

Prenatal Breastfeeding Guide

Produced in collaboration with Nourri-Source Montréal,
Nourri-Source Montérégie et Nourri-Source Laval

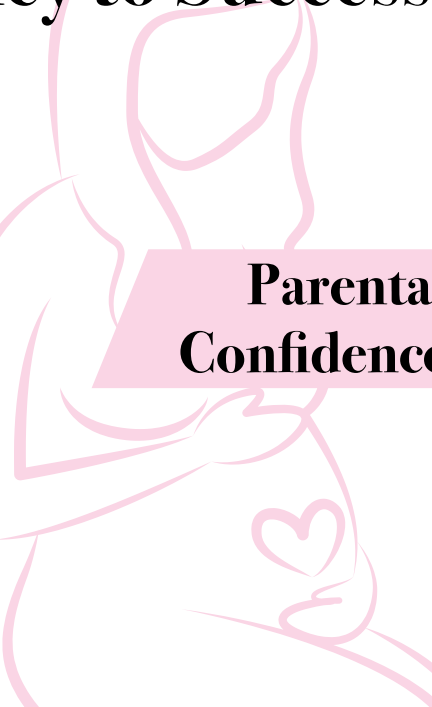


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Source



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Key to Success

Parental Confidence

Parental Confidence

- **Support**
(spouse, family, friends, community)
- **Knowledge**
(newborn behaviour, milk production)
- **Basic Skills**
(positioning, latching, techniques)

[illegible]

4th Trimester

It takes a village...



Team Work



A black and white photograph of a newborn baby sleeping peacefully in a person's arms. The baby is wearing a patterned onesie. The person holding the baby is partially visible, wearing a dark shirt.

Newborn care

- Feeding
- Position to feed
- Burping
- Rocking
- Diapers
- Cord care
- Bathing
- Rocking
- Playtime
- Going for walks
- Tummy time
- Baby wearing

... So many ways to help!

A black and white photograph of a man with a beard and glasses holding a newborn baby. The man is wearing a dark t-shirt and is looking down at the baby. The baby is wearing a dark onesie and is looking up at the man. They are sitting on a couch with a white fur throw and a sequined pillow.

The other parent's role

Like mothers, this bond, this connection, develops over time. And like mothers, the other parent need time to feel comfortable in their new role.



Breastfeeding advantages and benefits

Practical

Always ready! Any time, any where!

Can't forget it, nor run out

Saves time :

- Right temperature
- No preparation
- No clean up

FREE!

Nutrition

Your milk is adapted to your baby and their needs.

Your milk has all the nutrients your baby needs for the first 6 months:

- Minerals & Vitamins to help cell & bone growth.
- Active Enzymes to help digestion.
- Hormones to regulate metabolism, aid digestion & support immune system
- Growth factors to support intestinal growth & development
- Antimicrobial factors to protect against bacterial or viral infections.
- By about 6 months, your baby's iron reserves start to deplete, it is important to introduce complementary iron-rich foods.
- Breastmilk continues to be a source of nutrition well into the 2nd year of life.



Health Benefits

Infant :

- Continuous immune support

Prévention:

- ear infections
- asthma
- allergies
- diabetes
- overweight/obesity
- autoimmune conditions
- gastrointestinal, respiratory tract, cardiovascular diseases...



Mother :

- delayed menstruation

Prévention:

- anaemia
- breast, ovarian and uterine cancer
- endometriosis
- osteoporosis
- cardiovascular disease
- type II diabete
- insulin in diabetic parents
- Perk!! Burning 500 calories per day



Emotional Benefits

Infant :

- Helps to fall asleep
- Soothes faster
- Reduces pain
- Provides reassurance and a sense of security

Mother :

- Calming influence of oxytocin
- Opportunity to «rest»
- Parenting tool or «Super Power»

Recommendations

The following ALL recommend breastfeeding until the age of two (2) years and beyond; breastfeeding exclusively for the first six (6) months after which appropriate complementary foods are introduced.

Who Health Organization (WHO)

Health Canada

Canadian Pediatrics Society

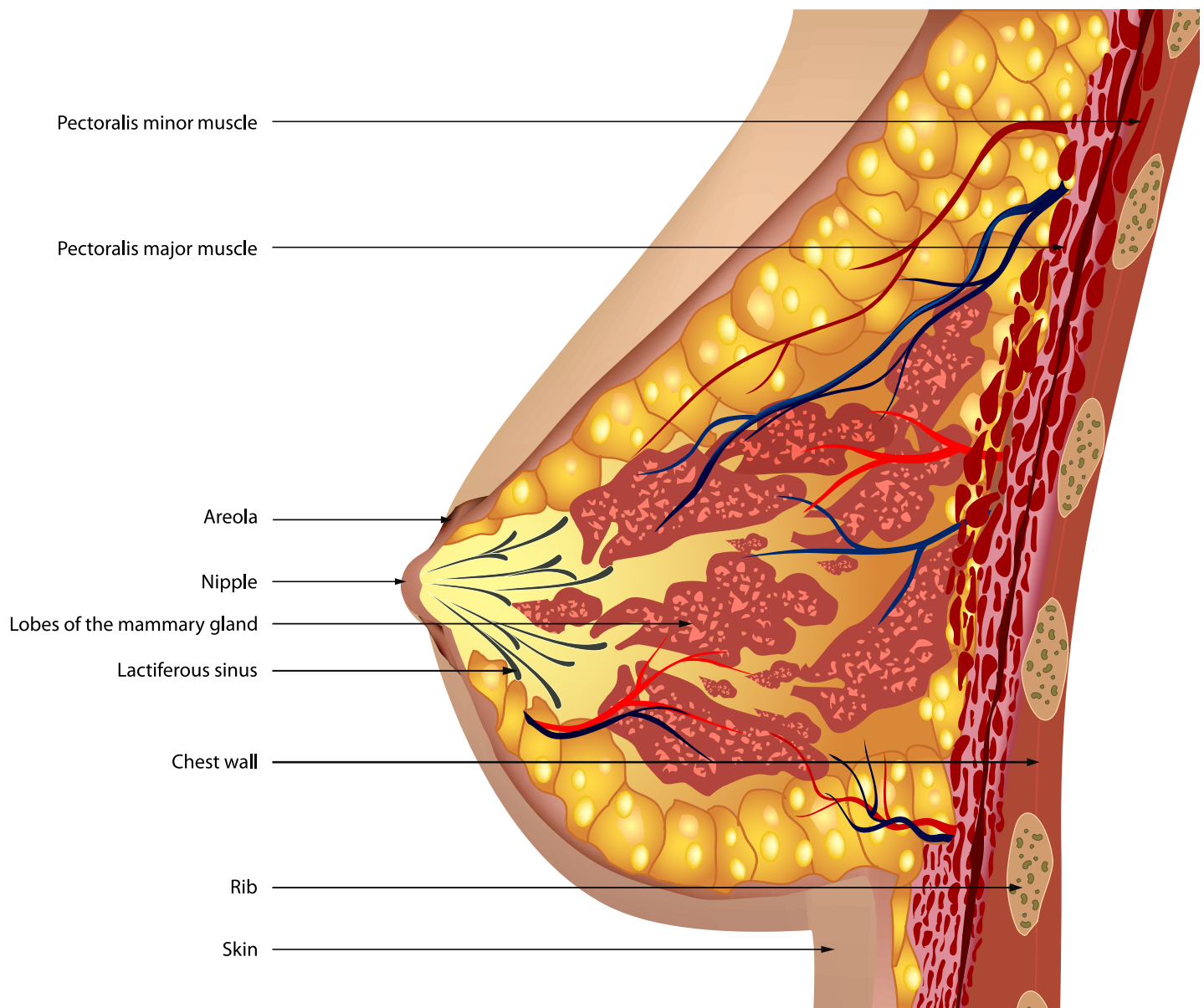
Dieticians of Canada

Breastfeeding Committee for Canada

Quebec Professional Order of Nurses

Breastfeeding basics

Breast Anatomy 101



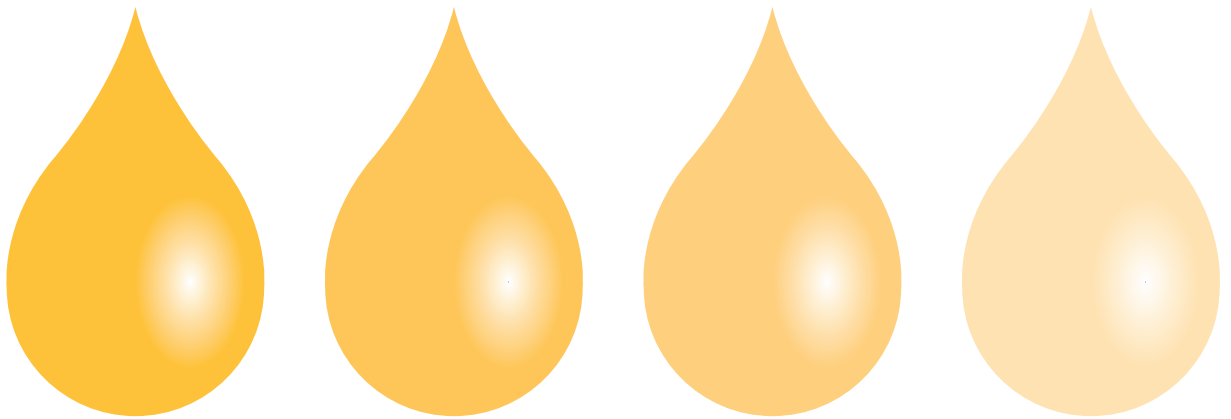
Types of Milk

Colostum

- Mid-Pregnancy
- Thick
- Gold-colored
- Laxative
- ++ Antibodies
- Colonization

Mature Milk

- Thinner
- Yellow-tinge -> blue tinge
- Increases in volume day 3-5
 - Milk «coming in»
- Taste & color can vary



Some time during your second trimester, you will start producing a thick, gold-colored milk called colostrum. Though most women do not see (leak) this early milk, you may notice other subtle signs of this occurrence such as breast/nipple sensitivity, increase in breast size, size/color of your areolas/nipples. Once the baby is born and the placenta is removed, the hormone associated with the placenta (progesterone ~ responsible for holding back milk production) is now gone. Provided no fragments of the placenta are left behind, this removal is how your body knows to ramp up milk production in the days to come... whether you choose to breastfeed or not!

Colostrum will slowly change to a transitional milk (thinner, runnier yellow-tinged milk) starting as soon as Day 2 or 3, however a milk «explosion» occurs closer to Day 4 or 5, particularly for first-time moms. This is often incorrectly referred to as your «milk coming in» when in fact you always had milk!!! It just means that your milk increases significantly at this point. Sometimes a mother may start to feel engorged around this time too - a rather painful fullness. When immediate action is taken (feeding often being one of them!) to alleviate the discomfort, it can be resolved quite quickly. A few days later you will notice your milk has taken on a slight blue-hue now (mature human milk)...though the color may change slightly depending on what you eat.

Production Rate

- Empty breast fills up fast
- Slows down when fuller
- First «half» fill up faster than second «half»

Fat Composition

Less % fat at “beginning of breast”
% fat increase throughout the feed
Higher % at the end of the day
Cluster feeds & growth spurts

Milk Production

KEYS to maxing your supply potential

- Early + Frequent + Emptying
 - After birth, the earlier you put your baby to the breast, the more milk you have!

a) Why early?

It is important to breastfeed your baby within the first hour of birth in order to activate the breast cells responsible for producing milk.

This first hour spent skin to skin with baby will help release oxytocins, essential for the production of colostrum (the first milk).

b) Why Often?

- Increased demands increases production



c) The benefits of breastfeeding at night



Higher
levels of
prolactin



Baby feeds
overnight



Increase
calories for baby
& stimulates
supply

Prolactin levels follow a circadian rhythm: levels during the night (sleep) are higher than during the day.



Milk Production – 1st month

Breastfeeding: a good start is important

- Breastfeeding: a good start is important)
 - Early
 - Frequently
 - Around the clock!

Growth Spurts

What is it?

More feeds per day
More «breasts» per feed
Very beneficial for maxing supply potential

Temporary calorie increase!

Usually, they take place on the 2nd day of life, between the 7th and 10th day and at the 3rd and 6th week.

Milk production

What else can help your milk supply?

- Keeping baby close (skin to skin)
- Breast compressions
- Avoid soothers/bottles
- Avoid supplements (protect your breastfeeding)

a) Skin to Skin

PARENTS	BABY	BREASTFEEDING
• Reduces stress • Increase feeling of competence • Favors bonding	• Reduces pain • Decreased crying • Regulates (temp, breathing, cardiac, glucose) • Stimulation of newborn reflexes • Organization	• Unlimited access to the breast • More feedings • Improved milk production

b) Breast compressions

- Milk flow (stimulate & shorten)
- Milk volume
- % of fat per feed
- Fingers away from areola
- Compress 5-10 seconds
- Compress while baby sucks, release

c) Hand Expression



How to do a breast massage

To relax your breasts before expressing milk, try a technique borrowed from massage. The idea is to use the knuckles to gently stimulate the breast.

- Make a fist and keep it closed throughout the massage.
- Place the knuckle of your index finger at the top of your chest and roll your knuckles down toward the nipple.
- To massage the underside of the breast, place the knuckle of your little finger against your ribs and roll your knuckles up toward the nipple.
- Move your fist to the other breast and repeat the rolling motion.
- Work your way around the breast once or twice, then start expressing milk.

Massage shouldn't be painful. You can repeat this massage once or twice while you're expressing milk.



Jean-Claude Mercier

Feeding Alternatives

1. Spoon
2. Cup
3. Eye dropper
4. Sippy cup / glass
5. Feeding tube (finger or at breast)

Breastfeeding timeline



Milk production starts

- Colostrum

Baby Arrives!

- Skin to skin
- 1st feed as soon as possible
- Hand express if separated (<6hrs)

First 24 hours...

- Recovery & transitional period
- Wakes less often & not for long
- Keep eye out for hunger cues
- Breastfeed with compressions
- Not latching: hand express (spoon/cup)

2nd or 3rd night

- First growth spurt!
- Frequent wakings
- 3rd /4th breast (repeat)
- Skin to skin
- Supply starts to ramp up

Milk «Coming In»

- Between 3rd & 5th Day
- Engorgement may or may not be felt (frequent emptying/compress!)
- Avoid tight bras
- Too full – express to comfort
- Ice / cabbage/ meds

Another Growth Spurt

- Increased frequency
- Breast texture changes (does not mean less milk!)
- Baby gets gassier

Factors that increase breastfeeding success

- Keep delivery simple, if possible
- Keep baby close (day & night)
- Empty breasts, use compressions
- Avoid supplements, if possible
- Comfortable off-centred latch
- Skin to skin after birth & beyond
- Feed early, often & around the clock
- Breastfeeding « on demand »
- Avoid bottles and soothers

Why is this important?

Positioning & latching



Newborn sleep cycle (0-2 months)

- 1- Falling asleep
- 2- Light sleep
- 3- Calm sleep

Duration: 50 minutes, approximately

The baby can then go through another cycle.

Baby's Hunger Cues

EARLY CUES - « I'M HUNGY »

- Stirring
- Mouth opening
- Turning head, Seeking/rooting

This is the best time to get pick up baby & get ready to feed. Baby is calm, patient and more likely to latch well in this state.

As you can see though.... They are very subtle. Just looks like they are waking up from a nap. You will not be able to see this stage unless baby is nearby (day & night) Consider where you will have baby during the day... Will they be upstairs with a baby monitor? Will you miss this phase?

MID CUES - « I'M REALLY HUNGRY »

- Stretching
- Increasing physical movement
- Hand yo mouth

More apparent body & mouth movements.
Includes the woodpecker maneuver if being held.

LATE CUES - «CALM ME, THEN FEED ME»

- Crying
- Agitated body movements
- Colour turning red

À Baby is too unsettled to latch at this point also baby's tongue tip lifts when crying, making it hard to get a deep latch. Best to calm & sooth baby first before trying the breast. Can start again with baby between both breasts first.

Baby is too unsettled to latch at this point. Also baby's tongue tip lifts when crying, making it hard to get a deep latch. Best to calm & sooth baby first before trying the breast. Can start again with baby between both breasts first. Let them do some of the searching before position for latch.

Positioning

VERTICAL

- Mouth at the same height as areola/nipple
- Lift / hold / lean
- Breastfeeding pillows

HORIZONTAL

- Line up NOSE to nipple (not lips to nipple!)

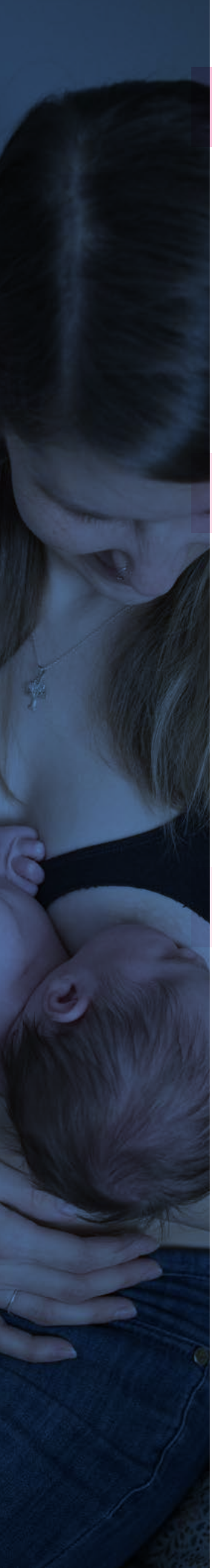
STABLE

- Tummy to mummy (alignment)
- Laidback
- Diagonal
- Support feet (yours & theirs)
- Support elbows

Optimum positioning to allows muscles to work on feeding rather than stabilize their body. Gravity pulls toward mother, lifts breasts off postpartum belly!

Examples of positions



A vertical image on the left side of the page shows a woman with long brown hair, wearing a black top, breastfeeding a baby. The baby's head is visible, and the woman's hands are gently holding the baby. The image is partially obscured by the text blocks on the right.

Latching Tips

- Express milk on areola
- Line up nose to nipple (not mouth!)
- BRING BABY TO BREAST
- Chin touches breast first (not lips!)
- Baby reaches for nipple with top lip
- Face must touch the breast (otherwise baby might use hands – “get in the way”)

What to look for...

- You have to be comfortable
- Wide angle: Ear-shoulder-hip alignment
- Relaxed lips
- More areola visible above lip
- No sound/clicking
- Baby’s body firmly against yours
- Nose touches slightly
- No dimples in cheeks
- Nipple shape unchanged after a feed

Impact latching

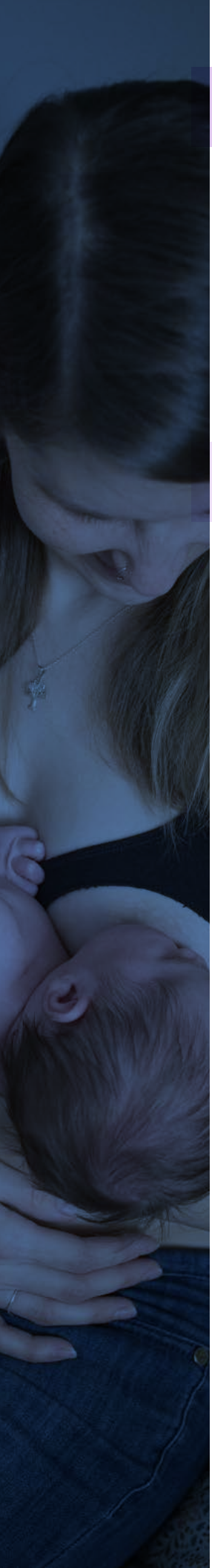
- Engorgement
- Edema
- Non erectile nipples
- Bottles, soothers
- Musculoskeletal issues
- Ankyloglossia
- Others

Engorgement

It happens when production temporarily exceeds the baby’s needs

Solution:

- Feed more frequently
- Express to comfort (soften areola)
- Apply ice between feeds if needed

A vertical photograph on the left side of the page shows a woman with long brown hair holding a baby. The woman is looking down at the baby, and the baby is looking up at her. The image is partially obscured by the text blocks on the right.

Milk Ejection Reflex

2/3 parents feel the first letdown:

- Tingling, prickling
- May be felt a few seconds or minutes after starting to feed
- Both breasts • same time
- One or more per breast
- Conditioned reflex

Typical Feeding Session

- Typical Feeding Session
- Undress & place in skin to skin
- Allow baby to start rootingn
- FIRST BREAST
 - Can express milk on areola
 - Observe suck-swallow pattern
 - Breast compressions (10-15 sec)
 - Self-removes or no longer sucks with compression/stimulation
 - Break the latch
- Burp
- Diaper change
- Second breast (repeat)
- Tird and fourth breast (cluster feeds or spurts)

Start next feed with the one you «finished» on.

HOW LONG?

Some babies suck and swallow a lot in a short period of time..... Others need more time. Some meals are snacks, some are meals and sometimes, it is just for thirst.

Feeds in early weeks are more frequent and demanding, but the pattern changes with time..

Feeds get shorter and are more spaced out. Time consuming in the beginning is a long term investment (12 x 1hr = 12h of breastfeeding, 8 x 15min = 2hrs of breastfeeding!)



Feeding Pattern

About 8 to 12 feeds a day (less/more)

1 or 2 breasts per feed?

In general: two for the first few days

Then... we adjust it on a case-by-case basis.

The frequency and length of feedings depends on

storage capacity

speed of breast milk production

baby's appetite

Cohabitation

Canadian Paediatric Society states that the safest place for babies to sleep in the first six months is in their parents' room in their own crib.

- On their back
- On a clear, flat, firm surface
- Smoke-free environment

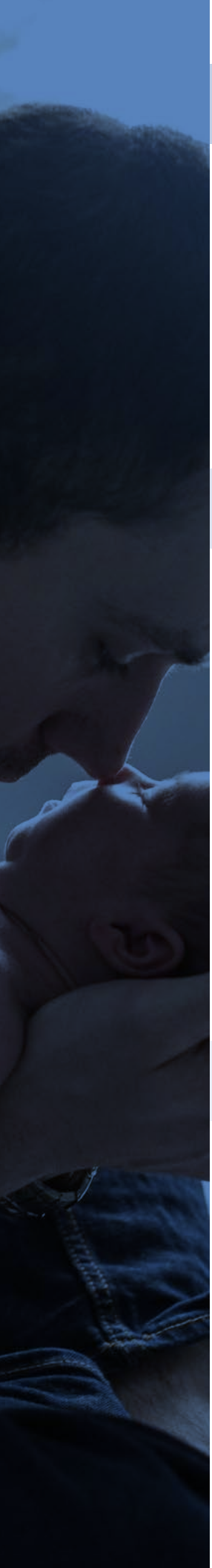
Will make night-time breastfeeding easier, and may help protect against SIDS (sudden infant death syndrome)

Cosleeping

Cosleeping (sharing the same sleep surface) usually happens unexpected, which can result in unsafe environments – best to plan, just in case.

Cosleeping is a practice that can make night feeds easier to manage, and easier to fall asleep while breastfeeding. Which might be why mothers who share a bed with their baby tend to breastfeed for longer than those who don't. However adult beds are not designed with infant safety in mind. There are therefore guidelines to reduce the risk of accidents and overheating.

Some parents may want to avoid bringing baby into bed. But new parents are tired parents and sleep can creep up on us when we least expect it. Important to know that fall asleep with baby on a sofa or armchair is a dangerous practice. Best to ensure the safety of the bed just in case circumstances change in the middle of the night, and you unexpectedly bring baby in with you.



Bedsharing Guidelines

Conditions:

- Bedsharing Guideliness
- Sober and unimpaired (excessively tired)

Breastfeeding

- Healthy and full-Term Baby
- Baby on their back
- Lightly dressed (not swaddled)
- On a safe surface

https://www.coordination-allaitement.org/images/informer/sharingbedleaflet_french.pdf

Getting enough?

- Wakes up on his own when hungry
- Feeds 8-12+ a day
- Hear/see swallowing pattern
- Seems calm/satisfied after feeding
- Change in breast texture
- Weight gain
 - Day 1-3 loss is NORMAL (up to 10%)
 - Day 4 starts to regain
 - Average gain 1 oz/day
 - Birth weight by 2 weeks
- Output!

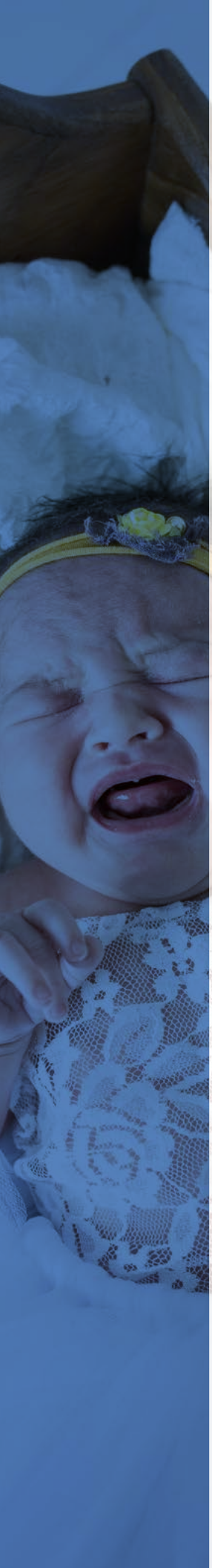
Feed on demand (exception of sleepy babies and in the first week or two – need to awaken)

Output

- Urine is clear, odourless
- Stools
 - Meconium (dark, sticky)
 - Transitional (green -> brown)
 - Regular (yellow, liquidy, seedy)
 - 3+ per day > 72 hours

Urine might be darker (more concentrated) first 2-3 days.

Urates on first 2 days are normal.



Alarm signals

Newborn

- Meconium after Day 3
- Poor urine or stool output
 - Dark yellow
 - Orange stain
- Cries after a feeding
- Prefers to sleep than feed
- Low or no weight gain

Mother

- Damaged nipples
- Red, warm, tender breasts
- Pain
- Fever
- Depression signs

Where to go for help?

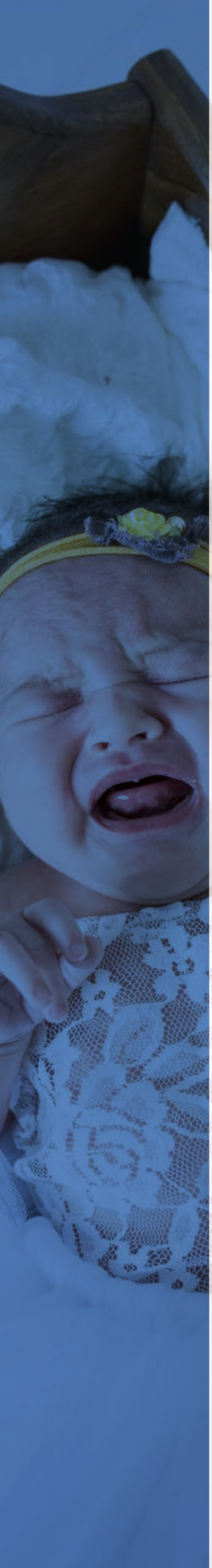
- Breastfeeding Support Volunteer
- Telephone support
- Nourri-Source Facebook Forum
- Groups Sessions
- Hospital (1st week – call ahead)
- Midwife
- Petite-enfance team at CLSC
- 8-1-1 Info-Santé
- Breastfeeding clinics or clinique du nourrisson
- Specialized breastfeeding clinics
- Board-Certified Lactation Consultants IBCLC (www.ibclc.qc.ca)

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The photos on page 5, 6 and 7 of this guide are courtesy of Valérie Turcotte, photographer.

Graphic design and all photographs courtesy of KViau photo & design

A vertical image on the left side of the page shows a baby crying. The baby is wearing a white lace-trimmed outfit and a yellow headband with a flower. The background is a soft, out-of-focus light blue.

Some references

Gift voucher book

<http://www.ingridbayot.com/matriel-pdagogique/>

Unicef pamphlet

- Sharing a bed with your baby / A guide for breastfeeding mothers

<http://breastfeedingmadesimple.com/wp-content/uploads/2016/02/sharingbedleaflet.pdf>

Baby's Hunger Cues

i.pinimg.com/originals/5a/c0/89/5ac08921f8b093d0277afae93da6b414.jpg

Latching - off-center & deep (vidéo)

www.nancymohrbacher.com/breastfeeding-resources-1/2016/6/5/creating-deeper-latching

Jack Newman videos

ibconline.ca/breastfeeding-videos-english/

Le Petit Nourri-Source book (free PDF version)

nourri-source.org/le_petit_nourri_source.pdf

From Tiny Tot to Toddler guide (PDF version)

https://www.inspq.qc.ca/sites/default/files/mieux-vivre/pdf/tt2020_full_guide.pdf