

Breastfeeding Handbook



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Breastfeeding, the natural choice

How you feed your baby will be one of the most important decisions you will make as a parent. Health Canada recommends:

- Only breastmilk for the first six months
- Introducing iron-rich solid foods at six months
- Continued breastfeeding for two years or beyond

Breastmilk is a living, dynamic substance that changes hour to hour and day to day to meet the needs of your baby. Breastmilk is always fresh and ready, and is more easily digested by baby. Breastfeeding promotes bonding and closeness of mom and baby.

Breastmilk will help protect your baby from:

- Obesity
- Ear, chest and stomach infections
- Allergies
- Sudden Infant Death Syndrome (SIDS)
- Coughs and colds
- Some childhood cancers
- Diabetes, Crohn's disease and Celiac disease

Breastfeeding will help protect mothers from:

- Osteoporosis
- Breast and ovarian cancer
- Diabetes
- Excessive bleeding after birth

Infant formula is not equal to or the same as breastmilk. Formula does not change to meet your baby's growing needs. Babies may experience health problems or illness due to formula feeding.

These problems may result from:

- Mistakes made during preparation or storage at home
- Contamination of formula during the manufacturing process

Powdered formula in particular is not sterile and is not recommended for babies less than two months of age. Any formula feeding requires extra time to sterilize equipment for as long as you formula feed.

Overall, formula-fed babies are at higher risk of health problems like infections, respiratory illnesses and obesity.

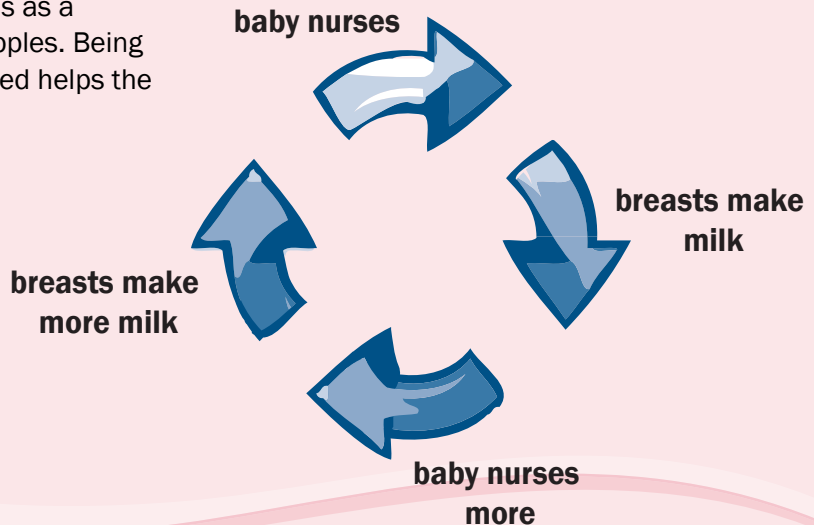
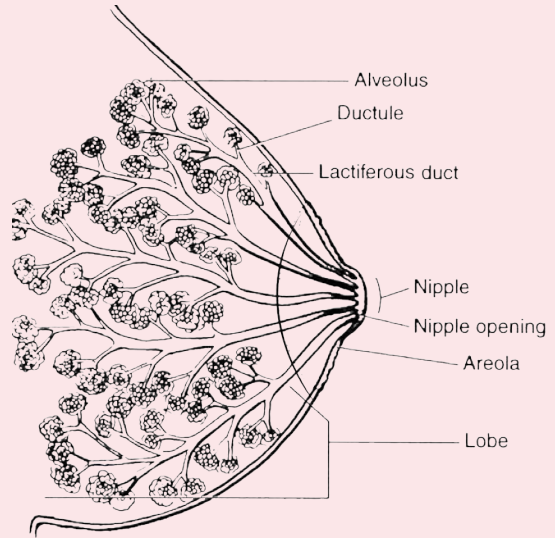
Milk, from breast to baby

When the placenta is delivered, the breast is triggered to make milk. What keeps it going is the baby sucking and stimulating the breast.

Breastmilk is made in the alveoli throughout the breast. The milk flows along ducts to the nipple and areola. Each breast has 4 to 17 nipple openings.

The milk flows through the ducts by means of a let-down reflex. At each feeding this let-down may take just seconds or up to a few minutes to start. Most women have at least two let downs each feeding.

Some mothers feel this as a tingling around the nipples. Being comfortable and relaxed helps the milk flow.



Beginning breastfeeding

Breastfeeding soon, after birth, within the first hour provides many benefits for both mother and baby. Baby's sucking reflexes are strongest during this period, and the quiet, alert state allows infants to learn to breastfeed effectively.

At first your breasts produce small amounts of milk called "colostrum". It is an easily digested yellowish fluid which is rich in nutrients and helps to protect your baby from infections. Between the second and the fourth day, the colostrum begins to change into mature breastmilk. This milk may look thin and bluish, but is full of nutrients and is the perfect food for your baby.

Ask for help in getting your baby latched and positioned on your breast.

A good latch and position every time she nurses will help prevent nipple soreness and keep a good milk supply.

Babies were born to breastfeed, but some moms may feel a little less ready. Ask for help (see page 26.)

The first hour or two after baby is born is a special time for both you and baby. Your baby uses all five senses to connect with you and to learn about the world. Hold, touch, and breastfeed your baby during this important time.

Breastfeed your baby as soon as you can after birth. Newborns are often alert and ready to nurse right away. Breastfeeding early will help your milk to come in sooner. Think of this first breastfeeding as a learning experience for you and your baby. Breastfeeding is a skill and may take time to learn.

Your bare chest is the best place for your baby to adjust to life outside the womb. Your baby smells you, hears you, feels you and gets to know you. Skin-to-skin contact means holding your bare baby against your bare chest or tummy. Skin-to-skin babies stay warmer, calmer and breastfeed better than babies who are swaddled or wrapped. It can help your baby feed better at the breast, help your milk flow and may improve your milk supply. Skin-to-skin is soothing for your baby.

The first hours of snuggling skin-to-skin help you and your baby bond and get to know each other. Keep cuddling skin-to-skin as often as possible in the months after birth. The benefits for bonding continue long after that.

Frequency and duration of breastfeeding

Breastfeed your baby at least 8 times in 24 hours. Watch for your baby's cues that he is ready to feed. As your baby grows the number of feedings per day will decrease.

Hunger cues

- Hand to mouth movements, rooting
- Wiggling, moving arms and legs
- Sucking sounds and movements
- Soft cooing or sighing sounds
- Rapid eye movements during her light sleep

It is best to feed your baby before he is too upset. Crying is a late feeding cue. It is better to try to comfort a crying baby before putting him to the breast. Undress the baby to the diaper and hold the baby between mom's breasts. Most babies will calm down, then try again.



At the start of the feed, your baby will have shallow and quick sucks. When your milk starts to flow the sucks should become deep and slow. There should also be a pause during the suck when your baby's mouth opens the widest. Your baby is drinking milk during this pause. A baby should be allowed to breastfeed until satisfied and your breast should feel softer. When your baby no longer has strong "deep and slow" sucks, offer the second breast.

It is important to **offer** your second breast even though your baby may be full after the first breast. He may nurse for 20-40 minutes (total for one or both breasts) at a feeding. At the next feeding, offer the breast that the baby may not have emptied, or the opposite breast from the one he started on at the first feeding. This is often the breast that feels the fullest.

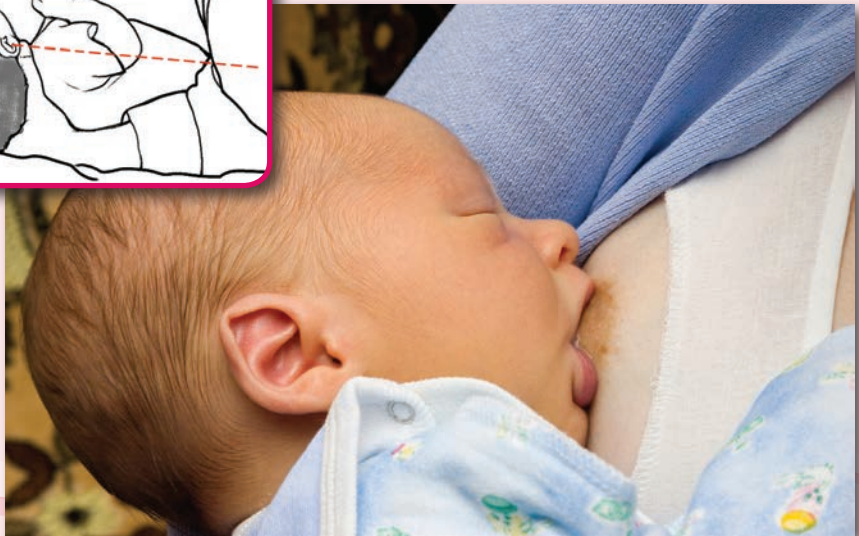
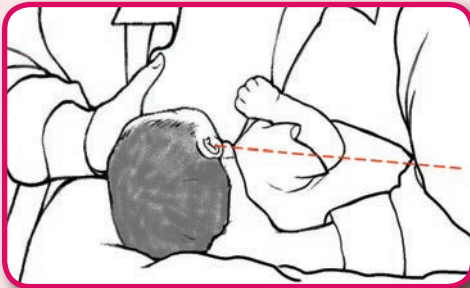
Ideally, in the first four to six weeks you should breastfeed only, so your baby will learn to breastfeed well. Do not give your baby artificial nipples, (i.e. pacifiers or bottles) unless medically indicated. This will also help to establish your milk production.

Take advantage of baby's instincts

Babies are born with instincts which help them figure out how to breastfeed. The following images are a good way to use the baby's natural ability to latch on. The following principles will help to get the baby to latch properly:

- Support the baby by putting your hand at the back of the baby's neck and upper shoulder. The baby's head will be tilted back slightly.
- The baby's ear, shoulder and hip should be in a straight line.
- Snuggle the baby's neck and shoulders in tight.

To help your baby open wide, use a repeated light touch of your breast against her chin and lips. By moving your baby toward and away from the breast, touching it lightly, she will feel the cue she is waiting for and will open really wide, with the tongue down over the lower lip. Waiting until the baby opens her mouth as big as a yawn is very important to get a comfortable latch. Once the baby opens wide, quickly bring the baby on, aiming your nipple for the roof of your baby's mouth. The nipple should fall well back in the baby's mouth, making it comfortable and effective for feeding.



The latch

The arrow indicates the “comfort zone”, which is where your nipple should fall.

Figure 1

Pull the baby in so his chin touches the breast and the nipple is pointing to baby’s nose.

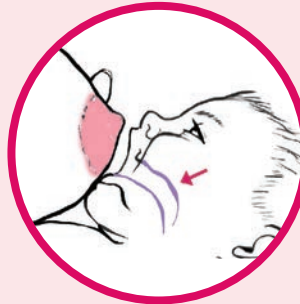


Figure 1

Figure 2

Using your finger to tip the nipple up, touch the baby’s top lip with your nipple. Repeat this chin into the breast, your nipple on the top lip, until the baby opens his mouth as big as a yawn. The baby’s tongue should be down and over his lower gum.



Figure 2

Figure 3

When the mouth is open wide, and the breast is resting on the baby’s chin, let the nipple fall into the wide open mouth, moving your finger away from the breast.



Figure 3

Figure 4

Taking a good amount of breast helps the nipple reach the comfort zone, avoiding friction and promoting a comfortable, effective breastfeeding.



Figure 4

Text and drawings related to latch reprinted with permission by New Harbinger Publication, Inc. from Breastfeeding Made Simple, N. Mohrbacher and K. Kendall-Tackett. www.newharbinger.com

Checking the latch

A good latch looks right:

- Baby's mouth is wide open with top and bottom lips turned out (think breastfeeding, not nipple feeding).
- Baby's head is slightly tilted so chin is pressed into breast. The baby's nose will not be touching your breast.
- More of your areola (brown area around your nipple) is visible above the baby's mouth than is visible below (asymmetrical latch).

A good latch feels right:

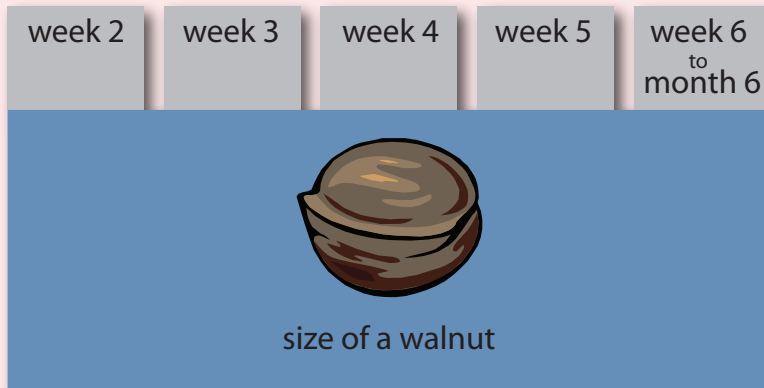
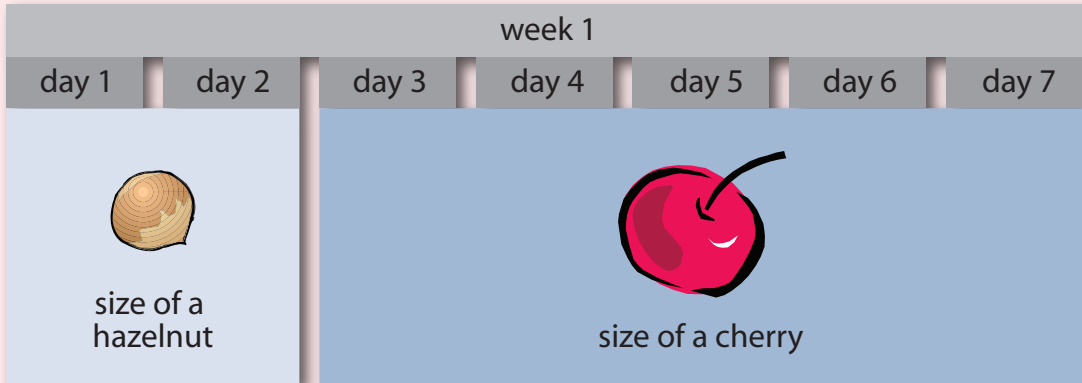
- Breastfeeding should not hurt.
- In the early days, you may feel the first few sucks as the baby stretches the breast far into her mouth.
- This feeling will not continue through the whole feeding and disappears after the first week.

If the latch isn't right:

- Try pulling the baby's bottom in close to your side. This should pull the chin into the breast. If it's still uncomfortable take her off the breast and try again.
- To break the latch, put your finger in the corner of her mouth between her gums and when the suction is broken, move her away from your breast.



Your baby's tummy size



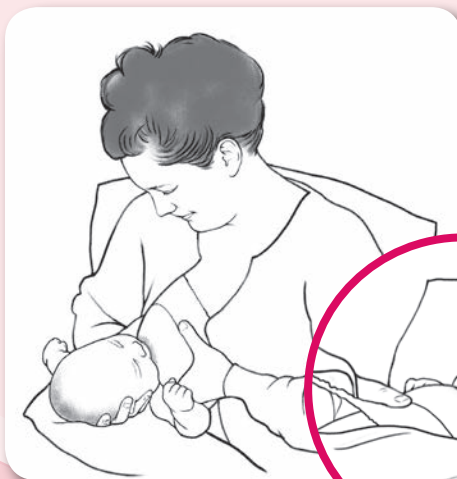
Positioning

Breastfeeding should not be painful. Here are several positions to help your baby get a proper latch onto the breast.



Cross cradle hold

- 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 his chin will be tucked well into the breast.



Football hold

- Useful after c-section and for premature babies.
- 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.

Positioning



Cradle hold

- Baby should be tummy to tummy with you.
- Your baby's ears, shoulder and hip should be in a straight line.
- Tuck the baby's hands between your breasts, or tuck the lower arm around your side to get baby in close to you.
 - Support your baby's head and body with your elbow, arm and hand.
- Bring your baby to your breast.



Lying down position

(Try after c-section, you may need to prop your back with pillows)

- Baby should be tummy to tummy with you.
- You will probably want a pillow for your head and behind your back.
- With your free hand supporting the baby's shoulders, pull baby in towards you.
- Baby's chin should be tilted into the breast, and the nose will be tipped away from the breast.

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Illustrations: Bonnie Ross

Breastfeeding tips

Signs that your baby is breastfeeding well

Your baby is breastfeeding well if she:

- makes good swallowing sounds once your milk is in,
- is done feeding and your nipple is comfortable, wet, and intact,
- and you are satisfied after the feeding,
- wets at least 6 diapers every 24 hours by 4 days old (less before your mature milk is in, for example, 3 on day 3),
- passes at least 3 stools in 24 hours by day 3,
- is active and alert with good skin colour,
- regains birth weight by 10 days of age, and
- gains from 140 to 245 grams per week (4.5 to 7 ounces).

Making more milk

If you are concerned that your baby is not breastfeeding well, these are ways you can increase your breastmilk supply:

- Make sure your baby is latching on properly. Have the latch checked by an expert if her weight gain is low, if she seems hungry too often, or if you have sore nipples.

- Apply moist heat to breasts a few minutes before feeding or pumping.
- Massage your breasts before and during feeding or pumping.
- Nurse her a second time on each breast. Use breast compressions to keep your baby swallowing. The more milk that is removed from your breast, the more milk your breast will produce.
- Nurse your baby more often (i.e., if feeding 8 times in 24 hours increase to 10 to 12 times).
- Holding your baby skin-to-skin will help to increase your milk production and to feed your baby at their earliest cues.
- Express your breastmilk frequently if your baby does not feed, or does not feed well on one or both breasts even if small amounts are obtained (see page 19).
- Use relaxation and rest frequently to reduce your stress and to encourage your letdown.

Giving formula at these times will result in you producing less milk. The more often your baby breastfeeds, the more milk you will make.

Sleepy and fretful babies

If your baby is sleepy:

- he needs to be awakened for feedings until an appropriate weight gain pattern is seen.
- keep him close so he can feed frequently.
- he will breastfeed more often if kept skin-to-skin on your chest while you are awake.
- it will be easier to feed him when he shows signs of lighter sleep.

Some other suggestions:

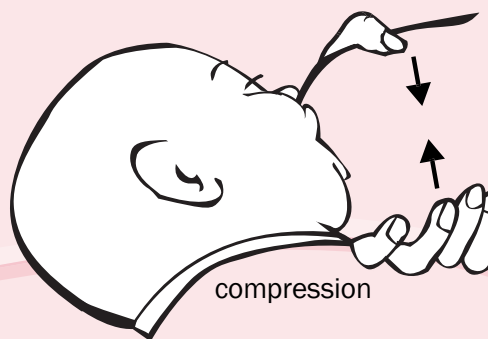
- Unwrap and undress him. Change the diaper if wet.
- Lift him to your shoulder and rub his back. Massage his body.
- Roll him gently from side to side. Talk to him.
- Express a little milk from your nipple so when you bring him to the breast there is something to tempt him.
- To increase the amount of milk that your baby receives, you can use breast compressions. To do breast compressions, use a c-hold. With a good amount of breast in your hand, bring your thumb and fingers together (gently, but firmly) compressing your breast. Continue to hold the compression while your baby is drinking. When your baby stops drinking, restart the compression.

If your baby is fretful or frantic at feeding time:

- your baby needs to learn how to breastfeed. If he gets upset or excited, he may “forget” how to breastfeed, even though he did it well another time.

Try these suggestions:

- Stay as relaxed and patient as possible to soothe your baby.
- Watch for hunger cues and do not wait for crying before feeding.
- Calm your baby by letting him suck on your finger for a minute. Offer your middle finger with the pad side up and follow along the roof of his mouth. This should stimulate sucking and “remind” him how to suck and to latch on.
- Express a drop of milk onto the nipple to entice your baby.



Burping your baby

A breastfed baby does not swallow as much air as a bottlefed baby, but he still needs to be burped. Air in his stomach can cause pain. Try to burp your baby once during a feeding (when changing breasts, if he seems uncomfortable or if he falls asleep too soon) and at the end of the feeding.

To burp your baby, either on your shoulder or sitting on your lap, support his head and pat or rub his back. A bubble can come up easier if the back is straight. Some babies spit up after feedings. As long as your baby appears content and gains weight as the weeks go on, don't worry about spitting up mouthfuls of milk now and then.



Why do babies cry?

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.

You can try these suggestions:

- If you know she has been well fed and burped, try walking, rocking or standing and swaying. She has become familiar with your heartbeat, your voice, and your movements for many months. You cannot spoil your baby by responding to her needs.
- Adjust coverings if she seems too warm or too cool.
- Offer your breast again if she seems hungry. Use breast compressions and reoffer the first and second breast to ensure your baby has received enough higher fat milk that comes at the end of feedings.

Nutrition and breastfeeding

Food

You may find you are hungrier when you are breastfeeding. The extra nutrients you eat and fat stored in your body during pregnancy, will be used to produce breastmilk. Breastfeeding helps to use up the extra fat gained during pregnancy. Eating well while you are breastfeeding is very important to ensure the quality of your breastmilk is consistent and perfect for your baby. However, if you have a poor diet the nutrients needed to make the milk will be taken from your body. Choose a variety of foods from “Canada’s Food Guide to Healthy Eating”. To receive a copy or for other information on healthy eating, call KFL&A Public Health at 613-549-1232, ext. 224.

Fluids

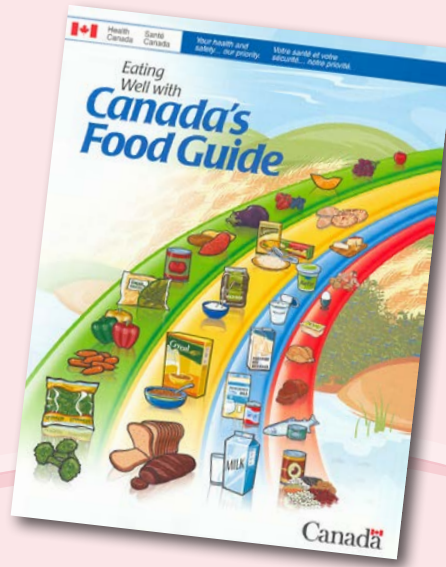
It is important that you stay hydrated. It was once thought you needed a lot of extra fluid to produce enough breastmilk. The nutrients in your milk come from the food you eat and stores found in your body. In fact, the most important factors in determining how much milk you produce are how often you nurse and how well milk is removed from your breast.

You do need to drink to meet your normal

fluid requirements and to satisfy your thirst. This includes fluid from milk, juice, tea, and coffee. To quench your thirst choose water most often. Limit juices and other sweet drinks. They can contain a lot of calories and offer little nutrition. The best way to tell if you are getting enough to drink is that your urine should be pale yellow.

Vitamin D

The Public Health Agency of Canada and the Canadian Paediatric Society advise that all breastfed babies be given vitamin D drops, 400 I.U. per day. For additional information, call Dial-a-Dietitian at 613-549-1232, ext. 1224 or talk to your health care provider.



Is there anything I should avoid while breastfeeding?

Food

Many women find they can eat any food without problems. There is no research to suggest any one food should be avoided while breastfeeding. The variety of foods you eat will help to expose your baby to different flavours. Research suggests that this exposure may help your baby to accept new foods and flavours as they get older.

Alcohol

It is best to avoid alcohol while breastfeeding. If you do choose to have one occasional drink, have it with a meal and wait two to three hours before breastfeeding your baby. For more information about alcohol and breastfeeding, call Child & Babytalk 613-549-1154 or 1-800-267-7875, ext. 1555.

Smoking

If you smoke, breastfeeding is still best for your baby. Remember, tobacco smoke is very harmful to babies as well as older children. Quitting smoking, or smoking well away from your child is the best thing you can do for you and your child. For additional information or resources on quitting smoking, call the Tobacco Information line at 613-549-1232, ext. 1333.

Medications and Drugs

Most medications are safe when you are breastfeeding, but always check with your health care provider or pharmacist. Speak to your health care provider if you are breastfeeding and using street drugs; street drugs can harm your baby. If you have any questions about medications and other substances while breastfeeding, you can phone Motherisk at 1-877-439-2744 or check their website.



Expressing breastmilk



You may need to express breastmilk if:

- your breasts are too hard for your baby to latch on.
- you want to give your baby breastmilk when you are away from your baby.
- you need to increase your breastmilk supply.
- Your baby is not able to breastfeed.

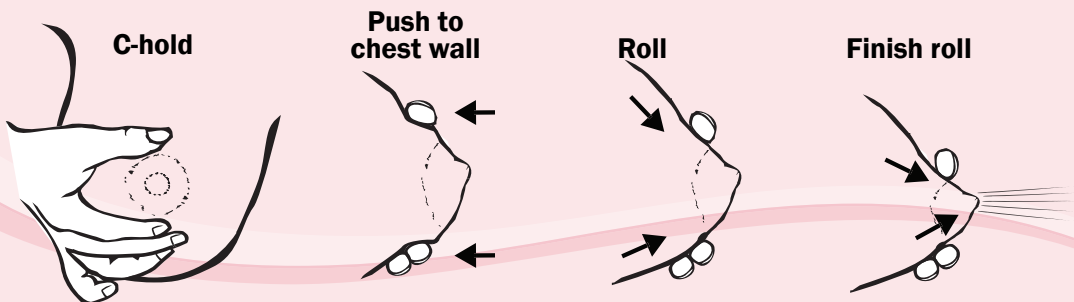
How to express breastmilk by hand

Everyone's breasts are different, so be patient and practice. Soon you'll get your milk flowing. Express the breastmilk into a sterilized container.

- Place your thumb and two forefingers a few centimetres (1 to 1.5 inches) behind the base of the nipple.
- Press back toward your ribs.
- Gently compress the breast between the thumb and fingers and roll the

thumb and fingers toward the nipple. This gentle expression squeezes the milk ducts around and behind the nipple area.

- Rotate the thumb and finger position to milk the entire breast if expressing to collect milk or to increase your breastmilk supply.
- Repeat the above procedures in a rhythmic motion that mimics the rhythm of the baby's suck (position, push back, roll forward)



Expressing breastmilk

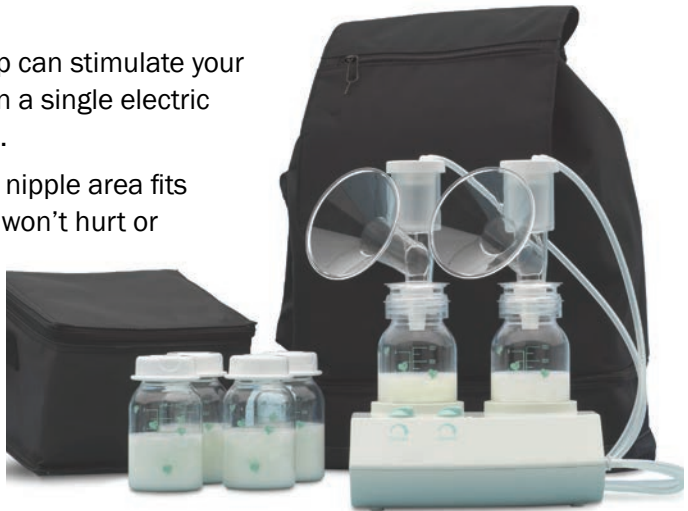
How to express breastmilk by pump

- There are two kinds of breast pumps; hand operated (manual) pumps, and electric pumps.
- Electric pumps can also convert to battery operated.
- Electric pumps can pump one breast (single pump) or both breasts at the same time (double pump).
- Follow the pump directions on how to use and clean it.



Pumping Tips:

- A double electric pump can stimulate your milk supply better than a single electric pump, and saves time.
- Make sure your whole nipple area fits inside the funnel so it won't hurt or cause damage.
- Start the pump on a low setting and increase the pressure as your milk start to flow. It should not hurt.



Storing, freezing, and using breastmilk

Store breastmilk in a clean glass container or in special breastmilk freezer bags. Cooled breastmilk may be added to already frozen breastmilk if there is more frozen milk than fresh milk.

Date all stored breastmilk so older milk is used first.

Breastmilk can be thawed in the refrigerator in about 12 hours. To thaw breastmilk more quickly place under cool, then gradually warmer running water. Do not microwave as this can change the quality of the milk. Thawed milk can be stored in the refrigerator for up to 24 hours if not needed right away. Do not refreeze.

When using thawed breastmilk, warm milk to room temperature and shake gently to mix it. Thawed milk may taste or smell different from fresh, but it is still good.

For a copy of “Expressing and Storing Breastmilk” call Child & Babytalk at 613-549-1154 or 1-800-267-7875, ext. 1555 or visit our website at www.kflapublichealth.ca



Breastmilk can be safely stored:

- in the refrigerator for up to five days.
- in a separate freezer above the refrigerator for three to six months.
- in a deep freezer for up to 12 months.

For a premature or hospitalized baby:

- Use a fresh container that has been boiled for 15-20 minutes.
- Refrigerate milk within one hour after pumping.
- Use or freeze the milk within 48 hours.

Relationship changes

Partners

Mothers are best at breastfeeding, but partners have their special talents too. Changing the baby's diapers, bathing him, carrying him in your arms or in a carrier, singing to him, taking him for walks, massaging him, talking to him, reading to him, burping him, and many more activities are all wonderful ways for partners to create a close and loving relationship with their baby.



Partners can also help to support mothers by:

- Telling her she's doing a great job
- Learn about breastfeeding and how to get support
- Try to help mom relax and get extra sleep
- Cooking, housework and errands
- Answering the phone and entertaining guests, including telling them to come back at a more convenient time
- Help with positioning baby at the breast and checking the latch
- Changing, burping, and holding baby to help settle to sleep. Father's can hold baby skin-to-skin too!

Partners are extremely important in supporting and encouraging the mother in breastfeeding.

For a copy of The New Baby Owners Manual for Dads, call Child & Babytalk at 613-549-1154, or 1-800-267-7875, ext. 1555 or visit our website at www.kflapublichealth.ca



Relationship changes

Relationships

The two of you will find that your relationship is different now that you have become a family. Changes may include role changes, compromising, planning ahead or being spontaneous when the opportunity is there. These changes may affect your sexual relationship.

A mother's interest in sex is often less after having a baby, but it will gradually increase as your baby grows. Remember, she has had nine months of hormonal and physical changes to prepare her for this baby.

For the partner, the baby may not have seemed quite real until she was born. Their attachment to the baby will grow with time.



Important things to know

Caring for your breasts

- Make sure your baby is positioned and latched on properly every time.
- Your breasts should feel comfortable while breastfeeding.
- Change breast pads when wet and avoid plastic liners in the breast pads.
- Wash your breasts with water only while bathing.
- Wear a supportive (not tight) nursing bra.
- Rest or sleep when your baby sleeps for the first few weeks.

Engorgement

Your milk production increases three to five days after the baby's birth. Your breasts may become full, firm, and uncomfortable if your baby is not feeding regularly or effectively.

Suggestions to help soften your breasts:

- Massage and express some milk to soften the areola before breastfeeding. This makes it easier for your baby to latch on correctly (see page 14).
- As long as your breasts are leaking, you can use warm compresses prior to feeding to encourage your milk to flow.

- Breastfeed your baby every 1.5 to 3 hours until your breasts are no longer uncomfortable. Use compressions during the feeding.
- After feeding, place a cold pack around your breasts for up to 10 minutes for comfort and to help decrease swelling, e.g., chilled gel packs, ice chips, or frozen vegetables in a plastic bag wrapped in a towel.
- A simple technique to help your baby latch when your breast is full is called reverse pressure softening. To learn more about this technique, go to: http://kellymom.com/bf/concerns/mother/rev_pressure_soft_cotterman/

Sore Nipples

If your nipples become sore, cracked or blistered or if it hurts the whole time your baby is breastfeeding, this may be due to a poor latch or poor positioning.

- Follow each step in caring for your breasts, page 14.
- Review pages 5 to 7. Try different feeding positions. One may be more comfortable than another.
- Start the feeding on the side that is less sore. If it is still uncomfortable, take your baby off and try the latch again.

Important things to know

- Express a few drops of milk after each feeding and spread this on the nipple and areola (dark area) to help heal the nipple.
- You may wish to use a pure lanolin ointment. Apply a thin coating **after** feedings.
- Ask a breastfeeding expert for advice (see page 26).
- Make sure your bra is not tight around your breast.
- Get plenty of rest.
- Talk to your healthcare provider or phone for advice (see page 25) if there is no improvement.

Plugged Ducts

You may have a plugged duct if you notice a reddened, tender, hard or hot area on your breast.

Suggestions:

- Continue to breastfeed often and use ibuprofen for pain, if necessary.
- Apply a warm compress and massage the affected area gently toward the nipple before you breastfeed.
- Breastfeed your baby on the sore side first and often.
- Steadily compress the plugged duct area with as much pressure as you can tolerate during the feed.
- Breastfeed in different positions with the baby's chin pointing toward the site of the plugged duct.
- Express after the feed if your baby has not fed well.

Mastitis

Mastitis is a bacterial infection in the breast and does not affect the quality of your breastmilk. If you have a hot, reddened, and tender area on your breast and flu-like symptoms (fever, chills, aching), call your doctor. You may need medication.

Suggestions:

- Continue to breastfeed often and follow suggestions for plugged ducts.
- Drink plenty of fluids.



Frequently asked questions

What should my baby's stool be like?

Your baby's stool will have a mild smell and will usually be watery and seedy. It may be yellow, tan or occasionally green in colour. In the early weeks, your baby should have at least three bowel movements a day or may stool with every feeding. After the first month your baby may have fewer bowel movements and may go as long as 4 to 12 days. This is not constipation unless the stools are hard and dry. Many babies strain, grunt, and get red in the face when they are trying to have a bowel movement, even when it is very soft. This is normal.

Should I give my baby anything other than breastmilk?

Health Canada and the Canadian Pediatric Society recommend that breastmilk is all your baby needs until he is six months old. Your baby does not need water, other drinks or solid foods until this age. Until six months, solid foods are not well digested, may lead to allergies, and will cause him to take less breastmilk.

How long should I breastfeed?

This is a personal choice. Health Canada and the Canadian Pediatric Society recommend breastfeeding to continue with the introduction of other foods for up to two years or more.

Is it safe to breastfeed if I am taking medicine or if I am sick?

In almost all cases, it is safe to continue breastfeeding. Call Child & Babytalk at 613-549-1154, visit the link for Motherisk at our web site www.kflapublichealth.ca, or call Motherisk at 416-813-6780 for additional information.

Could I get pregnant while I am breastfeeding?

Breastfeeding can be 98 per cent effective as a method of birth control if your baby is under six months old, your monthly periods have not returned, and your baby exclusively breastfeeds at least every four hours during the day and has no more than one six hour stretch at night. The use of pacifiers and infant formula may cause earlier return to menstruation.

Breastfeeding help

This book covers only the most basic information. For answers to other questions, please use the following sources:

People

KFL&A Public Health

- **Breastfeeding Clinics**
613-549-1154 or 1-800-267-7875, ext. 1555. A public health nurse, certified by the International Board of Certified Lactation Consultants, provides one-on-one information and support at a confidential clinic appointment.
- **Child & Babytalk Phone Line**
613-549-1154 or 1-800-267-7875, ext. 1555, to speak with a public health nurse directly.
- **Breastfeeding Buddies**
613-549-1154 or 1-800-267-7875, ext. 1555. A telephone support program for breastfeeding mothers.
- **Prenatal Breastfeeding Class**
613-549-1232 or 1-800-267-7875, ext. 1567 to register.
- **Babytalk Drop-ins**
613-549-1154 or 1-800-267-7875, ext. 1555. For locations in your area, look on our web site or call Child & Babytalk Phone Line.

- **La Leche League Leaders**
1-800-665-4324 for one near you.
- **Nurses in the hospital.**
- **Your doctor or midwife.**

Web sites

- KFL&A Public Health –
www.kflpublichealth.ca
- La Leche League –
www.lllc.ca
- www.motherisk.org
- www.breastfeedinginc.ca

Books

- La Leche League International.
The Womanly Art of Breastfeeding.
8th edition, 2010.
- *Breastfeeding Made Simple.*
Nancy Mohrbacher, Kathleen Kendall-Tackett, Jack Newman.
2nd edition, 2010.

Look for other breastfeeding booklets available on our web site or by calling Child & Babytalk 613-549-1154 or 1-800-267-7875, ext. 1555.



KFL&A Public Health
613-549-1154 or
1-800-267-7875, ext. 1555

A public health nurse connects callers to community resources and answers prenatal, breastfeeding, parenting, infant, and child health questions