



Every Drop Counts:



**A BREASTFEEDING GUIDE
FOR YOU AND YOUR FAMILY**

Every Drop Counts: A Breastfeeding Guide For You And Your Family

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About this book

Every Drop Counts: A Breastfeeding Guide for You and Your Family provides information for people who are pregnant or breastfeeding, their partners, family and support people. It can be used during pregnancy, while in the hospital after birth, and when you are at home with your baby.



An online version of this book can be found at:
GNB.CA/BreastFeeding

This information is about breastfeeding and what to expect in the first few weeks with your baby. Families who have decided to use formula full-time, or who are both breastfeeding and giving formula for medical or other reasons, will be given information one-on-one by their healthcare provider. This way, families can be sure they know how to feed their baby safely in their own situation. All families are supported in their decisions about infant feeding.

The information in this book is up-to-date as of the time of printing. This information is not a substitute for the advice of a health professional.

Acknowledgement

The New Brunswick Department of Health would like to thank the people of the Province who are committed to supporting families to feed and care for their babies and young children. A special thank you is extended to the members of the Baby Friendly Initiative (BFI) Education Working Group and the Horizon and Vitalité Health Networks BFI Coordinators. Your advice, support and dedication made this book possible.



We value diversity and inclusivity

Not all people who give birth or give human milk to their child identify as women. Some parents prefer to use the term chestfeeding instead of breastfeeding. In this document, we use language that is inclusive and accepting of all genders as much as possible. We encourage you to choose whichever terms you are most comfortable with.

There are also many types of families, parents and caregivers. Anyone who may want to learn more about breastfeeding in their own situation should get in touch with their healthcare provider or local lactation consultant for more information about making breastfeeding work for them.

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SECTION 1:

Why Breastfeed?

Breast milk is the healthiest food to help your baby grow and develop, but the benefits of breastfeeding go beyond nutrition.

Health Canada and many other health organizations recommend:

- exclusive breastfeeding/breast milk from birth to 6 months;
- starting solid foods around 6 months of age;
- continuing to breastfeed for 2 years or longer after starting solid foods; and
- **giving a daily vitamin D supplement of 400 IU** (ask your healthcare provider about this).

WHAT IT MEANS

Exclusive breastfeeding means the baby does not have any other food or drink.

Medicines, vitamins and minerals can be given if needed.

BENEFITS FOR BABIES

- Breast milk is easy to digest and changes to meet the needs of your growing baby.
- It helps your baby's brain grow and develop.
- It gives some protection against ear and chest infections.
- It lowers your baby's risk of sudden infant death syndrome (SIDS).
- It helps your baby learn healthy eating habits.
- It protects against some diseases later in life.

WHY BREASTFEED?

BENEFITS FOR PARENTS AND FAMILIES

- Breastfeeding lowers the breastfeeding parent's risk of breast and ovarian cancer and type 2 diabetes.
- Breastfeeding releases hormones that can have a positive effect on the breastfeeding parent's mood and help reduce anxiety.
- It saves money, which can help with food security for the whole family.
- It is ready whenever you need it. There is nothing to clean or prepare and no worries about product shortages or recalls.
- It is a reliable source of food for your baby/ young child, even during power outages, storms, and illness.

BENEFITS FOR SOCIETY

- It is good for the environment as no waste is produced.
- It lowers healthcare costs and can improve the health of your community.



PREPARING FOR BREASTFEEDING GIVES YOU CONFIDENCE

Breastfeeding is the normal way to feed babies, but just because it's natural doesn't mean it's always easy. Like many skills you will learn as a new parent, breastfeeding takes time and practice.



One way to feel more confident about breastfeeding is to take a Prenatal Breastfeeding Class. The Government of New Brunswick offers a free, web-based prenatal breastfeeding class designed by lactation consultants, nurses and dietitians. You and your family can access the course here, GNB.CA/BreastFeeding.

Other groups in your area may also give prenatal classes in person or online. A good place to check is your local hospital or **Family Resource Centre**.

Some community organizations hold support groups for breastfeeding parents. Pregnant parents are also encouraged to attend to learn more about breastfeeding. You can find contact information in the **Resources** section at the back of this book.



GETTING THE SUPPORT YOU NEED

Breastfeeding is not just the responsibility of the mother/birthing parent. Support from family, friends, healthcare providers and the community will help more families meet their breastfeeding goals.

What other people say or think can affect your breastfeeding experience. **Talk about your plans with your partner and family.** Ask them to become familiar with this book and other trusted sources of breastfeeding information, so they know how to support you.

PSST...

Are you a partner or family member?

Good for you! Reading this guide will help you get ready to support the person you love as they learn to breastfeed. For more information about resources for partners and support people, see the **Resource Pages**.

TALKING WITH YOUR HEALTHCARE PROVIDER

You probably have lots of questions about feeding your baby. This book can be a starting point for making an **informed decision**. If you want to learn more about the benefits of breastfeeding and the risks and costs of not breastfeeding, talk with your healthcare provider.

Here are some suggested questions to ask about breastfeeding during your pregnancy:

- Are there any risks to my baby's health or my health if I do not breastfeed?
- If I decide not to breastfeed, what extra costs will I have?
- Do I (or my baby) have any risk factors that could affect breastfeeding?

WHY BREASTFEED?

WHAT ELSE DO YOU NEED TO KNOW TO MEET YOUR FEEDING GOALS?

Maybe there are important family or cultural traditions, or Indigenous practices you would like to make a part of your pregnancy, birth and breastfeeding journey. Your healthcare provider is there to support you – ask questions!

NOTE

Informed decision-making is when you decide between more than one option after you understand all the risks and benefits.

The information you use to make your decision should be based on research and come from trusted sources, like your healthcare provider. Information in internet or TV ads from companies selling products may be less reliable.



SECTION 2:

How Can I Get Off To A Good Start?

Breastfeeding is part of the reproductive cycle. Your body starts getting ready for breastfeeding during puberty, and the process of 'lactation' (or 'making milk') starts as soon as you become pregnant.

At about 16 weeks into your pregnancy, your body begins to make colostrum, the yellowish early milk that is your baby's first food. Colostrum is a rich mixture of healthy proteins, fats, sugars and antibodies. It gives your baby energy, protects them against infections and helps them pass meconium (black/dark green first poop).

Colostrum is thick and made in small amounts, making it easy for your baby to learn how to suck, swallow and breathe at the same time.

START WITH SKIN-TO-SKIN CONTACT AND EARLY BREASTFEEDING

Skin-to-skin contact is an amazing start for you and your baby. Hold your baby skin-to-skin right after birth unless there is a medical problem. This means holding your naked newborn on your bare chest with a blanket covering you both. If you are unable, your partner or support person can do it until you are ready.

Skin-to-skin contact, without interruption for an hour or more after birth, helps your baby adjust to the outside world. After the first few hours, you and your partner or support person are both encouraged to hold baby skin-to-skin often.



SAFE SKIN-TO-SKIN CONTACT

Make sure your baby's

- shoulders and chest are facing you;
- nose and mouth are not covered, and you can see their face;
- head is tilted up in 'sniffing position';
- neck is straight;
- legs are in 'frog' position.

If you want to sleep, place your baby in their bassinet or skin-to-skin with another caregiver who is awake and alert.



For more information, see **Fact Sheet: Skin-to-skin Contact for You and Your Baby**

SKIN-TO-SKIN CONTACT HELPS:



THE MOTHER/BIRTHING PARENT

- recover from birth and have less bleeding;
- regulate hormones; and
- with breastfeeding and milk supply.



THE BABY

- have normal breathing, heart rate and blood sugar;
- feel safe, warm and cry less;
- have less pain during blood tests and vaccinations; and
- get off to a good start with feeding.



BOTH PARENTS

- bond with the baby;
- feel more confident with baby care; and
- notice when the baby is hungry.

While your baby is skin-to-skin, they will often give you signs they are ready to feed. **Breastfeeding soon after birth helps make a good supply of breast milk** and ensures the baby gets nutrients and protection from your colostrum.

NOTE

Ask your healthcare provider about having skin-to-skin contact right after birth, whether you have a vaginal or C-Section birth.

LEARNING YOUR BABY'S FEEDING CUES

Understanding your baby's cues is important to help you know when and how often to feed them. You and your baby will find breastfeeding easier if you offer your breast when they are showing early feeding cues. As your child gets older, they will learn new ways of telling you what they need.



EARLY FEEDING CUES:

- Waking up or moving during sleep
- Smacking or licking lips
- Opening and closing mouth



MID FEEDING CUES:

- Squirming, hands to mouth
- Fussing or breathing fast



LATE FEEDING CUES:

- Moving head quickly from side to side
- Crying

HINT...

Watch the hands!

When babies are hungry they hold their hands close to their bodies in tight fists. When their bellies fill up during a feeding, their hands and arms relax and their fingers open.

Breastfeeding may be difficult if your baby is very upset; use skin-to-skin contact or other calming techniques before feeding them.

Remember: Breastfeeding frequently is normal. It is not a sign that your baby is not getting enough milk. Keeping track of your baby's wet and dirty diapers is a great way to know if they are getting the milk they need (see pg 17). Talk to your healthcare provider if you have questions or are worried your baby is not getting enough milk.



STAYING CLOSE TO YOUR BABY

Rooming-in helps you bond with your newborn and rest. Rooming-in means your baby will stay with you in your hospital room 24 hours a day unless there is a medical reason for you to be apart. If you can, it's a good idea to have a partner or support person stay with you during your time in hospital to help care for you and your baby. Your baby's bassinet will be kept next to your bed, and you are encouraged to rest or nap while your baby sleeps.

Some good things about rooming-in:

- more time for skin-to-skin contact.
- helps you learn your baby's feeding cues and early signs of hunger.
- gives you more confidence with feeding and caring for your baby.
- your baby is exposed to your normal bacteria, giving them more protection from illness.

Continue to keep your baby close to you at home.

Health Canada recommends that your baby sleep in a crib, cradle or bassinet in the same room where you sleep for the first 6 months. **See the Resources section for information about safe sleep and room-sharing.**

BREASTFEEDING IN THE FIRST DAYS AND WEEKS

During this time, you are getting to know your baby and recovering emotionally and physically from giving birth. Try to avoid distractions and just be present with your baby. This is the best way to learn about their needs.

KEY MESSAGES TO REMEMBER

- **Babies breastfeed often. Probably more often than you are expecting.**
- They need to feed at least 8 times in 24 hours, including through the night. This is a minimum. Many babies feed more often. It can be challenging for tired parents, but this is a critical time to build a milk supply for your baby.
- Frequent feeding helps the baby have energy, gain weight and signals your body to make milk.
- Watch for your baby's hunger cues and respond to them.
- **Newborn babies are not meant to be on a schedule** – some feedings may be short, others long. Some feedings may be a few hours apart, while others are very close together. **This is all normal.**
- You are not creating bad habits or 'spoiling' your baby by meeting their needs. You are teaching your baby to feel safe and loved and building a strong supply of breast milk.

YOUR BABY'S SECOND NIGHT (AND PROBABLY A FEW MORE TOO)

The second night with your baby can be tough. Babies are often sleepy for the first 24 hours of life and then 'wake up' on the second night. Your baby may want to breastfeed almost all the time and cry whenever you try to put them in their bassinet so you can get some rest. This is normal behaviour for all newborns but can be very tiring for parents.

TO HELP YOU COPE:

- Lower your expectations and be kind to yourself!
- Get in the habit of resting when your baby is sleeping.
- Limit the number of visitors you have so you keep a calm environment and rest.
- Accept help when it is offered.
- Take pain medication as needed to keep you comfortable.

GROWTH SPURTS

Growth spurts are times when your baby grows quickly and they usually last a few days. During this period, your baby will want to feed very often, sometimes every hour or more.

You may feel like your baby will never be satisfied, but this is part of healthy growth. Offer your breast to the baby as often as they cue to feed and whenever they seem fussy.

Growth spurts generally happen around 10 days, 3 weeks, 6 weeks, 3 months and 6 months. If you can, ask for support with other household tasks to help get you through these spurts.



SECTION 3:

What are the basics of breastfeeding?

WHAT IT MEANS

Latching: How your baby attaches to the breast to breastfeed

Learning to breastfeed takes time and practice. Getting your baby in a *comfortable position* with a *deep latch* helps them feed well and keeps your nipples healthy. Each parent and baby will find what works for them. Try different positions to see what you and your baby like.

As your baby grows, you may find changing to another position more comfortable.

THE MOST COMMON POSITIONS ARE:



LAID-BACK OR BABY-LED



CROSS CRADLE



CRADLE



FOOTBALL

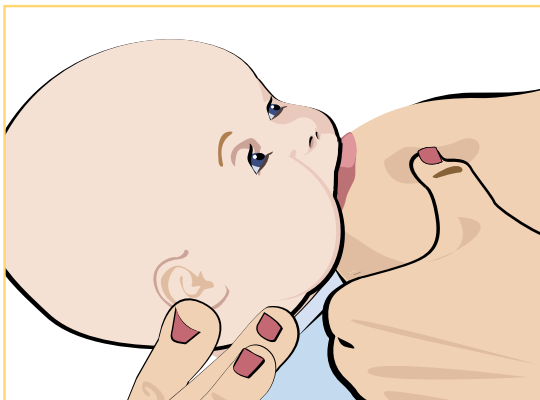
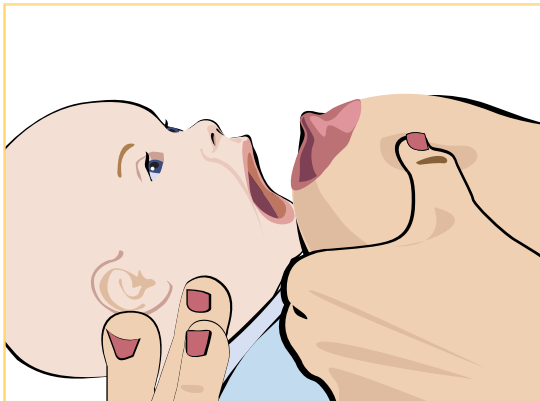
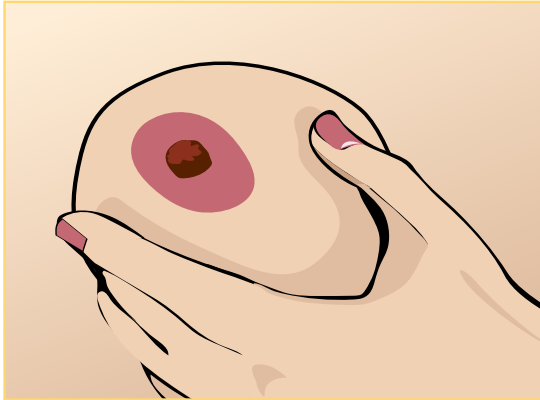


SIDE-LYING

All positioning images reprinted with the permission of Toronto Public Health & Toronto East Health Network

KEY STEPS FOR POSITIONING

There are no definite rules to follow for positioning your baby. The points below can help you make changes if feeding feels uncomfortable or difficult.



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1. **Get into a comfortable position** with support for your arms, back and feet.
2. **Make sure your baby's arms are free** and they aren't wrapped in blankets or heavy clothing. Skin-to-skin is helpful in the early days.
3. **Position your baby facing you, in close contact with your body** (tummy-to-tummy) – this helps them feel safe and relaxed. Their ear, shoulder and hip should be in line.
4. **You may want to hold your breast** for some positions or with a newborn. Make sure your fingers are well back from the areola (the coloured circle around the nipple).
5. **Letting your baby lick and explore the nipple** will help get them to open their mouth wide, like a yawn.
6. **Help your baby come to your breast**, with their nose pointing right at the nipple and their chin touching the breast.
7. **Gently support your baby's back and shoulders** (not the head). Their chin should touch the breast with their head tipped back a little.

See the Resources section for some links to videos showing different positions.

SUPPORTING YOUR BABY'S NATURAL INSTINCTS

Baby-led latching (also the position called 'laid back') is a natural and simple way for your baby to get to your breast. It allows parents and babies to use their natural abilities rather than strict rules or positions. It's great for brand-new babies and parents.

1. Start when your baby is calm and showing early feeding cues (see page 7).
2. Sit comfortably with support and lean back.
3. Hold your baby tummy-to-tummy with their head between your breasts. Your baby's weight should be almost fully supported by your body.
4. Your baby will start moving their head around, searching for your breast. This might look like bobbing or pecking.
5. Gently support your baby's neck, shoulders, and bottom while they move towards your breast.
6. Your baby will use their hands and bodies to wiggle around and find your nipple. They will push their chin into your breast, reach up with an open mouth, and latch on.



GETTING A DEEP LATCH

Helping your baby latch well to the breast is key to ensure they get the milk they need while keeping you comfortable. This is often called a “**deep latch**” because the nipple and breast are deep in your baby’s mouth.

When your baby has a **deep latch**:

- the nipple and lots of breast tissue are in their mouth.
- the nipple is far back in the mouth and pushes against the **soft** palate.
- more of your areola may be seen above your baby’s upper lip than below.

When your baby **isn’t latched deeply**:

- the nipple is not far enough into their mouth and gets pinched under the **hard** palate.
- milk does not flow well.



Click or scan here for video:
Latching Your Baby

IF YOUR BABY IS HAVING TROUBLE LATCHING:

- Take a deep breath to help yourself feel calm.
- Place your baby in an upright position between your breasts.
- Calm your baby by cuddling and talking to them.
- Try a different breastfeeding position – the ‘laid-back’ position is a good one to try!
- Hand express some milk on your nipple for your baby to smell and taste.
- Try again to latch your baby.

Remember, you are both learning.

SIGNS THAT YOUR BABY IS LATCHED DEEPLY:

- Breastfeeding should not hurt. You will feel a tugging sensation, but it **should not be painful**.
- Your baby's chin is tucked into your breast, and their head is tipped back a little.
- Ears or temples are moving while sucking, and their cheeks are full and round.
- Mouth is wide open with the lips curled out.
- Cheeks are full and rounded.
- Your baby is comfortable and stays latched to the breast.
- You can hear your baby swallowing.

HOW TO TELL IF YOUR BABY IS GETTING ENOUGH BREAST MILK

Many parents wonder how much milk their baby is getting. Even though you can't measure the milk, there are ways you can tell if your baby is getting enough. Nursing very often in the early days and weeks helps your body build a strong milk supply.

Signs your baby is getting enough milk:

- Your baby feeds often – **at least 8 or more times in 24 hours** – during the daytime and night. **This is normal.**
- Your baby has a strong suck and is swallowing. They will suck faster at the beginning of the feeding and then change to slower sucks with a quick pause when swallowing. Swallows often make a soft 'kah' sound.
- Your baby is relaxed and happy after a feeding, letting go of the breast on their own.
- They have plenty of wet and dirty diapers (refer to the chart on page 17).
- They are gaining weight and growing out of diapers and clothing.
- They are alert and active when awake.

HOW DO I KNOW WHEN TO SWITCH BREASTS?

- Watch your baby as they are feeding to see that they are swallowing.
- Let them nurse actively until they stop suckling, let go of the breast or fall asleep.
- If they have stopped suckling, but they don't release the breast on their own, gently slip your finger in the corner of their mouth to break the suction.
- Sit them upright and rub their back gently to help them burp, if needed .
- Now is also a good time to change their diaper.
- Then offer the second breast in whatever position you prefer .
- They may nurse for a shorter time, or not at all, on the second breast. Let your baby decide how much they want.
- You can begin the next feeding with this breast.

Offer both breasts at every feeding. This helps your baby get the nutrients they need and helps your body build a strong supply of milk.

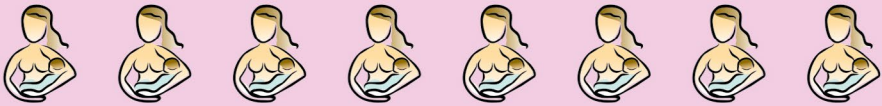












AFTER BREASTFEEDING:

- Your nipples have a normal, round shape and they do not look pinched or pointed.
- Your baby is relaxed and may fall asleep.
- Older babies can stay awake but will turn their head to let you know they are done.

CONTACT YOUR HEALTHCARE PROVIDER IF:

- Your newborn seems very sleepy and is not feeding at least 8 times in 24 hours.
- Your baby falls asleep quickly after beginning to feed or takes a very long time to finish a feeding.
- Breastfeeding is painful for you.
- Your baby is not pooping and peeing often (see the chart on page 17).
- Your baby's pee is not pale, or if you see reddish-brown 'brick dust' in the diaper.

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 | | |
| How often should you breastfeed? Per day, on average over 24 hours | At least 8 times a day. Your baby is sucking strongly, slowly, steadily and swallowing often.  | | | | | | | | |
| Your baby's tummy size |  Size of a cherry |  Size of a walnut |  Size of an apricot | Size of an egg  | | | | | |
| Wet diapers How many, how wet? Per day, on average over 24 hours |  At least 1 wet |  At least 2 wet |  At least 3 wet |  At least 4 wet |  At least 6 heavy wet with pale yellow or clear urine | | | | |
| Soiled diapers Number and colour of stools Per day, on average over 24 hours |  At least 1 to 2 black or dark green |  At least 3 brown, green or yellow |  At least 3 large, soft and seedy yellow | | | | | | |
| Your baby's weight | Most babies lose a bit of weight in the first 3 days after birth | | | From day 4 onward, most babies gain weight regularly. | | | | | |
| Other signs | Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding. | | | | | | | | |

Breast milk is all the food a baby needs for the first six months.

HAND-EXPRESSING AND FEEDING YOUR BREAST MILK

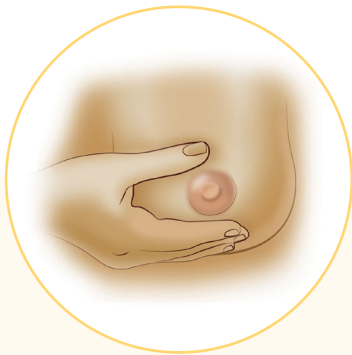
Hand expression is a way to remove colostrum or milk from your breast with your hands. Knowing how to hand express milk is an important skill for breastfeeding parents to learn. You may only get a few drops when first learning. It will get better and easier with practice.

Hand expression can be used to:

- Squeeze small drops of colostrum or breast milk onto the nipple to encourage baby to latch on.
- Remove milk from your breast if your baby is sleepy or not latching well.
- Soothe and heal the nipples if they become tender while the baby is learning to breastfeed.
- Soften your breasts if they become very full.
- Collect milk if you and your baby are separated.
- Help increase your milk supply.

STEPS TO EXPRESS BREAST MILK BY HAND

Before starting, wash your hands and gently massage your breast.



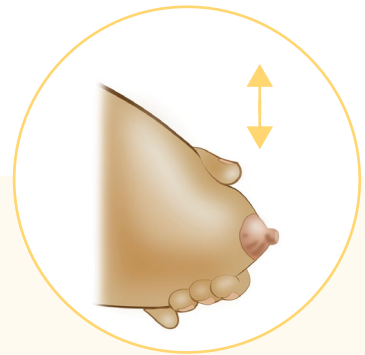
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Place your thumb and fingers around your breast in a 'C' shape, a few inches back from the nipple.



2

Press back toward your chest and gently squeeze your hand – it may take a few times for you to see drops of breast milk.



3

Release and repeat.

NOTE

You can go back and forth between breasts several times. Move your fingers around your breast to reach all areas. Switch to the other breast when the milk flow slows down.

Hand express your colostrum early and often, even if breastfeeding is going well. You can collect the drops on a clean spoon, in a container or directly onto your nipple or your baby's lips. Your baby can then be fed colostrum or breast milk using a spoon, dropper, small cup or other method. Talk with your healthcare provider about ways of feeding expressed milk to a breastfed baby.

You can also save your breast milk if your baby doesn't need it right away. See pages 39 and 40 of this book for information about the storage of expressed breast milk.



BC Women's Hospital + Health Centre



Click or scan here for a video about hand expression.

USING ARTIFICIAL NIPPLES LIKE BOTTLES AND SOOTHERS

If you're thinking about using bottles or soothers, it's important to talk to your healthcare provider. They can tell you about their use and how they can affect breastfeeding.

THINGS TO CONSIDER:

- They can lead to breastfeeding challenges, damaged nipples and dental problems.
- It is easy to give too much when bottle feeding because milk continues to drip out of the nipple hole even if the baby is not sucking anymore.
- They can spread germs if not cleaned properly.
- Using soothers or pacifiers to settle a baby who is showing feeding cues means the baby may miss out on the breast milk they need.
- Your breasts will also not get the stimulation that is important for building your milk supply. This can lead to a drop in supply over time.

BUT...

- Research shows that using a soother or pacifier may decrease the risk of sudden infant death syndrome (SIDS).
- Soothers/pacifiers may provide comfort during painful procedures.

If you decide to use bottles or soothers, waiting until you are confident with breastfeeding can help. For example, wait until your baby is gaining weight well and you are comfortable with latching and positioning.

WAYS TO CALM YOUR BABY WITHOUT BOTTLES, SOOTHERS OR PACIFIERS:

- Try offering your breast first if the baby is fussy, even if it has been a short time since the last feeding.
- Spending time skin-to-skin, using a baby carrier, and getting outside for a walk can also help calm a fussy baby.

A NOTE ABOUT NIPPLE SHIELDS...

A nipple shield is a thin, nipple-shaped cover that is placed over the nipple and areola during breastfeeding. Nipple shields are made of soft, flexible silicone and have several holes at the end that lets milk pass through. Nipple shields can be useful in some situations, but they can affect breast milk supply and should be used while working with a lactation consultant or other health professional with very close follow-up. Always follow the manufacturer's instructions for cleaning.



SECTION 4:

What If I Have Challenges?

WORKING THROUGH COMMON CHALLENGES

You may experience challenges with breastfeeding. Knowing what to expect and how to get support can help you overcome them.

ENGORGEMENT

Breast milk production usually increases around 3 to 5 days after birth. Some people call this the milk 'coming in'. It's normal for your breasts to feel heavy and full but milk flow and latch on are not affected.

Some people experience engorgement as their body adjusts to their baby's needs. In this case, the breasts may become hard and painful, and your baby may have trouble latching on.

These tips can help:

- Stay close to your baby and hold them skin-to-skin often.
- Breastfeed when your baby shows early feeding cues and do not limit time for feedings.
- Make sure your baby is latched deeply (ask for help if needed).
- Offer both breasts during the same feeding.

- Between feedings, use cold packs on your breasts to reduce swelling (15 minutes at a time.) Make sure to place a cloth between the cold pack and your skin.
- Over-the-counter pain relievers, like ibuprofen and acetaminophen, can help and are safe to take while breastfeeding.
- If your baby has trouble latching on because of the engorgement, express a bit of milk with your hand before feeding (see Hand Expression, page 18).
- If your baby still cannot nurse from your breast, give the expressed milk by cup or spoon for a feeding or two.
- If engorgement continues for more than a few days seek breastfeeding support near you. See the Resource section.

Engorgement that is not relieved can lead to other breast conditions, such as mastitis. For more information, see Quick Reference 2.

SORE NIPPLES

Breastfeeding is not supposed to hurt. A small tug might be felt when the baby latches and it may sometimes be uncomfortable. This is different from the pain of a poor latch and generally only lasts a few seconds at the start of the feeding. The most common cause of sore nipples is a poor latch, which can pinch the nipple, causing damage, cracks or bleeding. If you are having pain, get professional help. Most problems can be easily fixed.

You may find relief from sore nipples by:

- Making sure baby has a good latch – get help if needed!
- Expressing some milk and rubbing onto the nipples after the feeding, letting them air dry.
- Trying different breastfeeding positions.
- Breastfeeding on the less-painful side first.
- Supporting your breast in your hand while feeding.

CLUSTER FEEDING AND CRYING

Cluster feeding is when babies' feedings are spaced close together at certain times of the day and go longer between feedings at other times. This is **very** common and happens often in the evenings. It's sometimes, but not always, followed by a longer sleep period than usual.

Cluster feeding often happens during your baby's fussy time. They will nurse for a few minutes, pull off, fuss/cry, nurse a few minutes, pull off, fuss/cry – on and on – sometimes for hours. This can be very frustrating. You may start wondering if your baby is getting enough milk or if the foods you are eating are bothering your baby. This fussiness can ruin your confidence, particularly if someone else is asking the same questions (your mother, partner or mother-in-law).

This behaviour is normal and has nothing to do with your breast milk or your parenting. If your baby is generally happy and doesn't seem to be in pain:

- Keep comforting them (nurse, rock, walk, etc.)
- Let them nurse as long and as often as they want.
- Ask your partner or support person to bring you what you need while you are nursing and comforting your baby (ex., food, phone, books, etc.)
- If you are alone and need a break, place your baby in a safe space, like their crib, and walk away for a few minutes to clear your head.



BREASTFEEDING A SLEEPY BABY

Babies may be sleepy for lots of reasons. It is common in babies born a few weeks early, after a long or difficult birth, or because of newborn jaundice. Remember, babies should feed **at least 8 times in 24 hours**, including through the night.

Here are some tips if you have a sleepy baby:

- Stimulate your baby a little to encourage them to drink more actively. For example, undress your baby, talk to them, and touch them under their feet or chin while feeding. You can also change their diaper.
- Sometimes babies fall asleep at the breast towards the middle of the feeding because the milk flows more slowly. **Breast compression** helps increase milk flow and keep the baby more active (see box). It is very effective in the first days, especially during the colostrum period.
- If breast compression doesn't work, offer the other breast. The milk flow may be faster and help your baby stay awake. You can switch back and forth if it helps your



baby stay awake and drink.

- Try to express a few drops of milk onto your baby's lips or give the milk with a spoon. Then, offer the breast again.
- Keeping your baby skin-to-skin is a great way to encourage lots of breastfeeding when a baby is sleepy and can help the parents pick up on early feeding cues. This is the best time to offer a feeding.

If you are concerned about how much your baby is feeding, contact your healthcare provider.

WHAT IS BREAST COMPRESSION?

Breast compression is when you gently squeeze your breast while the baby is sucking to encourage the milk to flow. It can make it easier for the baby get more milk from the breast.

- Hold your breast with your fingers in a C-shape. Your fingers should be well back from the nipple, close to the chest wall.
- Squeeze and hold the breast for a few seconds.
- Release the pressure and repeat.

The squeezing should be firm, but not so hard that it hurts.



SPECIAL CIRCUMSTANCES

BREASTFEEDING MULTIPLES OR MORE THAN ONE CHILD

It may surprise you, but twins and triplets (or more) can breastfeed very well! If you are expecting multiples, connect with others in your community to see how it worked for them. During the first days in hospital, staff will help you make sure each baby knows how to latch well and then will help with feeding them together if you wish.

Tandem breastfeeding is breastfeeding children of different ages, for example, an older toddler and a new baby. This is safe for the majority of healthy people. Talk with your healthcare provider if you have questions.

BREASTFEEDING BABIES BORN EARLY, WITH MEDICAL NEEDS OR WHO NEED INTENSIVE CARE

Breast milk is the healthiest food for all babies. It is even more important for those born small, sick or premature. Breast milk is like a special medicine for sick and preterm babies. It helps protect them from serious infections, is easy to digest and improves long-term health.

Babies born early or who have special needs may not be able to nurse at the breast at birth. They can still get the benefits of breast milk through tube feedings and mouthcare and learn to breastfeed when ready. Even if you do not plan to breastfeed, giving your early breast milk (colostrum) to your premature or sick baby boosts their immune system and lowers their risk of serious complications.

As their parent, you are the right person to help your baby grow and develop. You can support your newborn by spending as much time as possible with them, holding

them skin-to-skin, giving them breast milk or breastfeeding.

Sometimes well-meaning family members discourage parents with babies in NICU from breastfeeding or pumping because they think it will be an added stress. However, providing breast milk can be a powerful way to help you cope with the emotional stress of having a sick baby.

Instead of suggesting that you stop breastfeeding, partners and family members can help by ensuring that your only jobs are holding the baby, expressing breast milk/ breastfeeding, eating and sleeping. Helping with cleaning pump parts, labelling and storing milk, taking care of household tasks and preparing meals can be really useful. Skin-to-skin contact with the father/partner is a great way for them to bond with baby too!







SECTION 5:

What If I Have Questions?

ANSWERS TO THE MOST COMMON QUESTIONS ABOUT BREASTFEEDING

It's normal to have questions about breastfeeding and caring for your baby. Breastfeeding is natural, but there can be challenges along the way. Having questions is not unique to breastfeeding parents. All new parents need time to adjust to caring for a newborn. And as the baby grows and changes, more questions will come up.

We have included answers to many common questions parents might have. If you have other questions, please do not hesitate to ask your healthcare provider or see the **Resources** section at the back of this book.

WHAT CAN I DO TO BUILD A GOOD SUPPLY OF BREAST MILK?

Many people are concerned they won't have enough milk to feed their babies. **However, the actual percentage of those unable to reach a full milk supply for a medical reason is low.** More often, parents do not get enough support and teaching to get breastfeeding off to a good start.

Research shows that **breastfeeding as soon as you can after birth** and spending lots of time in skin-to-skin contact helps signal your body to build a good supply of breast milk. Breastfeeding often, at least **8 times/24 hours**, including overnight, will also help you build your supply. The more milk is removed from the breast, the more the body will make. If you are separated from your baby, or if your baby is unwell and cannot breastfeed, begin hand expressing your milk in the **first hour after birth or as soon as you are able.** Your healthcare provider can show you how.

Sometimes, there are things that get in the way of building a full milk supply. In these cases, you should talk to your healthcare provider about your feeding goals. Remember, every situation is unique, and every drop of breast milk matters for your baby.

WHAT IF I HAVE QUESTIONS?

IF I CHOOSE NOT TO BREASTFEED OR STOP BREASTFEEDING, CAN I CHANGE MY MIND?

It's not impossible, but it can be hard to restart breastfeeding after stopping or not starting soon after birth. This is because of the way your body builds a milk supply. The first part of making milk is related to birth hormones. The second part relies on milk being removed from the breasts.

If the breasts are not stimulated after the first few days, the milk supply decreases. If you are not sure about breastfeeding, talk to a health professional to make sure you have all the information you need to make an informed decision.



CAN I GIVE FORMULA TO MY BABY FOR SOME FEEDINGS WHILE BREASTFEEDING?

A small number of babies will need to be given infant formula along with breastfeeding for medical reasons. Your healthcare provider will discuss this with you. You will be given support during this time to continue breastfeeding as much as possible or to maintain your milk supply by expressing milk.

Some people decide to give both formula and breast milk to their baby for personal or other reasons (mixed feeding). It is important to understand the possible effects before giving your baby formula that is not medically needed, for instance:

- Giving formula reduces the amount of time your baby spends breastfeeding, which can cause a decrease in milk supply.
- Infant formula is more difficult to digest than breastmilk, which can cause stomach upset.
- Some babies lose interest in breastfeeding when they are bottle-fed regularly.
- Giving formula can change the healthy bacteria in your baby's body.

However, any amount of breast milk helps your baby, so mixed feeding is better than no breast milk at all. If you are thinking about giving your baby formula, you should talk to your healthcare provider to make sure you are well-informed. The **Resources** section at the back of this book can also be helpful.

I DON'T THINK MY BABY IS HUNGRY; THEY ARE JUST BREASTFEEDING FOR COMFORT. IS THIS OKAY?

Yes! Breastfeeding is about more than just eating. Your baby will be comforted by breastfeeding when they are lonely, tired, or just want to be close to you. Breastfeeding your baby when they show cues helps them feel safe and loved. You are not 'spoiling' your baby by breastfeeding when they need comfort.

Many parents find breastfeeding makes it easier to calm their babies and toddlers – it's a great tool to have in your parenting toolbox.



WHEN SHOULD I START SOLID FOODS?

Breast milk is the only food your baby needs for the first 6 months of life. Even if they seem interested in solid food sooner than this, their digestive system is not ready.

At about 6 months, your baby will start to show signs they are ready to try solid foods. For example:

- sitting up straight without help and leaning forward
- having good head control
- turning their head away to show you they are full
- picking up food and trying to put it in their mouth

After starting solid foods, you are encouraged to keep breastfeeding for 2 years or more.



Breastfeeding continues to be an important source of nutrition and comfort for toddlers and young children. For more information on starting solids, refer to **Loving Care 6-12 months**

I AM GOING BACK TO WORK/SCHOOL. CAN I CONTINUE BREASTFEEDING?

Many families will need to adjust to a parent returning to work or school, whether breastfeeding or not. Combining breastfeeding and work or school is possible and may not be as difficult as you think. You and your baby have the right to continue breastfeeding when you return to work or school. Talk to your employer or school about ways to make this happen before you return. Reaching out to other parents in a community group or who breastfed and returned to work/school can help.



CAN I CONTINUE TO BREASTFEED IF I AM SICK OR TAKING MEDICATION?

In almost all cases, it is safe to continue breastfeeding. Call your healthcare provider or pharmacist if you are sick or need to take medication.



WHAT SHOULD I EAT OR DRINK WHEN I AM BREASTFEEDING?

You don't need a special diet to breastfeed. People all over the world breastfeed while eating a variety of food and drink. Some people worry that their breast milk may be less nutritious because they don't have 'perfect' diets. This is not true.

Try to eat a balanced diet based on Canada's Food Guide. You may be hungrier and thirstier than usual because breastfeeding uses energy. The Government of New Brunswick offers a **Prenatal and Postnatal Benefit Program**, which provides financial support for some pregnant women and new parents to help with the cost of food. For more information and to see if you qualify, check out the **Resources** section at the back of this book.

IS IT SAFE TO USE CANNABIS PRODUCTS DURING MY PREGNANCY OR WHEN I AM BREASTFEEDING?

Legal access to cannabis in Canada does not mean it is safe to use while pregnant or breastfeeding. There is no known safe amount of cannabis use during these times. If you need more information or support, talk to your healthcare provider or find information here:



Health Canada



The Society of
Obstetricians and
Gynaecologists of
Canada

CAN I DRINK ALCOHOL WHILE BREASTFEEDING?

It is safest not to drink alcohol during breastfeeding, especially when your baby is very young. An occasional small drink can be okay if you plan for it carefully. This resource can help you plan:

Best Start: Alcohol and Breastfeeding (free pdf).



I SMOKE OR VAPE. SHOULD I STILL BREASTFEED?

If you smoke or vape, it is best to stop when you are pregnant and breastfeeding. But, since breastfeeding gives some protection against many of the harmful effects of smoking, even if you don't quit, it is still safest to breastfeed. For support to cut down or quit, visit **NB Anti-Tobacco Coalition**



WHAT BIRTH CONTROL CAN I USE WHILE BREASTFEEDING?

It's important to have birth control in place before you and your partner begin having sex again. Your healthcare provider can help you decide which type of birth control is right for you while breastfeeding.

Lactational amenorrhea is a natural birth control method caused by changes in the release of hormones due to breastfeeding. When a person breastfeeds, hormones are released that can prevent ovulation. This method can be effective if:

- ✔ Your baby is less than 6 months old.
- ✔ You are breastfeeding exclusively (baby has no other foods or drinks).
- ✔ Your baby breastfeeds at least every 4 hours in the daytime and every 6 hours overnight.
- ✔ Your period has not returned since you gave birth.

This method is only effective if you meet ALL the criteria. Talk to your healthcare provider to see if it's right for you.

Other birth control options that have no effect on breastfeeding:

- Condoms (male or female), diaphragms, cervical caps.
- Permanent birth control procedures like a vasectomy (male) or tubal ligation (female).





Hormonal contraceptives like the pill, the patch, the ring, and the shot, or an intrauterine device (IUD) with certain hormones may decrease milk production in breastfeeding parents. If you want to use hormonal contraception, you should discuss your options with your healthcare provider. For more information, visit **The Society of Obstetricians and Gynaecologists of Canada**

CAN I CONTINUE BREASTFEEDING WHEN MY BABY GETS TEETH?



Yes! Most babies will get their first tooth between 6 and 12 months, some even earlier. During this time, breast milk will still make up a large part (or all) of your child's diet. There is no reason to stop breastfeeding; however, there may be some small challenges.

Your baby might be extra fussy when they are teething. Breastfeeding can be a helpful way to comfort them. During breastfeeding, the tongue sticks out over the gum line, so the baby's teeth should not touch your breast.

WHY DOES MY BABY WAKE UP AT NIGHT?

In the early days, babies need to feed often, even at night. Your baby's belly is small and feeding often helps you make enough breast milk. Babies also wake up and need you for other reasons. For example, if they have a wet diaper, are cold, or want to be close to you.

When your baby wakes up often, it is not because you do not have enough breast milk or because your milk is not nutritious enough. It is because your baby has a biological need to be with you. The faster you respond, the safer they will feel. Having your baby sleep in a crib or bassinet in your bedroom can make it easier for you to respond to their cues.

WHAT ABOUT SLEEP FOR OLDER BABIES?

Most 6- to 18-month-old babies wake up one to three times a night, and some wake up several more times. **This is normal.** Your baby's sleep will go through many phases. Babies might wake up more often than usual if they are sick, learning a new skill, or having a growth spurt. If your baby takes longer to sleep through the night, it does not mean anything is wrong. Each baby is unique and has their own personality and needs.

WHAT IF I HAVE QUESTIONS?

Knowing why your baby wakes at night is helpful; however, it does not make it any easier on tired parents. You are not alone! Ask for help and try to rest when your baby is sleeping. For information about resources in your community, check out the **Resources** section at the back of this book.

CAN I BREASTFEED IN PUBLIC?

Yes! Your right to breastfeed anywhere, anytime is protected under the *Canadian Charter of Rights and Freedoms*. Some people may prefer a private place to make sure they are not disturbed during breastfeeding or can use a blanket for more privacy, but this is the **parent's choice**. The more you practice breastfeeding with others around you, the easier it will feel.

It is important to see more parents breastfeeding in public spaces. The more visible breastfeeding is, the more people will see it as the normal way to feed and comfort babies and young children.



If you have questions about your right to breastfeed or would like to contact the **New Brunswick Human Rights Commission**, scan here or see the information in the Resources section.



HOW CAN BREASTFEEDING AFFECT MY MENTAL HEALTH?

Having a baby is an exciting time, but it can also be overwhelming. Many people go through a short period of the **baby blues** after giving birth. As your body adjusts to hormonal changes you may be tearful, irritable or have trouble sleeping. This period usually only lasts a few days or weeks and is completely normal. **Postpartum mood disorders are different and more serious. See the box below.**

At times, well-meaning families may suggest that breastfeeding should be stopped to 'give you a break'; but research shows breastfeeding and skin-to-skin time with your baby can improve the breastfeeding parent's mental health. Breastfeeding and skin-to-skin help with rest and recovery and regulate your hormone levels. Research has also shown that breastfeeding parents sleep more than those who do not breastfeed.



THINGS PARENTS CAN DO TO TAKE CARE OF THEIR MENTAL HEALTH:

- Sleep when you can and eat well.
- Take a walk outside.
- Talk to your partner, friends and family about your feelings.
- Join a parent group or activity.
- Plan something small to look forward to each day (meeting a friend, taking an exercise class).

Be aware that social media can be a tool to connect with other new parents but can also become a source of negative feelings by comparing yourself to others.

NOTE

Postpartum mood disorders are different than 'baby blues' and less common. They can happen in the first few weeks, or up to a year after giving birth. Symptoms may include:

- feelings of depression;
- hopelessness;
- trouble sleeping or eating;
- extreme sadness and frustration;
- feeling disconnected from the baby;
- anxiety or panic attacks.

Having a prior history of depression and/or anxiety can increase your risk for postpartum mood disorders. **You need to take these symptoms seriously.**

Partners can also experience these symptoms after the birth of a baby. **If you or your partner are experiencing any of these symptoms often, you should contact your healthcare provider or call 811** for help connecting to support services. Many treatment options are available and most are safe during breastfeeding.



Quick Reference 1: Expressing, storing and preparing breast milk

USING A BREAST PUMP

Everyone has different needs when it comes to using a breast pump. Many parents still find that they never need to use a pump. For others, pumping is part of their breastfeeding experience.

Some parents take their babies along with them if they are going out or use hand expression if they need to leave milk with a caregiver. Others who are spending more time away from their babies will need to use a breast pump. This can be because they return to work or school, or if they have a baby who cannot breastfeed directly at the breast. There are many types of breast pumps at different price points.

Before deciding to use a breast pump, think about:

- how often it will be used
- how easy or difficult it is to clean
- how easy or difficult it is to take with you
- how much it costs to rent or buy

Social media pages are filled with pictures of large 'freezer stashes' of pumped and stored breast milk. This is not necessary for successful breastfeeding. Sometimes, extra pumping can even cause problems. Parents should learn how pumping works, the different products available and about getting the right fit. Talk to a lactation consultant or other healthcare professional if you have questions.



TYPES OF BREAST PUMPS AND USAGE

- **Silicon suction devices** attach to one breast while you breastfeed from the other. They apply light suction and milk is collected in the container. They are not breast pumps as they do not 'pump' milk from the breast effectively.
- **Manual pumps** are those that you use by hand. They are low-cost, easy to carry and are designed for occasional pumping.
- **Battery-operated pumps** are also for occasional use and may be easier to use than a hand pump.
- **Electric pumps** are designed for more frequent or regular use. They are generally quicker and may be more comfortable than other pumps, but they are also the most expensive. Newer models are lightweight and portable. Some are also wearable. These pumps are meant for single-person use unless it says otherwise in the manufacturer's guidelines.

Whichever pump you choose, always follow the manufacturer's instructions on how to use it safely and how to clean the pump parts. Wash your hands before pumping or handling milk that will be stored.

NOTE

Exclusive pumping means you are not breastfeeding with your baby at the breast at all. You will need to pump frequently using a hospital-grade electric pump – at least 8 times in 24 hours, including at night – to build a strong milk supply. If you are exclusively pumping, talk to your healthcare provider for more information.

GETTING YOUR MILK SUPPLY STARTED UNDER SPECIAL CIRCUMSTANCES

The first hours and days after you give birth are very important in building good milk production. If your baby can't feed at the breast, you will start to build your milk supply by hand expressing and pumping with a breast pump. It is important to remove milk as often as your baby should feed, at least 8 times every 24 hours, including at least once during the night.

Nursing staff will help you learn how to express and store your breast milk, how to use a breast pump and how to breastfeed when your baby is able to.

Keeping a journal to record when and how much you pump or express can be very useful. It helps you remember how many times you pump and express each day and lets you keep track of the amount of breast milk you are making. Be proud of the quantity of milk you express and give to your baby. Every drop counts.

HANDLING AND STORING BREAST MILK

If your baby is premature (born early) or in hospital, guidelines for cleaning and storing breast milk are different. Ask your healthcare provider about storing breast milk and cleaning containers.

HUMAN MILK STORAGE TIMES FOR HEALTHY FULL-TERM INFANTS

| | ROOM TEMPERATURE (20°C) | REFRIGERATOR (4°C) | FREEZER (SEPARATE DOOR FREEZER OR REFRIGERATOR) (-18°C) | DEEP FREEZER (-20°C) |
|---|---|-----------------------|---|-------------------------|
| FRESHLY EXPRESSED | Up to 6 hours | Up to 5 days | Up to 6 months | Up to 12 months |
| THAWED IN REFRIGERATOR, BUT NOT WARMED | Up to 4 hours | Up to 24 hours | | Do not refreeze |
| THAWED AND BROUGHT TO ROOM TEMPERATURE OR WARMED | Up to 1 hour (then discard) | Up to 4 hours | | Do not refreeze |
| FRESHLY EXPRESSED MILK THAT INFANT HAS STARTED FEEDING | For completion of feed, then discard | Discard | | Do not refreeze |

Source: Breastfeeding Resources Ontario - Breastfeeding Protocol: Expressing, Collecting, and Storing of Human Milk, 2019.



QUICK REFERENCE 1

BREAST MILK STORAGE CONTAINERS FOR HEALTHY, TERM INFANTS

- Use a glass or BPA-free hard plastic container with a lid. Bottle nipples are not recommended for a lid as bacteria can get in through the nipple holes.
- The container should be clean but does not need to be sterilized. It should be washed with hot soapy water and rinsed well with hot water. It should be air-dried on a clean surface away from where you prepare food.
- Special, pre-sterilized bags that can be tightly sealed and are meant for breast milk storage can also be used. These should be thrown out after one use. Parents may wish to place bags of breast milk in a larger container or bag in the fridge or freezer to avoid damage or puncture.
- Baby bottle liner bags are not recommended for storing breast milk. They are thinner, may break when frozen and do not close well.



OTHER THINGS TO CONSIDER WHEN EXPRESSING AND STORING BREAST MILK

- Label containers with the date and time the milk was expressed so you can use the oldest milk first.
- If the expressed milk is not used right away, place it in the refrigerator or freezer as soon as possible.
- Warm, freshly expressed milk should be cooled before adding to older, cooled milk that has been refrigerated but not frozen or thawed. Storage time is always based on the oldest milk in the container.
- If you are supplementing your baby with infant formula in addition to giving breast milk, do not mix formula with breast milk in the same container. Mixing the two can affect the quality of the breast milk and increase harmful bacteria.
- Leave a small space at the top of the container so the milk can expand when freezing.
- Place containers in the back of the refrigerator and freezer where the temperature is coldest.

OPTIONS FOR THAWING FROZEN BREAST MILK

- Slowly thaw in the refrigerator. Less fat is lost this way compared to thawing in warm water; or
- Hold the container under warm, running water; or
- Put the breast milk container into a bowl of warm water (the bowl should be washed daily).
- Do not leave frozen breast milk at room temperature to thaw (i.e, on the counter).

MORE TIPS ABOUT THAWING BREAST MILK

- Milk is considered thawed when it no longer has ice crystals.
- Mark the time the milk was completely thawed (no ice crystals) on the container.
- **Thawed milk** is good in the refrigerator for 24 hours.
- Milk that is partially thawed and still has ice crystals can be re-frozen.

IMPORTANT!

Thawing or warming breast milk on the stove or in a microwave is not recommended. It can heat the milk unevenly which could burn your baby.

If your baby is feeding expressed milk from a cup or bottle, the milk must be used within 2 hours. Throw away any leftover milk.

INFORMATION FOR WARMING BREAST MILK

- Breast milk can be given warm, at room temperature or directly out of the refrigerator – whatever your baby prefers.
- Breast milk can be warmed under running warm water or in a clean container filled with warm water.
- Make sure the lid does not come into contact with the water in the container.
- Warm the milk slowly over a period of about 20 minutes to reduce fat loss and the risk of making the milk too hot.



Quick Reference 2:

Working through less-common breastfeeding challenges



Common breastfeeding challenges were discussed earlier in this book. However, some parents may have more difficult breastfeeding problems. While these challenges may need help from a professional or require medical treatment, they can be overcome.

MASTITIS

Mastitis is an inflammatory condition of the breast with different levels of seriousness. It can begin as redness, swelling and tenderness in an area of the breast, and some people

notice a small white bump on the end of the nipple. This is different from the normal firmness and 'lumps' that many breastfeeding parents feel in their breasts. The symptoms start suddenly and usually happen in one breast only. Most of the time, mastitis can be fixed in the early stages, but in some cases it can develop into an infection needing antibiotics.

There is no specific cause for mastitis. However, risk factors include engorgement that has not been treated, extra breast milk supply, stress, fatigue, positioning problems, poor suck or latch, not breastfeeding often enough or putting time limits on feedings. Finding the cause(s) of mastitis can help prevent it in the future.

TIPS FOR WORKING THROUGH EARLY STAGES OF MASTITIS:

- Follow your baby's cues and continue breastfeeding regularly.
- Offer both breasts at each feeding.
- Don't breastfeed more than you normally would on the affected breast. In the past, parents were told to feed on the affected breast more often to try to 'empty' the breast. We now know that this causes the breast to make more milk, which can actually make the swelling and inflammation worse.

QUICK REFERENCE 2

- Rest as much as possible, and take over-the-counter medications (e.g., acetaminophen and ibuprofen) to help with pain and inflammation.
- Avoid using a breast pump if possible. If you need to use a pump, express only the amount of milk your child needs.
- Wear a well-fitting, supportive bra.
- Avoid deep breast massage and massaging or vibrating devices. These can cause injury and make swelling worse.
- Ice or cold packs can be applied every hour or more to help with swelling.

If these treatments do not help, or if you have a fever and/or chills for more than 24 hours, contact your healthcare provider for an evaluation. You may need antibiotics; however, you can continue to nurse your child while taking them.

- Therapeutic ultrasound, which is done by a trained physiotherapist, can sometimes help treat mastitis if the suggestions listed above don't make it better after a few days.
- In rare cases, mastitis can develop into a more serious condition called an **abscess**. This is when fluid collects in a section of the breast and becomes infected. In these cases, the fluid is drained surgically.

All stages of mastitis can be treated with support – don't hesitate to ask for help!

THRUSH

Thrush is an infection caused by yeast fungus. It can occur on your nipples, in the baby's mouth, the diaper area and on other areas of the body. It is very contagious, so treating the parent and baby together is important. Even after weeks or months of breastfeeding, symptoms of thrush may begin suddenly. Nipple pain can be mistaken for thrush, so it's important to explore different reasons for the pain.

RISK FACTORS FOR THRUSH INCLUDE:

- Cracked or damaged nipples, which allow the fungus to enter the nipple or breast.
- Antibiotic treatment for the breastfeeding parent or baby. Antibiotics, though sometimes needed, kill both good and harmful bacteria and can upset the body's natural balance.
- History of vaginal yeast infections in the breastfeeding parent or diaper rash in the baby.

COMMON SYMPTOMS OF THRUSH INCLUDE:

- Itchy or burning nipples that are bright red, shiny or flaky.
- Intense nipple soreness that does not improve by getting a better latch or changing your breastfeeding position.
- Shooting pain in the breasts during or after feedings.
- Small white patches inside the baby's mouth that can't be easily rubbed off with a cloth.
- A red, patchy diaper rash that does not get better with diaper creams.
- Fussiness and pulling off the breast repeatedly when feeding.

IF YOU THINK YOU OR YOUR BABY HAVE THRUSH:

- Continue to breastfeed.
- See your healthcare provider as soon as possible – both you and your baby may need to be treated with antifungal creams or medicines.

**IN ADDITION TO MEDICAL TREATMENT:**

- Wash your hands very often with warm water and soap, especially before and after feeding and diaper changes.
- Rinse the nipple area with lukewarm water and let air dry after feeding.
- Taking an over-the-counter pain medicine (like acetaminophen) helps some parents.
- Change breast pads regularly.
- Regularly wash all objects that come in contact with your baby's mouth or your nipples with hot, soapy water (bras, breast pads, clothing, soothers, toys).
- If you're using a breast pump, sterilize the parts every day.

Thrush can be difficult to treat and takes time to heal. You should see a healthcare professional who has experience helping breastfeeding parents. Pain from a poor latch is still the most common cause of nipple pain during breastfeeding.

To find help working through a thrush infection, see the Community Resources link in the Resources section in this book.



Important Resources During Pregnancy And Beyond

PUBLIC HEALTH NEW BRUNSWICK RESOURCES

PRENATAL BREASTFEEDING CLASS

One way to feel more confident about breastfeeding is to take a prenatal breastfeeding class. The Government of New Brunswick offers a free, web-based Prenatal Breastfeeding Class. You and your family can access the course from the link to the right.



[GNB.ca/
BreastFeeding](https://GNB.ca/BreastFeeding)

HOLDING YOUR BABY SKIN-TO-SKIN

Skin-to-skin contact is an amazing start for you and your baby.

COMMUNITY RESOURCES

To find infant feeding resources and support services for your area visit the link above.



LOVING CARE BOOKS

A series of 4 books for parents of children from birth to age 3. Each book gives information based on the age of your baby or young child.
GNB.ca/LovingCare

VIDEOS: BREASTFEEDING POSITIONS



Laid Back (Baby Led)

Football

Cradle

Cross Cradle

Lying Down

Saddle



Hand Expression Video:

Hand expression takes practice. Here's a useful video to help you with the basics!

RESOURCES



Horizon Women and
Children's Health



Vitalité: Pregnant Women
and New Parents



Family Resource Centres:
FRC-CRF.com



La Leche League Canada:
LLLC.ca

FIRST NATION HEALTH CENTRES

| | | | |
|---|--------------|---|--------------|
| Neqotkuk (Tobique) First Nation | 506-273-5430 | Natoaganeg (Eel Ground) First Nation | 506-627-4664 |
| Sitansisk (Saint Mary's) First Nation | 506-452-2760 | Wotstak (Woodstock) First Nation | 506-325-3570 |
| Tjipogtotjg (Bouctouche) First Nation | 506-743-2537 | Elsipogtog (Big Cove) First Nation | 506-523-8227 |
| Ugpi'ganjig (Eel River Bar) First Nation | 506-684-6277 | Esgenoôpetitj (Burnt Church) First Nation | 506-776-1246 |
| Amlamgog (Fort Folly) First Nation | 506-379-3400 | Welamukotuk (Oromocto) First Nation | 506-357-1027 |
| L'Nui Menikuk (Indian Island) First Nation | 506-523-9795 | Bilijk (Kingsclear) First Nation | 506-363-4001 |
| Matawaskiye (Madawaska Maliseet) First Nation | 506-735-0676 | Metepenagiag (Red Bank) First Nation | 506-836-6130 |
| Oinpegitjoig (Pabineau) First Nation | 506-548-9211 | | |

NEW BRUNSWICK HUMAN RIGHTS COMMISSION



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

P.O. Box 6000
Fredericton, NB E3B 5H1
Tel: 506-453-2301

Toll Free: 1-888-471-2233
E-mail: hrc.cdp@gnb.ca
Website: GNB.ca/hrc-cdp

Early Years Family Navigators are knowledgeable in the wide-ranging programs and services available to families with young children (ages birth to school entry). They strive to understand the unique needs of each family who seek their assistance. Early Years Family Navigators respond to requests from parents and provide information on relevant and available services in the community.

| REGION | EMAIL | PHONE |
|------------------------|-----------------------|----------------|
| Anglophone East | natalie.leslie@gnb.ca | 506-869-7197 |
| Anglophone West | natalie.way@gnb.ca | 506-478-1137 |
| Anglophone South | heather.gillis@gnb.ca | 506-642-6986 |
| Anglophone North | wendy.astle@gnb.ca | 506-627-9149 |
| Francophone nord-ouest | dsfno.spe@nbed.nb.ca | 506-253-6407 |
| Francophone nord-est | dsfne.spe@nbed.nb.ca | 1-833-997-8005 |
| Francophone sud | dsfs.spe@nbed.nb.ca | 506-856-3257 |

OTHER HELPFUL RESOURCES



SAFE SLEEP FOR YOUR BABY

You and anyone who cares for your baby should learn about safe sleep, for every sleep. For more information visit: **Health Canada**



NEW BRUNSWICK DEPARTMENT OF EDUCATION AND EARLY CHILDHOOD DEVELOPMENT

This webpage has information for parents and families, including how to access the Prenatal and Postnatal Benefit Program. These programs provide financial support for some pregnant women and new mothers to help with the cost of food. For more information and to see if you qualify, visit: **GNB.ca/EECD**



211 NB is the information and referral service that connects New Brunswickers to critical human, social, community and government support. The service helps you navigate the complex network of government and community programs and services quickly to find you what you need for your unique situation. It is free and confidential. Dial '211' or go to **nb.211.ca**

SMOKING, VAPING, CANNABIS AND ALCOHOL USE



Quitting smoking

Considering quitting smoking or another tobacco product — or know someone who is?

Access free, convenient support.
Visit: **New Brunswick Anti-Tobacco Coalition**



Are you pregnant, considering pregnancy, or breastfeeding? Do you know that the use of **cannabis may not be safe for your baby?**

Visit: **The Society of Obstetricians and Gynaecologists of Canada**



Is cannabis safe during preconception, pregnancy and breastfeeding?

Visit: **Health Canada**



Alcohol and breastfeeding
(free download)

Visit: **Best Start**

MENTAL HEALTH RESOURCES



Community Mental Health Services



Speak Up When You Are Down – postpartum depression video



Healthy Parents, Healthy Children – Mental Health During Pregnancy

**DIAL
811**

Telecare – 811
24 hours a day,
7 days a week





Every Drop Counts:

A BREASTFEEDING GUIDE FOR
YOU AND YOUR FAMILY



GNB.CA/BreastFeeding

New Brunswick
Nouveau Brunswick