding quickly to early feeding cues and rousing your baby to feed if necessary. You can also use breast compressions and have your baby feed from both breasts more than once (switch nursing). After a feeding you can express some milk and feed the milk to your baby using a spoon, dropper or small cup. Be sure to get help from your health care provider and have them watch a feeding so they can see your baby feeding.

Use the "Signs that Feeding is Going Well" chart on the next page as a guide for how many times your newborn should pee and poop in their first few weeks. If your baby is not feeding well, is more fussy than usual or has not had a poop in more than a week, go to the section "Getting Help" on page 133 of this booklet.

Your baby needs to feed often, because your baby’s stomach is small. When your baby is born, your baby’s stomach is about the size of a cherry. By day 3, your baby’s stomach increases to about the size of a walnut. Around 7 days old, your baby’s stomach is about the size of an egg. See the chart below.

SIGNS THAT FEEDING IS GOING WELL												
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. 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>	Most babies lose a bit of weight in the first 3 days after birth.				From day 4 onward, most babies gain weight regularly.							
<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.											

**best start meilleur départ**  
by/par health services

Breast milk is all the food a baby needs for the first six months.  
You can get advice, help and support from:

- Your health care provider
- 811 Nova Scotia
- 211 Nova Scotia
- Your local Public Health office: [www.nshealth.ca/public-health-offices](http://www.nshealth.ca/public-health-offices)
- La Leche League: 1-800-665-4324

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## Waking a sleeping baby

Some newborn babies are sleepy. That means your baby may not wake up on their own to feed 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 they show early feeding cues. Babies can feed even when they are drowsy or not fully awake. It is best to feed when your baby shows early feeding cues.
- Feed your baby as soon as they show early feeding cues, or your baby may go back into a deeper sleep. To learn about feeding cues go to pages 37–38 of this booklet.
- Hold your baby skin to skin. Your baby will breastfeed more often if kept skin to skin on your chest while you are awake.
- Unwrap and undress your baby. Change the diaper if it is wet or dirty.
- Lift your baby to your shoulder and gently rub their back and body.

- Roll your baby gently from side to side. Talk to your baby.
- Express a few drops of milk right before you offer the breast. The smell and taste of the milk will encourage your baby to latch.
- Use breast compressions during feeds to encourage a sleepy baby to be more alert. This will increase the amount of milk taken.

To do breast compressions, follow these steps:

- Hold your breast with your fingers on one side, thumb on the other, away from the areola.
  - Compress the breast (firm but gentle squeeze) when your baby's sucking slows down.
  - Release the compression when your baby pauses or stops sucking.
  - See if your baby swallows more when you compress your breast between sucks or with a suck. This will help your baby to get more milk.
  - Continue with breast compressions until your baby is no longer sucking.
  - Watch your baby's sucking pattern.
- Offer each breast more than once. Switch breasts more often to help wake your baby and encourage active feeding.

## Jaundice

Jaundice is common in newborn babies. It is caused by extra bilirubin that builds up in fatty tissues under the skin. Bilirubin is a yellowish substance made when the body breaks down red blood cells, which is a normal process. In most newborns, bilirubin levels rise a few days after birth, then slowly fall as your baby's body learns to get rid of the bilirubin.

Your baby's body gets rid of jaundice through peeing and pooping. Feeding your baby often in the first few hours and days helps to get rid of jaundice, since feeding often will make your baby pee and poop more. Colostrum has a laxative effect which helps your baby to poop.

In some newborns, their bilirubin level gets too high and needs to be treated with a special light in the hospital. Your baby's bilirubin levels will be checked in the hospital before you go home. However, if you notice any of the signs of jaundice listed below, contact your health care provider.

Signs of jaundice to look out for:

- Your baby has yellowish skin and eyes. This is the most common sign of jaundice.
- Your baby is sleepy, hard to wake, or too tired to feed.
- Your baby does not feed well or refuses to feed.

- Your baby has fewer wet diapers (pee) or bowel movements (poop) than expected for their age.

If your baby has jaundice, it is important to wake them to feed regularly if they are not waking on their own. Feeding your baby is the best way to get rid of jaundice. Your baby needs to feed at least 8 times in 24 hours. See pages 43–44 for tips on how to wake your baby to feed.

Contact your health care provider if you are worried your baby has jaundice. See page 42 for a chart that tells you how many times you should expect your baby to pee and poop, based on your baby's age in the first 3 weeks.

**Caution:** Exposing your baby to sunlight (directly or indirectly) at home as a treatment for jaundice is not recommended and can be harmful to your baby. If you have concerns about your baby's jaundice, talk to your health care provider.

## 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 3 months. It also happens more at night. You cannot spoil your baby by holding and comforting them. In fact, babies develop best when their parents respond quickly to their needs and cues.

If you know your baby has been well fed and burped, and your baby seems to cry for no reason, try these suggestions:

- Hold your baby in your arms.
- Hold your baby skin to skin.
- Speak or sing to your baby.
- Walk, rock or sway with your baby. Babies become familiar with their parent's heartbeat, voice and movements in the months before birth and this can be calming.
- Change your baby's diaper if it is wet or dirty.
- Adjust your baby's clothes if they seem too warm or too cool.
- Express your milk and put a few drops on your nipple so your baby can smell and taste your breastmilk.
- 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 10, breathing deeply, or pretending you are blowing bubbles. These strategies will often calm your baby too. If you are getting frustrated or the above suggestions are not working, ask your partner(s) or a trusted adult to hold your baby while you take a break. If there is no one to help you, place your baby in a safe place such as the crib, and have a short break. If your baby is often fussy or you think your baby is unwell, be sure to share your concerns with your baby's health care provider. Never shake your baby!

These holds may help comfort your baby:



Arm Drape



Handstand



Dance



Colic curl



## If your baby spits up

Almost all babies spit up, especially newborns. Spit-up rolls out of the mouth, sometimes with a burp, and doesn't usually bother a baby. Breastfed babies tend to spit up less than bottle-fed babies. Most babies outgrow spitting up within 4 to 6 months.

If you notice your baby spitting up more after feeding them, try burping them. Although burping may be helpful for some babies, it's not always needed. Often, burping just happens on its own when your baby changes positions. And if your baby seems content, it may not be necessary at all. Burping your baby can help bring up air that was swallowed during a feed. Your baby may also gulp air down when they cry and even as they are breathing.

Spitting up should not be confused with vomiting. Vomiting is forceful and happens over and over. If your baby is throwing up more than a few tablespoons of liquid, they may become dehydrated. If you think your baby is vomiting, or if you are concerned about the amount your baby spits up, contact your health care provider.

## Growth spurts

You may find that you get a breastfeeding routine well established and then things change. Your baby wants to breastfeed more often. Your baby is having a growth spurt, which is normal. You may notice this around **10 days, 3 weeks, 6 weeks, 3 months, and 6 months**, but each baby is different. You will know that your baby is having a growth spurt if they want to feed more often than usual. During these growth spurts, you need to breastfeed as often as your baby wants. But get some extra rest yourself. Your milk supply will rise to meet the greater demand in a day or two.

You produce milk because the baby's sucking causes your body to release the hormone prolactin. Prolactin is responsible for giving the signal to your breasts to make milk. Your prolactin levels are highest at night. Therefore, if you are trying to increase your milk supply, be sure to feed your baby often at night.

## Safe sleeping for you and your baby

Following safer sleep practices can reduce the risk of SIDS.

SIDS—Sudden Infant Death Syndrome or Crib Death—is the sudden death of a baby who seemed perfectly healthy. SIDS is the most common cause of death in babies' first year of life, with 90% of SIDS deaths happening to babies before they turn 6 months old. Babies born premature and babies born with low birth weights are at a higher risk of SIDS. SIDS usually happens while the baby is sleeping. No one knows what causes SIDS. But there are things that parents can do to make SIDS less likely. Since parents started following these suggestions, the number of babies dying from SIDS in Canada has been cut almost in half.

SIDS is LESS LIKELY to happen when:

- **Babies sleep on their back.** Always put your baby on their back to sleep.
- **Babies room-share** while sleeping in a crib, cradle, or bassinette within arm's reach of your bed for the first 6 months.
- **The crib, cradle, or bassinette has a firm mattress.**
- **There is nothing in the crib, cradle, or bassinette except the mattress and baby.** Pillows, comforters, stuffed toys, or bumper pads in cribs, cradles, or bassinets can increase the chance of a baby suffocating.

- **Babies are breastfed.** Breastfeeding for at least 2 months will lower the risk of SIDS by about half. Your baby will get the protective effect from breastmilk, even if you only breastfeed some of the time. The longer you can breastfeed, the more protection your baby will have.
- **Babies are offered a soother at naptime and bedtime.** Consider waiting to offer the soother until your baby has learned to breastfeed with a deep latch. Babies often learn how to breastfeed well in the first 4 to 6 weeks. You know your baby best. Using a soother as your baby is learning to breastfeed may create challenges with breastfeeding. Soother use has also been linked to earlier weaning from breastfeeding.
- **Babies live in a smoke-free home.**
- **Babies are not covered with a blanket.** Blankets can accidentally cover your baby's mouth and nose, causing a suffocation risk.
- You keep your baby's temperature comfortable at night by dressing them in **one layer of clothing**, such as a sleeper, instead of putting a blanket on them.



- **Babies are not too hot, overdressed, swaddled, or bundled.** It is best not to swaddle your baby overnight or when they are unattended, as swaddling can be a suffocation risk and a risk of overheating. Using a sleep sack is a safer option than swaddling your baby, however it is safest to have your baby sleep in one layer of clothing, such as a sleeper.

**Caution:** Never leave your baby alone if they fall asleep in a car seat, stroller, baby swing, baby bouncer, or any other infant equipment. All babies sometimes fall asleep in a car seat, stroller, or swing. But it is NOT SAFE to use a car seat or stroller as a bed.

There is a risk that your baby's head can fall forward and block their breathing if they sleep while sitting up. Watch your baby closely when they fall asleep while sitting up.

There has been a lot of research on whether having your baby sleep in your bed with you is safe. Sleeping in the same bed as your baby is called “bed-sharing” or sometimes “co-sleeping”. In this book, we call it bed-sharing. Recent research has shown that bed-sharing may increase the risk of SIDS, and therefore is not recommended. You should not sleep with your baby in your bed. Babies can fall off, get trapped under the sheets, blankets, or pillows, get rolled on, overheat, or suffocate.

When breastfeeding, parents often find it easier to bring the baby into the bed for the nighttime feedings. Nighttime feedings are important for your baby's growth and development. Bringing your baby into bed to breastfeed is safe and recommended as long as you return them to their crib, cradle, or bassinette after the feeding and before you go back to sleep. Remember to place them on their back, without blankets, pillows, stuffed toys, or bumper pads.

For more information on safe sleep, contact your local Public Health office or read the Public Health Agency of Canada's document "Safe Sleep for your Baby." Contact information is in ***Loving Care: Parents and Families***.

While bed-sharing is never recommended, **it is ESPECIALLY** not safe if you sleep with your baby on a sofa, armchair, or recliner. Babies can fall off or get stuck between the cushions and the back of the sofa.

**Bed-sharing is ESPECIALLY not safe** if you (or any other person in bed) smoke—even if you never smoke in bed. If you smoked during pregnancy or after the baby's birth, it increases the risk of SIDS.

Bed-sharing is **ESPECIALLY not safe** if you allow pets or other children to sleep with your baby.

Bed-sharing is **ESPECIALLY not safe** if you or any other person in the bed:

- Might find it hard to respond to your baby for any reason
- Are so tired that you might have trouble waking up when your baby cries
- Have an illness or condition that could affect your ability to respond to your baby
- Have taken medicine that could make you sleepy
- Have had alcohol, cannabis, or other drugs

See the “Safety” section of ***Loving Care: Birth to 6 Months*** for more information on baby furniture, such as strollers, cribs, bassinets, baby slings, and sleep sacks.

**Bed-sharing risk reduction tips**

Even if you understand the serious risks of bed-sharing, there may be times that you still bed-share with your baby. This may be unplanned, for example, if you accidentally fall asleep while breastfeeding your baby in your bed. Or you may still decide to bed-share—as a parent it is your right to choose. Bed-sharing can be dangerous for your baby, so if you still decide to bed-share use the following steps to decrease the risk as much as possible:

- Always put your baby on their back.
- Have a firm, flat, and clean sleep surface. Do not bed-share on a waterbed, pillow top, feather bed, air mattress, sagging mattress, or soft memory foam mattress.
- Put your mattress on the floor to reduce the risk of falls. Make sure the mattress is away from walls and there is space around the bed so your baby cannot get trapped between the mattress and the wall or bedside table.
- Keep soft loose bedding or other objects far away from your baby. Pillows, duvets and heavy blankets can increase your baby's chance of suffocation and getting tangled.
- Dress your baby in a one-layer sleeper so they are at less risk of overheating.



- Do not swaddle your baby.
- Sleep in a “C” shape—lay on your side, facing the baby, with your knees drawn up under the baby’s feet and your arm above the baby’s head. This protects the baby from moving down under the covers or up under the pillow. This “C” shape position is also known as the lying down position for breastfeeding. You can see what the lying down position looks like on page 30.
- Have your baby sleep on the side of the bed, instead of between adults. Any adults in the bed need to be aware that the baby is in the bed. All adults need to be comfortable with this decision to bed-share and be aware of the risks.
- If any adult in the bed has long hair, make sure it is tied back so that it can’t get tangled around the baby’s neck.
- Never leave the baby alone in the bed. Adult beds are not designed to keep babies safe.
- Never bed-share if you meet any of the conditions that make bed-sharing **ESPECIALLY** not safe. See pages 54–55 for a list of conditions.

*Safe sleep text adapted/reproduced with permission from Safer Sleep for My Baby and Safe Sleeping for Babies. Copyright Province of British Columbia. All rights reserved.*



## The early weeks and months





# Breastfeed anytime, anywhere

People have been breastfeeding their babies for thousands and thousands of years. It is nature's way. Humans are designed for it. However, bottle-feeding started to become popular in the early decades of the 1900s. Companies started selling baby formula and advertising heavily to parents, health care providers, and hospitals. Our western society was influenced by this advertising and started to believe that formula feeding was safer and better for babies. By the 1950s, most babies were formula fed. It became the accepted way to feed a baby. Along with it came sterilizing and feeding schedules, measuring how much the baby drank, and the expectation that "good" babies sleep for long stretches of time. We now know this is not true and we understand the significant benefits to breastfeeding.

In our communities, we want to support what is best for parents and babies, but we have some challenges to overcome.

For one, breastfeeding parents need role models. Your own parents and grandparents may not have breastfed. Therefore, you may have to look beyond your family for practical breastfeeding support.

For another, many ways that formula fed babies were cared for do not work well for breastfed babies—things like letting babies cry until the scheduled feeding time. You might find that your family thinks that you are spoiling your baby when you breastfeed “on demand.”

**You are not.** Try to talk with your family members about this.

In addition to your family, you may need support from others to know that your breastfeeding and parenting choices are what’s best for your baby. Breastfeeding circles or new parent groups are a good place to find out how others deal with these issues. See “Getting Help” (page 133) to find supportive people or groups near you. You can also talk with your Public Health nurse. Phone numbers are listed on pages 135–137.

You may also wonder whether or not to breastfeed in public. You have the right to breastfeed your baby anytime, anywhere. This right is protected in Nova Scotia by law and by government policy.

Look for this sticker to find a supportive place to breastfeed:



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Nova Scotia's *Human Rights Act* protects your right to breastfeed in public. Public places include restaurants, retail stores, shopping centres, theatres, and so forth. You should not be prevented from breastfeeding your baby in a public area. You should also not be asked to move to another area that is more discreet. If either of these things happens, you can file a complaint with the Nova Scotia Human Rights Commission.

One of the great things about breastfeeding is that it makes it very easy for you and your baby to travel together. No fussing with bottles and formula. You can take your baby anywhere, with little advanced planning. Your baby can be fed as soon as they start to fuss. This is especially convenient for long-distance travel. If you are ever stranded, or are in an emergency situation such as a hurricane or wildfire, you will still have food for your baby. For more information on emergency preparedness and breastfeeding, see page 115.

It will be easier for you if you can overcome any embarrassment you may have about breastfeeding in front of others. One way to become comfortable with feeding your baby in public is to practice breastfeeding in front of a mirror before you do it in front of others. This will allow you to see what others will see. You'll understand why most people will think your baby is just sleeping while they are breastfeeding.





You do not need to cover up while breastfeeding in public. The choice to cover up is yours. However, if you do want privacy while breastfeeding:

- You can wear clothes that lift up from the waist.
- You can drape a blanket or towel around you and your baby.
- You can use a baby sling that will cover the baby while breastfeeding.
- You can turn your body away from other people while your baby latches on.

You can also help support breastfeeding by being a role model for others. For example, you can breastfeed in front of children—your own, if you have any, and those of relatives and friends. They will be curious and will ask what you are doing. Answer truthfully and simply. You are educating the next generation.

*“When I was new at breastfeeding, I felt embarrassed to feed my baby in front of others. I had never seen it done and neither had my husband. At first, he wanted me to leave the room to breastfeed if we were with his family. Gradually, he changed his attitude, which made it much easier for me. Now, this baby has been breastfed everywhere imaginable—on the bus, in church, walking down the street. I wear her in a sling and no one even knows I’m feeding her.”*

*a nursing parent*

# Overcoming breastfeeding challenges

**Whenever you have a problem while breastfeeding, get help.** Look for support and information from an experienced breastfeeding parent, a Public Health nurse, midwife or health care provider.

Most breastfeeding challenges happen in the early weeks and months when you and your baby are still learning. Once you pass this stage, breastfeeding usually becomes easy and uneventful.

## *If you have a breastfeeding problem*

- *continue to breastfeed*
- *get help.*

### **Get help when you notice any of these warning signs:**

- you have a fever
- you notice a red area on your breast
- your breasts feel hard
- your nipples have cracks
- you have pain in a breast while breastfeeding

## Low breastmilk supply

Some breastfeeding parents think that they have low breastmilk supply because their baby is feeding “all the time.” Babies go to the breast when they are hungry, when they are overtired, when they want comfort, when they feel pain, and when they want to snuggle. If your baby wants to breastfeed “all the time”, it does not necessarily mean that you have low breastmilk supply.

### *What causes this?*

**Most times, low breastmilk supply is from not breastfeeding often enough or is because your baby is not taking enough milk from the breast when they are breastfeeding. The best way to increase your breastmilk supply is to feed your baby more often.**

Not getting a deep latch or not breastfeeding often enough are common causes of low breastmilk supply. There can be other reasons for low breastmilk supply, such as certain medical conditions of the breastfeeding parent. These include anemia, retained placenta, previous breast surgery, polycystic ovarian syndrome (PCOS), and a history of infertility. Smoking tobacco, vaping, using cannabis, drinking alcohol, and taking other medications (prescription and/or illicit drugs) can also lower your breastmilk supply. For more information on the effects of substances on your and your baby’s health, see pages 121–132. Speak with your health care provider if you have concerns about low breastmilk supply related to medical conditions or medication/drug use.

### *What can I do?*

#### **To increase your breastmilk supply:**

- Breastfeed **as often as your baby wants**. When your breasts are emptied of milk, your brain gets told to make more milk to refill your breasts. Therefore, the more you breastfeed, the more milk your body should make.
- Make sure you are **responding to early feeding cues** and waking your baby to feed if they are not waking to feed on their own. Babies need to feed 8 or more times in 24 hours.
- Make sure you **continue feeding until the baby ends the feed**. Do not stop the feed early.
- **Offer both breasts at each feeding**. Once you are finished breastfeeding on one side and the breast is empty, offer the other breast. Alternate which breast you offer first.
- **Feed your baby often at night**.
- **Spend time each day with your baby skin to skin**. Skin-to-skin contact can help increase your breastmilk supply.
- If you are supplementing with formula, **breastfeed first at each feeding**, and then offer the formula supplement after.

- **Make sure you are getting a deep latch.** Ask for help from your health care provider or Public Health if you are having pain during breastfeeding or if you are not getting a deep latch. For more information on latching, see pages 22–23.
- Consider **not using a soother in the early days.** **Wait until** breastfeeding is well established before you use a soother.
- **Frequently stimulate your breasts and nipples** (every 1 to 3 hours) in the early days. Hand expressing 1 drop of breastmilk before and after each feeding can result in double the breastmilk supply by 3 months of age.
- **Use breast compressions during the feeding.** For more information, see page 44.
- If, after a few days of trying the techniques above, you notice no improvement in your supply, **express some breastmilk through hand expression or by using a breast pump at the end of a feed.** For more information, see pages 108–111.
- If a nipple shield has been recommended for you, get help from your health care provider or Public Health to make sure your baby is getting a deep latch. Latching can be more challenging with a nipple shield.

- If you think you have low breastmilk supply, and your baby has jaundice or tongue or lip ties, get help from your health care provider or Public Health. For more information on jaundice, see pages 45–46.

If you are still not able to get a strong breastmilk supply after trying the techniques above, talk with your **health care provider or Public Health** (contact information, page 135).

Prenatal hand expression (also known as antenatal colostrum collection) may help to increase your breastmilk supply. For more information, see pages 11–14.

## Engorged breasts

Breasts are engorged when they become swollen with milk and feel warm or hot. They also feel heavy and firm or hard. The areola may become swollen and tight, making the nipple “flatten out.” This may make it difficult for your baby to latch onto your breast properly.

### ***What causes this?***

Some fullness is normal in the first few days of breastfeeding as the breasts start to produce milk and fill. Engorgement that continues after the first week with painful, uncomfortable breasts is usually caused by not “emptying” the breasts at each feeding or by going too long between feedings.

### ***What can I do?***

#### **Continue to breastfeed your baby.**

Feed your baby frequently to keep your milk flowing regularly—every 2 to 3 hours is best. Wake your baby to feed, if necessary.

Your baby may have trouble latching on when your breasts are full and hard. To make this easier for your baby, soften the areola first. The best way to do this is to hand express some milk. (For more information on hand expression, see pages 108–110.)

You can use the tips of your fingers to gently squeeze or compress around the edge of the areola for a minute. This pushes the fluid back into the breast, softening the areola enough for your baby to be able to latch and remove the milk.

Use cold packs on your breasts in between feedings to help reduce swelling and bring you comfort. Protect your skin by placing a layer of cloth between the ice pack and your skin.

Do not apply heat to your breasts for long periods of time as this may make the swelling worse.

If your baby is over one week old and you are still experiencing excess milk flow or engorgement, contact your health care provider or Public Health (contact information, page 135).

## Mastitis

Mastitis is the inflammation, or swelling, of the breast. Mastitis may or may not involve an infection. Mastitis caused by an infection can cause a high temperature and flu-like symptoms, which include aches, nausea, vomiting, and chills. Mastitis caused by inflammation that is **not** caused by an infection will **not** cause a high temperature and flu-like symptoms.



Breasts with mastitis often appear red, hot, swollen, and may be painful. When your breasts become swollen, they can prevent milk from flowing through. This can cause a swollen, tender spot or lump in the breast from the milk not draining properly. This is sometimes known as a plugged or blocked milk duct.

### ***What can I do?***

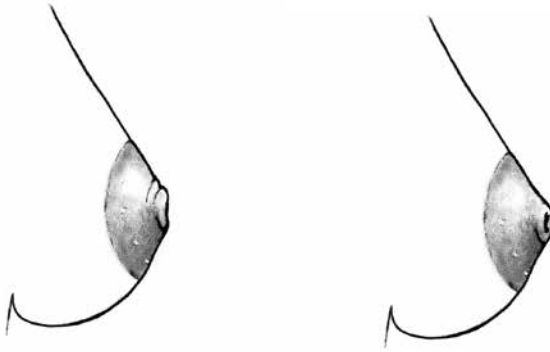
- **Continue to breastfeed your baby often** and try using different positions. Mastitis will not harm your baby.
- When you first notice a swollen tender spot or lump, **begin feeding on the affected breast.**
- **Apply ice packs and cold compresses** to help reduce swelling. Do not apply hot compresses, as these can make the swelling worse.

Many breastfeeding parents have used cold cabbage leaves as a treatment for mastitis. Research has shown that the benefit of doing this is because the cabbage leaves are cold, not because of the cabbage itself. Using ice or cold compresses instead of cold cabbage leaves is just as effective and is preferred. This is because cabbage may carry bacteria.

- **Gently massage the breast with sweeping motions** towards your armpit to reduce swelling. Avoid squeezing or kneading the breast, which can make the swelling worse.
- **Wear a well-fitting supportive bra.** Avoid restrictive bras, such as tight-fitting sports bras or bras with underwires, as they may restrict your milk flow.
- **Do not pump more than you regularly do.** If you regularly pump, stick with your regular pumping schedule. You can't "empty" your breast to get rid of the mastitis. If you have a lot of swelling, extra pumping above your regular routine can make the swelling worse.
- **Get extra rest.** If your mastitis is from a bacterial infection, your body will need to fight off the infection.
- **Get help from your health care provider or Public Health (contact information, page 135) right away.** Mastitis is not always caused by a bacterial infection, so antibiotics are not always needed. Mastitis that involves a bacterial infection needs to be treated with antibiotics. Other kinds of mastitis may need to be treated with an anti-inflammatory.

## Flat and inverted nipples

Everyone's nipples are different shapes and sizes. Flat nipples are those that do not stick out at all or do not stick out when stimulated or cold. Inverted nipples sink into the breast rather than stick out when the areola is squeezed.



flat nipple

inverted nipple

### ***What can I do?***

If the baby is positioned and latched on well, most types of flat or inverted nipples will not cause breastfeeding problems. Some types of nipples may be more difficult for a baby to latch on to, especially at first, but patience and persistence will pay off. Remember that babies *breastfeed*, not *nipplefeed*.

Contact your Public Health nurse or other health care provider in the early days of breastfeeding for help with latching on.

## Cracked or bleeding nipples

### *What causes them?*

The most common causes of cracked or bleeding nipples are incorrect latch or positioning or both. Generally, a cracked nipple indicates that the baby was not latched deep enough on to your breast.

### *What can I do?*

**Continue to breastfeed your baby.** It will not harm your baby to swallow a little blood in your breastmilk. Your breastmilk is still an important food for your baby.

You can also gently rub a few drops of your breastmilk into the nipple area after your baby has finished feeding and allow your nipple to air dry.

Get help immediately from your Public Health nurse or other health care provider. The longer you wait, the worse it can get. You need help to get your baby positioned and latched on properly. Review the sections on positioning and latch, pages 19–31.

## Thrush

Thrush is a yeast infection that can affect both you and your baby. You may have itchy, red, sore nipples and a shooting, deep pain in the breasts during feedings and possibly between feedings. Babies may have white patches inside the mouth. They may also have a persistent diaper rash.

### ***What causes it?***

It is caused by an overgrowth of the yeast *Candida albicans*. This yeast is normally present in warm, moist places, such as in baby's mouth, in your breasts or on your nipples or genital area. Yeast feeds on sugars, including milk sugars. It is common for this yeast to overgrow when your resistance is low or after you have taken antibiotics. Antibiotics destroy the good bacteria that normally keep this yeast in check. Thrush is also common in people with diabetes.

### ***What can I do?***

#### **Continue to breastfeed your baby.**

Get help right away to discuss the many options for treating thrush. If you need to take medicine, you *and* your baby will need to take it. The infection can pass back and forth between the breastfeeding parent and baby. Your partner(s) may also need medicine. Thrush can be passed between you and your partner(s) during sexual activity.



## Six months and beyond



By 6 months, you and your baby will have a well-established breastfeeding relationship. This chapter covers a few things that may help you as you continue to breastfeed your older baby or toddler.

Around 6 months, when your baby is ready, you can begin to introduce your baby to solid foods. You can continue to breastfeed long after your baby is eating the healthy foods the rest of the family enjoys.

You'll find information on introducing your baby to solid foods in the **Loving Care** books. You can get copies from your local Public Health office (contact information, page 135).



# Why should I continue to breastfeed?

There are lots of important reasons to continue breastfeeding as your baby grows into a toddler.

- **Breastmilk is a healthy food for your toddler.**  
Breastmilk continues to be an important part of your child's nutrition, even after they start eating family foods. At first, children get very little nourishment from family foods. Family foods won't be your baby's main source of nourishment until they are 12 months old.
- **Breastmilk changes to meet your child's changing needs.** For example, as your baby grows into toddlerhood, breastmilk becomes more concentrated. This means that even though they may breastfeed less often, they are still getting lots of nourishment.
- **Breastfeeding fosters a close and comforting relationship between you and your child.**  
Breastfeeding is a special time for you and your child. It helps them feel secure while they reach out into a bigger world.

- **Breastfeeding protects your child from illness and allergies.** Your child will continue to benefit from antibodies in your milk for as long as they breastfeed.
- **Breastfeeding offers you some protection from breast cancer.** The longer you breastfeed, the less likely you are to develop breast cancer. What's important is the length of time you spend breastfeeding in total. So if you have several children, the length of time you breastfeed each of them counts toward your total.

### **How long should I continue to breastfeed?**

In cultures where breastfeeding is the norm, most children breastfeed past age 2.

In Nova Scotia we recommend breastfeeding up to 2 years and beyond, as recommended by Health Canada, the Canadian Paediatric Society, and the World Health Organization.

# Breastfeeding your toddler

Day by day your baby is growing and changing. They are getting bigger, stronger and able to do more things. They're exploring their world and learning to get along with others.

A close breastfeeding relationship helps your child feel secure as they grow and develop. It's a safe place to return to as they move into the world.

And while breastmilk is an important part of your child's nutrition, breastfeeding does more than make their body strong. Many parents find that breastfeeding is a good way to comfort their little one—especially when they're tired, sick or upset.

Breastfeeding strengthens your child's attachment to you as they grow. The relationship you have with your older baby or toddler will be the model for the other relationships they'll have as they grow up. A strong attachment to you will give them a strong base for building healthy relationships throughout their life.

Some breastfeeding toddlers bite. For information on biting and breastfeeding, see pages 93–96.

# Nursing strikes

Sometimes a child will suddenly refuse to breastfeed. This doesn't mean that they're rejecting you or even that they're ready to wean. Nursing strikes can happen for any number of reasons. Your child might be teething or sick. They might be reacting to some change in the taste or smell of your breastmilk—for example, you may be eating new food, using new soap or deodorant, or getting your period. Sometimes there doesn't seem to be any reason at all.

## **You can encourage your toddler to return to breastfeeding by:**

- Giving them lots of cuddling and skin-to-skin contact.
- Making feeding times quiet and calm.
- Offering the breast when your child is relaxed and sleepy—for example when they first wake up.

Try to relax and be patient during a nursing strike. It usually ends after a few days. Express milk to keep up your milk supply. You can offer this breastmilk to your child in a cup or store it to use later. See page 112 for information on how to store breastmilk.

# Breastfeeding during pregnancy

You can continue to breastfeed if you are pregnant as long as you are having a healthy pregnancy. You need to eat well and drink whenever you are thirsty. You may find that your nipples are more tender than usual during pregnancy and you may have less breastmilk.

## Tandem breastfeeding

You can continue to breastfeed an older child while breastfeeding a new baby. Keep in mind though, that your newborn must breastfeed at least 8 times each day. And breastmilk is the newborn's only source of nourishment. Your older child will be getting some nourishment from other foods and will need to nurse less often. For these reasons, it's best if the newborn breastfeeds first, particularly in the early days when colostrum is important.

Depending on what works best for your family, you can nurse both children together or at different times.

For more information and support, contact your local Public Health office or a La Leche League leader.

# Feeding your baby when you can't be there

If you go back to school or work, you can still breastfeed or feed your baby breastmilk. You can discuss this with other parents or a Public Health nurse. A person who is breastfeeding and returning to work has a right under the Nova Scotia *Human Rights Act* to be accommodated in the workplace so that breastfeeding can continue.

## Expressing your breastmilk

Expressing your breastmilk allows your baby to get the benefits of breastmilk even when you can't be there. You can do this by:

- **Building up a supply of stored breastmilk.** You'll find information on how to express and store breastmilk on pages 105–112.
- **Expressing during your breaks.** If you don't have access to a refrigerator during your workday, you'll need an insulated container and ice packs to safely store the breastmilk you collect.

Be sure your baby's caregiver understands how to thaw and warm breastmilk safely. You'll find information about this on page 113.

# Dental care

Healthy baby teeth are important for your baby's overall health. Pain and infection from tooth decay can make it hard for your baby to sleep, chew, and grow normally. They make it difficult for your baby to concentrate and learn. Baby teeth also help to shape your child's face and guide adult teeth into place.

Make cleaning your baby's mouth and teeth fun! Sing a song. Make up stories about cleaning away the germs.

Baby teeth are worth taking care of! Start early to keep your baby cavity-free for life!

## Three steps to help prevent cavities

### **Step 1. Keep your baby's teeth and mouth clean.**

*Before the teeth come in:*

Clean the inside of your baby's mouth and gums after each feeding.

- Wash your hands.
- Wrap a clean, soft, damp facecloth around your finger.
- Gently wipe the inside of your baby's mouth and around the gums.

- If you notice white spots or a white coating that doesn't wipe off the gums, tongue, or cheeks, contact your health care provider.

For children under age 3, the Canadian Dental Association says that unless there is a risk for tooth decay, you should use plain water to brush your child's teeth.

*After the first tooth comes in:*

- **If your baby IS NOT at risk for tooth decay,** brush your baby's teeth and gums with a child-sized toothbrush and water.
- **If your baby IS at risk for tooth decay,** brush your baby's teeth and gums with a child-sized toothbrush and a small smear of toothpaste with fluoride—about the size of a grain of rice. You use this tiny amount because small children tend to swallow toothpaste while brushing.





- **Brush your baby's teeth every morning and every evening before bed.** When you brush, sit or lay your baby in a safe position. You need to support your baby's head so you can see their teeth clearly. Your hands should be clean and free to open their mouth and do the brushing.
- **Lift the lip to check your baby's teeth for cavities.** Look at the front and back teeth. If you notice brown or white spots on your toddler's teeth, call an oral health professional right away. This may be the first sign of decay.

**Caution:** Keep toothpaste out of children's reach.

**Risk factors for tooth decay**

Your baby could be at risk for tooth decay if:

- Your water supply is not fluoridated.
- Your baby has white or brown spots on their front teeth.
- Your baby eats or drinks anything high in sugar.
- Your baby's teeth are brushed less than once a day.
- Your baby has visible plaque on their teeth. Plaque looks like white or yellow deposits on the teeth.
- Your baby was premature.
- Your baby has health or behaviour issues that make it difficult for you to brush their teeth.
- You or other caregivers have tooth decay.

If your baby has one of these risk factors, talk with a health care provider.

**What causes cavities?**

Sugar in food and drinks plus plaque in the mouth can lead to tooth decay.

Plaque is a thin, hard-to-see layer of germs that covers the teeth and gums.

These germs use the sugars in food and drink to make acid.

This acid eats away the hard outer layer of the teeth—called enamel—and causes tooth decay.

The longer food and sugary drinks stay on the teeth, the greater the risk of tooth decay.

Germs that cause cavities can pass from your mouth to your baby. To protect your baby, take care of your own dental health.

Keep your own teeth and mouth clean. You will set a good example for your baby and there will be fewer germs in your mouth to pass along.

**Step 2. Don't let food or drink stay on your baby's teeth.**

**Remember:** Breastmilk is all your baby needs for the first 6 months. Babies' bodies aren't ready for food and other drinks until after 6 months of age.

- Never prop a bottle or a sippy cup. Never put your baby or toddler to bed with a bottle or a sippy cup. Juice (even 100% juice), milk, and formula all contain sugar. They can cause tooth decay when left on the teeth too long.
- Never allow your baby to sip all day on drinks other than water. If they sip all day on any drink that contains sugar—even milk and 100% juice—it increases the risk of tooth decay. Offer tap water to drink between meals. Have your baby sit in a high chair or at a small table for snacks and drinks.

Healthy snacks are important for healthy teeth. Avoid sweet, sticky snacks.

Dried fruits and fruit leathers are healthy foods but they stick to the teeth and can cause cavities. If your children eat these foods, brush their teeth right away.

For more information about healthy eating and introducing family foods, see the “Food” section of ***Loving Care: 6 to 12 Months***.

**Step 3. See an oral health professional, such as a dentist or dental hygienist, regularly.**

- Take your baby for their first dental check-up by their first birthday. The oral health professional will check your child's risk for cavities and answer your questions. If you don't have an oral health professional, ask your friends and family for suggestions.
- Take your baby to an oral health professional if you see any white or brown spots on their teeth, or if they injure a tooth.

For information on the MSI Children's Oral Health Program, see page 142.

**Teething , biting and breastfeeding**

Teething is a natural process during which your baby's teeth push through the gums. Most babies' first teeth start to come in at around 6 months. Some start teething a little earlier, some a little later. Most babies get the two middle teeth on the top and the two middle teeth on the bottom first. But all babies are different and some may get teeth in a different order.

When your baby's teeth start to come in, you may be concerned that your baby may bite while you are breastfeeding. Not all babies bite, but some do. And when a baby bites, it hurts! Biting is unpleasant for breastfeeding parents but is usually a stage that doesn't last for long. Biting is not a sign that your baby is ready to wean.

Your child can't bite when they are properly latched on and nursing. Normally, your child's tongue will lie over the lower teeth while breastfeeding. Biting usually happens when the child is nearly finished the feed and is letting go of the nipple. However, biting can happen at any time during a feeding and can happen with no warning.

If your child bites:

- **Pull them in close to your breast.** This will cause them to open their mouth and let go. Your instinct may be to push your child away from your breast. Try not to do this! It can damage your nipple.
- **Stay calm. Try not to yell.** This can be difficult if you're taken by surprise! Look your child in the eyes and calmly say "no". Take your child off the breast. Then start breastfeeding again. If they bite again, put them down and stop breastfeeding.
- **Pay attention while your child breastfeeds.** This has two benefits. If they're biting to get your attention, paying attention will stop the biting. If they are biting for some other reason, paying attention may allow you to see the signs that they are about to bite. You'll notice that they're getting to the end of the feeding when swallowing slows down and they loosen their grip on the nipple. You can try stopping the feeding at this point. You may also notice that their jaw tightens before they bite down. If you see that they're about to

bite, you can put your little finger in the corner of their mouth, between their gums. When they bite down, they'll press on your finger, not your nipple.

- **Take your child off the breast when they're falling asleep.** Some children bite as a kind of reflex when they fall asleep. Pull your baby in very close to end the feeding. They'll open their mouth and come off the breast easily.

Teething is the most common reason that babies and toddlers bite while breastfeeding. They may also bite to get your attention or when they have a cold or ear infection that makes it harder for them to swallow while breastfeeding.

If your child seems to be bothered by teething pain, there are some things you can do to help them feel better:

- Offer your child a clean, cold facecloth to suck or chew on before and after feedings. This will help their gums feel better and may lessen biting.
- If a toddler bites due to teething pain, offer another choice. Stop the feeding and offer a teething ring. Say something like, "Please don't bite me. You can bite this." Offer hugs, kisses and praise when they don't bite. Teething rings should be cold but not frozen. Wash them often. Use warm, soapy water and rinse well before giving them to your baby.

- Massage your baby's gums using a clean finger.
- Don't use teething biscuits. Teething biscuits are high in sugar and may cause cavities.
- Don't use teething gels. They can affect your baby's health or cause choking by making the throat numb.

Fever or diarrhea is **NOT** a normal part of teething. If your baby has a fever or diarrhea for more than 24 hours, call your health care provider.

If your baby continues to be restless or fussy, check with your oral health professional or health care provider.

**Caution:** Not every teething product is safe. Teething products like teething necklaces and amber necklaces that can tie around a baby's neck can cause serious injury or death and should not be used. They can put your baby at risk of strangulation and can be a choking hazard.

**Caution:** Check with your oral health professional, health care provider, or pharmacist if you think your baby might need medicine for teething pain. Ask which kind to use and how much is best for your baby.



## Thumb sucking and soothers

Thumb sucking and using soothers are not likely to cause problems with teeth as long as your child stops by the time their permanent teeth start to come in at about age 5.

If you make an informed decision to give your baby a soother:

- Don't dip a soother in anything, especially honey. It's not safe to put honey on a soother. Honey can cause infant botulism, a kind of food poisoning that only affects babies.
- Don't put it in your mouth before giving it to your baby.
- Make sure it can't come apart.
- Keep it clean. Use warm soapy water, and rinse it well before giving it to your baby.
- Get a new one when it becomes sticky or has cracks or tears.
- Don't put a soother on a string around your baby's neck. Strings can choke.
- Don't pin soothers to clothes. Pins can hurt or be swallowed.

If you are concerned about thumb sucking or soothers, talk to your oral health professional or health care provider, or contact your local Public Health office.

To get your baby off to an important start with breastfeeding, it's best not to use a soother until about 6 weeks. By this time, your baby will be breastfeeding well.

# Weaning

Parents sometimes feel pressure to stop breastfeeding when their child reaches toddlerhood. All children stop breastfeeding at some point, but weaning should happen when you and your baby are ready—not when someone else thinks it's the right time.

For more information on weaning, talk to your health care provider, another breastfeeding parent, a La Leche League leader, or your local Public Health office.

Weaning can be natural or planned.

## **Weaning and your feelings**

However weaning occurs, many parents find that they have a strong emotional reaction. Some feel a sense of loss as their baby grows and their relationship changes. Others are delighted and feel a new sense of freedom.

Talk with your health care provider if you have trouble handling your feelings as your baby grows.

**Natural weaning** is led by the child and happens over time. The toddler gets more and more nourishment from other types of food while still breastfeeding on demand. Over time, they breastfeed less and usually stop completely between 2 and 4 years of age.

**Planned weaning** happens when the parent wants or needs to stop breastfeeding rather than when the child leads. Planned weaning will cause less upset when it happens slowly, over time. The best approach will depend on your child's age.

Some general suggestions for planned weaning include:

- **Cut out one feeding a day.** Often, daytime feedings are easier to cut out. Your child may accept this better if someone else offers the substitute feeding or provides comfort or distraction during the time when the child usually feeds.
- **When you're ready, cut another feeding.** Continue this over time, slowly cutting out one feeding at a time. The slower the pace, the easier it will be for both you and your child. The last feeding at night and the first feeding in the morning will likely be the last to go.
- **Change your routine.** For example, if you sit in the same chair you use when you breastfeed, your child will want to breastfeed. When you stop a feeding, distract your child. Offer other food or drink, give extra attention, or play.

Some parents consider partial weaning. This means substituting a cup at a few feedings and continuing to breastfeed at other times. This is often a good approach if you are returning to work or school. For example, you can breastfeed your baby in the morning and evening and they can drink from a cup during the day. Your milk supply will adjust to this new routine.

If your breasts fill up while you are weaning, hand express just enough milk so that you're comfortable. Cold compresses on your breasts can also help. Even after your baby is weaned, your breasts may have a little milk for several months.



## Expressing, storing and using breastmilk



This chapter gives you information about how to express breastmilk, store it safely, and thaw and warm it for use. It also explains how waiting for 6 weeks before offering a bottle or soother can prevent nipple confusion.



# Expressing breastmilk

You may want to express your breastmilk to relieve your breasts if you are away from your baby, or to save milk for later use. If your baby is premature or sick, you can get help in the hospital to express your early milk to give to your baby or to store for later use.

When you need to express your breastmilk, you can do it either by hand or with a pump. In the early days it is easier to hand express colostrum than to move the milk with a pump. For full-term infants, wait until breastfeeding is well established before you begin to pump. This may take 4 to 6 weeks.

## Getting ready

Both hand expression and pumping take patience and practice.

Each time before you begin to hand express or pump, follow these steps:

- Wash your hands.
- Wash everything that will touch the milk in hot soapy water. Rinse well and air dry.
- Choose a comfortable place where you can relax. Practice slow, easy breathing as you settle down.

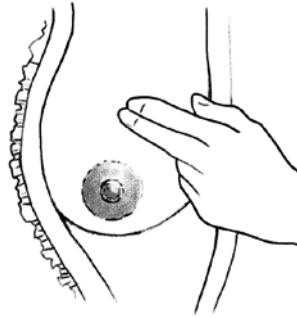
- Keep warm. Put a sweater around your shoulders or sit near a heat source. Warmth can help you relax.
- Allow enough time—don't rush.

To help start your milk flowing when you are hand expressing or pumping:

- Think about your baby.
- Stroke your whole breast with light, tickle motions.
- Roll and tug gently on your nipple using your thumb and forefinger. The let-down reflex may be stimulated by gently touching or massaging the nipple.
- Shake your breasts gently towards each other while leaning forward.
- Breastfeed on one side while you express on the other.
- Massage your breasts using one of the methods shown below.

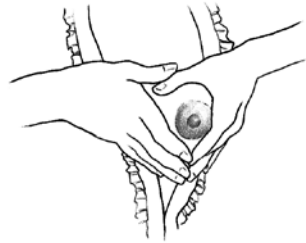
### **finger tip massage**

- use two fingers
- press fingertips lightly into breast
- make small circles
- start from the back and move towards the areola
- cover the whole breast
- massage firmly, but gently



### **diamond hand position**

- support breast with both hands, thumbs on top, fingers below
- press gently as you move towards the nipple



### **parallel hand position**

- place one hand above, one below
- gently press towards nipple
- rotate hands as they move forward



### **warm washcloth massage**

- wet washcloth with warm water. Do not apply warm compresses if you are engorged or if you have mastitis.
- press firmly on breast, from back to nipple



## Hand expressing

Most breastfeeding parents will be taught the basics of how to hand express breastmilk before they leave the hospital. However, hand expression takes practice. Reach out to Public Health for help with hand expressing.

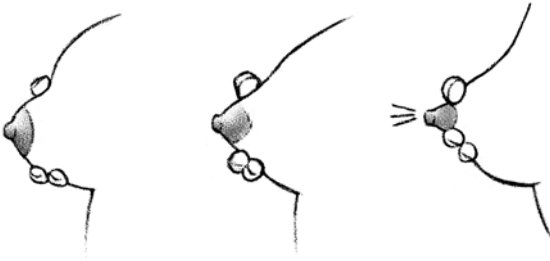
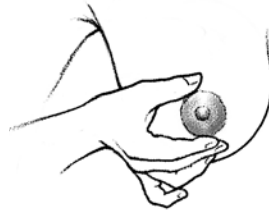
Expressing drops of breastmilk before and after every feeding in the early days can help to build your milk supply. Hand expressing a little of your breastmilk can also help your baby to become interested in breastfeeding and can help your baby get a deep latch.

Hand expressing is more like breastfeeding than pumping is. When you use a pump, you draw the milk out of your breast. When you hand express, you compress your milk ducts, which is what your baby does while breastfeeding. It often takes some practice to get milk out at first, so be patient with yourself. Hand expression is cheaper than pumping because it requires no special equipment.

Remember that the milk must be gently squeezed from the back of the breast.

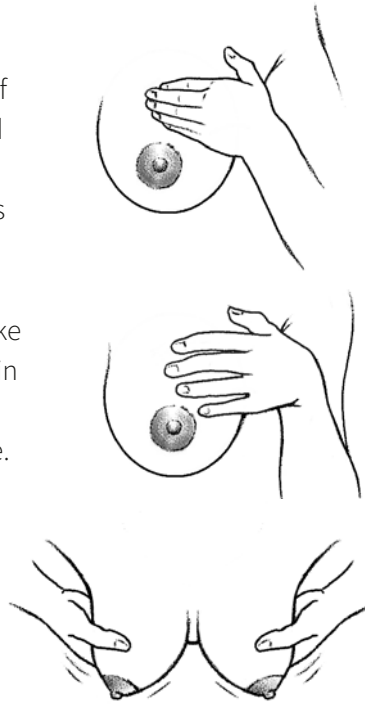
Try this method for hand expressing:

- Hold a wide-mouthed clean container under your nipple. Or place the container on a table in front of you.
- Position your thumb on top and first two fingers under the areola, a few centimetres behind the nipple. That's 1 to 1 1/2 inches.
- Press in straight toward your chest wall about 1 inch.



- Gently squeeze the breast tissue between your thumb and fingers. Then release. This action draws out the milk without damaging your breast tissue.
- Repeat—press in, squeeze and release.

When the stream of milk slows, vary the position of your hand. Rotate around the areola to reach more milk ducts. Change hands and repeat. After 5 to 7 minutes, change breasts. Massage, stroke, and shake your breasts. Express again for 3 to 5 minutes at each breast. Repeat once more. The whole procedure can take about 30 minutes.



## Using a breast pump

Wait until breastfeeding is well established before you begin using a breast pump. Pumping is not necessary for successful breastfeeding, and many breastfeeding parents do not pump. If you plan to pump, breastfeed your baby before you pump so that your baby gets the milk they need from the feeding. When you pump, you may get a little milk, a lot of milk, or anywhere in between. If you only pump off a little milk, this does not necessarily mean you have low milk supply.

Breast pumps come in three types: hand-operated, battery-operated, and electric. If you use a breast pump, first follow the directions for getting ready to express your milk. Then follow the instructions included with the pump.

A few points about breast pumps:

- If you have a premature baby or for some other reason your baby cannot feed at the breast, you may need to use a hospital-grade electric breast pump.
- Pumping both breasts at the same time can stimulate more milk production and save time. This is called double pumping.
- Remember to keep your breast pump clean. Before you choose one, you should find out if it can be cleaned easily.
- You may be able to rent a pump instead of buying one. Check with your local hospital, drug store, community breastfeeding supports, or Public Health (contact information, page 135).

# Storing breastmilk

If you have expressed some breastmilk and want to keep it for your baby, use these guidelines from the Academy of Breastfeeding Medicine (2017).

Breast Milk Storage Guidelines for Healthy Full-Term Babies at Home Academy of Breastfeeding Medicine (2017).				
Human Milk	Room Temperature (20°C)	Refrigerator (4°C)	Freezer (separate door freezer of refrigerator) (-18°C)	Deep Freezer (-20°C)
Freshly expressed	≤ 6 hours	≤ 5 days	≤ 6 months	≤ 12 months
Thawed in refrigerator, but not warmed	≤ 4 hours	≤ 24 hours	Do not refreeze	
Thawed and brought to room temperature or warmed	≤ 1 hour (then discard)	≤ 4 hours	Do not refreeze	
Freshly expressed milk that infant has started feeding	For completion of feed, then discard	Discard	Do not refreeze	
Thawed, previously frozen, pasteurized donor human milk	≤ 4 hours	≤ 24 hours	Do not refreeze	
Frozen, pasteurized donor human milk	Not applicable	Not applicable	No recommendation provided	9-12 months from pumping date
<ul style="list-style-type: none"> <li>• Use clean glass containers or sturdy bags made for freezing breast milk that seal well. Avoid using baby bottle liners because they often break and may not seal tightly.</li> <li>• Use plastic containers that are BPA-free.</li> <li>• Use a new clean container each time you express milk.</li> <li>• Label containers for storage with the date of milk expression.</li> <li>• Store breast milk near the back of the refrigerator where it is the coldest. Don't store it in the fridge door where it is not as cold.</li> </ul>				
<b>Throw out all breast milk that is older than the above storage times!</b>				



## Using stored breastmilk

- Breastmilk will separate into layers when stored. Shake it gently before serving to mix in the cream.
- Frozen breastmilk can be thawed in the refrigerator or by placing the container in lukewarm water. Use thawed breastmilk within 24 hours. Thawed milk should not be re-frozen.
- Warm breastmilk with care. Heat it gently by putting it in warm water. High temperatures can destroy some of its goodness.
- Breastmilk should not be heated in a microwave oven for three reasons. One, it is easy to overheat the milk, destroying its goodness. Two, microwaves heat the milk unevenly. Hot spots in the milk may scald your baby. Three, bags may burst.
- Never heat breastmilk on top of the stove. It can get too hot too fast.



If you plan to use a bottle to feed your breastmilk to your baby, wait until your baby is 6 weeks old. Offering a bottle before 6 weeks of age may cause nipple confusion. This happens because the mouth and tongue action needed to get milk from your breast is very different from that needed to get milk from a bottle. An infant may become confused and refuse the breast. Wait until your baby gets really good at breastfeeding before introducing a rubber nipple, including a soother. There are other ways to feed expressed breastmilk to your baby, such as cup feeding. Contact Public Health, La Leche League or local breastfeeding support groups for more information. For phone numbers, see the section “Getting Help.”



Cup feeding

# Breastfeeding during emergencies

Breastfeeding is clean, safe and requires no electricity or running water, which makes it the best infant feeding option in an emergency. To keep your milk supply, it is important for you to continue breastfeeding your infant throughout an emergency. Your body can continue to breastfeed even if you are sick, hungry, or experiencing stress. Breastfeeding can protect your baby from disease and malnutrition. This is especially important during natural disasters when unsafe water and living areas can increase the risk of disease. Breastfeeding also helps lower pain levels in babies and can help keep them calm.

For more information on how to prepare for breastfeeding during emergencies, visit Nova Scotia Health's Parenting Supports web page. Websites are only available when you have power so be sure to check out this information in advance of storms so you can prepare.



## Healthy living



This chapter contains information about some things that you can do to be as healthy as you can be—for yourself, your baby, and your family.

# Healthy eating

Go ahead and eat all of your favourite healthy foods. For your own health, follow Canada's Food Guide and drink to satisfy your thirst. Visit [www.canada.ca/foodguide](http://www.canada.ca/foodguide) for information on Canada's Food Guide and healthy eating options.

If you have more questions about your nutrition, ask your health care provider about a referral to a registered dietitian or call 811.

Most people who breastfeed do not need to take vitamin or mineral supplements. Health Canada recommends that anyone who could become pregnant take a multivitamin supplement with 0.4 mg (400 mcg) of folic acid daily. Contact a health care provider for more information on multivitamins and other supplements.

Caffeine is a stimulant present in coffee, tea, cola soft drinks, chocolate, and many medicines. If your baby is fussy or has trouble sleeping, you may want to limit the amount of caffeine that you eat and drink. If you think that caffeine is affecting your baby, then stop all caffeine for a week or two. You might replace your usual tea or coffee with milk, juice, water, or decaffeinated tea or coffee. Herbal supplements and teas should be used cautiously while breastfeeding. They are not regulated and have not been proven to be safe for people who are pregnant or breastfeeding. Ask your health care provider before using.

## Fresh air and exercise

Exercise is important for your mind and body. It can lift your mood if you are feeling down or feeling overwhelmed by the demands of your baby. There are many ways to keep active. Dance your baby around the house. Lie on the floor and exercise with your baby. Take your baby for a stroll in the fresh air.





# If you smoke or vape

**If you smoke or vape, anytime is a good time to stop. One of the best things you can do for your health—as well as for your baby’s—is to not smoke or vape.** Tobacco smoke is just as bad for your baby now as it was during pregnancy—maybe worse. If you smoke or vape around your baby, they breathe in the smoke or vapour chemicals that you exhale, as well as the smoke from burning cigarettes.

This second-hand and third-hand smoke is very bad for children’s health. When their parents smoke, children have more:

- Ear infections
- Colds and sore throats
- Asthma
- Lung infections
- Allergies
- Coughing and wheezing

By quitting, you will improve your health and your baby’s health. You will also reduce your baby’s risk of Sudden Infant Death Syndrome (SIDS). See page 51 for more information on SIDS.

However, even if you smoke or vape, breastfeeding is still the healthiest choice for your baby. Your baby is less likely to develop allergies and asthma when breastfed. Exposure to cigarette smoke and vapour chemicals makes these conditions worse. Also, your breastmilk will protect your baby from some respiratory infections.

If you smoke or vape, here are some things you can do to reduce the amount of second- and third-hand smoke that you pass on to your baby:

- **Even if you are not ready to quit smoking or vaping for good, try taking a break.** You can stop for hours, days, weeks, or months.
- **You can smoke fewer cigarettes and vape fewer times each day.** The more you cut back, or the longer the breaks you take, the better. Any time you spend being smoke- and vape-free is good for your health, the health of your baby, and the other people in your home.
- **Smoke or vape after you have breastfed, not before, and never during breastfeeding.**
- **Always smoke or vape outside and insist that others do the same.** There is no level of indoor second- or third-hand smoke that is safe for your baby.

- **Never smoke or vape in the car with your baby or children.** It is illegal to smoke or vape in the car with any children under the age of 19 in Nova Scotia.
- **Wash your hands, brush your teeth and change your outer layer of clothing after you smoke or vape.** This will not remove the exposure of third-hand smoke but may reduce the amount of toxins that you pass on to your baby.

Your health care provider can help you find programming free of charge to help you stop smoking or vaping. For more information on stopping smoking or vaping, and for more information on how smoking affects your children and family, see the “Parent Care” section of ***Loving Care: Parents and Families*** or call Tobacco Free Nova Scotia (811). You can also talk with staff at Addiction Services (see page 141).

## If you use cannabis

All forms of cannabis pass into breastmilk. Until we know more, **the safest choice is to not use cannabis (edibles, smoking or vaping) if you are breastfeeding.**

THC (delta-9-tetrahydrocannabinol), the substance in cannabis responsible for the “high”, is found in the breastmilk of breastfeeding parents who use cannabis. Cannabis can remain in your system for hours and even days after consuming it. If using cannabis affects your mind and body, it may also affect your child’s mind and body. Cannabidiol (CBD), another substance in cannabis, also passes into the breastmilk of the breastfeeding parent using cannabis or CBD-containing products. Like THC, CBD most likely builds up in your breast tissue.

The effects of cannabis in your breastmilk on your baby’s health and development are still not well known. Until more is known, the safest choice is to not use cannabis if you are breastfeeding.

Using cannabis can affect your ability to safely parent, because using cannabis can reduce your alertness and ability to respond to your child. If you have cannabis, including smoked cannabis, edible cannabis, or oils, or any other drugs in your home, make sure they are stored in a locked cabinet out of your child's reach.

If you are not able to stop using cannabis completely, try using less, and less often. Talk with your health care provider if you use cannabis for medical reasons.

# If you drink alcohol

**It is safest to not drink alcohol if you are breastfeeding.** If you drink alcohol when you are breastfeeding, there will be alcohol in your breastmilk after you drink.

**Here are some important things to consider when deciding if you will drink alcohol while breastfeeding:**

- **It is safest to not drink alcohol, especially when your baby is less than 3 months of age.** All children's bodies, but especially infants under 3 months old, are less able to process alcohol compared to adults' bodies. Alcohol is more harmful to younger babies because their livers are less developed. Young babies need to be breastfed often and on demand. This makes it difficult to be sure there is no alcohol in your breastmilk when your baby wants to feed.
- **Drinking alcohol while breastfeeding can negatively affect your baby.** Drinking alcohol while breastfeeding can harm your baby's brain development. Alcohol in your breastmilk can cause problems with your baby's sleep pattern.

- **As long as there is alcohol in your blood, there is alcohol in your breastmilk.** As the amount of alcohol in your blood starts to drop, the amount in your milk will drop too. **“Pumping and dumping”**—expressing breastmilk and throwing it away—**does not reduce the amount of alcohol in your breastmilk.** If there is alcohol in your system, there is alcohol in the new milk your body makes to replace the milk you pumped out.
- **Drinking alcohol while breastfeeding can decrease the flow of milk and reduce your supply.** It can also slow your milk production. Research has shown that alcohol does NOT increase milk supply. This includes beer and any other type of alcohol.
- **The amount of alcohol in your blood is the amount of alcohol in your milk.** Alcohol moves freely from your blood into your breastmilk and back out again. It shows up in your breastmilk almost right away and is at the highest levels 30 to 60 minutes after you start drinking.

The amount of alcohol that gets into your breastmilk depends on:

- The percentage of alcohol in your drink
- How much you drink
- What and how much you have eaten
- How much you weigh
- How quickly you are drinking

- **Only time reduces the amount of alcohol in your breastmilk.** As a general rule, it takes 2 hours for an average woman's body to get rid of the alcohol from 1 drink. It takes 4 hours for 2 drinks, 6 hours for 3 drinks, and so on.
- **Drinking alcohol can affect your ability to safely parent,** as alcohol can reduce your alertness and ability to respond to your child's needs. If you have alcohol or any other drugs in your home, make sure they are stored in a locked cabinet out of your child's reach. Drinking alcohol can also affect your personal health and safety. If you drink alcohol, do not drink and drive, and do not "high risk drink". High risk drinking is when you drink more than 5 drinks in 1 sitting.

**If you still plan to drink alcohol after you understand the risks, take the following steps to make the risk to your baby as low as possible:**

- If you are going to drink alcohol, **breastfeed** (or express your milk) **before you have a drink**, then wait at least 2 hours per drink before breastfeeding again. This allows time for the alcohol you drink to leave your breastmilk before the next feeding.
- If you know that sometimes you drink more than you plan to, you can express some milk ahead of time just in case. The baby can have this milk if you miss a feeding while drinking, or while you are waiting for alcohol to leave your milk.



- Eat before and while drinking. Have a non-alcoholic drink, such as water, for every alcoholic drink. Taking these steps will help to lower the risk that the alcohol reaches your baby.
- Arrange for someone who isn't drinking alcohol to look after your baby.
- Don't sleep with your baby if you (or anyone else in the bed) have been drinking alcohol. For more information on safer sleep, see pages 51–57.
- If your breasts are uncomfortable because you have missed a feeding, express some milk and throw it away. This will help you feel more comfortable and maintain your milk supply.
- Follow **Canada's Guidance on Alcohol and Health**, as shown on the next page. The **Drinking less is better** diagram represents the most recent alcohol drinking guidelines.

For more information, or if you need some extra support, talk to a health care provider or Public Health (contact information, page 135). For more information on alcohol and the effects it can have on your family, see the “Parent Care” section of **Loving Care: Parents and Families**.

If you or your family have concerns about how much you are drinking, contact Mental Health and Addictions services by calling 211.

# Drinking less is better

**We now know that even a small amount of alcohol can be damaging to health.**

Science is evolving, and the recommendations about alcohol use need to change.

Research shows that no amount or kind of alcohol is good for your health. It doesn't matter what kind of alcohol it is—wine, beer, cider or spirits.

Drinking alcohol, even a small amount, is damaging to everyone, regardless of age, sex, gender, ethnicity, tolerance for alcohol or lifestyle.

**That's why if you drink, it's better to drink less.**

## Alcohol consumption per week

Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.

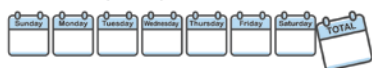


## Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

### Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, **make sure you don't exceed 2 drinks on any day.**

### Good to know

You can reduce your drinking in steps! Every drink counts: any reduction in alcohol use has benefits.

## It's time to pick a new target

What will your weekly drinking target be?



### Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.



Canadian Centre on Substance Use and Addiction

The Canadian Centre on Substance Use and Addiction was commissioned by Health Canada to produce Canada's Guidance on Alcohol and Health. This document is a summary for the public of the new guidance. For more information, please visit [www.ccsa.ca](http://www.ccsa.ca).

## If you use illicit drugs

If you use illicit drugs or other drugs not prescribed by your health care provider, there is risk to your health and the health of your baby. You may want to talk with someone about how to cut down or stop using drugs. Staff at Addiction Services may be able to help. See the “Getting Help” section for contact information (page 133). You can also talk to your health care provider or Public Health nurse about programs in your community.

Also remember that it is harder to take care of yourself and your baby while under the effects of alcohol or other drugs.

## If you need medicine

If you need medicine while you are breastfeeding, talk with your health care provider. While most prescription drugs and other medicines are safe to take when you are breastfeeding, small amounts are passed on to your baby through your breastmilk. Before you take medicine, ask your health care provider, pharmacist, and even your oral health professional the following questions:

- What is it?
- Why am I taking it?
- What will it do to me and my baby?
- What are the possible side effects?
- What is the smallest amount I can take?
- When is the best time to take it?
- Is there a better choice I can safely take while breastfeeding?

## Getting help



There are many people in your community who can help you learn to breastfeed. There are also many books, videos, and websites that may help. Here are some ways to find them.

# People and services in your community

## Public Health

Public Health works with other organizations in your community to provide breastfeeding supports.

### Public Health Offices

#### **Amherst**

18 South Albion Street  
Phone: 902-667-3319  
or 1-800-767-3319

#### **Antigonish**

Martha Centre  
23 Bay Street, Suite 2N  
Phone: 902-867-4500  
ext. 4800

#### **Baddeck**

30 Old Margaree Road  
Phone: 902-295-2178

#### **Barrington Passage**

3695 Highway 3  
Phone: 902-742-7141

#### **Berwick**

Western Kings Memorial  
Health Centre  
121 Orchard Street  
Phone: 902-542-6310

#### **Bridgewater**

215 Dominion Street  
Suite 200  
Phone: 902-543-0850

*Public Health Offices continued...*

**Cheticamp**

15102 Cabot Trail  
Phone: 902-224-2410

**Digby**

Digby General Hospital  
75 Warwick Street  
1st Floor  
Phone: 902-742-7141

**Elmsdale**

15 Commerce Court  
Suite 150  
Phone: 902-883-3500

**Glace Bay**

Senator's Place  
633 Main Street  
Ground Floor  
Phone: 902-842-4050

**Guysborough**

Guysborough Hospital  
10506 Highway 16  
Phone: 902-533-3502

**Halifax Regional  
Municipality and Eastern  
Shore**

7 Mellor Avenue, Unit 5  
Burnside  
Phone: 902-481-5800

**Inverness**

39 James Street  
Phone: 902-258-1920

**Liverpool**

175 School Street  
Phone: 902-543-0850

**Lunenburg**

250 Green Street  
Phone: 902-543-0850

**Meteghan Centre**

Clare Health Centre  
Phone: 902-742-7141

**Middleton**

Soldier's Memorial  
Hospital  
462 Main Street  
Phone: 902-542-6310



**Neil's Harbour**

Buchanan Memorial  
Community Health Centre  
Phone: 902-336-2295

**New Glasgow**

690 East River Road  
Phone: 902-752-5151

**New Waterford**

New Waterford  
Consolidated Hospital  
716 King Street  
Phone: 902-862-2204

**North Sydney**

Northside General Hospital  
520 Purves Street  
Phone: 902-794-2009

**Port Hawkesbury**

708A Reeves Street  
Unit 3  
Phone: 902-625-1693

**Shelburne**

Roseway Hospital  
1606 Lake Road  
Phone: 902-742-7141

**Sydney**

795 Alexandra Street  
Suite 203  
Phone: 902-563-2400

**Truro**

Colchester East Hants  
Health Centre  
600 Abenaki Road  
Level 1/Wing B  
Phone: 902-893-5820

**Wolfville**

Eastern Kings Memorial  
Community Health Centre  
23 Earnscliffe Avenue  
Phone: 902-542-6310

**Yarmouth**

Yarmouth Regional  
Hospital  
60 Vancouver Street  
4th Floor  
Building B  
Phone: 902-742-7141

## Local health services offered by phone or internet

- **[nshealth.ca/pregnancy-parenting](https://www.nshealth.ca/pregnancy-parenting)**

A website to help you learn more about pregnancy and the early weeks following birth

- **211 Nova Scotia**

A helpline to help you find community and social services in Nova Scotia

- **811 Nova Scotia**

A helpline for health advice in Nova Scotia

## Family Resource Centres

Family Resource Centres (FRCs) provide community-based programs and services that support the healthy development and well-being of children and youth by strengthening families and communities.

*Website:* [novascotia.ca/coms/families/prevention-and-early-intervention/family-resource-centres.html](https://novascotia.ca/coms/families/prevention-and-early-intervention/family-resource-centres.html)

## First Nations Family Supports

There are Community Health Centres in all First Nations communities in Nova Scotia.

- Annapolis Valley First Nation Health Centre  
902-538-1444
- Bear River First Nation Health Centre  
902-467-3802
- Eskasoni Health Centre  
902-379-3200
- Glooscap First Nation Health and Healing Centre  
902-684-0165
- Gold River Health Centre  
902-627-1245
- Membertou Wellness Clinic-  
Mawpltu Welo'ltimkew'kuom  
902-564-6466
- Millbrook Health Centre  
902-895-9468
- Paq'tnkek Health Centre  
902-386-2048
- Pictou Landing Health Centre  
902-752-0085
- Potlotek Medical Centre  
902-535-2961

- Sipekne'kati Health Centre  
902-758-2063
  - Theresa Cremo Memorial Health Centre  
902-756-2156
  - Wagmatcook Health Centre  
902-295-2755
  - Yarmouth Health Centre  
902-742-4337
- Native Council of Nova Scotia—E'pit Nuji Ilmuet  
(Prenatal) Program (for off-reserve First Nations  
families)  
[ncns prenatal@eastlink.ca](mailto:ncns prenatal@eastlink.ca)

## La Leche League

La Leche League International is an organization dedicated to educating, informing, supporting, and encouraging families who want to breastfeed. They publish books on breastfeeding, including *The Womanly Art of Breastfeeding* and *Breastfeeding, Pure and Simple*.

La Leche League Canada has groups throughout Nova Scotia. To find one near you, phone 902-470-7029.

Local chapters provide telephone help for any breastfeeding concern you may have. They also host monthly meetings about breastfeeding. These meetings are a good place to find other breastfeeding families. Groups have lending libraries, too.

You can find La Leche League on the web at [lllc.ca](http://lllc.ca)

## Addiction Services

Nova Scotia Health (Main phone line for Addiction Prevention and Treatment Services):  
902-424-8866 or 1-866-340-6700

### *Website*

To find the location of the closest Addiction Services in your area visit: [novascotia.ca/dhw/addictions](http://novascotia.ca/dhw/addictions)

## MSI Children's Oral Health Program

Children should begin regular dental visits by their **first birthday**.

MSI covers basic dental care for children from birth up to the end of the month in which they turn 15.

**Once a year**, the MSI Children's Oral Health Program covers:

- One dental recall examination
- One fluoride treatment
- Two x-rays
- Fillings
- One other preventive service—for example, brushing and flossing instruction, and/or cleaning

As well, MSI covers sealant application on permanent molars. In some cases, MSI also covers a second fluoride treatment. Check with your dental office to see if your child qualifies for a second fluoride treatment paid for by MSI.

- Phone: 1-888-711-1119 (Toll free)

## Books and videos

There are so many resources available that we can't list them all. Browse at your local library, bookstore, or video outlet. Your Public Health office, Family Resource Centre, or new parent group may also lend books and videos.

## Websites

The internet has many sites about breastfeeding. Here are some. These sites will link you to many others.

[nshealth.ca/pregnancy-parenting](https://www.nshealth.ca/pregnancy-parenting)

Includes information on breastfeeding support programs and services across Nova Scotia.

[infactcanada.ca](https://www.infactcanada.ca)

INFACT Canada promotes parent and baby health through breastfeeding.

[ibfan.org](https://www.ibfan.org)

International Baby Food Action Network (IBFAN) aims to improve infant health through breastfeeding.

[lllc.ca](https://www.lllc.ca)

La Leche League International supports and encourages breastfeeding parents.

[waba.org.my](https://www.waba.org.my)

World Alliance for Breastfeeding Action protects, promotes, and supports the right to breastfeed.

[safelyfed.ca](https://www.safelyfed.ca)

SafelyFed Canada is an organization dedicated to the protection of infants and young children in emergency through safe and appropriate feeding.

[breastfeedingcanada.ca](http://breastfeedingcanada.ca)

The Breastfeeding Committee for Canada's mission is to protect, promote and support breastfeeding in Canada as the normal method of infant feeding. They are the national authority for the World Health Organization/ UNICEF Baby Friendly™ Hospital Initiative (BFHI) in Canada.

[unicef.org.uk/babyfriendly](http://unicef.org.uk/babyfriendly)

The Baby Friendly Initiative is a global program of UNICEF and the World Health Organization that works with the health services to improve practice so that parents are enabled and supported to make informed choices about how they feed and care for their babies.







Aussi disponible en français