



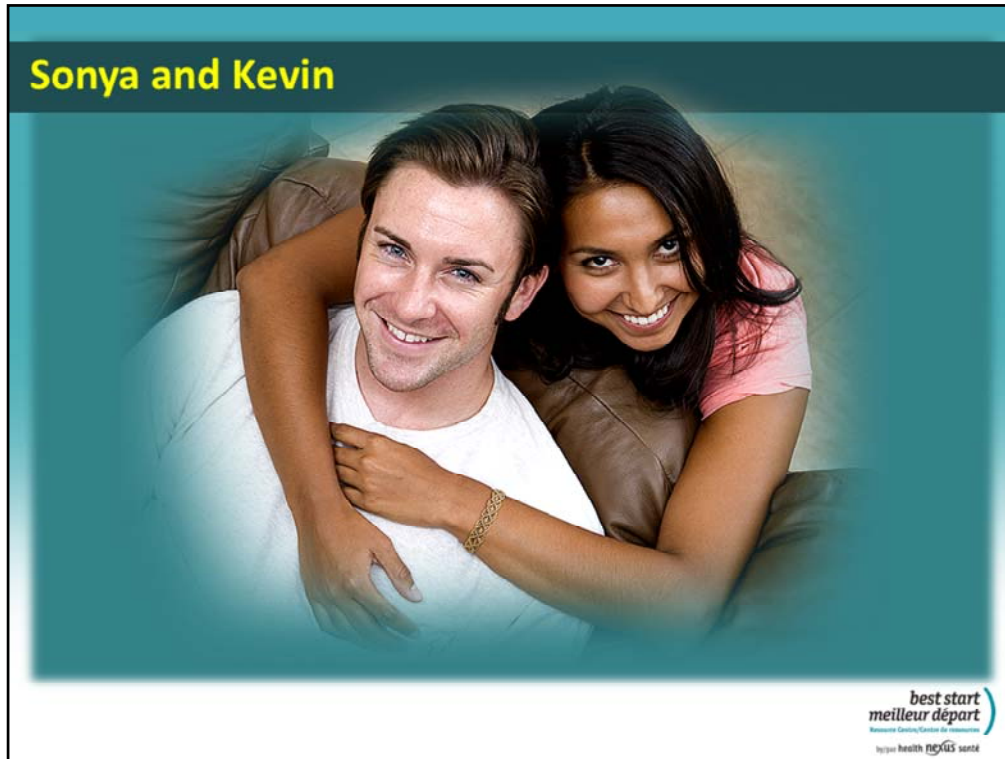
NOTE: Refer to module outline for goal, objectives, class outline, equipment, resources required and references.

If this is the first class:

- Welcome participants to class.
- Housekeeping: bathroom, breaks, length of session, ground rules/respect.
- Have each couple or individual pair up with another couple or individual and introduce themselves to each other. (Consider including name, due date, something they are looking forward to, something they are nervous about and/or anything they would like to share about the pregnancy). Then have the pairs or individuals introduce each other to the rest of the group.
- Provide the choice of prenatal handout (depending on your organization, this may be *Healthy Beginnings* or *A Healthy Start for Baby and Me*) for each expectant mother.
- Provide a list of community resources.
- It is best to advise participants during the first session that you have a duty to report any concerns about the safety or well-being of a child (including the witnessing of abuse of the mother) to child protective services. (This is only applicable if there are children in the home already.)

Suggestion for Facilitator: On a flip chart, list the topics to be discussed in this session.

- Importance of breastfeeding and risks of not breastfeeding
- Substances and mother's milk
- Current recommendations
- Partner support
- Skin-to-skin and colostrum
- Position and latch
- Baby-led latching and cue based feeding
- Hand expression
- Is baby getting enough milk?



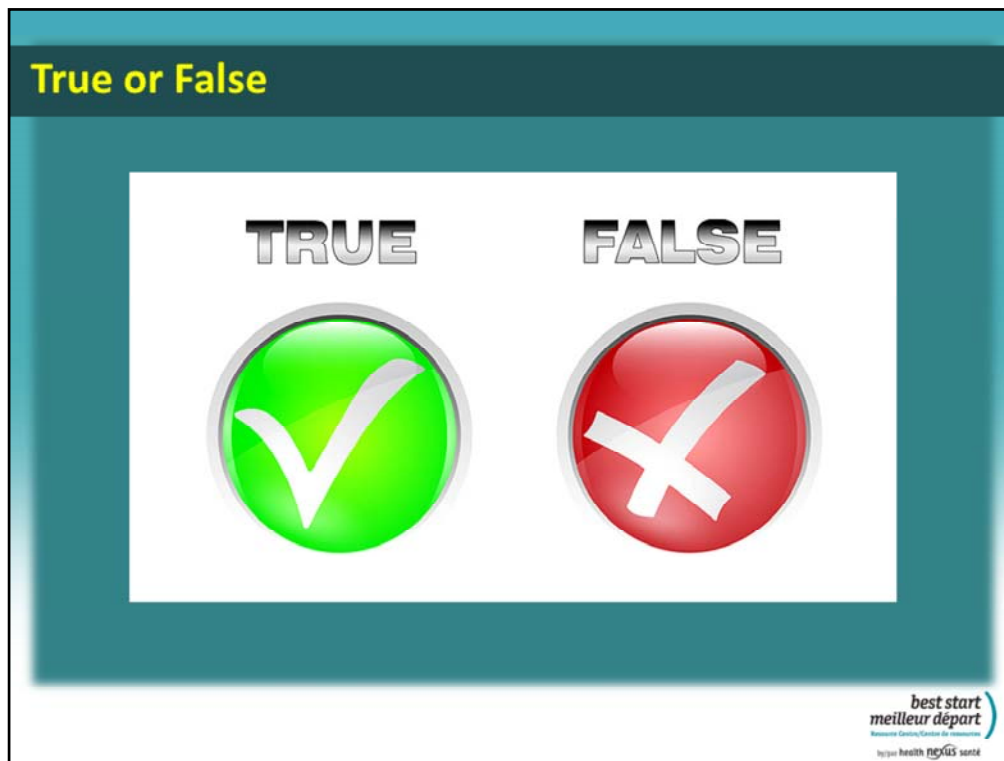
Read this story:

Sonya and Kevin are expecting their first baby in two months. On the way to their prenatal breastfeeding class they discuss their families views and practices about infant feeding. Kevin and his siblings were all breastfed and his sister is currently breastfeeding her 6-month old daughter.

On the other hand, Sonya is an only child and was not breastfed. Sonya has had limited exposure to breastfeeding and is worried that breastfeeding will hurt. They have decided to attend a prenatal breastfeeding class to learn more about it and make an informed decision about how they would like to feed their baby.

At prenatal class they learn about how milk is made, the importance of colostrum, latch basics, and where to get help. During the session, Sonya has many questions which are all addressed by the facilitator.

On the way home Sonya and Kevin discuss the benefits of breastfeeding and the risks of not breastfeeding. Sonya now feels that, with the support of Kevin, the information she has learned, and knowing where to get help, she will be successful with breastfeeding their baby.



Suggested Activity: True/False Game (see module outline for cards and answers)

Purpose:

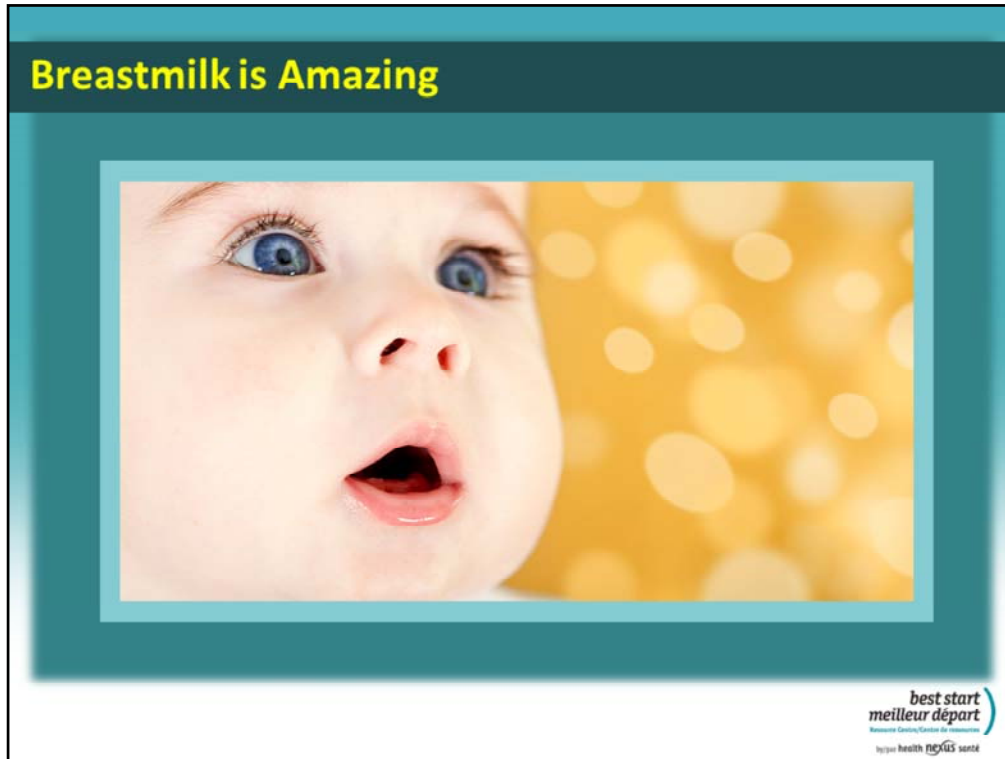
The purpose of this activity is to have participants think about breastfeeding and dispel common myths. The facilitator can briefly provide correct answers and more details.

Materials:

- Breastfeeding True or False cards, and Facilitator Answers

Instructions:

- Distribute one true/false card to each couple (or small group depending on the size of class). Have participants discuss the statement on their card. After a few minutes ask each couple/group to read the statement to the entire group and provide their answer.



Did you know that...

- Human milk is a living fluid that is not static or uniform like formula?
- Breastmilk contains over 200 components including growth factors, antibodies and hormones?
- Milk composition changes with each feeding as the breasts drain and the fat content rises?
- Breastmilk provides all the water and nutrition a baby needs, no matter the climate or season?
- Breastmilk changes in flavour with the variety of food that the nursing mother eats?
- Breastmilk has the perfect amount of proteins, fats, and carbohydrates to meet the baby's needs at each stage?
- Breastmilk is custom made (e.g., a woman who gives birth at 34 weeks produces milk made for a preterm infant whereas a woman who delivers at term produces milk for a full term infant)?

Breastmilk is perfectly tailored for your baby!

The Importance of Breastfeeding

For Babies	For Mothers
<ul style="list-style-type: none"> • Meets the nutritional requirement for every stage of development. 	<ul style="list-style-type: none"> • Helps uterus return to normal size and controls bleeding after birth.
<ul style="list-style-type: none"> • Promotes brain development. 	<ul style="list-style-type: none"> • Helps her body return to normal.
<ul style="list-style-type: none"> • Decreases the risk for Sudden Infant Death Syndrome (SIDS). 	<ul style="list-style-type: none"> • Protects her from breast cancer, ovarian cancer and diabetes.
<ul style="list-style-type: none"> • Increases protection against childhood diabetes & certain childhood cancers. 	<ul style="list-style-type: none"> • Decreases risk for osteoporosis.
<ul style="list-style-type: none"> • Protects against ear, stomach, and respiratory infections. 	<ul style="list-style-type: none"> • Easy on the budget and the environment.
<ul style="list-style-type: none"> • Promotes healthy tooth and jaw development. 	<ul style="list-style-type: none"> • Less likely to miss work for a sick baby.
<ul style="list-style-type: none"> • Decreases risk of childhood obesity. 	<ul style="list-style-type: none"> • Is convenient and portable.

Read above points in slide and answer any questions participants may have.

Suggested Activity: Breastfeeding Lunchbox (*refer to Module Outline*)

Current Recommendations

- ✓ Exclusive breastfeeding for the first six months of life.
- ✓ Introduction of solids at six months of age.
- ✓ Continued breastfeeding to two years and beyond.

best start
meilleur départ
Réseaux Centres/Centres de Santé
better health nexus santé

Speaker's notes:

The Canadian Pediatric Society and the World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life. At six months, other foods should complement breastfeeding for up to two years or more.

In addition the WHO recommends that:

- breastfeeding should begin within an hour of birth;
- breastfeeding should be "on demand", as often as the child wants day and night;
- bottles or pacifiers should be avoided.

The longer you breastfeed, the greater the health benefits for you and your baby. This is why breastfeeding for as long as possible is recommended. Regardless of the length of time you nurse your baby, it is better to breastfeed for a short time than not at all.

Risks of Formula Feeding

Formula* fed infants are more at risk for:

- Childhood illness and disease.
- Upsets of the stomach and gut, causing diarrhea or later bowel problems.
- Sudden Infant Death Syndrome (SIDS).
- Obesity and chronic diseases later in life.
- Some childhood cancers.
- Cavities.

*These risks are for all types of formulas, including organic.

Speaker's notes:

- Babies are born to breastfeed. Only humans feed their babies a type of milk other than their own.
- Breastmilk and formula are not equal. As manufacturers learn more about the special properties of breastmilk, they attempt to add ingredients to their formula to compete with breastmilk. However, the natural and unique properties of breastmilk that protect babies from many illnesses cannot be artificially replicated. The 200+ components of breastmilk protect against disease and promote optimal growth and development.
- Breastfeeding reduces the risk of many childhood illnesses and diseases such as: allergies, asthma, heart disease, leukemia, diabetes, ear and lung infections and more.

Did you know that...

- Formula is made out of cow's milk because it is inexpensive and readily available?
- Breastfed babies have a decreased risk of obesity because they finish the feeding when they are full and cannot be encouraged to finish 'the last ounce'?
- Powdered infant formula is not a sterile product which can cause illness as a result of contamination?
- Over-diluting formula (due to lack of knowledge regarding preparation or attempting to 'stretch the budget') can lead to malnutrition?
- Breastfeeding does not depend on a safe water supply?
- Breastfeeding provides food security because there is no cost involved?
- Formula is not always available in emergency situations?

Making an Informed Decision

- Know the importance of breastfeeding.
- Know the risks of formula feeding.
- Discuss your options with your health care provider.
- Learn about resources in your community to support you.

Speaker's notes:

Get educated about breastfeeding before your baby arrives. Make your decision, make it known to those who love and support you and get the support in place before you begin the journey.

- There are times when it is necessary to give formula:
 - The baby has a medical condition and needs to be fed a special formula.
 - The mother has a medical condition and is unable to breastfeed her baby.
 - The mother and baby are separated from one another and the mother is unable to get enough breastmilk to her baby.

Substances and Mother's Milk

Substances to consider:

- o Alcohol
- o Caffeine
- o Medications/Drugs
- o Tobacco



best start
meilleur départ
Nouveau Centre/Centre de Ressources
pour la santé

Speaker's notes:

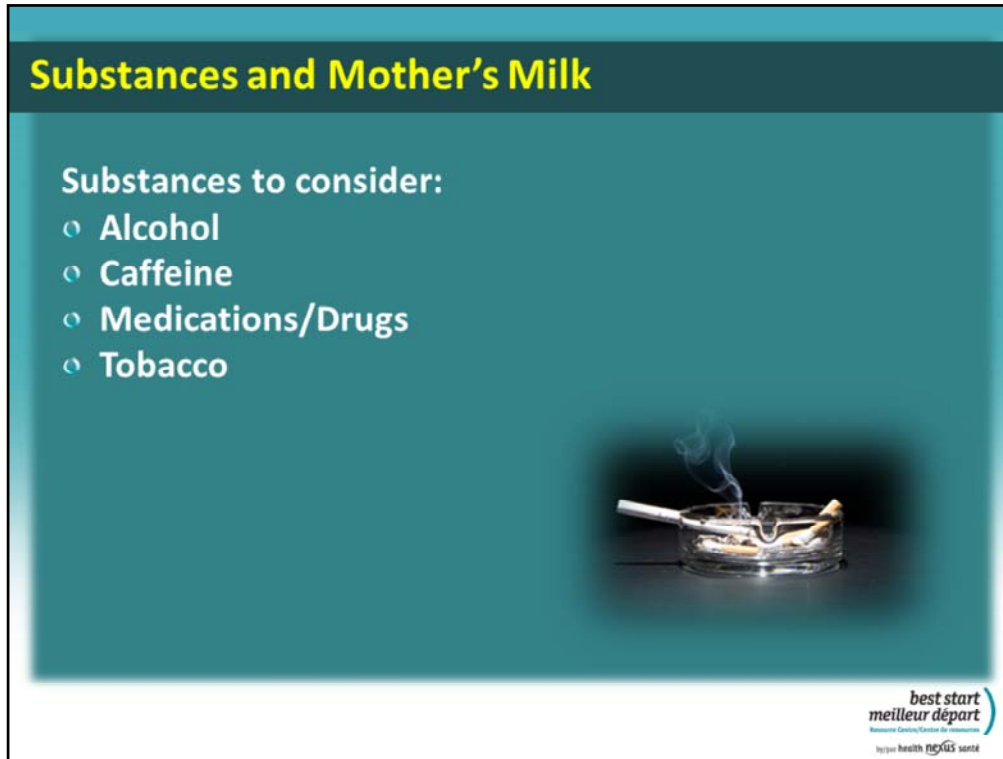
Generally, breastfeeding mothers do not have to worry about what they eat and drink. However, there are some substances that the mother should limit or avoid her exposure to: alcohol, caffeine, medication and drugs, tobacco.

Alcohol consumed by the mother passes into her breastmilk and can have a sedating effect on the baby. Having an occasional alcoholic drink has not been shown to be harmful to a breastfed infant, however, excessive use of alcohol can affect milk flow and may alter the odour and taste of the breastmilk.

- If you choose to have an alcoholic drink:
 - o Limit the amount you drink to 1 or 2 drinks per occasion.
 - o Drink alcohol after breastfeeding, not before breastfeeding.
- A standard drink is:
 - Beer (5%) – 341 mL (12 oz).
 - Wine (12%) – 142 mL (5 oz).
 - Spirits (40%) – 43 mL (1.5 oz).

Caffeine

- The information available about the effects of caffeine on breastfed babies is often outdated, not available, misleading or not conclusive.
- Caffeine is found in many forms, such as in tea, coffee, chocolate, some analgesics and cold remedies, tea, cola and energy drinks.
- It accumulates in the infant as he metabolize it more slowly, but some babies are more sensitive to caffeine than others.
- The recommendations for maximum daily caffeine consumption by breastfeeding mothers varies from 5 cups of coffee or less (La Leche League) to 3 cups or less. (American Academy of Pediatrics, Hale) to 2 cups or less (Health Canada).
- If you feel your infant becomes more fussy or irritable, you might consider decreasing your intake of caffeine.



Speaker's notes:

Medications and Drugs

- Though many prescription and over-the-counter drugs are quite safe for a breastfeeding mother, it is recommended that she talk to her health care provider about any medication she is taking.

Smoking

- It is recommended that women breastfeed their baby even if they smoke. The baby is exposed to nicotine and other chemicals that have been passed into the breastmilk. Nicotine can also affect milk supply. Here are some ways to protect the baby :
 - Breastfeed before you smoke.
 - Have a smoke-free home and a smoke-free car.
 - Cut down on the number of cigarettes that you smoke if you can.
 - Change your outer clothing before breastfeeding if you have smoked.
 - Wash your hands before breastfeeding if you have smoked.

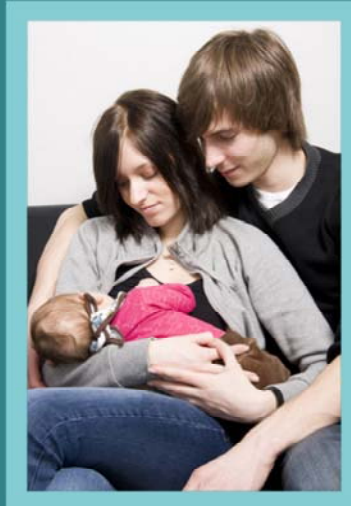
For more information

- For specific information about substances and breastfeeding contact the Motherisk Helpline at 1-877-439-2744 or visit the website at www.motherisk.org
- Infant Risk Centre is another reliable resource for parents. www.infantrisk.com

Supporting Breastfeeding

Who can support a breastfeeding mother?

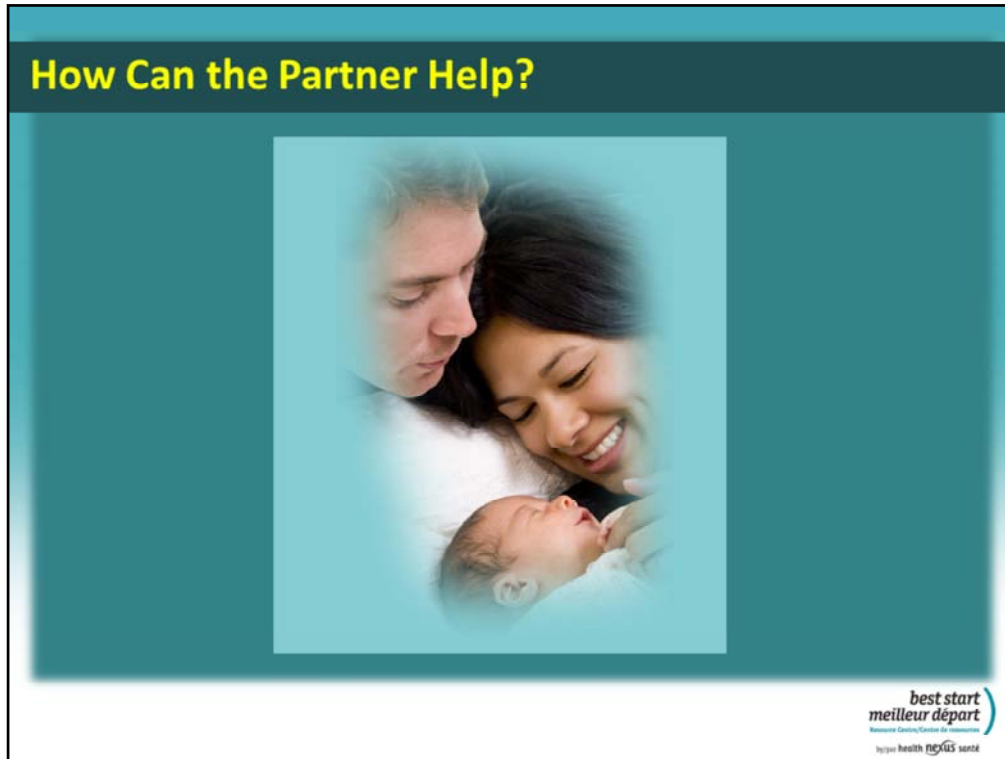
- Partner
- Extended family members
- Friends
- Peer support
- Health care providers



best start
meilleur départ
Réseaux Centres/Centres de Santé
by/par health nexus santé

Speaker's notes:

- The partner, family members and friends play a very important role in the success of breastfeeding.
- When the breastfeeding woman is surrounded by knowledgeable, committed, and supportive people, she is more likely to feel confident and empowered with her choice to breastfeed.
- It takes three to breastfeed—mother, baby and at least one other person who supports the mother's choice to breastfeed.
- Research indicates that prenatal breastfeeding education can help fathers be more supportive.



Suggested activity: Exploring how partners can help

Materials:

- White or black board
- Erasable markers or chalk

Instructions:

- Ask the group how the partner can help. Consider writing the suggestions on a white/black board and offer suggestions from the list below:
 - Learn about how milk is made, position & latch and signs that the baby is getting enough milk.
 - Cuddle, burp and change the baby.
 - Hold the baby before and after feeding.
 - Spend time skin-to-skin with baby.
 - Nourish the mother so she can feed the baby.
 - Help mother relax and get extra sleep.
 - Help with the cooking, cleaning, and laundry.
 - Give mother encouragement and support.
 - Limit visitors.
 - Accompany the mother to breastfeeding support appointments.

When the mother and her partner work together as a team, both gain confidence and skill with breastfeeding and parenting.

First Hour After Birth

Skin-to-skin right after birth will help baby:

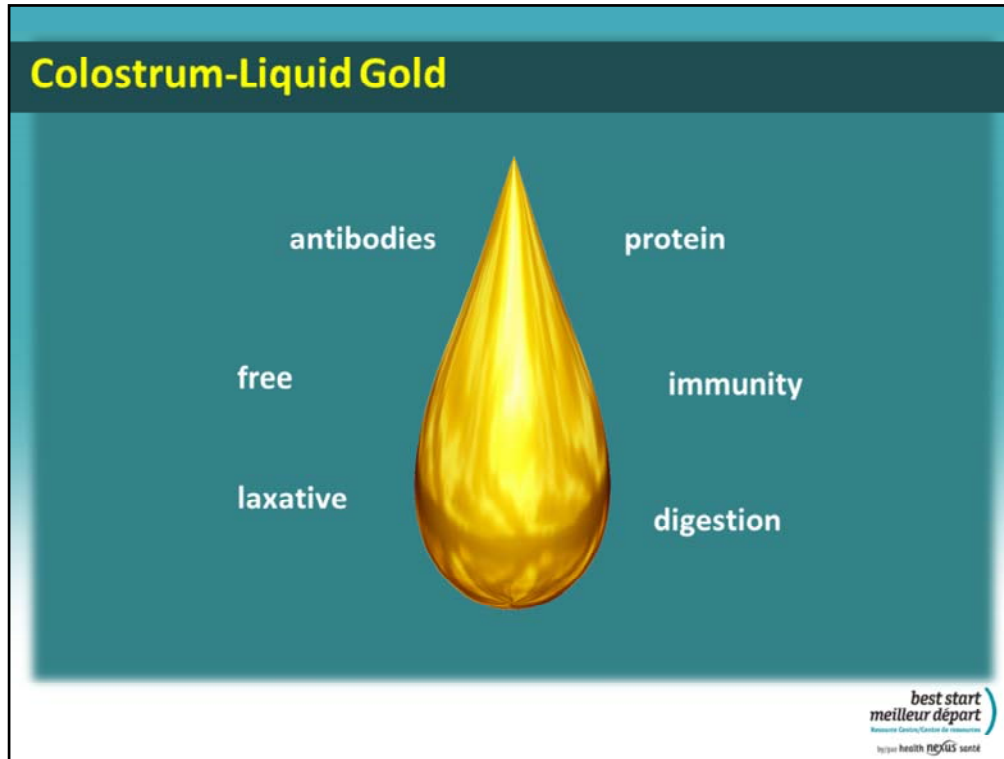
- Latch on and latch on well.
- Maintain body temperature.
- Maintain heart rate, respiratory rate, and blood pressure.
- Have a normal blood sugar.
- Cry less.
- Breastfeed exclusively and breastfeed longer.



best start
meilleur départ
Ressources Gestantes/Canada de naissance
better health nexus santé

Speaker's notes:

- Skin-to-skin contact immediately after birth promotes successful breastfeeding, although not all babies will actively breastfeed at this time.
- Skin-to-skin contact stabilizes the newborn's temperature, heart rate, and breathing.
- Babies who receive skin-to-skin contact after birth are less likely to have low blood sugar which often results in medical interventions.
- Premature or low birth weight babies especially benefit from regular skin-to-skin contact (Kangaroo Care). Mothers who practice skin-to-skin produce more breastmilk as compared to mothers that do not. Premature or low-birth weight babies who experience regular skin-to-skin are twice as likely to breastfeed. In addition these babies gain more weight, cry less, have longer intervals of sleep and shorter hospital stays.
- Skin-to-skin promotes bonding with the baby. Dim the lights and place the naked newborn onto the mother's naked abdomen or chest right after birth. Continue uninterrupted skin-to-skin for at least 60 minutes. If the mother is unable to provide skin-to-skin care immediately after birth (i.e., caesarean birth) then place the baby skin-to-skin on the partner's chest.
- It is important to talk to the health care provider about avoiding practices that may interfere with immediate skin-to-skin contact.
- Skin-to-skin contact at any time has benefits for both mother and baby. Fathers, partners, and support persons can also hold baby skin-to-skin.
- Skin-to-skin cuddling and breastfeeding also help reduce pain if the baby has to have a blood test or other painful procedure.



Speaker's notes:

Women's breasts start changing about mid-pregnancy in order to produce colostrum when baby is born. Some moms will see some milk production while still pregnant, others will not. Every woman is different and this variation is not at all related to a woman's future milk production. Colostrum, also known as liquid gold, is the first milk a mother produces and is yellowish in colour.

Some interesting facts about colostrum:

- It is ready as soon as baby is born and it is free.
- It provides perfect nutrition for a newborn and is higher in protein than mature milk.
- It contains the highest concentration of antibodies than at any other time to boost immunity.
- It contains high concentrations of white blood cells to help protect against bacteria and viruses.
- It has a laxative effect which helps the newborn to pass the first stool (meconium) and to excrete bilirubin to prevent jaundice.
- It encourages the balance of healthy flora in the stomach and intestines to protect against digestive infections.

A newborn's stomach is about the size of a cherry and can hold about one teaspoon of colostrum. As a result, newborns need to be fed small amounts of colostrum at frequent intervals.



Speaker's notes:

Breastfeeding is a new skill that both the mother and the newborn need to learn. Having positive support in those early days is especially important and can set the stage for success. Mothers need to trust themselves and their ability to feed their babies.

Some hints to get started:

- Initiate skin-to-skin contact and start breastfeeding with the first hour of life. During this time the baby's sucking reflex is the strongest which is important in establishing a proper latch and stimulating milk production.
- Mother and baby should stay in the same room (but not in the same bed). This helps:
 - The mother learn about and respond to her baby's cues.
 - The mother make more milk.
 - The mother feel close to baby.
 - The baby adjust to life outside the womb.
 - Coordinate their sleep patterns. When baby is in a deep sleep, mother is in a deep sleep and when baby begins to awaken for a feed, the mother enters a lighter state of sleep.

(... continued on next slide)

Starting Out Right: Breastfeed Exclusively and Often

- Feed often (at least eight times in 24 hours).
- Avoid supplements.
- Avoid artificial nipples and pacifiers.
- Watch your baby, not the clock.



best start
meilleur départ
Ressources Centres/Centres de ressources
Nexus Health nexus santé

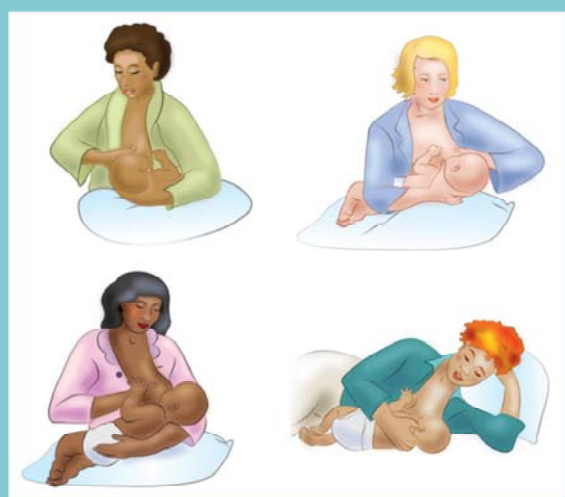
Speaker's notes continued:

Some hints to get started (continued):

- Breastfeed exclusively and avoid giving any supplements such as formula or any other liquid.
- Avoid artificial nipples or pacifiers. There are a variety of ways you can soothe your infant: skin-to-skin holding, rocking, swaying, singing, talking and massaging. Babies have a natural need to suck and breastfeeding satisfies their need. Pacifier use is associated with greater incidence of otitis media, dental problems and they can harbor and transmit pathogens.
- Breastfeed at least 8 or more times in a 24-hour period. Frequent, unrestricted feedings will help to establish and maintain an adequate milk supply. In order to regain their birth weight by 10-14 days, babies need to breastfeed often, including (several times) during the night.
- It is important to note that the more the baby breastfeeds, the more milk is produced (supply and demand). When the baby suckles at the breast, prolactin and oxytocin are released to make milk and release milk (let down reflex) respectively.
- Colostrum gradually changes into transitional milk and then mature milk. In some situations, the milk may be slow coming in. Consider getting help from a Lactation Consultant or other medical professional if that is your case.

Position Basics

- Mother and baby are well supported.
- Tummy to tummy.
- Head, shoulder and hip in straight line.
- Baby is brought to the breast, not the breast to the baby.



best start
meilleur départ
Nouveau Centre/Centre de母乳
by/par health nexus santé

Speaker's notes:

Any position that is comfortable for you and your baby is an acceptable position. A mother can breastfeed her baby in a variety of comfortable positions and the positions shown on the slide are just a few examples. A good position allows a good latch. A few points to keep in mind:

- You should feel well supported in whatever position you choose.
- Your back is well supported.
- You are in a position that does not cause pain (from an episiotomy or cesarean birth)
- Baby's head and body are well supported, without pressure on the back of the baby's head.
- Baby's head is at the level of the breast.
- You are tummy-to-tummy with your baby.
- Baby's head, shoulder, and hip are in a straight line and snug to her body.
- Baby's nose is facing the nipple and the chin touches the breast.
- Baby's head should be slightly tilted back. This allows baby to latch deeply and swallow easily.
- Bring the baby to your breast instead of bringing your breast to the baby.

Note: Pressure on the back of the baby's head from the mother's hand or the hand of someone assisting her may cause the baby to arch away from the breast.

Latch Basics

- Mouth is open wide
- Lower lip covers more of the areola than the upper lip.
- Chin is pressed into the breast and the tip of baby's nose lightly touches the breast.
- Cheeks appear to be full and rounded (not dimpling in).
- Mouth does not slip off the breast.
- The ears or temple are moving while baby sucks.



best start
meilleur départ
Ressources Clientèles/Clientèles de ressources
Nexus Health nexus santé

Speaker's notes continued:

- Breastfeeding is going well when the mother observes the baby actively sucking and swallowing during the feed.
- At the beginning of the feed the baby starts with shallow, rapid sucks to stimulate the let-down reflex. Once let-down occurs breastmilk flows and the baby's sucks become deeper, slower and more rhythmic.
- Let the baby feed on one breast until he comes off or is no longer *actively* sucking. Burp the baby and offer the other breast. Start the next feeding with the breast that was offered second in the previous feed.
- The mother may feel a strong tugging sensation at the breast but she should not have any pain and the nipple should remain the same shape before and after the feeding. If the latch is not right she can bring the baby in closer to the breast and slide a finger inside the corner of the baby's mouth between the gums, and gently push down to break the seal.

Suggested Activity : Bringing baby to the breast.

Purpose:

- To familiarize participants with good positioning characteristics for breastfeeding.
- To encourage participants to apply these characteristics to a variety of breastfeeding positions.

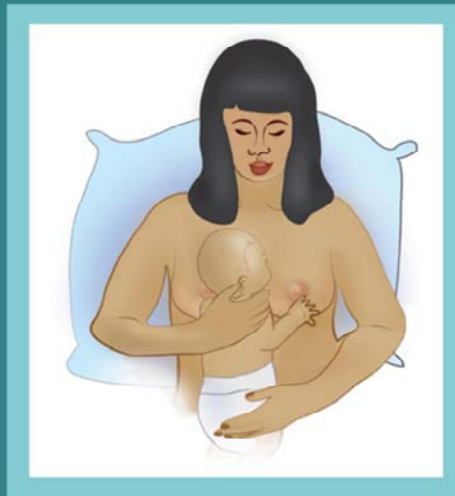
Materials:

- Dolls
- Pillows
- Footstools

Instructions:

Demonstrate the characteristics of good positioning as outlined above. Encourage participants to bring their doll to the breast in the position(s) of their choice, using these characteristics.

Baby-led Latching



best start
meilleur départ
Nouveau Centre/Centre de Recherche
Nexus santé

Speaker's notes:

- Babies have an innate ability to feed at the breast. Newborns have many reflexes that help them find and attach to the breast. Some of these reflexes include stepping and crawling, searching and rooting, opening and sucking.
- Baby-led latching occurs when the baby starts to search for the breast with only *minimal* guidance from the mother. According to Dr. Christina Smillie MD IBCLC, the role of mothers is not to "make" the baby latch, but simply to "allow" the baby to latch.
- The process of baby-led latching begins with both the mother and baby in a calm and relaxed state. This quiet state helps the baby to focus on his environment, minimizes the startle reflex, and promotes successful feeding. It is important that the baby's neck, shoulders and bottom be gently supported because a stable pelvis and shoulders lead to a stable jaw which is necessary for effective feeding.

Tips for baby-led latching to share with participants:

- Sit comfortably with support, leaning back.
- Hold your baby skin-to-skin so that her tummy rests on you with her head near your breast.
- Support your baby's back and bottom with your arm and hand while she moves towards your breast. When her shoulders and hips are supported, she can tilt her head back a little. This will help her latch.
- Your baby will find your nipple. She may touch it with her hands first.
- After a few tries your baby will push her chin into your breast, reach up with an open mouth, and latch to your breast.
- Once your baby is latched, you can adjust your position and your baby's position to make sure you are both comfortable.

Cue-Based Feeding

- Early cues: "I'm hungry."
- Mid cues: "I'm really hungry."
- Late cues: "Calm me, then feed me."



best start
meilleur départ
Nouveau Centre/Centre de Recherche
health nexus santé

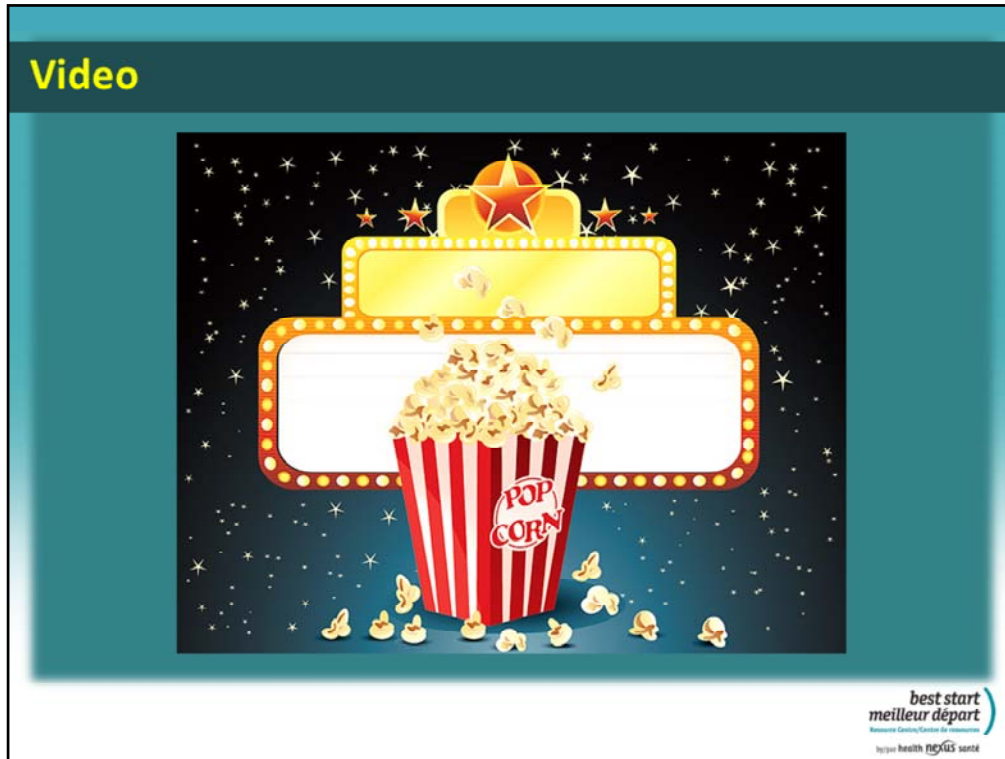
Notes to facilitator:

Share the following points with participants about cue-based feeding:

- Breastfeed your baby often. Most babies feed at least 8 times in 24 hours.
- Watch for your baby's cues. Your baby will tell you when she is ready to feed and when she is finished.
- Your baby will show that she is ready and eager to feed. She will show some signs called feeding cues. To see what feeding cues look like, visit:

<https://www.health.qld.gov.au/rbwh/docs/maternity/feeding-cues-term.pdf>

Suggested activity: Cue-based feeding activity (See module outline)



Show a breastfeeding video that clearly illustrates position and latch and complements material presented in this module. The video should focus on getting breastfeeding established as opposed to addressing specific postnatal breastfeeding problems.

Suggested videos (see module outline)

- *Baby-Led Breastfeeding...The Mother-Baby Dance.*
- *Better Breastfeeding: Your Guide to a Healthy Start.*
- *Breastfeeding: Bringing baby to the breast.*
- *Delivery Self-Attachment.* Dr
- *Follow Me Mum. The Key to Successful Breastfeeding.*
- *Dr. Jack Newman's Visual Guide to Breastfeeding.*
- *Making Enough Milk, The Key to Successful Breastfeeding... Planning for Day One.*
- *The Real Deal on Breastfeeding.*

Hand Expression



Used with permission, Stanford School of Medicine,
newborns.stanford.edu/Breastfeeding

best start
meilleur départ
Resource Centre/Centre de ressources
nouveau health nexus santé

Speaker's notes:

- It is important that the mother learns how to hand express in the early days after baby's birth.
- Hand expression is a simple way to express colostrum and breastmilk at any time with no special equipment. Clean hands and a clean container are the only items needed. Hand expression takes less time than using a breast pump and is more effective in stimulating and maintaining milk supply because of the skin-to-skin contact of this method.
- Mothers may have to try different techniques of hand expression to find the one that works best for them.
- Hand expressing early and often:
 - Allows mother to become comfortable with an important skill that will be helpful should breastfeeding challenges arise.
 - If mother removes even small amounts of colostrum after most feeds, this will help her to develop an abundant milk supply.
 - If baby is not breastfeeding well in the early hours or day, hand expression and feeding the baby small amounts of colostrum by cup or spoon helps to ensure adequate calories for baby.

Demonstration: Using the cloth breast, demonstrate the following steps to hand expression:
































- Wash your hands.
- Find a comfortable place to sit.
- Gently massage your breast.
- Place your fingers and thumb behind the areola in a "C" shape.
- Press back towards your chest. Compress your fingers together and towards the nipple.
- Relax and stop compressing.
- Collect drops of milk (e.g. cup, spoon, syringe) to feed baby or to store.
- Repeat (press back, compress, relax) and move around your breast.
- Continue until the flow of milk has stopped.
- Switch breasts and repeat.


Adapted from: Breastfeeding Matters, Best Start Resource Centre, 2014.


The following video clip demonstrates an *alternative* method to hand expression

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Is Baby Getting Enough?

GUIDELINES FOR NURSING MOTHERS																				
Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS											
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS													
How Often Should You Breastfeed? Per day, on average over 24 hours																				
	At least 8 feeds per 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.																			




by your health 

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.
- Telehealth Ontario's specialized breastfeeding services support line at 1-866-797-8600 or TTY at 1-866-797-8607.
- Bilingual Online Ontario Breastfeeding Services directory at www.ontariobreastfeeds.ca.

2014



Resources: Ontario/Qu bec de la sant 

by your health 

Speaker's notes:

There are many ways to determine whether the breastfed baby is getting enough milk.

Consider the following guidelines:

- There should be 8 or more feeds in a 24 hour period.
- The baby is sucking strongly, steadily, and swallowing often.
- There is an adequate number of wet and soiled diapers over a 24 hour period (review magnet).
- Babies lose an average of 7% of their birth weight in the first three days after birth. For example, a 3.2 kilograms or 7 pound baby will lose about 230 grams or half a pound. From day four onward, the baby should gain 20-35 grams per day (2/3 to 1 1/3 ounce) and regain his or her birth weight by 10 to 14 days.
- Babies often experience a sudden burst in growth - a growth 'spurt' - at certain times within their first few weeks, typically around 10 days, 3 weeks, 6 weeks, 3 months, and 6 months of age. During these growth spurts, the baby may want to nurse more often for 1-2 days. This is nature's way of helping the mother to produce more milk.
- After a feed, the baby comes off the breast looking relaxed and content and the mother's breasts feel softer and less full than before feeding.

(Adapted from *Breastfeeding Your Baby. Guidelines for Nursing Mothers*. Best Start Resource Centre. 2009)

Demonstration using prepared samples (see module outline):

- Pass around diapers with a small amount of meconium and breastmilk stool samples to show participants what they would look like.



Speaker's notes:

- Many parents are amazed at the number of times a newborn breastfeeds in a 24 hour period. However, if parents consider the number of times they eat or drink in a day they may not be as surprised.
- A young baby's stomach capacity is small and human milk is digested quickly. These two physiological facts suggest that newborn babies will be more content with small, frequent feedings as compared to scheduled feedings spaced three or four hours apart.
- In the first two or three days after birth, mothers' breasts produce only small amounts of colostrum, an easily digested, high-protein secretion filled with immune factors that prepare babies' digestive system for the more substantial feedings to come.
- It's no coincidence that frequent feedings also ensure that babies get plenty of holding and skin-to-skin contact. These side-effects of frequent breastfeeding fulfill the baby's need for human interaction and protection. Frequent, early feedings also give newborns opportunities to practice their sucking skills on a relatively empty breast, preparing them for the more plentiful milk supply to come.
- Early, frequent breastfeeding is associated with a better, more stable milk supply in the months to come. Also, mothers who spend more time with their babies in their arms learn to understand babies' cues more quickly."

Source: *A Breastfeeding Information and Activity Kit for Secondary School Teachers*. OPHA Breastfeeding Promotion Workgroup. May 2009.

Suggested activity:

Provide a copy of the *Eating Patterns Game* worksheet to each participant and have them complete the sheet. Facilitators refer to the instruction sheet in the module outline.

For More Information

- Public Health Nurse
- Health Care Provider
- Breastfeeding Clinic
- Hospital/Birthing Centre
- Peer-to-peer Support Program
- Certified Lactation Consultant
- Breastfeeding/Lactation Educator
- La Leche League
- Motherisk
- Bilingual Online Ontario Breastfeeding Services
(www.ontariobreastfeeds.ca)
- Breastfeeding Information (www.breastfeedinginfoforparents.ca)
- BreastFeeding Inc (www.breastfeedinginc.ca)

Speaker's notes:

Mothers who access community support in the first few days postpartum are likely to breastfeed for more than just a few weeks after birth.

Refer to community resources listed on slide.

The information represents the
best practice guidelines at the time of publication.
The content is not officially endorsed by the Government of Ontario.
Consult your health care provider for information specific to your pregnancy.



This document has been prepared with funds provided by the Government of Ontario

www.beststart.org

best start
meilleur départ
Ressource Centre/Centre de ressources

© 2016

by/par health **nexus** santé