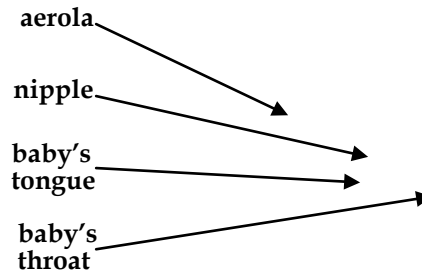


Your baby gets milk by suckling on the breast, not the nipple. It involves your baby's lips, gums, tongue, cheeks, jaw muscles, and hard and soft palates. It is good exercise for your baby and may help to develop strong and healthy gums, jaws, and teeth.

When you are breastfeeding, it is important that you are in a comfortable position and that your baby is positioned and latched on to your breast properly. Getting your baby properly positioned and latched will help keep breastfeeding going well for you both. Good positioning and latch are also important in preventing problems later on.

While breastfeeding, you need to be relaxed, without tension in your shoulders or back. Make sure that your arms and back are supported so that you don't strain your muscles. You may want to use pillows and a footstool to help you get comfortable. If you are sore from childbirth, you may need help adjusting pillows.

Once you are in a comfortable position, you are ready to offer your baby your breast. Babies often nurse better when they have skin-to-skin contact with their mother. Many babies find the nipple easily, latch-on to the breast right away, and seem to know what to do. Others need some help. Remember, you are both learning so, be patient and keep trying.



### HELPING BABY LATCH

1. Have your baby at the level of your nipple before you latch. Use pillows or a rolled blanket to adjust baby's position.
2. Support your breast with your free hand using a C-hold. Your thumb is on top of your breast, and your fingers are underneath along your ribs and well behind the areola (the darker skin around your nipples). Your breast should rest on top of your four fingers. You can also try rotating your hand into a U-hold with your fingers and thumb on either side of the breast.
3. Encourage your baby's mouth to open wide. To do this, lightly touch your baby's top lip with your nipple by gently moving your baby's head side to side in front of your breast.
4. When your baby's mouth is open wide like a yawn, draw the baby close. Your nipple should be centered upward in your baby's mouth. To support a good latch and your posture, draw your baby onto your breast with a gentle push from the palm of your hand against baby's shoulders.
5. As your baby latches on, draw your baby's entire body closer to you so she is snug in against your breast. Baby's mouth needs to cover a large part of the areola. Your baby's chin should be tucked in closely to your breast.
6. Allow your baby to suckle at the first breast for as long as he or she wishes and then offer the second breast. If she is still hungry she will open her mouth to take the second breast. Babies often will come off the breast on their own when they are no longer hungry or need to burp.



If your baby takes only the nipple, gently break the suction and start again. Break the suction by placing your clean finger into the corner of baby's mouth and pressing against your breast. If you allow your baby to suckle without first getting a good latch, two things may happen. One, your nipples will get very sore and two, your baby may not get enough milk. You must hold your baby in the correct position on the breast for a successful latch. In the early days, the best latch is often achieved most easily using the cross-cradle or football holds.

# BREASTFEEDING POSITIONS

## **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 hips 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 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, for preemies and for helping to clear blocked milk ducts
- ✓ baby's is turned sideways, tummy to tummy with you and her ears, shoulder and hips should be in a straight line

## **cradle position**

- ✓ a good position once breastfeeding has been established
- ✓ baby is supported in your lap and baby's head is in the crook of your arm
- ✓ baby is turned tummy to tummy with you
- ✓ a footstool is helpful to raise your feet



## **lying down position**

- ✓ good after a c-section
- ✓ allow your breast to rest on the bed then latch baby
- ✓ may need to prop back with pillows
- ✓ ensure baby is on her side, tummy to tummy with you
- ✓ baby's ears, shoulders and hips should be in a straight line

## BURPING YOUR BABY

Once your baby feeds for as long as he or she wants 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. Many babies will want more than one breast during a feed.



## HOW TO TELL THAT BREASTFEEDING IS GOING WELL

You know that breastfeeding is going well when:

- You can hear baby swallowing at the breast. A normal breastfeeding pattern is suck-suck-suck-pause-swallow then suck-suck-suck-pause-swallow... and so on. The pause may last up to 30 seconds.
- Baby is gaining weight, feels heavier, and fills out newborn clothes. In the first few weeks, you baby will need to gain at least ½ to one ounce per day and most babies will gain one to two ounces per day. Most babies will be back to birthweight within 10 to 14 days of birth and all babies are expected to have regained birthweight by 3 weeks of age.
- Baby is content after most feedings.
- Your breasts feel softer after a feeding. They are never completely empty, because you continue to make milk while baby is feeding.
- Baby begins to stay awake for longer periods.

You don't need to measure what baby is taking in to know that she is getting enough milk. If you are concerned, you can keep track of what is coming out as it is a direct reflection of how much is going in. This can reassure you that your baby is getting enough milk.

Here are the numbers to watch for:

AGE	WET DIAPERS PER DAY *	BOWEL MOVEMENTS PER DAY
<b>Days 1 to 2</b> (colostrum – thick, rich and full of antibodies to protect baby, like buttermilk)	At least one in the first 24 hours and then 2 or more on day 2, may contain some urates (uric acid crystals which are the colour of rusty nines, this is normal)	1 or more sticky, dark green or almost black (meconium)
<b>Days 3 to 4</b> (milk coming in)	3 or more per day, pale urine, diapers feel heavier	3 or more brown/green/yellow, changing in colour (transitional)
<b>Days 5 to 6</b>	5 or more per day, pale urine, heavy wet diapers	3 or more, becoming bright yellow in colour. At least 3 are the size of a dollar coin ('loonie')
<b>Days 7 to 28</b>	6 or more per day, pale urine, heavy wet diapers	3 or more, yellow in colour
<b>After day 28</b>	5 or more per day, pale urine, heavy wet diapers	1 or more, soft and large. Some babies may go several days without a bowel movement

\* If you are unable to tell if the diaper is wet, place a folded tissue or paper towel inside the clean diaper and check for wetness next change. The tissue will absorb the urine and turn pale yellow.