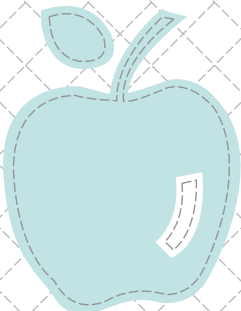


# Breastfeeding Your Baby



A NEW LIFE



# *The Best for You and Your Baby*

Now, during your pregnancy, is the right time to decide how you want to feed your baby. Your personal situation, your partner's attitude, and your feelings about yourself and your baby will all affect your decision.

Your breast milk is the perfect food for your baby. It is all your baby needs for the first six months of life. 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 that a warm breast is always available. Your baby learns to love and trust and play.

Breastfeeding will give your baby his first “injection” of antibodies to help fight disease. It will also help you to develop a special bond as you experience the sharing that happens with each feed.

Breastfeeding is good for your baby and will make you feel good about yourself too!

You may be confused by conflicting advice about breastfeeding from well-meaning friends or relatives and feel unprepared for what lies ahead. It's important to know the facts when making any choice. This is also true for choosing how to feed your baby. During pregnancy is a good time to learn and read about breastfeeding.

**T**here are a number of reasons why mother's milk is the best choice for babies.

## **Perfect first food**

Breast milk is designed to meet babies' first nutritional needs. It is easier for babies to digest and easier for their bodies to use than infant formulas (or breast milk substitutes). Breastfed babies usually have less colic, burping, upset stomach, constipation, and diarrhea than bottle-fed babies.

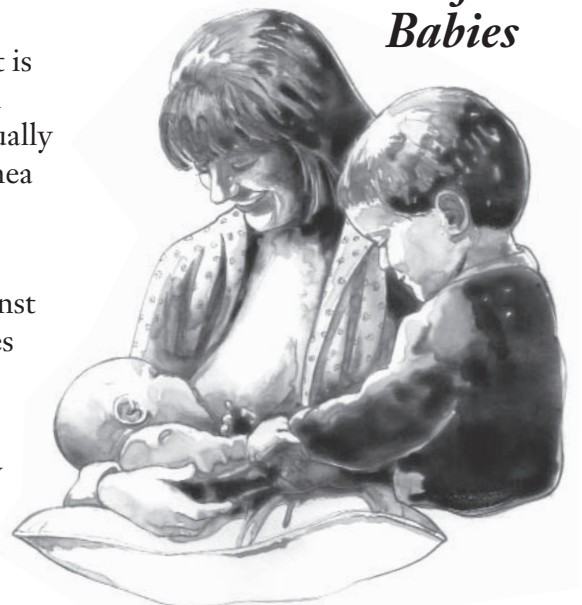
## **Protection from disease, infection, and allergy**

Breast milk contains substances that give babies protection against diseases and infections. Food allergies appear less often in babies who receive only breast milk for the first six months.

## **Control of milk intake**

Breastfed babies feed when they are hungry and stop when they are full. They control their own milk intake. Formula-fed babies can be coaxed to take a little more and may overeat.

## *Breastfeeding Is Best for Babies*



## *Breastfeeding Is Also Good for Mothers and Families*

### **Good mouth development**

A mother's nipple suits the shape of a baby's mouth. Breastfed babies usually have good jaw development, and their face muscles are strengthened.

### **Comforts and satisfies babies**

Babies often have a natural need to suck. Breastfeeding helps satisfy that need.

### **Close relationship between mother and baby**

Breastfeeding is more than a way to feed your baby. Breastfeeding is a partnership between you and your baby. It develops a special bond. Your attention, plus the warmth and closeness of your body, help to give your baby a sense of security and well-being.

### **Perfect for months**

Breast milk supplies all your baby's nutritional needs during the first six months of life. This is the most rapid period of growth during life. Your healthy baby does not need any other foods during this time. That means no food or other drink. Feeding solid foods too early could lessen your milk supply and put your baby at greater risk of allergies.

**T**here are a number of reasons why breastfeeding is good for mothers and their families too.

### **Easy on the budget**

In these days of rising costs, it's good to know that breast milk costs a lot less than infant formulas (or breast milk substitutes). Breast milk is made by you, so your only extra expense will be the extra food you need to eat to produce the milk. Even when you take into account the extra food, breastfeeding still costs the least.

### **Convenient and safe**

Breast milk is always clean, fresh, and exactly the right temperature. There's no preparation and it is ready 24 hours a day. When your baby is ready to eat, breast milk is available immediately. That makes night feedings a lot easier to handle! Breast milk is always with you, so travelling with your baby is simpler. There's no bottle to prepare, carry, or wash.

### **Environmentally friendly**

Breastfeeding is nature's way for you to feed your baby. You both help to save some of the earth's resources by cutting out preparing, heating, storing, and washing. You are also helping to decrease the pollution of air, land, and water from production and packaging.

### **Rewarding experience**

Most mothers find breastfeeding satisfying for themselves and their babies. Providing the best for your baby makes you feel good about yourself.

While you have the natural ability to breastfeed, you have to learn how to do it. Learning to breastfeed takes some time and patience, but it's worth the commitment. You may have some challenges, especially in the early weeks, but this is perfectly normal. Talk about these challenges right away. Contact your local Public Health Services office to discuss these challenges. Also remember there are other people in your community who can help you.

### **Learning about your baby**

Breastfeeding allows you to learn your baby's cues more quickly. You can respond to baby's need for food and comfort before baby becomes overly upset.

### **Helps mother's body**

Your baby's suckling at your breast causes your uterus to contract and return to its normal size more quickly. Breastfeeding may also help you slowly lose some of the weight that you gained in pregnancy. Producing breast milk uses up fat your body stored during pregnancy. Women who breastfeed are less likely to get osteoporosis, cervical cancer, and breast cancer.

Breastfeeding may help you get back to your pre-pregnancy weight. It does not guarantee that you'll be back to your pre-pregnancy shape. Healthy eating and regular physical activity will help. Read the Healthy Activity section to get off to a good start

### **Works for working mothers**

Mothers admit that breastfeeding while working is challenging, but say it's possible with commitment, planning, and help. When you are away from home at feeding time, you can leave your expressed breast milk with your sitter or partner to feed your baby. Breast milk can be frozen for future use too.

Some mothers have day care facilities at work or nearby so they can breastfeed during their breaks. You may want to plan for your partner, family member, or sitter to bring your baby to you for breastfeeding during your breaks at work. Talk to your employer to see what flexibility can be worked into your day.

### **Works if you're a mother and also a student**

Many of the ideas and suggestions for working mothers would be helpful to you as you balance the demands of being a mother, wife or partner, and student. Schools, community colleges, and universities have student counselling services that may be able to help you. Check it out!



## ***Common Myths and Concerns about Breastfeeding***

**Y**ou've probably had some questions about becoming a parent. It's also normal that you and your partner have some questions about breastfeeding. Read about the common breastfeeding questions that mothers and fathers have. Hopefully yours are included here. If not, talk over your concerns with your public health nurse or other breastfeeding support people in your community.

### **Will I be able to breastfeed?**

The most important factor in being able to breastfeed is wanting to breastfeed your baby. As naturally as day follows night, your milk will come in and your baby will breastfeed.

There are a few serious medical conditions that would prevent a mother from breastfeeding her baby. Examples of such conditions are a mother who uses addictive drugs, is addicted to alcohol, is receiving treatment for cancer, or is infected with HIV.

### **Are my breasts too small?**

The size of a mother's breasts is not an issue. Big or small, they can produce all the milk your baby needs. What counts is starting to breastfeed your baby very soon after birth. Remember, the more often you breastfeed your baby, the more milk there will be.

### **Are my nipples the right shape?**

The shape of your nipples is unlikely to keep you from being able to breastfeed. If you are uncertain, see page 68 for a simple test.

Your baby's suckling will soften and shape the nipple and areola area during breastfeeding. She'll do most of the work in reshaping the nipple structure if it is needed.

### **Will breastfeeding make my breasts sag?**

This is one of the myths about breastfeeding. It is the hormones of pregnancy, not breastfeeding, that affect the breasts and may cause them to sag. A good supportive bra will help this. You can expect your breasts to return to their normal or near normal size after you stop breastfeeding.

### **Does breastfeeding take a lot of time?**

While you may have heard that breastfeeding "ties you down," many women like how flexible breastfeeding really is. Whether breastfeeding or formula feeding, a mother's activities are somewhat limited for a time by feedings, other demands of a baby, and being tired. Keep in mind—the first few weeks after childbirth are a time of change, adjustment, and joy. This is true for all new mothers!

### **Do I need to eat a special diet?**

You don't need a special diet while you're breastfeeding. What's important is healthy eating and drinking enough fluids. When you eat well, using *Eating Well with Canada's Food Guide* as your guide, you keep your body healthy while you nourish your baby.



### **What about smoking and breastfeeding?**

Many parents stop smoking before their baby is born because they know that smoking can hurt their unborn baby. It's still important for your own health—as well as for your baby's—not to smoke after your baby is born.

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, it is **still** better to breastfeed than to formula feed. 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. See **Breastfeeding Basics** for tips on how to reduce the effects of smoking on your baby.

### **Will breastfeeding keep me from getting pregnant?**

Breastfeeding should not be relied upon as a method of birth control. Although you may not have a menstrual period while you are breastfeeding, it is possible to become pregnant. You must use some form of contraception to prevent an unplanned pregnancy.

Birth control pills can decrease milk production. Talk with your doctor or public health nurse about the types of birth control to use while you are breastfeeding. If you are using birth control pills, watch carefully for any signs of decreased milk supply, such as decreased breast size, leaking or increased baby demands outside of growth spurts.

### **Will my partner be left out?**

No. Early on while you and your baby are building the milk supply, it's true that your partner cannot help with feeding. However, there are many other ways your partner can help and develop a close relationship with your baby. These are outlined on page 72.

### **What about my other children?**

Older children will be curious about breastfeeding if they haven't seen it before. They may want your attention while you are breastfeeding. They may want to be near you during your baby's feeding. Make a snack for them before you begin to feed the baby and have them sit next to you to eat it. Encourage them to bring you a book to read or to do some quiet activity. Save special toys for this time. Talk to them about what's happening while you feed.

Sometimes older children feel left out or jealous of a new baby. This is normal and to be expected. Assure them that they are loved and important to you.



If your children are old enough, encourage them to take part in caring for the new baby. Teach them to hold or burp the baby. Ask your child to sing while you change the baby's diaper and to pass you things you need. Perhaps they could answer the telephone while you are breastfeeding. A positive experience for your older children may foster their future decision to breastfeed your grandchildren!

**What about going back to work?**

Today in Nova Scotia many mothers have maternity leave for 12 months. On the other hand, women who are self-employed or who work casually may not have this paid leave and must return to work earlier. That may be within the baby's first month of life. If you have to return to work, you can continue breastfeeding with help from your partner, sitter, or a relative or friend. There are tips about continuing to breastfeed after going back to work or school in **Breastfeeding Basics**.



# Preparing to Breastfeed

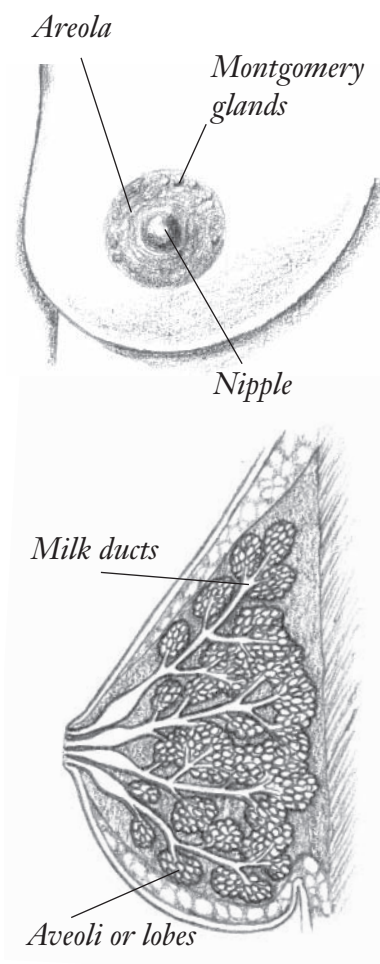
Once you've decided to breastfeed, you can begin to prepare yourself. The time to do this is while you are pregnant. During pregnancy is also the time to think about how you will breastfeed and who will support you and answer your questions. You can begin to prepare your partner to get involved; there are lots of ways he can help. Towards the end of your pregnancy, you should be thinking about nursing bras and nightwear for nursing. These preparations will carry you through the first weeks of your baby's life, so enjoy preparing.

**T**he breasts are working organs of the female body that can fully nourish one or more babies for many months after birth. This section describes the parts of the breast and how breasts change during pregnancy and when your body makes milk (the process of lactation).

## Parts of the breast

- The breast is formed by the skin, chest muscles, blood vessels, nerves, fatty tissue, and milk-producing tissue.
- The areola is the darker circular area surrounding the nipple.
- Inside the breast, milk glands (or lobes, which are subdivided into lobules) contain the milk-producing alveoli.
- The alveoli produce and release breast milk.
- Milk ducts (called lactiferous ducts) carry the milk from the alveoli to the milk reservoirs (called lactiferous sinuses).
- The milk reservoirs are widened ducts just under the areola where the milk is stored until the baby squeezes them during feeding.
- Each nipple has 15 to 25 duct openings from the milk reservoirs.
- Montgomery glands, noticed as bumps on the areola, secrete a protective oily substance that lubricates the nipple and areola. The substance also discourages the growth of bacteria on the nipple and areola area.

## The Breast and How It Works



## *Changes in Your Breasts*

### **Before pregnancy**

Your breasts were getting ready to breastfeed a baby before you ever thought about becoming a mother. Milk production glands began to develop during your teenage years.

### **During pregnancy**

Hormones cause your breasts to develop during pregnancy. The breast, areola, and nipple increase in size. The nipple and areola also become darker in colour. Milk glands and ducts increase in number and grow in size. Don't worry about coarse hair around the nipple. This will not affect breastfeeding.

### **During lactation**

You will notice a major change in your breasts once your baby is born. Once the placenta is delivered, hormones stimulate the alveoli to begin producing milk. Your breasts will swell as milk begins to fill the milk ducts. The amount of swelling varies. You may have different feelings, from a full feeling to one of slight discomfort. Frequent breastfeeding helps to decrease this discomfort.

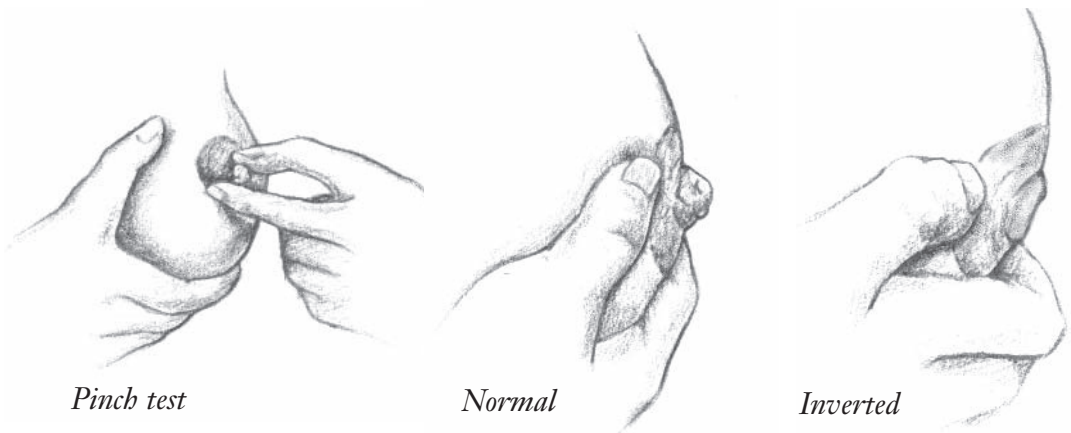
## *Examining Your Breasts*

Ideally, your doctor will check your breasts and nipples during the first three months of pregnancy. Expect your doctor to check your nipples again at the beginning of the seventh month of pregnancy. If your nipples are normal, no physical preparation is required. If you have inverted or flat nipples, you can do nipple preparation during pregnancy.

By examining your breasts, you follow their development during pregnancy. It will also help increase your comfort level for breastfeeding.

You need to check your nipples by doing the "pinch test." First, take a look at your nipples and become familiar with their shape. Now check your nipples using the "pinch test."

- Grasp about one inch of breast tissue and areola behind the nipple between your thumb and first or index finger.
- Pressing inward, gently squeeze the thumb and index finger together, slightly behind the nipple. Note what happens to your nipple.



**Normal**

Nipple stands out when pinched, making it easy for your baby to grasp or latch onto your breast.

**Flat**

Nipple stands out only slightly or remains flat with the pinch test. Nipple preparation during pregnancy can help to make your nipple stand out so your baby can latch on easily.

**Inverted**

Nipple appears turned inwards before the pinch test and remains turned in when pinched.

**I**nverted or flat nipples do not cause a problem with milk production, but they can make it harder for some babies to latch onto the breast, especially at first. With an inverted nipple, the areola and nipple don't go into the baby's mouth far enough and the baby loses grasp of the breast easily.

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 your 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 lactation consultant in the early days of breastfeeding for help with latching on.

Wearing breast shells during the last 4–6 weeks of pregnancy may help draw out the nipple. Discuss the use of breast shells with a public health nurse, lactation consultant, or your doctor.

## *Preparing Inverted or Flat Nipples*

## *Setting Goals for Breastfeeding*

**B**reastmilk is all your baby needs for the first six months of life. No other food or drink is needed. Breastfeeding should continue until your baby is two years or older. You can introduce your baby to complementary foods at age 6 months.

Now is a good time to set some goals for breastfeeding. A goal is your purpose in doing something. Goals show clearly what you can expect to get out of something you are learning.

Why have your own goals for breastfeeding? You have the natural ability to breastfeed but must learn how to do it. By making your own goals for breastfeeding, you are helping yourself to learn what is involved.

You are also deciding how you're going to do it. By setting goals in advance, you can decide what you will need to help you achieve your goals.

### **Your prenatal goals for breastfeeding**

Here are some suggestions for breastfeeding goals. Think about them and then check off the ones you want to aim for.

- I will breastfeed my new baby.
- I will “build” my breastfeeding support group while I’m pregnant.
- I will find out about breastfeeding at the hospital where my baby will be born.
- I will tell the hospital staff that I plan to breastfeed my new baby.
- I will read about breastfeeding goals for my hospital stay (on page 76) and try to achieve them.
- I will develop a baby-feeding plan that requests that my baby not be given any bottle or pacifier (see page 77 for a sample).
- I will accept that breastfeeding may take time, patience, and determination to work.
- I will make the first few weeks a learning time for both my baby and myself.
- I will involve my partner in helping breastfeeding to work for our family.
- I will try to learn as much as possible about breastfeeding so I feel confident.
- I will try to quit smoking now.
- I will breastfeed our baby for as long as possible, because the benefits will continue as my baby grows.

**B**reastfeeding is nature's way to feed your baby, but that doesn't mean you know how to do it right away. Most mothers need information, support, and encouragement while breastfeeding, especially during the first month or so.

### **How can breastfeeding support help me?**

It's a good idea to think about breastfeeding support ahead of time and identify friends, family members, professionals, and support groups to help you.

- You'll have someone to talk with about breastfeeding your baby and to get help from, either in person or by telephone.
- You'll have a friendly shoulder to lean on any time of the day or night, and often it's most needed during the night!
- You'll have people checking on how you and your baby are doing, either in person or by telephone.
- You'll have help with some aspects of baby care, such as the support person taking the baby for a walk while you have a relaxing bath or looking after the baby while you have your hair cut.
- You'll have someone to help with making some meals, doing some housework, and perhaps even do some shopping.
- If you have other children, you'll have help in caring for them. Of course, it's a good idea to involve other children in ways appropriate to their age.
- You'll have someone to invite you, your baby, and the rest of your family for a meal or an outing.
- You'll have a sitter so you and your partner can go out.

Keep in mind that friends and family will offer advice, whether you ask for it or not. Some advice will be helpful, but you may find some of it confusing and contradictory. Listen politely, thank them, and don't be afraid to ignore their advice.

### **Who can help give breastfeeding support?**

The time to think about which people can help you in the early days of breastfeeding is during your pregnancy. Then you'll be ready when your baby is born!

- Find one or two mothers who have enjoyed breastfeeding their babies and who live near you. Talk to them about their experiences and ask if they will give you moral support or help with any challenge you might have when breastfeeding your baby.
- Talk with your partner about ways to share "the load" once your baby arrives.



- Find out if there is a breastfeeding support group where you live. Ask your public health nurse or check in your telephone book. Perhaps you'll want to join a group and learn from experienced breastfeeding mothers. Attend one or more of their meetings while you are pregnant.
- Look for other new mothers to talk with, trade child care, or give one another a break in ways that you both enjoy.
- Check to see if community groups, family resource centres, or churches in your neighbourhood have a parent-child drop-in centre, mother-baby groups, or exercise programs.
- Talk about breastfeeding with your public health nurse or nutritionist. Many Public Health Services office offer breastfeeding support in the community.

## *A Word to Partners*

**A**s the partner of a breastfeeding mother, you can be very much a part of the breastfeeding experience. While your partner is pregnant, learn with her about the advantages of breastfeeding for your baby, for your partner, and for your family. Discuss any concerns you have with your prenatal educator or public health nurse. Share with each other your feelings about breastfeeding before your baby is born.

### **Here are some suggested ways that partners can help with breastfeeding.**

- Support the new mother and baby as they learn to breastfeed. Remember, it's a partnership. It takes a while for them to adjust to each other and to breastfeeding.
- Encourage the new mother with words and actions. Help her to get into a comfortable position for feeding. Bring her a snack or drink during the feeding. Play her favourite music. You can do your own thing here and be creative.
- Take off a few days from work to help everyone adjust to the new baby. You and your partner will need one another's help and support as you get to know your baby and share the chores.
- Encourage the mother with breastfeeding techniques you've both learned.





- Help with baby care. You can bring and return your baby to her crib before and after a feeding, and burp the baby when needed. Babies love to be held, rocked, and talked to.
- Lie down or sit with the mother while she breastfeeds the baby.
- Comfort your baby during fussy or hard-to-please times. One way is to lay her, skin-to-skin, over your chest with her ear over your heartbeat. The rise and fall of your chest usually lulls the baby to sleep. You have unique ways to comfort your baby, just as the baby's mother does. Remember, both baby and mother will benefit from your comforting efforts.

Also think about and explore how partners can help with breastfeeding. That way you'll both be ready before your baby comes or at least as ready as you can be!

### **Nursing bras**

Nursing bras are designed for support and comfort in breastfeeding as well as convenience. You can wear regular bras as long as they have no underwires that may cause clogged or plugged milk ducts. Some mothers with heavy breasts may find a regular bra more supportive, especially one with a front closure. Some mothers are comfortable wearing no bra.

During pregnancy, your breasts increase in size, and if you have to buy new bras, consider buying nursing ones. You can wear them while you are pregnant and then later for breastfeeding. You will need 2 or 3 bras and can buy them at department or maternity stores. Have them ready to put into the suitcase you're taking to the hospital.

### **What should I look for in a nursing bra?**

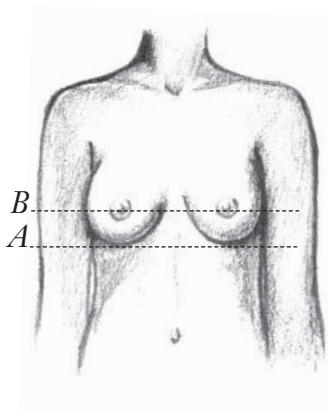
The bra should fit well, be adjustable, and not be tight. It should have seamless cups (without plastic liners) and large flaps that pull down for easy feeding and allow most of the breast to be uncovered. The bra should give firm support and have wide non-stretch straps. It should be made of cotton or cotton-polyester so it is washable. Try bras on before buying and be sure you can unhook and rehook the flap with one hand.

## *Buying Nursing Bras and Nightwear*

### What size do I buy?

Two measurements, band size and cup size, are needed to determine your correct nursing bra size.

First, for the band size—A, measure around your rib cage just below the bustline. The following chart gives the bra band size:



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#### Rib cage measure

27 in (69 cm)	29 in (74 cm)	31 in (79 cm)	33 in (84 cm)	35 in (89 cm)	37 in (94 cm)	39 in (99 cm)
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#### Band size

32 in (80 cm)	34 in (85 cm)	36 in (90 cm)	38 in (95 cm)	40 in (100 cm)	42 in (105 cm)	44 in (110 cm)
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Second, for the cup size—B, measure around your chest over the fullest part of your breasts. Allow for the use of nursing pads when taking this measurement. The difference between the breast measure and the band size indicates the cup size. The following chart gives the bra cup size:

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<b>Difference</b>	1 in (2.5 cm)	2 in (5.0 cm)	3 in (7.5 cm)	4 in (10.0 cm)	5 in (12.5 cm)
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<b>Cup size</b>	A	B	C	D	DD
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Example—If the band size is 34 in (85 cm) and the breast measurement is 37 in (94 cm), the difference of 3 in (7.5 cm) = C cup.

### Why use nursing pads?

Some mothers wear nursing pads in their bra to protect their clothing from leaking milk. You have three choices: buy washable, reusable nursing pads, make your own, or buy disposable nursing pads. Be sure the pads do not have a seam across the nipple because this can cause nipple soreness.

To make your own nursing pads, use small squares of white flannelette or diaper flannel, old cloth diapers, soft face cloths, unscented sanitary napkins, or disposable diapers with the plastic lining removed. Another choice is quilted makeup removal pads, which are inexpensive.

### Nursing nightwear

There's no need to buy special nightwear as long as you can comfortably put the baby to your breast. You will need 2 or 3 nightgowns or pyjamas with front openings for ease in breastfeeding. T-shirts also work well because they can be lifted up easily. There are specially designed nightgowns with slits hidden within folds to make breastfeeding convenient.

Your night clothes should be washable. Be sure to pack them with the things you are taking to the hospital.

# *Breastfeeding in the Hospital* *—Plan Ahead*

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All hospitals in Nova Scotia promote, protect and support breastfeeding as the normal, safe and healthy way to feed healthy, full-term babies. Since all hospitals are not the same, support for breastfeeding may vary.

## **When will my baby be put to my breast?**

If possible, your baby should be put to your breast within 1 hour of birth. Most babies have a quiet, alert period after delivery that lasts up to 3 hours. During this time, your baby may be especially ready to start suckling at your breast. Not all babies will feed, but you can still enjoy this first quiet time together. Then the special relationship between you and your baby begins.

## **Will someone help me the first time I put my baby to my breast?**

Ask if someone with breastfeeding experience will be there to help you get started.

## **Does the hospital encourage rooming-in?**

Baby and mother rooming together 24 hours a day helps to create the breastfeeding partnership. Does your hospital make this possible?

## **Are breastfeeding classes available?**

While you are in hospital, the nurses are there to answer your questions and help you with breastfeeding. Ask for as much help and information as you need. In addition, breastfeeding classes may be available and can be helpful. You can also discuss breastfeeding with other mothers.

## **Do the hospital staff give breastfed babies water or pacifiers?**

Breastfed babies should not be given artificial nipples. Sucking a bottle nipple or pacifier and suckling at the breast are completely different. If babies get a bottle or pacifier, they may have a preference to suck that and not suckle at the breast. This can cause babies to refuse to take the breast at all.

Giving water, sugar and water, or baby formula to healthy babies is rarely required. If medically necessary, liquid can be given by a cup or syringe.

## *Questions to Ask before Labour*



## Does the hospital have a support group or 24-hour breastfeeding telephone hot line?

Either of these resources will give you someone to call as soon as you have questions or concerns about breastfeeding your baby. Keep the telephone number handy. Many problems seem to come up in the middle of the night, so don't hesitate to call.

## Goals for Breastfeeding in the Hospital



**I**t's important that you and your baby get off to the best possible start. You are encouraged to make some breastfeeding goals for your time in the hospital. Some recommended goals are listed.

### **My baby and I will get acquainted as soon as possible**

Your baby should be put to your breast within 1 hour of birth if possible. This is important for the skin-to-skin contact that begins bonding your special relationship. Your baby may not feed at this time, but enjoy the time together.

### **My baby and I will learn correct positioning for breastfeeding**

Correct positioning is important for breastfeeding. Incorrect positioning of your baby at the breast is the biggest cause of nipple soreness. Lots of practice positioning will help you and your baby get it right. Be sure to ask your hospital nurses to check your breastfeeding positioning.



### **My baby and I will develop good latch-on skills**

It's important for your baby to latch onto the breast correctly. Your baby gets milk by pressing on the areola, not by suckling on the nipple. Your nurses will help you and your baby learn correct latch-on skills.

### **My baby and I will try a number of positions for breastfeeding**

Variety is the spice of life with breastfeeding. For example, lying down is a very good way to feed the baby at night because it's restful. It's also a good way for you to rest during a daytime feeding. Ask your nurses for help to try different positions. There's more information about breastfeeding positions in **Breastfeeding Basics**.



### **My baby and I will go to breastfeeding classes in hospital**

If available, breastfeeding classes at the hospital can be helpful. This is a chance to have your concerns and questions answered. You can also chat with other new mothers about their breastfeeding experiences.

You are also encouraged to go to postpartum classes about feeding babies when you get home from the hospital if they are available. Find out the times at your Public Health Services office.

### **I will learn about hand expression of breast milk while in hospital**

Hand expressing of breast milk is a skill you should learn. This skill may be needed during the first week at home to soften the areola of a full breast to enable the baby to latch more easily. There's more information about hand expressing or pumping breast milk in **Breastfeeding Basics**.

## *Sample Baby-feeding Plan*

I have decided to breastfeed my baby and would like my nurse's help with the following:

- My baby will not be given a bottle.
- My baby will not be fed any fluids or supplemental feeds without my signed consent.
- My baby will not be given an artificial nipple or soother.
- My baby will be allowed to room with me for as long as possible each day.
- My baby will be brought to me during the night for feeding.
- I understand that should there be a time when my baby is unable to breastfeed, my nurse will fully explain to me all other options, such as cup feeding, finger feeding, and lactation/nursing aids.

I have considered what my request means for myself, my baby, and my nurse and am fully committed to this.

\_\_\_\_\_  
*Mother's signature*

\_\_\_\_\_  
*Nurse's signature*

\_\_\_\_\_  
*Date*

# *Your Decision to Breastfeed Your Baby*

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The decision to breastfeed your baby is the first important step towards life long healthy eating for your baby. Breastfeeding is the best choice because breast milk is made for human babies.

The special feeding relationship that you and your baby develop will grow every day. As you both learn the ins and outs of breastfeeding, you will discover many more joys.

Once you have made your firm decision to breastfeed, be sure to get a copy of **Breastfeeding Basics** and **Loving Care: Birth to 6 Months** from your local Public Health Services office.





Public Health Services

[www.gov.ns.ca/hpp](http://www.gov.ns.ca/hpp)

