

# Breastfeeding or Chestfeeding Your Baby

## Why Breastfeed or Chestfeed?

### Breastfeeding or chestfeeding offers your baby many important benefits.

Human milk:

- provides the best nutrition
- is all the food your baby needs for the first 6 months and continues to be important for 2 years or more
- changes as your baby grows so that it always provides the right nutrition
- is easy to digest
- helps your baby's immune and digestive systems mature and work well
- helps your baby develop mentally and emotionally
- supports your baby's healthy growth



### DID YOU KNOW?

The words *breastfeeding* and *chestfeeding* are used throughout this section to describe a baby being fed human milk produced by a parent at the parent's breast or chest. You may prefer different words, like *nursing*. Use whichever terms you're most comfortable with and ask that your friends, family and health care providers use them, too.

And babies who are breastfed or chestfed may have lower rates of:

- sleep-related infant death (see [Sleep](#))
- coughs, colds and pneumonia
- ear and other infections
- vomiting, diarrhea, constipation and other digestive issues
- serious illnesses like diabetes and childhood leukemia

### Breastfeeding or chestfeeding is a skill you can practise and learn. And help is available.

The first few weeks are a learning time for both you and your baby as you figure out how to work as a team. Discuss with your health care provider if you have questions or concerns. And see the [Resources](#) section for information and tools to support your infant feeding decisions to help you reach your feeding goals.

### Breastfeeding or chestfeeding is good for you.

Breastfeeding or chestfeeding helps you build a strong emotional bond with your baby and heal faster after giving birth. It can be calming for you and your baby. Your body uses energy to make milk, which may help you to lose weight that you gained during pregnancy. And by breastfeeding or chestfeeding, you may lower your risk of diseases like breast and ovarian cancers.

### Breastfeeding or chestfeeding is convenient.

Every baby is different, and every nursing parent is different. It can take up to 6 weeks to get used to breastfeeding or chestfeeding, but once you get the hang of it, it can be easy. Your own milk is always the right temperature, convenient and changes as your baby grows to provide the right nutrition and available anytime they are ready to eat.

## Preparing to Breastfeed or Chestfeed

**While you're pregnant**, learn all you can about why breastfeeding or chestfeeding is important and how to get off to the best start. You might consider:

- discussing with your health care provider or public health nurse
- practising positions and learning how to get a good latch
- learning how to hand express (see [Expressing Your Milk](#))
- watching videos
- talking to family and friends who have breastfed or chestfed
- taking part in breastfeeding or chestfeeding cafés or groups, such as La Leche League ([lllc.ca](#))
- taking a prenatal class
- finding a lactation consultant through the British Columbia Lactation Consultants Association ([bclca.ca](#))

- learning about all the supports that are available to breastfeeding or chestfeeding parents and caregivers (see the [Resources](#) section)

**Right after your baby is born**, keep them skin-to-skin until they finish their first feeding and then for as long as you wish. This uninterrupted skin-to-skin contact – ideally within the first hour (and beyond) after birth – is an important first step in **breastfeeding** or **chestfeeding**. Your baby will likely look for your breast or chest to feed. If they don't, try hand expressing a few drops of colostrum and try again (see [Expressing Your Milk](#)). The small amount of rich milk your breast or chest produces the first few days after birth is all your baby needs. If, for some reason, your baby can't be with you right after birth, the colostrum can be brought to them. In addition, hand expressing will help your body start producing the milk you'll soon need to feed your baby (see [Special Birth Issues](#)).



### What is skin-to-skin contact?

Holding your baby on your bare chest. All babies benefit from skin-to-skin contact.

### Why is it so important?

Skin-to-skin contact can:

- help your baby feel safe and secure
- calm them and reduce crying
- keep them warm
- keep their heart rate, breathing and blood sugar steady after birth
- help you know when they're hungry
- help with their social and brain development
- lessen postpartum depression

### When should skin-to-skin happen?

- right after birth
- every day in the first months
- whenever your baby needs comfort, like when they're upset, sick or getting a vaccination

### Who can have skin-to-skin contact with your baby?

- you
- your partner(s)
- other trusted caregivers

Remember – only have skin-to-skin contact when you're wide awake and always follow safer sleep practices (see [Sleep](#)).

It is normal for you to become sleepy or want to rest during skin-to-skin contact.

If you become sleepy while holding baby, someone else should keep watch over both of you to ensure baby remains safe. If no one is present, dress and place baby in their own crib, positioned on their back dressed or with a light blanket over them for warmth.

See the appendix or visit: [perinatalservicesbc.ca/Documents/Health-info/Newborn-care/PSBC\\_Skin-to-Skin\\_Fact\\_Sheet.pdf](http://perinatalservicesbc.ca/Documents/Health-info/Newborn-care/PSBC_Skin-to-Skin_Fact_Sheet.pdf)

### What is colostrum?

Your first milk, rich in antibodies and nutrition. Colostrum coats your baby's digestive tract, helps protect them from infection and helps them pass their first poop ("meconium").

## Finding Support

Breastfeeding or chestfeeding is much easier with the right support. This may include your partner(s), family and friends.

You can also get professional and community support through:

- your health care provider
- a public health nurse
- your doula
- British Columbia Lactation Consultants Association (bclca.ca)
- HealthLink BC (call 8-1-1)
- hospital breastfeeding or chestfeeding clinics
- parent-to-parent support groups, like breastfeeding or chestfeeding cafés organized by La Leche League (lllc.ca)
- Indigenous wellness teachings

### Vitamin D

Health Canada recommends that all breastfed or chestfed, healthy, full-term babies are given a liquid vitamin D supplement of 400 IU each day, starting at birth. Read the label for directions.

## Caring for Yourself

When you're breastfeeding or chestfeeding, try to focus on:

- **getting enough rest.** Nap while your baby sleeps and try not to take on too many responsibilities other than caring for your baby.
- **drinking fluids** whenever you're thirsty
- **eating well** (see [Healthy Eating During Breastfeeding or Chestfeeding](#))
- **continuing to take a daily multivitamin and mineral prenatal supplement**
- **getting support** from your partner(s), family and friends
- **discussing any concerns** with your health care provider



### DID YOU KNOW?

If you get a cold or the flu, don't stop breastfeeding or chestfeeding. Breastfeeding or chestfeeding may help protect your baby from getting sick.



### WHAT YOU CAN DO

- Understand the importance of breastfeeding or chestfeeding.
- Ask your partner what they need and how you can help.
- Listen to your partner's concerns and support them as they make decisions about breastfeeding or chestfeeding.
- Take the baby out for a walk and let your partner sleep.
- Take on more household jobs.
- Care for your older children.

## How to Breastfeed or Chestfeed

### Which breast or side of chest?

Begin with the side you didn't use at the last feeding or the one you didn't start with.

### How often?

By their second day, your baby will be more awake and will likely feed more often – at least 8 times every 24 hours. There may be less than an hour from the start of one feeding to the start of the next. Over time, the number of feedings will decrease, and there will be longer spaces between feedings.

### What are feeding cues?

Signs that your baby is hungry. When they want to feed, your baby may:

- bring their hands to their mouth
- “root” (move their head as if they’re looking for your nipple)
- open their mouth, lick their lips or suck
- clench their fists over their chest and tummy, bend their arms and legs or act fussy

Crying is a late sign of hunger. Calming your baby before you try to feed them might help them latch.

### What is cluster feeding?

Breastfeeding or chestfeeding several times close together. Your baby may cluster feed in their first few days and when they’re going through a growth spurt.

### For how long?

**Watch your baby, not the clock, to look for signs that it’s time to breastfeed or chestfeed.** Bring your baby to your chest if they show hunger cues, even if they just finished feeding.

Your baby will probably feed actively for a few minutes before letting go. Don’t rush, though – they may just be resting. Try burping or changing their position to see if they’ll wake to try on the other side. If they’re still hungry, they’ll drink more.

## Your Milk Supply

When milk is removed – either by breastfeeding or chestfeeding, hand expressing or pumping – it tells your body to make more. This means that you’ll very likely be able to produce all the milk your baby needs. In fact, during the early weeks, you may have more milk than your baby wants. If your baby isn’t feeding well, express your milk (see [Expressing Your Milk](#)) to help keep up your supply.

You can help build your milk supply by:

- starting to breastfeed or chestfeed your baby right after they are born
- responding to your baby’s feeding cues
- breastfeeding or chestfeeding often, at least 8 times in 24 hours
- expressing after breastfeeding or chestfeeding, then safely storing your extra milk to give to your baby later (see [Expressing Your Milk](#))
- offering both sides at each feeding, switching from one side to the other when your baby gets sleepy
- breastfeeding or chestfeeding while skin-to-skin
- making sure your baby has a deep latch
- taking time for self-care
- not supplementing with formula (see [Supplementing](#))

Breastfeeding or chestfeeding on both sides helps build your milk supply at first. Once your baby is feeding well and gaining weight, you don’t need to switch sides at each feeding. Let your baby choose which side they want.

### Is my baby getting enough milk?

When healthy babies are fed in response to their hunger cues, they will take what they need. And babies who feed directly at the breast or chest can’t overfeed. Let your baby be your guide.

Remember that your baby’s stomach is very small – the size of a marble at birth, and the size of an egg after 10 days.

The best way to know if your baby is getting enough milk is if they’re sucking well and making swallowing sounds. You can also tell by how much weight they gain and by how much they pee and poop (see [Pooping, Peeing and Diapering](#)).

If you’re worried about whether your baby is getting enough milk, discuss your concerns with your health care provider or public health nurse or call HealthLink BC at 8-1-1.



### DID YOU KNOW?

In the first few days, it’s normal for babies to lose some weight – usually 7 to 10% of their birth weight or a bit more if you had a caesarean or IV fluids during labour. Your baby will probably gain this weight back within 2 weeks, then start gaining 120 to 240 grams (¼ to ½ lb) each week until about 4 to 6 months when they are twice as heavy as when they were born. If your baby loses more than 10% of their weight in the first few days, talk with your health care provider or call HealthLink BC at 8-1-1.

## Breastfeeding or Chestfeeding Positions

A good position helps your baby get a deep latch. Use whatever positions work best for you and your baby. Get comfortable by:

- holding your baby skin-to-skin
- using pillows to support your arms, back and feet
- using a foot rest if you're seated and putting a pillow on your lap
- not letting your fingers get in the way of latching (if you're supporting your breast or chest with your free hand)
- having a glass of water within reach
- asking your partner(s) to help
- keeping safer sleep principles in mind (see [Sleep](#)). If you think you might fall asleep, make sure that the environment is as safe as possible for your baby.



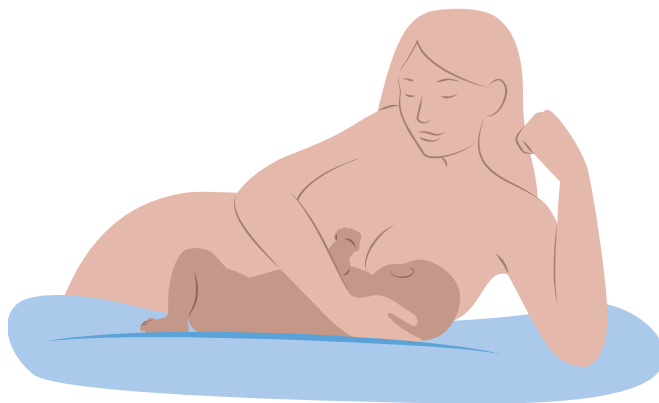
**Cradle**



**Modified cradle**



**Football hold**



**Side-lying**



**Laid-back**

## Latching On

### What is latch?

The connection your baby's mouth makes with your breast or chest while feeding. An effective latch lets your baby suck well and is comfortable for you.

One of the best ways to ensure that your baby gets enough milk is to have an effective latch between their mouth and your breast or chest.

### When you have an effective latch:

- ✓ you feel comfortable
- ✓ baby's chin touches breast or chest – nose is slightly away
- ✓ baby's lower lip flares out (though you may not be able to see it)

- ✓ baby's cheeks are full and rounded
- ✓ baby sucks in bursts with brief pauses in between
- ✓ baby doesn't easily slide off breast or chest
- ✓ nipple is its usual colour and rounded or slightly elongated when baby comes off
- ✓ baby makes "ca" swallowing sounds once your milk has come in
- ✓ baby actively feeds for several minutes
- ✓ baby settles after feeding
- ✓ breast or chest feels softer after feeding, especially in the first weeks

### When you have an ineffective latch:

- ✗ baby has dimples in their cheeks
- ✗ nipple is flattened or misshapen when baby comes off
- ✗ nipple becomes cracked, blistered, bleeding, painful
- ✗ baby makes a clicking or smacking sound
- ✗ baby has trouble staying attached to breast or chest



### HOW TO

#### Get an effective latch

- Unwrap any blankets or get skin-to-skin with your baby.
- Hold your baby close to your body. Turn their whole body to face you so that your tummy to tummy. Their hips should be against your ribs.
- If you're using your hand to support your breast or chest, keep your fingers well back from your areola (the coloured area around your nipple).
- Touch your baby's chin to your breast or chest and point their nose to your nipple, then wait until they open their mouth wide, like a yawn.
- Hug their shoulders closer and roll your areola onto their tongue, to bring your nipple deep into their mouth.
- Make sure they're taking a big mouthful of breast or chest, and that their lower jaw covers more of your areola than their upper jaw.



Step 1



Step 2



### TRY THIS

If you need to stop a feeding or if you feel pain when your baby latches, remove them by putting your clean finger in the corner of their mouth. Gently pull down on their chin to break the suction. Calm your baby if they're crying, then start again. And remember – while it's not uncommon to feel some discomfort when you're learning to breastfeed or chestfeed, it should fade during a feeding and, in time, disappear completely. Talk with your health care provider or public health nurse or call HealthLink BC at 8-1-1 if the pain continues.



## Let-Down Reflex (Milk Ejection Reflex)

### What is let-down?

A reflex that makes your milk flow. Each person feels the let-down reflex differently. You may not feel it, or you may notice tingling, leaking, a feeling of sudden fullness or some discomfort. Let-down happens when your baby sucks, which stimulates nerves and releases milk-making hormones. It can also happen when you hear a baby cry or for no reason at all.

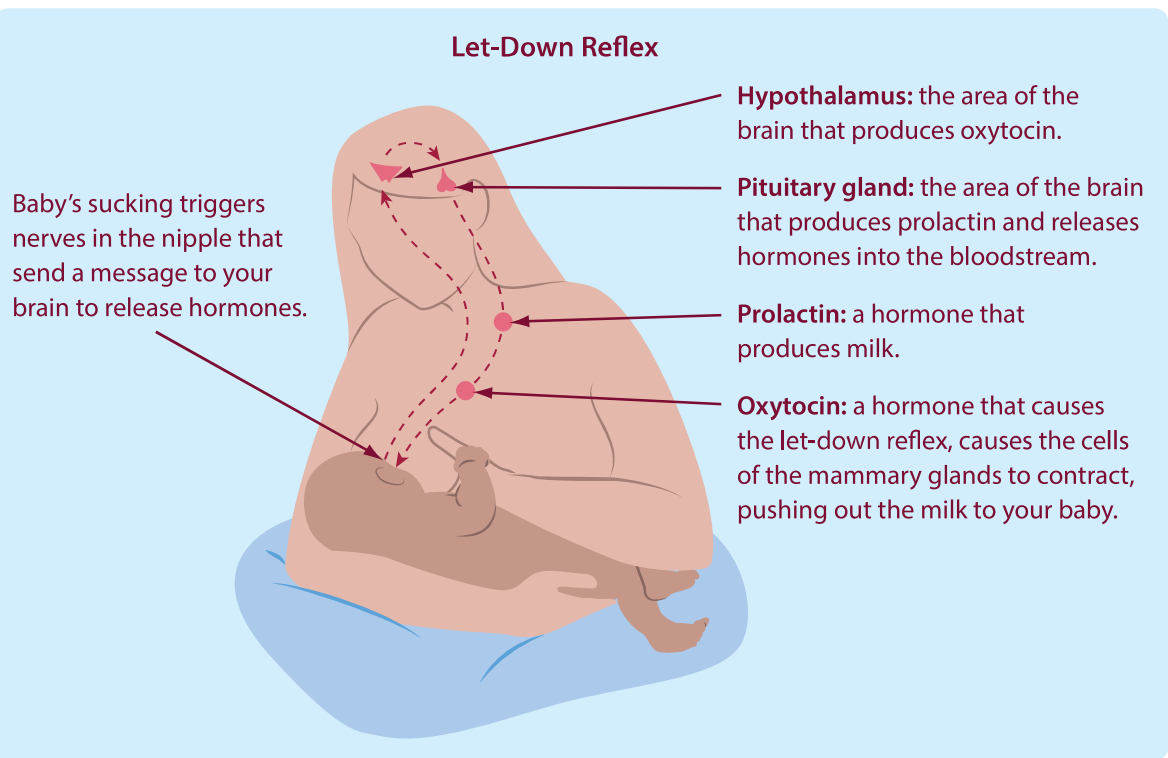
If let-down happens when you're not feeding your baby, try wearing breast or chest pads or pressing your hand over your nipples to hold back the milk.

It takes time for you and your baby to practice and get used to feeding. If your let-down is slow, try to relax before breastfeeding or chestfeeding or expressing your milk by:

- cuddling your baby skin-to-skin
- sitting or lying down in a private, quiet place
- gently massaging or putting a warm facecloth on your breast or chest
- thinking about your baby or looking at their picture

You can help a fast let-down reflex by:

- expressing a little of your milk before feeding
- reclining and allowing your baby to help control the speed of the milk flow
- burping your baby after the first few minutes of feeding



## Burping

### Why burp your baby?

If your baby has fallen asleep after feeding on one side, burping can help wake them up to finish feeding. It can also help bring up air bubbles and prevent spitting up.

### Do you have to burp your baby?

Bottle-fed babies often need to be burped because they can take in extra air during a feed. Otherwise, burping isn't always needed. Often, it just happens on its own when your baby changes positions. And if your baby seems content, it may not be necessary at all. Signs that your baby needs to be burped include fussiness, arching of the back, pulling or bending of the legs or pulling away from the bottle.