

Breastfeeding Your Baby

Why Breastfeed?

Breastfeeding offers your baby many important benefits.

Human milk:

- provides the best nutrition
- is all the food your baby needs for the first 6 months, and continues to be important for 2 years or more
- changes as your baby grows so that it always provides the right nutrition
- is easy to digest
- helps your baby's immune and digestive systems mature and work well
- helps your baby develop mentally and emotionally
- supports your baby's healthy growth

And babies who are breastfed may have lower rates of:

- Sudden Infant Death Syndrome (SIDS) (see [Sleep](#))
- coughs, colds and pneumonia
- ear and other infections
- vomiting, diarrhea, constipation and other digestive issues
- serious illnesses like diabetes and childhood leukemia

Breastfeeding is good for you.

Breastfeeding helps you build a strong emotional bond with your baby and heal faster after giving birth. It can be calming for you and your baby. It burns calories, helping you reach and stay at a healthy weight. And by breastfeeding, you may lower your risk of diseases like breast and ovarian cancers.

Breastfeeding is convenient.

Once you get the hang of it, breastfeeding is usually easy. Your own milk is always ready, at the right temperature, and free.

Breastfeeding is a skill you can learn. And help is available.

Breastfeeding is possible. Talk with your health care provider if you have questions or concerns. And see the [Resources](#) section for a list of supports that will respect your feeding decisions and help you reach your feeding goals.



DID YOU KNOW

The words *breastfeeding* and *breastfed* are used throughout this section to describe a baby being fed human milk produced by a parent at the parent's breast. You may prefer different words, like *nursing* or *chestfeeding*. Use whichever terms you're most comfortable with, and ask that your friends, family and health care providers use them, too.

Preparing to Breastfeed

The early days are a learning time – both for you and your baby.

While you're pregnant, learn all you can about why breastfeeding is important and how to get off to the best start. You might consider:

- talking to your health care provider, midwife or public health nurse
- practising positions and learning how to get a good latch
- watching videos
- talking to family and friends who have breastfed
- taking part in breastfeeding cafés or groups, such as La Leche League (lllc.ca)
- finding a lactation coach through the British Columbia Lactation Consultants Association (bclca.ca)
- learning about all the supports that are available to breastfeeding parents (see the [Resources](#) section)

Right after your baby is born, keep her skin-to-skin until she finishes her first feeding and then for as long as you wish. This uninterrupted skin-to-skin contact – ideally within the first hour after birth – is an important first step in breastfeeding. Your baby will likely look for your breast to feed. If she doesn't, try hand expressing a few drops of colostrum and try again (see [Expressing Your Milk](#)). The small amount of rich milk your breasts produce the first few days after birth is all she needs. If, for

some reason, your baby can't be with you right after birth, you can hand express to help your body start producing the milk you'll need to feed her (see [Special Birth Issues](#)).

What is skin-to-skin contact?

Holding your baby on your bare chest. All babies benefit from skin-to-skin contact.

Why is it so important?

Skin-to-skin contact can:

- help your baby feel safe and secure
- calm her and reduce crying
- keep her warm
- keep her heart rate, breathing and blood sugar steady after birth
- help you know when she's hungry
- help with her social and brain development
- lessen postpartum depression

When should skin-to-skin happen?

- right after birth
- every day in the first months
- whenever your baby needs comfort, like when she's upset or getting a vaccination

Who can have skin-to-skin contact with your baby?

- you
- your partner
- other trusted caregivers

Remember – only have skin-to-skin contact when you're wide awake, and always follow safer sleep practices (see [Sleep](#)).

What is colostrum?

Your first milk, rich in antibodies and nutrition. Colostrum coats your baby's digestive tract, helps protect her from infection and helps her pass her first poop ("meconium").

Finding Support

Breastfeeding is much easier with the right support. This may include your partner, family and friends.

You can also get professional and community support through:

- your health care provider
- your midwife
- a public health nurse
- your doula
- British Columbia Lactation Consultants Association (bclca.ca)
- HealthLink BC (call 8-1-1)
- hospital breastfeeding clinics
- parent-to-parent support groups, like breastfeeding cafés organized by La Leche League (lllc.ca)

Vitamin D

Health Canada recommends that all breastfed, healthy, full-term babies are given a liquid vitamin D supplement of 400 IU each day, starting at birth. Read the label for directions.

Caring for Yourself

When you're breastfeeding, try to focus on:

- **getting enough rest.** Nap while your baby sleeps and try not to take on too many responsibilities other than caring for your baby.
- **drinking fluids** whenever you're thirsty
- **eating well** (see [Healthy Eating During Breastfeeding](#))
- **continuing to take a daily multivitamin and mineral prenatal supplement**
- **getting support** from your partner, family and friends
- **talking about any concerns** with your health care provider



DID YOU KNOW

If you get a cold or the flu, don't stop breastfeeding. Breastfeeding may help protect your baby from getting sick.



PARTNERS What You Can Do

- Understand the importance of breastfeeding.
- Ask your partner what they need and how you can help.
- Listen to your partner's concerns and support them as they make decisions about breastfeeding.
- Take the baby out for a walk and let your partner sleep.
- Take on more household jobs.
- Care for your older children.

How to Breastfeed

Which breast?

Begin with the breast you didn't use at the last feeding, or the one you didn't start with.

How often?

By his second day, your baby will be more awake and will likely feed a lot – at least 8 times every 24 hours. There may be less than an hour from the start of one feeding to the start of the next. Over time, the number of feedings will decrease, and there will be longer spaces between feedings.

What are hunger cues?

Signs that your baby is hungry. When he wants to feed, your baby may:

- bring his hands to his mouth
- “root” (move his head as if he’s looking for your nipple)
- open his mouth, lick his lips or suck
- clench his fists over his chest and tummy, bend his arms and legs, or act fussy

Crying is a late sign of hunger. Calming your baby before you try to feed him might help him latch.

What is cluster feeding?

Breastfeeding several times close together. Your baby may cluster feed in his first few days and when he’s going through a growth spurt.

For how long?

Watch your baby, not the clock, to look for signs that it’s time to breastfeed. Bring your baby to your breast if he shows hunger cues, even if he just finished feeding.

Your baby will probably feed actively for a few minutes before letting go of your breast. Don't rush, though – he may just be resting. Try burping or changing his position to see if he'll wake to take the other breast. If he's still hungry, he'll drink more.

Your Milk Supply

You'll very likely be able to produce all the milk your baby needs. In fact, during the early weeks, you may have more milk than he wants. If your baby isn't nursing well, express your milk (see [Expressing Your Milk](#)) to help keep up your milk supply.

You can help build your milk supply by:

- responding to your baby's feeding cues
- breastfeeding often, at least 8 times in 24 hours
- expressing after breastfeeding, then safely storing your extra milk to give to your baby later (see [Expressing Your Milk](#)).
- offering both breasts at each feeding, switching breasts when your baby gets sleepy
- breastfeeding skin-to-skin
- making sure your baby has a deep latch
- knowing when your baby is feeding actively and swallowing milk
- taking time for self-care
- not supplementing with formula (see [Supplementing](#))

Breastfeeding on both sides will help you build your milk supply when you first start breastfeeding. Once your baby is feeding well and gaining weight, though, you don't need to switch breasts from feeding to feeding.

Is my baby getting enough milk?

When healthy babies are fed in response to their hunger cues, they will take what they need. Let your baby be your guide.

Remember that your baby's stomach is very small – the size of a marble at birth, and the size of an egg after 10 days.

The best way to know if your baby is getting enough milk is if he's sucking well and making swallowing sounds. You can also tell by how much weight he gains and by how much he pees and poops (see [Pooping, Peeing and Diapering](#)).

If you're worried about whether your baby is getting enough milk, discuss your concerns with your health care provider or public health nurse or call HealthLink BC at 8-1-1.



DID YOU KNOW

In the first few days, it's normal for babies to lose some weight – usually 7 to 10% of their birth weight, or a bit more if you had a caesarean or IV fluids during labour. Your baby will probably gain this weight back within 2 weeks, then start gaining 120-240 grams (¼-½ lb) each week until, by about 4 to 6 months, he'll be twice as heavy as when he was born. If your baby loses more than 10% of his weight in the first few days, talk with your health care provider or call HealthLink BC at 8-1-1.

Breastfeeding Positions

A good position helps your baby get a deep latch. Use whatever positions work best for you and your baby. Get comfortable by:

- holding your baby skin-to-skin
- using pillows to support your arms, back and feet
- using a foot rest if you're seated, and putting a pillow on your lap
- not letting your fingers get in the way of latching (if you're supporting your breast with your free hand)
- having a glass of water within reach
- asking your partner to help
- keeping safer sleep principles in mind (see [Sleep](#)). If you think you might fall asleep, make sure that the environment is as safe as possible for your baby.



Cradle



Modified cradle



Football hold



Side-lying



Reclining

Latching On

What is latch?

The connection your baby's mouth makes with your breast while feeding. An effective latch lets your baby suck well and is comfortable for you.

One of the best ways to ensure that your baby gets enough milk is to have an effective latch between his mouth and your breast.



HOW TO

Get an effective latch

- Unwrap any blankets or get skin-to-skin with your baby.
- Hold your baby close to your body. Turn his whole body to face you so that you're tummy to tummy. His hips should be against your ribs.
- If you're using your hand to support your breast, keep your fingers well back from your areola (the coloured area around your nipple).
- Touch your baby's chin to your breast and point his nose to your nipple, then wait until he opens his mouth wide, like a yawn.
- Hug his shoulders closer and roll your areola onto his tongue, to bring your nipple deep into his mouth.
- Make sure he's taking a big mouthful of breast, and that his lower jaw covers more of your areola than his upper jaw.



Step 1



Step 2

An effective latch:

- ✓ comfortable for you
- ✓ chin touches breast; nose is slightly away
- ✓ lower lip flares out (though you may not be able to see it)
- ✓ cheeks are full and rounded
- ✓ bursts of sucking with brief pauses in between
- ✓ baby doesn't easily slide off breast
- ✓ nipple is its usual colour and rounded or slightly elongated when baby comes off
- ✓ baby makes "ca" swallowing sounds once your milk has come in
- ✓ baby actively feeds for several minutes
- ✓ baby settles after feeding
- ✓ breast feels softer after feeding, especially in the first weeks

An ineffective latch:

- ✗ dimples in baby's cheeks
- ✗ nipple is flattened or misshapen when baby comes off
- ✗ nipple becomes cracked, blistered, bleeding, painful
- ✗ may hear a clicking or smacking sound
- ✗ baby has trouble staying attached to breast



TRY THIS

If you need to stop a feeding or if you feel pain when your baby latches, remove him by putting your clean finger in the corner of his mouth. Gently pull down on his chin to break the suction. Calm your baby if he's crying, then start again. And remember – while it's not uncommon to feel some pain when you're learning to breastfeed, it should fade during a feeding and, in time, disappear completely. Talk with your health care provider or public health nurse or call HealthLink BC at 8-1-1 if the pain continues.

Letting Down

What is let-down?

The release of milk into your milk ducts. You may not feel it, or you may notice a tingling or some discomfort. Let-down happens when your baby sucks. It can also happen when you hear a baby cry or for no reason at all.

If let-down happens when you're not feeding your baby, try wearing breast pads or pressing your hand over your nipples to hold back the milk.

If your let-down is slow, try to relax before breastfeeding or expressing your milk by:

- cuddling your baby skin-to-skin
- sitting or lying down in a private, quiet place
- gently massaging or putting a warm facecloth on your breast
- thinking about your baby or looking at her picture

Burping

Why burp your baby?

If your baby has fallen asleep after one breast, burping can wake her up to finish feeding. It can also help bring up air bubbles and prevent spitting up.

Do you have to burp your baby?

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.



HOW TO Burp your baby

1. Wait until she finishes breastfeeding from one breast.
2. Find a comfortable position:
 - lay her on your lap on her tummy, or
 - hold her up with her head peeking over your shoulder while supporting her head and back with your hand, or
 - sit her sideways on your lap and cup your thumb and first finger under her chin to support her head. Use the rest of your hand to support her chest. Support her back with your other hand.
3. Gently rub or pat her back. (Patting her too hard can make her spit up all the milk that she just drank.)

If nothing happens after a minute or two and your baby seems content, she probably doesn't need to burp.

