Breastfeeding Basics

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The importance of breastfeeding

Breastfeeding is important for you and your baby. The term breastfeeding/breastmilk is also known as chestfeeding/chest milk and can be used interchangeably. Breastmilk has over 200 known ingredients and is the healthiest food for your baby. It also protects your baby from infection and has special components to help your baby grow and develop. Your baby needs only breastmilk for the first 6 months. At around 6 months, your baby will be ready for solid foods and can continue to breastfeed for up to 2 years and beyond or as long as you and your baby decide. Here are some of the ways breastfeeding is important:

For you

- You will have a reduced risk of postpartum bleeding.
- You will be less likely to develop type 2 diabetes.
- You are less likely to get ovarian cancer and breast cancer.
- Straight from the breast, your milk is always clean, ready, and at the perfect temperature.
For baby

- Your baby has a lower risk of ear and chest infections.
- Your baby will be less likely to have stomach and gut upsets causing diarrhea.
- Sudden Infant Death Syndrome (SIDS) is less common in breastfed babies.
- Breastfeeding can reduce the risk of obesity or being overweight, and of getting some chronic diseases in adulthood.
- Your child has a lower risk of developing some childhood cancers.
- During emergencies your baby will have a safe and available supply of food when other sources of food and water may be unavailable.
For everyone

Breastfeeding is natural and healthy but it takes time to learn. You will probably have many questions about breastfeeding. This booklet gives some basic information. There is much more information available and many people to help you. If you have concerns about anything, be sure to get help as soon as you need it. Breastfeeding is a great time for you and your baby to learn about each other.
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Getting off to an important start
Although completely natural, breastfeeding takes time to learn. This book contains information to help you, so read on. Another great way to learn is by seeing and doing. Spending time with friends and family who breastfeed will help. You can also look for groups for new mothers in your community.

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

Your baby’s first feeding

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

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

If your baby does suckle at your breast, this helps your uterus to contract and expel the placenta. As your uterus contracts, you may feel pain like a menstrual cramp or labour pain. These afterpains may continue for a few days, whenever you breastfeed. Your uterus is shrinking to its normal size. This is a “good for you” pain and nothing to worry about. You will be able to take pain medication if you need it, under your doctor’s advice.
Remember that baby’s first feedings are a learning experience for you both. It is also a special time for you and your baby to get to know each other. Touch and smell are very important ways that your newborn will get to know you. This is why skin-to-skin contact is so important. Your body heat will keep baby at the perfect temperature when you are snuggled together under a blanket.

Unless either you or your baby needs medical care right away, you can expect hospital staff to encourage this special time with your newborn.
Also, your labour and delivery nurse, doctor, or midwife will be right there to help with positioning the baby and getting the baby latched onto your breast. Finding a comfortable breastfeeding position and getting the baby latched deeply right from the start will help to make breastfeeding enjoyable for you both.

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

Breastfeeding soon after birth is good for you and good for baby. But if you can’t breastfeed right after childbirth, then breastfeed the first chance you get. When you do get the chance to breastfeed, undress your baby and hold baby skin-to-skin. This helps you to get to know each other.
If you will be separated from your baby, you will need to start expressing your breastmilk within the first hour of birth and at least 8 times in the next 24 hours to establish and build milk supply. It is important to start expressing milk within the first six hours, because your body is most ready then. You will need to express your breastmilk as often as you would be feeding your baby. See pages 103 to 108 for information on different ways to express breastmilk.

Rooming in with your baby

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

This time together also helps you to begin to learn your baby’s cues. Watch for signs that they are hungry, like trying to suck on fingers, fists, or lips, and turning or rooting towards anything that touches their cheek. Try to offer your breast before baby cries or becomes upset. If your baby is too sleepy to feed well, try to wake them by stroking their arms and cheeks, undressing them and placing them skin-to-skin, or changing their diaper.
Your baby is more likely to be overly sleepy if you had a difficult labour or birth or if you were given medications for the birth.

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

**Latching your baby**

When latching your baby, make sure you and your baby are both comfortable. Holding your baby skin-to-skin helps with latching. It is best to try to breastfeed your baby when they are showing early feeding cues as can be seen on page 24. In order to achieve an effective latch, consider the following:

- You may need to support your breast with your hand (guiding hand). When using your fingers to cup your breast, make sure they are well back from the dark or pink area (areola) around your nipple.
• Hold your baby tucked in close “tummy-to-mommy”, and preferably skin-to-skin without bundling your baby in a blanket.

• Support your baby with your hand behind your baby’s shoulders, supporting the neck and not the head. Your baby’s hands remain free to explore your breasts.

• Your baby’s nose approaches the nipple (nose-to-nipple as a landmark). Allow your baby to lick, search and explore the nipple. This will help trigger a wide open mouth.

• Once your baby’s mouth opens wide, place the bottom lip and chin below the nipple and gently push the areola into the mouth. Your nipple will be the last part in the mouth. When latched well, the chin
will be pressed into your breast, your baby’s head will be tipped back, and the tip of the nose may be touching your breast (not buried into the breast).

- You want your baby to have your nipple and part of your breast in the mouth.

- Your baby will now start to breastfeed. You don’t need to push your baby onto your breast. Babies don’t like getting pushed and may push back against your hand.

- When your baby is feeding you will notice your baby’s chin is tucked into your breast, your baby’s head is tilted slightly back and your baby’s nose is free and not indenting the breast. Your baby is mostly relaxed during the breastfeed and does not get tense or agitated.

- After you feed your baby, your breast is softer than before the feed. See these helpful videos:
  - www.healthyfamiliesbc.ca/home/articles/video-latching-your-baby
  - https://globalhealthmedia.org/videos/breastfeeding/ (see: Attaching Your Baby at the Breast)
How to tell if your baby is latched deeply

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

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

When your baby is finished breastfeeding:

- Your nipples will have a normal, rounded shape and they should not look pinched.
• Your breasts feel softer. This is more noticeable during the first few weeks of breastfeeding.

• Your baby is mostly relaxed and content. Younger babies may fall asleep when they are done feeding. Older babies may stay awake but let you know they are done feeding by turning away or starting to play.

• Younger babies often fall asleep at the breast, but when you take them away, they wake up again. If your baby does this, it is a sign that your baby needs a little more.

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

• Move your baby back to an upright position between your breasts.

• Stroke and talk to your baby until your baby calms down.

• Calm yourself. This will help calm your baby too.

• Switch to a different breastfeeding position.

• See if your baby will latch by themself in the laid-back position. See page 14 for information on this position.

• Express some milk on your nipple so your baby will smell and taste it right away.

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

When you are about to feed your baby make sure you and your baby are in a position that makes it easy to breastfeed. At first, you may find you are more comfortable in a certain position like sitting back in a favourite chair or lying in your bed. As time goes on you will feel comfortable breastfeeding your baby in different positions and in different places such as sitting at a table or while walking.

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

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

Whichever position you like to use (laid back breastfeeding, sitting up, or lying down), your baby should be in a position that allows for a deep latch and easy swallowing. When you are feeding, follow these tips:
• You and your baby are well supported.
• You hold your baby unswaddled (without being wrapped in a blanket).
• You hold your baby tucked in close, “tummy-to-mommy”.
• Make sure you are in a position that does not cause you pain (from an episiotomy or caesarean birth).
• Your baby’s ear, shoulder, and hip should be in a straight line.
• Your baby’s head should be slightly tilted back. This allows the baby to latch deeply and swallow easily.
• Have a beverage such as water and any items you may need within easy reach before you start.

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

**Tummy-to-Mommy** – Position your baby’s tummy against your tummy. Hold your baby’s shoulders and body as babies do better when they can freely lift and move their heads.
Laid-back position (Biological nurturing)

Illustrations adapted with permission from Nancy Mohrbacher. See free video at www.NaturalBreastfeeding.com

- This position is helpful when a baby is learning to breastfeed, not breastfeeding well, when your nipples are sore, or when you need a deeper latch.
- Lean back into a comfortable semi-reclined position with a pillow to raise your head.
- Place your baby tummy down across your chest and belly. Having baby skin-to-skin is ideal, but lightly dressed will also work.
- Support baby’s back and bottom with your forearm.
• When ready, your baby will start to show feeding cues. They may even lift up their head, push with their legs, use their hands to find the nipple or bob their head up and down to find the nipple and latch.

• See the video at www.biologicalnurturing.com/video/bn3clip.html and notice how they follow baby’s cues.
cross-cradle position

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

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

lying down position

(good after c-section, may need to prop back with pillows)
Breastfeeding should not hurt. Your nipples might be a little tender in the first week or two. Tenderness differs from hurting. **If it does hurt, keep breastfeeding often and get help right away.**
Once your baby feeds for as long as they want on the first breast, it is a good idea to give baby the chance to burp. Burping releases air that baby may have swallowed during feeding. Breastfed babies tend to swallow less air than bottlefed babies and may not need to burp as much. You will learn if your baby needs to be given the chance to burp. After burping, baby may be ready to take the second breast. Baby may want one or both breasts during a feeding.

When burping make sure baby’s back is straight.
Baby’s need for vitamin D

We need vitamin D to develop healthy bones and teeth. Sunlight is the main source of vitamin D for humans. Vitamin D is also found in cow’s milk and margarine.

To make sure that breastfed babies get the vitamin D they need, Health Canada recommends that all healthy, full-term breastfed babies receive a daily vitamin D supplement of 10 µg (400 IU). Your breastfed baby needs vitamin D drops daily from birth until one year of age, or until your baby’s diet includes at least 10 µg (400 IU) per day of vitamin D from other foods. It comes in the form of drops. Check the bottle to make sure the label says 400 IU.

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

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

¹ The information on sun safety is from the Canadian Dermatology Association and Canadian Cancer Society.
Baby weight loss in the first few days

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

It is normal for your newborn to lose weight within the first week of life. A loss of up to 7% of birthweight during the first week is normal. For example, if your baby’s birthweight is 7 pounds, then your baby’s weight may go down to 6 pounds, 8 ounces. In metric, a birthweight of 3175 grams may go down to 2983 grams. Babies should return to their birthweight in about 2 to 3 weeks. For most babies this happens in about 10 to 14 days. Hospital staff, public health nurses, and your doctor will help you to keep track of baby’s weight. **If you have concerns, get help.** Trust your instincts. See the section “How to tell that breastfeeding is going well” on pages 27 to 29 for more information.
When to feed your baby

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

You can expect your new baby to eat every two or three hours. That’s at least 8 feedings in 24 hours. Feeding your baby often will help you to have a good milk supply. Your baby may also cluster feed. This means that your baby may feed more often at certain times of the day, with longer stretches between feeds at other times. Some babies want to spend a lot of time at the breast. This, too, is normal and doesn’t mean that you don’t have enough milk. For the most part, you need to follow your baby’s lead, instead of a schedule.
While feeding, your baby will have a suck and pause rhythm. Baby will suck about 10 to 15 times, then pause for a few seconds’ rest, and so on. Some babies will feed until full, while others will want either to rest, to be burped, or to nap during the feeding. Each baby is unique and there is a wide range of “normal” behaviour. As your milk comes in, listen for the sound of your baby swallowing. This will reassure you that your baby is getting milk.

Learning baby’s cues

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

“I’m hungry.”

Early feeding cues:

- Stirring, moving arms
- Mouth opening, yawning or licking
- Hand to mouth movements
- Turning head from side to side
- Rooting, seeking to reach things with their mouth
“I’m really hungry”

Moderate feeding cues:
- Stretching
- Moving more and more
- Hand to mouth movements
- Sucking, cooing or sighing sounds

“Calm me, then feed me.”

Late feeding cues:
- Crying
- Agitated body movements
- Colour turning red

You can calm your baby before feeding by:
- Cuddling
- Holding skin-to-skin
- Talking or singing
- Stroking or rocking
If you miss your baby’s early feeding cues and need to calm your baby for breastfeeding, here are some tips:

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

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

- Your baby feeds at least 8 times every 24 hours.
- Your baby has enough wet and dirty diapers according to their age (see chart on page 29).
- Your baby is active and has a strong cry.
- Your baby has a wet, pink mouth, and bright eyes.

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

In the beginning it can be hard for new parents to know if their baby has a wet diaper. A very wet diaper is heavier than a dry diaper. If you want to know what a very wet diaper feels like, pour 45 mL (3 tablespoons) of water on a dry diaper. Your baby’s urine (pee) should be clear or pale yellow, and it should have no smell. If a dirty diaper is heavy, count it as both a wet diaper and poopy diaper.
If your baby does not have enough wet and dirty diapers, get help right away!

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

After baby is 2 days old expect your breastfed baby to have 3 or more large, soft, usually seedy poops per day. By 3 to 4 weeks, some babies will have only 1 or 2 poops per day. Some have one large poop every few days. This is normal as long as your baby is feeding well, seems content and their poops are soft. If your baby is not feeding well, is more fussy than usual or has not had a poop in more than a week, go to the section “Getting Help” on page 113 of this booklet.
Your baby needs to feed often, because your baby’s stomach is small. When your baby is born, your baby’s stomach is about the size of a cherry. By day 3, your baby’s stomach increases to about the size of a walnut. Around 7 days old, your baby’s stomach is about the size of an egg. See the chart below.

<table>
<thead>
<tr>
<th>Your Baby’s Age</th>
<th>1 DAY</th>
<th>2 DAYS</th>
<th>3 DAYS</th>
<th>4 DAYS</th>
<th>5 DAYS</th>
<th>6 DAYS</th>
<th>7 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Often Should You Breastfeed?</td>
<td>Per day, on average over 24 hours</td>
<td>At least 8 feeds per day. Your baby is sucking strongly, slowly, steadily and swallowing often.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Baby’s Tummy Size</td>
<td>Size of a cherry</td>
<td>Size of a walnut</td>
<td>Size of an apricot</td>
<td>Size of an egg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wet Diapers: How Many, How Wet</td>
<td>Per day, on average over 24 hours</td>
<td>At least 1 WET</td>
<td>At least 2 WET</td>
<td>At least 3 WET</td>
<td>At least 4 WET</td>
<td>At least 6 HEAVY WET WITH PALE, YELLOW OR CLEAR URINE</td>
<td></td>
</tr>
<tr>
<td>Soiled Diapers: Number and Colour of Stools</td>
<td>Per day, on average over 24 hours</td>
<td>At least 1 to 2 BLACK OR DARK GREEN</td>
<td>At least 3 BROWN, GREEN, OR YELLOW</td>
<td>At least 3 large, soft and seedy YELLOW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Baby’s Weight</td>
<td>Most babies lose a bit of weight in the first 3 days after birth.</td>
<td>From day 4 onward, most babies gain weight regularly.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other Signs</td>
<td>Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Breast milk is all the food a baby needs for the first six months.
You can get advice, help and support from:
- Your health care provider
- 811 Nova Scotia
- 211 Nova Scotia
- Your local Public Health office: www.nshealth.ca/public-health-offices
- La Leche League: 1-800-665-4324

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Waking a sleeping baby

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

Tips to wake and feed a sleepy baby:

- Keep your baby close so you notice when they show early feeding cues. Babies can feed even when they are drowsy or not fully awake. It is best to feed when your baby shows early feeding cues.

- Feed your baby as soon as they show early feeding cues, or your baby may go back into a deeper sleep. To learn about feeding cues go to page 24 of this booklet.

- Hold your baby skin-to-skin. Your baby will breastfeed more often if kept skin-to-skin on your chest while you are awake.

- Unwrap and undress your baby. Change the diaper if it is wet or dirty.

- Lift your baby to your shoulder and gently rub their back and body.
• Roll your baby gently from side to side. Talk to your baby.

• Express a few drops of milk right before you offer the breast. The smell and taste of the milk will encourage your baby to latch.

• Use breast compressions during feeds to encourage a sleepy baby to be more alert. This will increase the amount of milk taken.

To do breast compressions, follow these steps:

– Hold your breast with your fingers on one side, thumb on the other, away from the areola.

– Compress the breast (firm but gentle squeeze) when your baby’s sucking slows down.

– Release the compression when your baby pauses or stops sucking.

– See if your baby swallows more when you compress your breast between sucks or with a suck. This will help your baby to get more milk.

– Continue with breast compressions until your baby is no longer sucking.

– Watch your baby’s sucking pattern.

• Offer each breast more than once. Switch breasts more often to help wake your baby and encourage active feeding.
Calming a fussy baby

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

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

- Hold your baby in your arms.
- Hold your baby skin-to-skin.
- Speak or sing to your baby.
- Walk, rock or sway with your baby. Babies become familiar with their parent’s heartbeat, voice and movements in the months before birth and this can be calming.
- Change your baby’s diaper if it is wet or dirty.
- Adjust your baby’s clothes if they seem too warm or too cool.
- Express your milk and put a few drops on your nipple so your baby can smell and taste your breastmilk.
- Offer your breast again. Use breast compressions and offer the first and second breast again.
Use calming strategies to calm yourself, such as counting slowly to ten, breathing deeply, or pretending you are blowing bubbles. These strategies will often calm your baby too. If you are getting frustrated or the above suggestions are not working, ask your partner or a trusted adult to hold your baby while you take a break. If there is no one to help you, place your baby in a safe place such as the crib, and have a short break. If your baby is often fussy or you think your baby is unwell, be sure to share your concerns with your baby’s health care provider.

These holds may help comfort your baby:

- **Arm Drape**
- **Handstand**
- **Dance**
- **Colic curl**
If baby spits up

Babies may spit up small amounts of breastmilk after feeding. It is usually not a cause for concern. Breastfed babies tend to spit up less than bottlefed babies. Most babies outgrow spitting up within four to six months. Talk with your public health nurse or other health care provider if you are concerned about the amount your baby spits up or if your baby is not gaining weight.

Growth spurts

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

You produce milk because the baby's sucking causes your body to release the hormone prolactin. Prolactin is responsible for giving the signal to your breasts to make milk. Your prolactin levels are highest at night. Therefore,
if you are trying to increase your milk supply, be sure to feed your baby often at night. Some women take their babies to bed with them. This allows them to get more sleep between feedings.

Safe sleeping for you and your baby

We recommend that your baby share a room with you for at least the first 6 months. This helps with breastfeeding and protects babies against crib death or sudden infant death syndrome (SIDS). The safest place for a baby to sleep is in a crib near you. (For more information on crib safety, see the “Reducing the risk of SIDS” and “Safety at home” sections of Loving Care: Birth to 6 Months.)

Many breastfeeding mothers enjoy the closeness of sharing their bed with their baby and find that it makes nighttime feedings easier.

If you bring your baby into bed with you, it’s safest if you return your baby to their crib after they are finished feeding.

As it is easy to fall asleep while breastfeeding, especially when lying down, please consider these tips before taking your baby into bed with you.
If you are a breastfeeding mother who does not smoke and did not smoke during pregnancy, you can make bed-sharing as safe as possible by being sure that:

- The mattress is firm and flat—waterbeds, bean bags and sagging mattresses are not suitable.
- Your baby can’t fall out of bed or get stuck between the mattress and the wall.
- Your baby is not overdressed, swaddled or bundled.
- The covers do not overheat the baby or cover the baby’s head.
- Your baby is never left alone in or on the bed as even very young babies can wriggle into dangerous positions.
- Your partner knows if your baby is in the bed.
- Pets do not share a bed with your baby.
- Your baby sleeps on their back when they are finished feeding.
When NOT to sleep with your baby:

- It is not safe to bring your baby into bed with you if you (or any other person in the bed) smoke—even if you never smoke in bed. If you smoked during pregnancy or after the baby’s birth, it increases the risk of SIDS. If you smoke, sharing a bed with your baby increases this risk even more.

- Never lie down or sleep with your baby on a sofa or armchair. Babies can become trapped down the sides or between the cushions.

- If you (or any other person in the bed) might find it hard to respond to the baby, for example if you:
  - have drunk alcohol;
  - have taken any drug (legal or illegal) which could make you sleepy;
  - have any illness or condition which affects your awareness of your baby;
  - are so tired that you think you would find it difficult to respond to your baby.

The information on “Safe sleeping for you and your baby” has been adapted with permission from the pamphlet “Sharing a bed with your baby” produced by the UNICEF UK Baby Friendly Initiative and the Foundation for the Study of Infant Deaths.
The early weeks and months
Breastfeed anytime, anywhere

Women have been breastfeeding their babies for thousands and thousands of years. It is nature’s way. Both women and babies are designed for it. However, bottle-feeding started to become popular in the early decades of the 1900s. Companies started selling baby formula and advertising heavily to mothers, doctors, and hospitals. Our western society was influenced by this advertising and started to believe that formula feeding was safer and better for babies. By the 1950s, most babies were formula fed. It became the accepted way to feed a baby. Along with it came sterilizing and feeding schedules, measuring how much baby drank, and the expectation that “good” babies sleep for long stretches of time.
In our communities, we want to support what is best for moms and babies, but we have some challenges to overcome.

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

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

In addition to your family, you may need support from others to know that your breastfeeding and parenting choices are what’s best for your baby. Breastfeeding circles or new mothers groups are a good place to find out how others deal with these issues. See “Getting Help” (page 113) to find supportive people or groups near you. You can also talk with your public health nurse. Phone numbers are listed on pages 115 to 117.
You may also wonder whether or not to breastfeed in public. You have the right to breastfeed your baby anytime, anywhere. This right is protected in Nova Scotia by law and by government policy.

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

![Baby Friendly Area Breastfeeding Welcome](image)

Nova Scotia’s Human Rights Act protects your right to breastfeed in public. Public places include restaurants, retail stores, shopping centres, theatres, and so forth. You should not be prevented from breastfeeding your baby in a public area. You should also not be asked to move to another area that is more discreet. If either of these things happens, you can file a complaint with the Nova Scotia Human Rights Commission.
One of the great things about breastfeeding is that it makes it very easy for you and your baby to travel together. No fussing with bottles and formula. You can take baby anywhere, with little advanced planning. Your baby can be fed as soon as they start to fuss. This is especially convenient for long-distance travel. If you are ever stranded, or are in an emergency situation such as a hurricane or wildfire, you will still have food for your baby.

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

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

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

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

*a nursing mother*
Overcoming breastfeeding challenges

Whenever you have a problem while breastfeeding, get help. Look for support and information from an experienced breastfeeding mother, a public health nurse, midwife or doctor.

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

*If you have a breastfeeding problem*

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

Get help when you notice any of these warning signs:

- you have a fever
- you notice a red area on your breast
- your breasts feel hard
- your nipples have cracks
- you have pain in a breast while breastfeeding
You can try to prevent breastfeeding problems by breastfeeding frequently and having your baby deeply latched.

Engorged breasts

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

Some fullness is normal in the first few days of breastfeeding as the breasts start to produce milk and fill. If your breasts become heavy, firm, and hard (engorged), some of the suggestions below may help you latch your baby correctly. Engorgement that continues after the first week with painful, uncomfortable breasts is usually caused by not “emptying” the breasts at each feeding or by going too long between feedings.

What can I do?

Continue to breastfeed your baby.

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

Your baby may have trouble latching on when your breasts are full and hard. To make this easier for your baby, soften the areola first. The best way to do this is to express some milk by hand. (For instruction on how to express milk, please see pages 103 to 108.)

You can also gently squeeze or compress the areola between your thumb and index finger to make it easier for your baby to grasp.
Before you breastfeed, use warm moist cloths on your breasts to help your milk flow. You could also take a warm shower or soak in warm water.

After you breastfeed, use cold packs on your breasts to help reduce swelling.

If your baby is over one week old and you are still experiencing excess milk flow or engorgement, call your public health nurse or other health care provider.

**Flat and inverted nipples**

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

flat nipple                                   inverted nipple
**What can I do?**

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

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

**Cracked or bleeding nipples**

**What causes them?**

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

**What can I do?**

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

Get help immediately from your public health nurse or other health care provider. The longer you wait, the worse it will get. You need help to get baby positioned and latched on properly.
Review the section on positioning and latch, pages 7 to 20.

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

**Blocked milk ducts**

A milk duct that does not drain properly can become blocked. This causes a swollen, tender spot or lump in the breast. If you have a blocked milk duct, you feel generally well and have a normal temperature.

**What can I do?**

Continue to breastfeed your baby often and use different positions.

Begin feeding on the affected breast.

Gently massage the affected area before and during a feeding.

Rest and watch for signs of infection. Talk with your public health nurse or other health care provider if the duct continues to remain blocked or if you develop a fever and flu-like symptoms.
Mastitis

Mastitis, or breast infection, is a bacterial infection that comes on quickly, usually in only one breast. The infected breast is red, hot, and swollen, and may be painful. You may notice a lump. If you think that you have a breast infection, check your temperature. Mastitis usually causes a high temperature and flu-like symptoms, which include aches, nausea, vomiting, and chills.

*What can I do?*

*Continue to breastfeed your baby often.* The breast infection will not harm your baby.

Get help right away from your public health nurse or other health care provider. If it is truly mastitis, then you will need an antibiotic. If it is not mastitis, then you can get help to clear up the problem before mastitis can develop.

Get extra rest. Your body will need it while fighting the infection.
Thrush

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

What causes it?

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

What can I do?

Continue to breastfeed your baby.

Get help right away to discuss the many options for treating thrush. If you need to take medicine, you and your baby will need to take it. The infection can pass back and forth between mother and baby. Your partner may also need medicine. Thrush can be passed between you and your partner during sexual activity.
Six months and beyond
By six months, you and your baby will have a well-established breastfeeding relationship. This chapter covers a few things that may help you as you continue to breastfeed your older baby or toddler.

At six months you can begin to introduce your baby to family foods. You can continue to breastfeed long after your baby is eating the healthy foods the rest of the family enjoys.

You’ll find information on introducing your baby to family foods in *Loving Care: 6 to 12 Months*. You can get a copy from your local Public Health Services office.
Why should I continue to breastfeed?

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

• **Breastmilk is a healthy food for your toddler.** Breastmilk continues to be an important part of your child’s nutrition, even after they start eating family foods. At first, children get very little nourishment from family foods. Family foods won’t be your baby’s main source of nourishment until they are 12 months old.

• **Breastmilk changes to meet your child’s changing needs.** For example, as your baby grows into toddlerhood, breastmilk becomes more concentrated. This means that even though they may breastfeed less often, they are still getting lots of nourishment.

• **Breastfeeding fosters a close and comforting relationship between you and your child.** Breastfeeding is a special time for you and your child. It helps them feel secure while they reach out into a bigger world.
• **Breastfeeding protects your child from illness and allergies.** Your child will continue to benefit from antibodies in your milk for as long as they breastfeed.

• **Breastfeeding offers mothers some protection from breast cancer.** The longer you breastfeed, the less likely you are to develop breast cancer. What’s important is the length of time you spend breastfeeding in total. So if you have several children, the length of time you breastfeed each of them counts toward your total.

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

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

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

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

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

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

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

Not all babies bite, but some do. And when a baby bites, it hurts! Biting is unpleasant for mothers but is usually a stage that doesn’t last for long. Biting is not a sign that your baby is ready to wean.

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

Your child can’t bite when they are properly latched on and nursing. Biting usually happens when the child is nearly finished the feed and is letting go of the nipple. However, biting can happen at any time during a feeding and can happen with no warning.

If your child bites:

• **Pull them in close to your breast.** This will cause them to open their mouth and let go. Your instinct may be to push your child away from your breast. Try not to do this! It can damage your nipple.
• **Stay calm. Try not to yell.** This can be difficult if you’re taken by surprise! Look your child in the eyes and say “No!” Take your child off the breast. Then start breastfeeding again. If they bite again, put them down and stop breastfeeding.

• **Pay attention while your child breastfeeds.**
  This has two benefits. If they’re biting to get your attention, paying attention will stop the biting.

If they are biting for some other reason, paying attention may allow you to see the signs that they are about to bite. You’ll notice that they’re getting to the end of the feeding when swallowing slows down and they loosen their grip on the nipple. You can try stopping the feeding at this point.

You may also notice that their jaw tightens before they bite down. If you see that they’re about to bite, you can put your little finger in the corner of their mouth, between their gums. When they bite down, they’ll press on your finger, not your nipple.

• **During teething, offer a cold washcloth or teething ring to chew on before and after feedings.** This will help their gums feel better and may lessen biting. (You’ll find more information about teething on page 73.)
• **If a toddler bites, offer another choice.** Stop the feeding and offer a teething ring. Say something like, “Mommy is not for biting! You can bite this.” Offer hugs, kisses and praise when they don’t bite.

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

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

You can encourage your toddler to return to breastfeeding by:

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

Try to relax and be patient during a nursing strike. It usually ends after a few days. Express milk to keep up your milk supply. You can offer this breastmilk to your child in a cup or store it to use later. See page 109 for information on how to store breastmilk.
Breastfeeding during pregnancy

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

Tandem breastfeeding

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

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

For more information and support, contact your local Public Health Services office or a La Leche League leader.
Breastfeeding at work or school

When you go back to school or work, you can still breastfeed or feed your baby breastmilk. You can discuss this with other parents or a public health nurse. A woman who is breastfeeding and returning to work has a right under the Nova Scotia Human Rights Act to be accommodated in the workplace so that breastfeeding can continue. Visit https://humanrights.novascotia.ca/sites/default/files/breastfeeding-revised-policy.pdf to view the policy.
Feeding your baby when you can’t be there

You have two options for feeding when you have to be away from your baby and want to continue breastfeeding:

• You can express breastmilk to be given to your baby in a bottle.
• You can use formula when you are away.

Expressing your breastmilk

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

• **Building up a supply of stored breastmilk.** You’ll find information on how to express and store breastmilk on pages 103 to 109.
• **Expressing during your breaks.** If you don’t have access to a refrigerator during your workday, you’ll need an insulated container and ice packs to safely store the breastmilk you collect.

Be sure your baby’s caregiver understands how to thaw and warm breastmilk safely. You’ll find information about this on page 110.
Healthy baby teeth are important for your baby’s overall health. Pain and infection from tooth decay can make it hard for your baby to sleep, chew, and grow normally. They make it difficult for your baby to concentrate and learn. Baby teeth also help to shape your child’s face and guide adult teeth into place.

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

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

Three steps to help prevent cavities

Step 1. Keep your baby’s teeth and mouth clean.

Before the teeth come in:

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

- Wash your hands.
- Wrap a clean, soft, damp facecloth around your finger.
- Gently wipe the inside of baby’s mouth and around the gums.
• If you notice white spots or a white coating that doesn’t wipe off the gums, tongue, or cheeks, contact your health care provider.

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

*After the first tooth comes in:*

• **If your baby IS NOT at risk for tooth decay,** brush your baby’s teeth and gums with a child-sized toothbrush and water.

• **If your baby IS at risk for tooth decay,** brush your baby’s teeth and gums with a child-sized toothbrush and a small smear of toothpaste with fluoride—about the size of a grain of rice. You use this tiny amount because small children tend to swallow toothpaste while brushing.
• **Brush your baby’s teeth every morning and every evening before bed.** When you brush, sit or lay your baby in a safe position. You need to support your baby’s head so you can see their teeth clearly. Your hands should be clean and free to open their mouth and do the brushing.

• **Lift the lip to check your baby’s teeth for cavities.** Look at the front and back teeth. If you notice brown or white spots on your toddler’s teeth, call a dentist right away. This may be the first sign of decay.

**Caution:** Keep toothpaste out of children’s reach.
Risk factors for tooth decay

Your baby could be at risk for tooth decay if:

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

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

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

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

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

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

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

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

Keep your own teeth and mouth clean. You will set a good example for your baby and there will be fewer germs in your mouth to pass along.
Step 2. Don’t let food or drink stay on your baby’s teeth.

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

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

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

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

For more information about healthy eating and introducing family foods, see the “Food” section of Loving Care: 6 to 12 Months.
Step 3. See a dentist regularly.

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

For information on the MSI Children’s Oral Health Program, see page 122.

Teething and breastfeeding

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

When baby’s teeth start to come in, you may be concerned that baby may bite while you are breastfeeding. This is usually not a problem. Normally, your child’s tongue will lie over the lower teeth while breastfeeding. If you do find that your child bites down on your breast while feeding, pull your baby closer into your breast. Baby will release your breast to breathe. Your child may also bite down on your breast while sleeping
or being playful. Deal with any biting firmly, but gently. Take your breast away for a moment. Your child will get the message. If your child seems to be bothered by teething pain, there are some things you can do to help them feel better:

- Give your baby a clean, cold facecloth to suck or chew.
- Give your baby a teething ring. Teething rings should be cold but not frozen. Wash them often. Use warm, soapy water and rinse well before giving them to your baby.
- Massage your baby’s gums using a clean finger.
- Don’t use teething biscuits. Teething biscuits are high in sugar and may cause cavities.
- Don’t use teething gels. They can affect your baby’s health or cause choking by making the throat numb.

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

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

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

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

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

• Don’t dip a soother in anything, especially honey. It’s not safe to put honey on a soother. Honey can cause infant botulism, a kind of food poisoning that only affects babies.
• Don’t put it in your mouth before giving it to your baby.
• Make sure it can’t come apart.
• Keep it clean. Use warm soapy water, and rinse it well before giving it to your baby.
• Get a new one when it becomes sticky or has cracks or tears.
• Don’t put a soother on a string around baby’s neck. Strings can choke.
• Don’t pin soothers to clothes. Pins can hurt or be swallowed.
If you are concerned about thumb sucking or soothers, talk to your dentist or health care provider, or contact your local Public Health Services office.

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

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

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

Weaning can be natural or planned.

Weaning and your feelings

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

Talk with your health care provider if you have trouble handling your feelings as your baby grows.
**Natural weaning** is led by the child and happens over time. The toddler gets more and more nourishment from other types of food while still breastfeeding on demand. Over time, they breastfeed less and usually stop completely between two and four years of age.

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

Some general suggestions for planned weaning include:

- **Cut out one feeding a day.** Often, daytime feedings are easier to cut out. Your child may accept this better if someone else offers the substitute feeding or provides comfort or distraction during the time when the child usually feeds.

- **When you’re ready, cut another feeding.** Continue this over time, slowly cutting out one feeding at a time. The slower the pace, the easier it will be for both you and your child. The last feeding at night and the first feeding in the morning will likely be the last to go.

- **Change your routine.** For example, if you sit in the same chair you use when you breastfeed, your child will want to breastfeed. When you stop a feeding, distract your child. Offer other food or drink, give extra attention, or play.
Some mothers consider partial weaning. This means substituting a cup at a few feedings and continuing to breastfeed at other times. This is often a good approach when returning to work or school. For example, you can breastfeed your baby in the morning and evening and they can drink from a cup during the day. Your milk supply will adjust to this new routine.

If your breasts fill up while you are weaning, express just enough milk so that you’re comfortable. Cold compresses on your breasts can also help. Even after your baby is weaned, your breasts may have a little milk for several months.
About breasts and breastfeeding
This chapter contains more information about breasts, breastmilk, and breastfeeding. It also discusses things that affect the quality of your breastmilk.
Most babies can be breastfed. This includes babies born early, babies born as twins or triplets, and babies born with special physical conditions. In these cases, though, you will need more help and information to get breastfeeding going well. You may need help to find a comfortable feeding position or to get a deep latch. Ask your nurse, doctor or midwife for help.

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

Your breasts may produce milk even if you have never been pregnant, making it possible to breastfeed an adopted baby. Some adoptive mothers have been able to breastfeed their babies. Your breasts might even produce milk if you have had surgery to reduce or enlarge your breasts. In these cases, get help from an experienced practitioner. There is a good chance that you can at least partially breastfeed.
About breastmilk

Your breastmilk changes to meet the needs of your growing baby. The first thick yellow milk, called colostrum, nourishes your newborn and gives your baby antibodies to fight infection. After a few days, your milk starts to change. It becomes mature milk by about 2 weeks. Your mature milk changes throughout the feed. The foremilk comes first. It is thin, low in fat, and high in vitamins. It satisfies your baby’s thirst. When your child continues to suckle, the hindmilk is released. It is a high-calorie fatty white milk which satisfies your baby’s hunger.

Besides responding to your baby’s needs throughout a feeding, your milk responds to your environment. Your body produces antibodies to fight infections that you are exposed to. You share these with your baby through your breastmilk.
Your breastmilk is an important food for your baby. And the act of breastfeeding, the skin-to-skin contact, the cuddling, the “love-gazing” that breastfeeding encourages, is important to your baby’s social and emotional development. Your baby learns to love and trust and play.
How your breasts make milk

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

Your breast produces milk in response to suckling. The more your baby suckles at your breast, the more milk you will produce. It is the law of supply and demand. Most women can make enough milk to satisfy twins, so don’t worry about not having enough. Just breastfeed often.
And remember to drink to satisfy your thirst.

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

Understanding your let-down reflex

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

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

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

If your breasts leak

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

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

Here are some things that you can do to be as healthy as you can be—for yourself, your baby, and your family.

Healthy eating

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

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

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

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

Fresh air and exercise

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

If you smoke, anytime is a good time to stop. One of the best things you can do for your health—as well as for your baby’s—is to not smoke. Your health care provider can help you choose a stop-smoking program. For more information on stopping smoking, see Loving Care: Parents and Families or call Tobacco Free Nova Scotia (811). You can also talk with staff at Addiction Services (see page 122).

By quitting, you will improve your health and your baby’s health. You will also reduce your baby’s risk of sudden infant death syndrome (SIDS).

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

If you smoke, here are some things you can do to reduce the effects of smoking on your baby:

- **The less you smoke, the better it is for you and your baby.** Even if you are not ready to quit smoking for good, try taking a break from tobacco. You can stop for hours, days, weeks, or months. You can increase the amount of time between each cigarette you smoke. You can smoke fewer cigarettes each day.
The more you cut back, or the longer the breaks you take, the better. Any time you spend being smoke-free is good for your health and the health of your baby and the other people in your home.

- **Smoke after you have breastfed**, not before, and never during breastfeeding.
- **Always smoke outside and insist that others do the same.** There is no level of indoor second- and third-hand smoke that is safe for your baby.

Make your home and car smoke-free so that your baby will have safe spaces to breathe. The only way to protect your baby from second- and third-hand smoke is to not allow anyone to smoke in either your home or your car. In Nova Scotia, it is illegal to smoke in a car with children present. For more information on second- and third-hand smoke, see the *Loving Care* series.
If you drink alcohol

Canada’s Low Risk Alcohol Drinking Guidelines for Breastfeeding

When you are breastfeeding, there will be alcohol in your breastmilk after you drink. If you plan to drink alcohol, there are things you can do to make sure the alcohol doesn’t reach your baby. For example, you can breastfeed right before you drink alcohol so the alcohol can leave your breastmilk before your baby’s next feed. Talk to your health care provider about how you can continue to breastfeed.

Key Points

• Breastfeeding is normal.
• If you drink alcohol, there will be alcohol in your breastmilk after you drink.
• It is safest to avoid alcohol for the first three months of your baby’s life. This gives your baby’s liver time to develop.
• When your baby is older than three months, follow Canada’s Low Risk Drinking Guidelines if you choose to drink alcohol.
• Breastfeed just before you drink alcohol.
Some key points to remember:

• **It is safest to avoid alcohol in the first three months after birth.**

If you drink alcohol, there will be alcohol in your breastmilk after you drink. Alcohol has a greater effect on babies younger than three months of age because their livers are less developed.

Young babies breastfeed often and without any pattern. This makes it difficult to be sure there is no alcohol in your breastmilk when your baby wants to feed.

• **The amount of alcohol in your blood is the amount of alcohol in your milk.**

Alcohol gets into your breastmilk from your blood. It moves freely from blood into breastmilk and back out again.

Alcohol shows up in your breastmilk almost right away, and is at the highest levels 30 to 60 minutes after you start drinking.

The amount of alcohol that gets into your breastmilk depends on several things. These include:

• the strength and amount of alcohol in your drink
• what and how much you’ve eaten
• how much you weigh
• how quickly you are drinking
• **Only time reduces the amount of alcohol in your breastmilk.**

As the amount of alcohol in your blood starts to drop, the amount in your milk will drop too.

As a general rule, it takes two hours for an average woman to get rid of the alcohol from one drink. It takes four hours for two drinks, six hours for three drinks, and so on.

As long as there is alcohol in your blood, there is alcohol in your breastmilk. ‘Pumping and dumping’—expressing breastmilk and throwing it away—does not reduce the amount of alcohol in your breastmilk. As long as there is alcohol in your system, there is alcohol in the new milk your body makes to replace the milk you pumped out. Once the alcohol has passed through your system, it is gone from your milk, too. Alcohol is not ‘stored’ in your milk, just as it isn’t stored in your blood.

• **If you plan to drink alcohol, there are things you can do to make sure the alcohol doesn’t reach your baby.**
• Follow Canada’s Low Risk Drinking Guidelines.
  If you have one or two standard drinks in a day:
  – Breastfeed your baby immediately before you drink. This allows time for the alcohol you drink to leave your breastmilk before the next feeding.
  – Eat before and while drinking.
  – Have a non-alcoholic drink for every alcoholic drink. This will help reduce the amount of alcohol you drink.

**Canada’s Low Risk Alcohol Drinking Guidelines**

**Women:** Zero to two drinks a day, up to 10 drinks a week

Once in a while you might have an extra drink, but it’s important to stay within the weekly limit.

• Be aware that three or more alcoholic drinks a day can be harmful to your health and that of your baby.
  – You may not be able to take care of your baby properly if you are affected by alcohol.
– Alcohol may decrease the flow of your milk and reduce your supply.
– Your baby may be slower to reach developmental milestones.

• **Beer (or any other type of alcohol) will not improve your milk supply.**

Research has shown that alcohol does not increase milk supply.

If you have more to drink than planned…

• Arrange for someone who isn’t affected by alcohol to look after your baby.
• Don’t sleep with your baby if you (or anyone else in the bed) are affected by alcohol.
• If you know that sometimes you drink more than you plan to, you can express some milk ahead of time just in case. The baby can have this milk if you miss a feeding while drinking, or while you are waiting for alcohol to leave your milk.
• If your breasts are uncomfortable because you have missed a feeding, express some milk and throw it away. This will help you feel more comfortable and will maintain your milk supply.
• Breastfeeding after drinking one or two standard drinks of alcohol is still better for your baby than giving infant formula.
• **For more information…**

If you want more information, or if you need some extra support, talk to a health care provider. This could be your doctor or a nurse. You could also visit your local family resource centre.

If you have concerns about how much you are drinking, contact Addiction Services. See page 122 for contact information.

For more information on Canada’s Low Risk Alcohol Drinking Guidelines, see *Loving Care: Parents and Families*.

**If you use street drugs**

If you use street drugs or other drugs not prescribed by your doctor, there is risk to your health and the health of your baby. You may want to talk with someone about how to cut down or stop using drugs. Staff at Addiction Services may be able to help. See the “Getting Help” section for contact information (page 113). You can also talk to your doctor or public health nurse about programs in your community.

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

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

- What is it?
- Why am I taking it?
- What will it do to me and my baby?
- What are the possible side effects?
- What is the smallest amount I can take?
- When is the best time to take it?
- Is there a better choice I can safely take while breastfeeding?
Expressing, storing and using breastmilk
This chapter gives you information about how to express breastmilk, store it safely, and thaw and warm it for use. It also explains how waiting for six weeks before offering a bottle or soother can prevent nipple confusion.
Not every breastfeeding mom needs to express milk. You may want to express your breastmilk to relieve your breasts if you are away from your baby, or to save milk for later use. For healthy, full-term babies, if you do need to express, it is best to wait until baby is at least three or four weeks old. By then, your milk supply is established. If your baby is premature or sick, you can get help in the hospital to express your early milk. The following sections tell you how to express breastmilk.

**Getting ready**

When you need to express your breastmilk, you can do it either by hand or with a pump. Both ways take patience and practice. Begin by following these steps:

- Wash your hands.
- Wash everything that will touch the milk in hot soapy water. Rinse well and air dry.
- Choose a comfortable place where you can relax. Practice slow, easy breathing as you settle down.
• Keep warm. Put a sweater around your shoulders or sit near a heat source. Warmth helps you relax and starts your milk flowing.

• Allow enough time—don’t rush.

Other ways to start your milk flowing:

• Think about your baby.

• Take a warm shower or splash warm water on your breasts.

• Stroke your whole breast with light, tickle motions.

• Roll and tug gently on your nipple using your thumb and forefinger.

• Shake your breasts gently towards each other while leaning forward.

• Massage your breasts using one of the methods shown below.

• Breastfeed on one side while you express on the other.
finger tip massage
• use two fingers
• press fingertips lightly into breast
• make small circles
• start from the back and move towards the areola
• cover the whole breast
• massage firmly, but gently

diamond hand position
• support breast with both hands, thumbs on top, fingers below
• press gently as you move towards the nipple

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

warm washcloth massage
• wet washcloth with warm water
• press firmly on breast, from back to nipple
Hand expressing

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

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

Try this method for hand expressing:

- Hold a wide-mouthed clean container under your nipple. Or place the container on a table in front of you.
- Position your thumb on top and first two fingers under the areola, a few centimetres behind the nipple. That’s 1 to 1 ½ inches.
- Press in straight toward your chest wall about 1 inch.
• Gently squeeze the breast tissue between your thumb and fingers. Then release. This action empties the milk reservoirs without damaging your breast tissue.

• Repeat—press in, squeeze and release.

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

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

A few points about breast pumps:

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

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

### Breast Milk Storage Guidelines for Healthy Full-Term Babies at Home

**Academy of Breastfeeding Medicine (2017).**

<table>
<thead>
<tr>
<th>Human Milk</th>
<th>Room Temperature (20°C)</th>
<th>Refrigerator (4°C)</th>
<th>Freezer (separate door freezer of refrigerator) (-18°C)</th>
<th>Deep Freezer (-20°C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshly expressed</td>
<td>≤ 6 hours</td>
<td>≤ 5 days</td>
<td>≤ 6 months</td>
<td>≤ 12 months</td>
</tr>
<tr>
<td>Thawed in refrigerator, but not warmed</td>
<td>≤ 4 hours</td>
<td>≤ 24 hours</td>
<td></td>
<td>Do not refreeze</td>
</tr>
<tr>
<td>Thawed and brought to room temperature or warmed</td>
<td>≤ 1 hour (then discard)</td>
<td>≤ 4 hours</td>
<td></td>
<td>Do not refreeze</td>
</tr>
<tr>
<td>Freshly expressed milk that infant has started feeding</td>
<td>For completion of feed, then discard</td>
<td></td>
<td></td>
<td>Do not refreeze</td>
</tr>
<tr>
<td>Thawed, previously frozen, pasteurized donor human milk</td>
<td>≤ 4 hours</td>
<td>≤ 24 hours</td>
<td></td>
<td>Do not refreeze</td>
</tr>
<tr>
<td>Frozen, pasteurized donor human milk</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>No recommendation provided</td>
<td>9-12 months from pumping date</td>
</tr>
</tbody>
</table>

- Use clean glass containers or sturdy bags made for freezing breast milk that seal well. Avoid using baby bottle liners because they often break and may not seal tightly.
- Use plastic containers that are BPA-free.
- Use a new clean container each time you express milk.
- Label containers for storage with the date of milk expression.
- Store breast milk near the back of the refrigerator where it is the coldest. Don’t store it in the fridge door where it is not as cold.

**Throw out all breast milk that is older than the above storage times!**
Using stored breastmilk

- Breastmilk will separate into layers when stored. Shake it gently before serving to mix in the cream.

- Frozen breastmilk can be thawed in the refrigerator or by placing the container in lukewarm water. Use thawed breastmilk within 24 hours. Thawed milk should not be re-frozen.

- Warm breastmilk with care. Heat it gently by putting it in warm water. High temperatures can destroy some of its goodness.

- Breastmilk should not be heated in a microwave oven for three reasons. One, it is easy to overheat the milk, destroying its goodness. Two, microwaves heat the milk unevenly. Hot spots in the milk may scald your baby. Three, bags may burst.
If you plan to use a bottle to feed your breastmilk to your baby, wait until baby is six weeks old. Offering a bottle before six weeks of age may cause nipple confusion. This happens because the mouth and tongue action needed to get milk from your breast is very different from that needed to get milk from a bottle. An infant may become confused and refuse the breast. Wait until your baby gets really good at breastfeeding before introducing a rubber nipple, including a soother. There are other ways to feed expressed breastmilk to your baby, such as cup feeding or finger feeding. Contact Public Health Services, La Leche League or local breastfeeding support groups for more information. For phone numbers, see the next section, “Getting Help.”
Getting help
There are many people in your community who can help you learn to breastfeed. There are also many books, videos, and websites that may help. Here are some ways to find them:
# People and services in your community

## Public Health Services

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

## Public Health Offices

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amherst</td>
<td>18 South Albion Street</td>
<td>902-667-3319 or 1-800-767-3319</td>
</tr>
<tr>
<td>Antigonish</td>
<td>Martha Centre</td>
<td>902-867-4500 ext. 4800</td>
</tr>
<tr>
<td>Baddeck</td>
<td>30 Old Margaree Road</td>
<td>902-295-2178</td>
</tr>
<tr>
<td>Bridgewater</td>
<td>215 Dominion Street, Suite 200</td>
<td>902-543-0850</td>
</tr>
<tr>
<td>Berwick</td>
<td>Western Kings Memorial Health Centre</td>
<td>902-538-3700</td>
</tr>
<tr>
<td>Canso</td>
<td>Eastern Memorial Hospital</td>
<td>902-366-2925</td>
</tr>
<tr>
<td>Cheticamp</td>
<td>15102 Cabot Trail</td>
<td>902-224-2410</td>
</tr>
</tbody>
</table>
Public Health Offices continued...

Digby
Digby General Hospital
75 Warwick Street
3rd Floor
Phone: 902-245-2557

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

Glace Bay
Senator’s Place
633 Main Street
Ground Floor
Phone: 902-842-4050

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

Halifax Regional Municipality and Eastern Shore
7 Mellor Avenue, Unit 5
Burnside
Phone: 902-481-5800

Inverness
39 James Street
Phone: 902-258-1920

Liverpool
175 School Street
Phone: 902-354-5737

Lunenburg
250 Green Street
Phone: 902-634-4014

Meteghan Centre
Clare Health Centre
Phone: 902-645-2325

Middleton
Soldier’s Memorial Hospital
462 Main Street
Phone: 902-825-3385

Neil’s Harbour
Buchanan Memorial Community Health Centre
Phone: 902-336-2295

New Glasgow
690 East River Road
Phone: 902-752-5151
New Waterford
New Waterford Consolidated Hospital
716 King Street
Phone: 902-862-2204

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

Port Hawkesbury
708A Reeves Street
Unit 4
Phone: 902-625-1693

Sheet Harbour
Eastern Shore Memorial Hospital
Phone: 902-885-2470

Shelburne
Roseway Hospital
1606 Lake Road
Phone: 902-875-2623

Sydney
795 Alexandra Street
Suite 208
Phone: 902-563-2400

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

Windsor
Hants Community Hospital
89 Payzant Drive
Phone: 902-798-2264

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

Yarmouth
Yarmouth Regional Hospital
60 Vancouver Street
4th Floor
Building B
Phone: 902-742-7141
Local health services offered by phone or internet

- **nshealth.ca/pregnancy-parenting**
  A website to help you learn more about pregnancy and the early weeks following birth

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

- **811 Nova Scotia**
  A helpline for health advice in Nova Scotia

Family Resource Centres

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

*Website*: novascotia.ca/coms/families/prevention-and-early-intervention/family-resource-centres.html
First Nations Family Supports

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

- Annapolis Valley First Nation Health Centre
  902-538-1444
- Bear River First Nation Health Centre
  902-467-4197
- Chapel Island Medical Centre
  902-535-2961
- Eskasoni Health Centre
  902-379-3200
- Glooscap First Nation Health and Healing Centre
  902-684-0165
- Gold River Health Centre
  902-627-1245
- Membertou Wellness Clinic-Mawpltu Welo’ltimkew’kuom
  902-564-6466
- Millbrook Health Centre
  902-895-9468
- Paq’tnkek Health Centre
  902-386-2048
- Pictou Landing Health Centre
  902-752-0085
- Sipekne’kati Health Centre
  902-758-2068
- Wagmatcook Health Centre
  902-295-2755
- Waycobah Health Centre
  902-756-2156
- Yarmouth Health Centre
  902-742-4337

- Native Council of Nova Scotia - Caring Connections
  (for off-reserve First Nations families)
  ncnspregnataleastlink.ca
La Leche League

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

La Leche League Canada has groups throughout Nova Scotia. To find one near you, phone their national referral line at 1-800-665-4324.

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

You can find La Leche League on the web at [lalecheleague.org](http://lalecheleague.org)
Addiction Services

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

Website

To find the location of the closest Addiction Services in your area visit: novascotia.ca/dhw/addictions

MSI Children’s Oral Health Program

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

For children covered by a co-pay dental plan, MSI will pay the portion that you would normally pay for these basic dental services and treatments.

• Phone: 1-888-711-1119 (Toll free)

Books and videos

There are so many resources available that we can’t list them all. Browse at your local library, bookstore, or video outlet. Your Public Health Services office, family resource centre, or new mothers group may also lend books and videos.
Websites

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

nshealth.ca/pregnancy-parenting
Includes information on breastfeeding support programs and services across Nova Scotia.

infactcanada.ca
INFACT Canada promotes mother and baby health through breastfeeding.

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

lalecheleague.org
La Leche League International supports and encourages breastfeeding mothers.

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

safelyfed.ca
SafelyFed Canada is an organization dedicated to the protection of infants and young children in emergency through safe and appropriate feeding.
breastfeedingcanada.ca
The Breastfeeding Committee for Canada’s mission is to protect, promote and support breastfeeding in Canada as the normal method of infant feeding. They are the national authority for the World Health Organization/UNICEF Baby Friendly™ Hospital Initiative (BFHI) in Canada.

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