# The first five years matter the most

A good start helps your baby later in school and in life

## Actions to support your baby’s growth and development

- **Newborn and older**
  - Breastfeed your baby. For free breastfeeding support book an appointment online at www.regionofwaterloo.ca/breastfeedingclinic or call Public Health at 519-575-4400.

- **Meet with your health care provider for check-ups at:**
  - 48 hours after hospital discharge
  - 1 and 2 weeks
  - 1, 2, 4, 6, 9, 12, 15, 18 and 24 months; and then once a year

- **Newborn and older**
  - Make your home a safe place for your child. Complete a home safety checklist at www.regionofwaterloo.ca/childhomesafety

- **Newborn to 12 weeks**
  - Get to know more about your baby’s sleep cycle and how to respond. Reserve a free spot at www.earlyyearsinfo.ca/sleep-sessions

- **Newborn and older**
  - Start thinking about your child care needs. Register for licensed child care near you at www.onelistwaterlooregion.ca

- **One month and older**
  - Check your baby’s growth with the Looksee checklist at www.lookseechecklist.com

- **One month and older**
  - Read, Sing, Play, Talk with your baby every day. Visit https://playandlearn.healthhq.ca

- **Six months and then once a year**
  - Visit the eye doctor to have your baby’s eyes checked; free if you have an Ontario Health Insurance Plan. Visit www.collegeoptom.on.ca

- **12 months and older**
  - Visit the dentist to have your child’s teeth checked. Call 519-575-4400 for information about financial assistance for dental care.

- **18 months to five years**
  - Find out if your child is a healthy eater using Nutri-eSTEP at www.nutritionscreen.ca

- **Three to five years**
  - Register your child for kindergarten. Ensure your child receives their MMRV vaccine at four years of age.

- **Junior Kindergarten**
  - If your child is in JK they could be eligible to participate in the Eye See...Eye Learn® program. Visit www.optom.on.ca

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519-575-4400
(TTY: 519-575-4608)
This booklet gives information about feeding formula to healthy full-term infants. Formula can also be called artificial baby milk, breast milk substitutes, non-human milk as well as other terms. If your baby was born premature/preterm, at a low birth weight or has a weakened immune system, talk to your health care provider about feeding your baby.
Our baby-friendly promise

- We support the infant feeding choices of all families.
- We provide families with information about feeding their babies in a safe and nurturing way.
- We have a policy that protects, promotes and supports breastfeeding*. Our staff are trained to follow this policy.
- We inform individuals and their families about the importance of breastfeeding during the preconception and prenatal period.
- We encourage parents and their families to hold and feed their babies using safe skin-to-skin.
- We support parents and their families to feed their babies breast milk* only for the first six months and to continue to breastfeed*, with solid foods, up to two years and beyond.
- We work with our community partners to support breastfeeding in the Region of Waterloo.
- We do not give out infant formula, bottles, nipples, or pacifiers.
- We welcome parents to breastfeed anytime, anywhere on Region of Waterloo property and other locations where we provide service.

* The terms breast milk/breastfeed/breastfeeding are also known as chest milk/chestfeed/chestfeeding respectively and can be used interchangeably.

Though the term mother is mostly used, it is meant to be inclusive of parents, caregivers, and significant others.
### Make an informed decision about feeding your baby

How you feed your baby will be one of the most important decisions you will make as a parent. This information can help you make an informed decision and be on your way to giving your baby a healthy start.

<table>
<thead>
<tr>
<th>Breastfeeding</th>
<th>Infant formula</th>
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</thead>
<tbody>
<tr>
<td><strong>Breast milk will help protect your baby from:</strong></td>
<td><strong>Infant formula:</strong></td>
</tr>
<tr>
<td>• being overweight or obese</td>
<td>• does not change to meet your baby’s growing needs</td>
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<tr>
<td>• bowel disease</td>
<td>• does not protect your baby from infections and diarrhea</td>
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<tr>
<td>• coughs and colds</td>
<td>• is not sterile (powdered form)</td>
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<tr>
<td>• diabetes</td>
<td>• is not recommended for babies less than two months of age (powdered form)</td>
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<td>• ear infections</td>
<td><strong>Challenges with infant formula include:</strong></td>
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<tr>
<td>• Sudden Infant Death Syndrome (SIDS)</td>
<td>• extra time is needed to sterilize equipment</td>
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<td>• some childhood cancers</td>
<td>• mistakes can be made during preparation</td>
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<tr>
<td>• the effects of toxins in the environment</td>
<td>• it is manufactured and can be recalled if safety concerns in the manufacturing process</td>
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**Breastfeeding will help protect you from:**
- breast cancer
- diabetes
- ovarian cancer

Breastfeeding promotes closeness and bonding

**Tip:** Breast milk is all your baby needs for the first six months. Giving your baby other foods or liquids before six months may decrease your breast milk supply and may affect your baby’s health.
Skin-to-skin

**Tip:** Your bare chest is the best place for your baby to adjust to life outside the womb.

Immediately after birth hold your baby belly-down on your chest or tummy. 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 and breastfeeding continue long after that. Skin-to-skin is also better for babies born prematurely or by Caesarean birth.

**Benefits for babies**
- breastfeed better
- cry less and are calmer
- stay warmer
- enjoy more comfort from you
- have better blood sugar levels
- are protected by some of your good bacteria

**Benefits for mothers***
- breastfeed more easily
- learn when your baby is getting hungry
- bond more with your baby
- gain confidence and satisfaction caring for your baby

**Benefits for breastfeeding**
- your baby is more likely to have a successful first breastfeed
- your baby may breastfeed sooner and longer
- you will make more breast milk
- helps your baby breastfeed when sleepy

* The current research relates to individuals who have given birth and identify as mother
Holding your baby safely skin-to-skin is easy. Here’s how:

1. Ensure you are fully awake
2. Avoid laying flat on your back or resting on a soft mattress or water bed.
3. Take off your baby’s blankets and clothing. Leave a diaper on.
4. Move your clothing away from your chest and tummy.
5. Hold your baby in an upright position (raised at least 30-45 degrees), facing you and against your bare chest or tummy. Position your baby so they can always lift their head and neck by themselves.
6. You can put a blanket over you and your baby. Avoid having soft bedding around your baby such as comforters and pillows.
7. Enjoy the closeness and bonding with your baby.

Note: Babies under six months old should be placed on their back in a crib or cradle close to your bed when you are ready to sleep. It is important that cribs and cradles meet current Canadian safety regulations and there is no extra items in the sleep environment such as blankets.

Family and skin-to-skin

Your family members can also spend skin-to-skin time with your baby. If you have a partner, plan skin-to-skin time together with your baby. It’s a great way for you and your partner to spend time together and bond with your baby.

Tip: As your baby grows continue to hold your baby skin-to-skin.
Get off to a good start

Breastfeed your baby immediately after birth. Your baby is awake and ready to learn how to breastfeed during this time. Breastfeeding early will help you to make more breast milk.

In the first few days you will produce breast milk (colostrum) that is:

- thick like honey
- yellow in colour
- high in calories
- small in amount (but all your baby needs)

As you continue to breastfeed over the next few days, your breast milk will:

- become more white in colour
- increase in amount
- meet all your baby’s nutritional needs

**Tip:** Having your baby breastfeed well and often in the first week will help you to build a healthy breast milk supply. Breastfeed your baby at least eight times in 24 hours (day and night).

Signs of hunger

Babies will let you know when they are hungry; the following are signs that your baby is hungry and needs to breastfeed. Your baby:

- makes sucking or soft sounds
- puts their hands in their mouth
- is making more body movements
- makes sucking or licking movements with their mouth

**Tip:** Breastfeed your baby when your baby is calm and before your baby is too hungry and crying.

Do not give your baby pacifiers or bottles. Babies need to learn how to suck at the breast. If you make an informed decision to use pacifiers or bottles it is best to wait until breastfeeding is well established, around four to six weeks.

Vitamin D

Health Canada recommends giving all breastfed babies a daily Vitamin D supplement (10 ug or 400 IU), starting from birth to two years of age.
Learning to breastfeed

Baby-led latching

Baby-led latching can be encouraged after your baby is born. It is also helpful when your:

- baby is learning to breastfeed
- baby is not breastfeeding well
- nipples are sore

Tip: Baby-led latching is a natural and simple way for your baby to find your breast.

- start when your baby is calm
- sit comfortably and lean back a little
- hold your baby skin to skin (tummy to tummy) on your upper chest and between your breasts

- your baby will start moving their head up and down looking for your breast (this may look like bobbing or pecking)
- support your baby’s neck, shoulders, and bottom with your arm and hand while they move towards your breast

- your baby will:
  1. move towards your breast
  2. find your nipple
  3. push their chin into your breast
  4. reach up with an open mouth
  5. latch onto your breast

- it may help to bring your baby’s bottom close to your body and/or give support to your baby’s back and shoulders
- once your baby is latched, you both can find a comfortable position
Breastfeeding positions

There are many different positions for breastfeeding. Here are some breastfeeding positions that may work for you and your baby. Try different breastfeeding positions. Choose a breastfeeding position that allows you to be relaxed and comfortable. With all positions, make sure your back and arms are well supported.

**Cross cradle**

This position works well if you:
- are learning to breastfeed
- have a small baby

**Cradle position**

This position works well:
- after you are comfortable with breastfeeding

**Football position**

This position works well if you:
- are learning to breastfeed
- have difficulty maintaining a latch
- have a small baby
- have large breasts
- have flat or sore nipples
- had a Caesarean birth

**Side-lying position**

This position works well if you:
- find it too painful to sit
- want to rest when you breastfeed
- have large breasts
- had a Caesarean section
Breastfeeding multiples

At first many parents with multiples find it easier to breastfeed one baby at a time. Once you are comfortable latching and feeding your babies individually, it is possible to learn to breastfeed two babies at one time. This will take some time and patience to learn to do. However, breastfeeding two babies at once can save time and has the added benefit of increasing the hormones that tell your body to make more breast milk.

Double football hold

This position works well if:

• you are learning to breastfeed
• you have small or premature babies
• you have large breasts
• you had a Caesarean birth

Points for effective positioning:

• Sit comfortably in an upright position.
• Place each baby with their faces towards your breasts and their feet towards your back.
• Position the baby with the better latch first.
• After you have the first baby latched, hold the baby in place.
• Repeat for the other baby; their bodies should lie under each of your arms.

Combination cradle/football hold

• one or both babies have difficulty latching on

Points for effective positioning:

• Sit comfortably in an upright position.
• Hold one of your babies in the cradle hold facing you. The baby’s head should be in the bend of your arm with their body across your chest.
• Hold the second baby in the football hold facing your other breast, with your baby’s body tucked under your arm.
Criss-Cross or Double-Cradle Hold
This position works well if:
• you are comfortable with breastfeeding
• your babies are latching well
• your babies are alert and awake

Points for effective positioning:
• Sit comfortably in an upright position.
• Hold both babies lying on their side in the cradle hold with the first baby pressed up against your body.
• The other baby is pressed up against the first baby; their bodies will crisscross.
• Your babies’ head will be in your forearms and slightly tilted back.

Parallel Hold
This position works well if:
• one or both babies have difficulty latching on.

Points for effective positioning:
• Sit comfortably in an upright position.
• Hold your first baby in the cradle hold with their head supported by your forearm and their body across your lap.
• Position the other baby so that their body is parallel to their sibling and their head is supported by your other hand and arm.

V-Hold (variation of the double-cradle hold)
This position works well if:
• nighttime feedings

Points for effective positioning:
• Lean back in a recliner or on pillows until you feel supported in a semi-sitting or reclining position.
• Position the babies with their heads at your breasts and their knees in your lap.
Tips:
• Try feeding two babies at a time and individually to see which way works best for you and your babies.
• Experiment with different chairs, sofas, and feeding positions. Initially, pillows may be helpful to support your babies; find what works best for you.
• At the next breastfeeding offer the opposite breast to each baby.
• Your babies will let you know when they are hungry; the following are signs that your babies are hungry and need to breastfeed. Your babies:
  ▪ make sucking or soft sounds
  ▪ put their hands in their mouth
  ▪ are making more body movements
  ▪ make sucking or licking movements with their mouths
• Keep track of each baby’s feeding, wet diapers, bowel movements and weight gain.
**Latch your baby**

**Tip:** Having a good latch will help you make enough breast milk and help your baby to breastfeed well. It will also help prevent pain when breastfeeding.

Get comfortable and find a position that works well for you (see *Breastfeeding positions* on page 10 and *Breastfeeding multiples* on page 11).

Make sure that you are comfortable with your back and arms well supported and your baby’s tummy is facing you (place your baby on their side except in the football position – for the football position, place your baby on their back or slightly turned to your breast).

Hold your breast in your hand. Thumb is on top and fingers are below your breast.

Face your baby’s nose to your nipple. Stroke your baby’s lower lip with your nipple. Wait until baby’s mouth is wide open like a yawn.
Bring your baby, chin first to your breast. Their mouth should cover lots of the dark area below the nipple (about one and a half inches).

Your baby is latched properly on the breast when:

- their mouth is opened wide
- their lips are curled out
- their chin is pressed into your breast
- they are sucking and swallowing breast milk

If your baby falls asleep while breastfeeding, squeeze your breast to help the breast milk flow. Do not squeeze so hard that it hurts. This will help your baby to start sucking again.

Also try taking your baby’s clothes off or changing their diaper. Gently massage your baby’s back, feet, or hands.

If you want to take your baby off your breast, break the suction by:

- slipping your finger into the corner of your baby’s mouth, OR;
- pulling down on your baby’s chin.

Offer the second breast when your baby no longer has strong “deep and slow” sucks and your breasts feel softer. Your baby may only breastfeed a short time on the second breast. At the next breastfeeding offer the breast that feels the fullest.
How to tell if your baby is getting enough breast milk

1. Your baby is breastfeeding well when…

   You feel:
   • your breast being pulled with no pain

   You hear:
   • your baby swallowing (a quiet, exhaled “kaa kaa kaa”)

   You see:
   1. a wide open mouth
   2. curled out lips
   3. chin pressed into your breasts
   4. sucking and swallowing (quick and shallow at the beginning and deep and slow as the breast milk starts to flow)

At the start of the breastfeed your baby will have shallow and quick sucks. When your breast milk starts to flow, the sucks should become deep and slow. There should be a pause during the sucking when your baby’s mouth opens widest. Your baby is drinking breast milk during this pause.
### 2. Wet diapers and stools

<table>
<thead>
<tr>
<th>Baby’s age</th>
<th>Wet diapers each day</th>
<th>Stools each day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day old</td>
<td>• At least 1 wet diaper (a wet diaper feels like at least 2 tablespoons or 30 ml of water poured on a dry diaper)</td>
<td>• At least 1-2 sticky, dark green/black stools (meconium)</td>
</tr>
<tr>
<td>2 days old</td>
<td>• At least 2 wet diapers</td>
<td>• At least 1-2 sticky, dark green/black stools (meconium)</td>
</tr>
<tr>
<td>3 days old</td>
<td>• At least 3 heavy, wet diapers (a heavy, wet diaper feels like at least 3 tablespoons or 45 ml of water on a dry diaper)</td>
<td>• 3 or more brown/green/yellow stools</td>
</tr>
<tr>
<td>4 days old</td>
<td>• At least 4 heavy, wet diapers</td>
<td>• 3 or more brown/green/yellow stools</td>
</tr>
<tr>
<td>5-6 days old and older</td>
<td>• At least 6 heavy, wet diapers</td>
<td>• 3 or more large, soft, yellow, seedy stools (a large stool is the size of a quarter or larger)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Baby should not be passing any meconium at this age</strong></td>
</tr>
<tr>
<td>6 weeks to 6 months</td>
<td>• At least 6 heavy, wet diapers</td>
<td>• 3-4 per day or 1 very large, soft, yellow, seedy stool/week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• After 6 weeks some breastfed babies may only have 1 very large yellow stool every 1-7 days. This is normal as long as the stool is soft like toothpaste, or seedy and watery, and your baby is healthy. It is also normal for some breastfed babies to have many stools each day.</td>
</tr>
</tbody>
</table>
3. **Weight gain**

Breastfed babies:

- may lose 7-8 per cent or less of their birth weight in the first 3 days after birth
- should return to their birth weight by 10-14 days of age
- should be gaining weight daily by 4-6 days
- should gain at least 25-35 grams (0.88-1.2 oz) a day in the first 4 months of age

4. **Growth spurts**

Growth spurts are the times your baby grows more quickly and will need more breast milk. These spurts occur frequently in the first few months. During these times breastfeed more often when your baby seems hungry. There are no set times to breastfeed your baby. Most babies will breastfeed at least eight times in 24 hours (day and night). Your breast milk supply will increase.

5. **Other signs that your baby is breastfeeding well:**

- baby has a loud cry
- baby’s mouth is wet and pink
- baby’s eyes look alert
- baby moves actively
- baby comes off the breast looking relaxed and sleepy
- breasts feel softer and less full after breastfeeding

**Get help right away** if your baby is not showing signs of breastfeeding well.

**Tip:** Breastfeeding is a learned skill. It requires patience and practice. Don’t hesitate to ask for help.
Caring for your breasts

General breast care

- Rinse your breasts with water only and air dry. Do not use soap on your nipples. Soap may dry your nipples and cause them to crack.
- Wear a bra that fits well and is not too tight. Do not wear a bra with underwire.
- After breastfeeding express some breast milk onto your nipples and the dark area around them to help protect the skin. Let the breast milk dry before putting on your bra.

Caring for breasts that are hard

Apply cold or warmth to your breast, use whichever feels best.

**How to apply cold**

You can put a cold compress on your breast for a few minutes. This can help to decrease swelling.

Cold compresses can be a:

- gel pack wrapped in a cloth
- bag of frozen peas
- frozen wet towel

**Note:** Limit contact to cold to a few minutes to prevent any damage to the skin.

**How to apply warmth**

You can put warmth on your breast by:

- having a warm shower until breast milk starts to flow
- placing a warm towel on your breast for a few minutes until your breast milk starts to flow

Warmth may also be applied to your breast by using a:

- warm, wet disposable diaper
- heating pad on low
- hot water bottle wrapped in a cloth

Next, gently massage your breasts and express some breast milk until the area around your nipple feels soft (see section on Expressing breast milk on page 20). Breastfeed your baby often until your breasts are no longer hard.

Get help right away if you:

- cannot soften breasts or are having problems breastfeeding
- have a red and painful area on your breast
- have a fever
- are feeling sick
Caring for sore/painful nipples

There may be some nipple tenderness in the first week after birth. This should get better each day.

**Tip:** Breastfeeding should not be painful when your baby is positioned and latched properly.

Check that your baby’s:
- mouth is opened wide
- lips are curled out
- chin is pressed into your breast and your baby is sucking and swallowing breast milk

Check that your baby’s:
- head and body are raised up to your breast
- head is at the level of your breast
- chest is facing your tummy
- mouth is facing your nipple

After breastfeeding:
- express some breast milk onto your nipple and the dark area around it to promote healing
- let the breast milk dry before putting on your bra
- pain that persists requires further assessment by a healthcare professional

If you want to take your baby off your breast break the suction by:
- slipping your finger into the corner of your baby’s mouth OR
- pulling down on your baby’s chin

**Get help right away** if your nipples are still painful after checking that your baby is latched and positioned on the breast properly.
Expressing breast milk

Most breastfeeding parents are able to express breast milk by hand.

You may need to express breast milk if:

- your baby is having difficulty with latching
- your breasts are too hard for your baby to latch
- you want to give your baby breast milk when you are away from your baby
- you need to increase your breast milk supply

You can express your breast milk by hand or by using a breast pump. Hand expression takes time to learn but will become easier and faster as you practice. It involves no cost, is always available and can be done anytime, anywhere.

How to express breast milk by hand

1. Wash your hands with soap and water.

2. If your baby is healthy, use a “clean” glass or hard plastic (BPA free) container to collect your expressed breast milk. “Clean” means to wash in hot, soapy water, rinse well with hot water and leave to air dry on a clean surface away from where food is made.

3. To help breast milk begin to drip, try any of the following:
   - hold your baby skin-to-skin
   - place a warm towel on your breast for a few minutes
   - gently massage your breast towards the nipple
   - gently roll your nipple between your thumb and finger
4. Form a “C” with your fingers about 1 - 1 ½ inches back from the outer edge of the dark area (areola).

5. Push your thumb and two fingers straight back towards your chest.

6. Gently compress your breast using your thumb and fingers and roll fingers towards your nipple; then relax your fingers.

Repeat steps 4, 5 and 6 until the flow of breast milk slows down then switch to the other breast.

**Tips for expressing breast milk:**

- Express in the morning, when your breasts feel fullest or after breastfeeding your baby.
- Be patient. You may only get a few drops of breast milk when first learning to express. Expressing breast milk will get better and easier with practice.
- Move your thumb and fingers in different positions around your nipple to ensure that all the breast milk ducts are emptied.
- Switch breasts whenever the flow of breast milk slows down.
- Most breastfeeding parents are able to express breast milk by hand; however you can also express breast milk using a breast pump.
Storing expressed breast milk

Containers for storing breast milk
- Use glass or hard plastic (BPA free) containers with an air-tight lid (for example, small jars and bottles with lids).
- Special breast milk freezer bags can also be used.
- Do not use bottle liner bags. These are thinner plastic bags that may break when frozen.

Cleaning the containers
Wash containers in hot, soapy water and rinse well with hot water. Let the containers air dry on a dry clean surface away from where food is made.

* If your baby is premature (born too early) or in the hospital, speak to your nurse about storing breast milk and cleaning containers. Sterilized containers may be provided by the hospital.

Breast milk can be stored in the following ways
Room Temperature: < 25°C or 77°F for six hours

Freezer of a two-door refrigerator
-18°C or 0°F for six months

Refrigerator < 4°C or 40°F for five days

Deep Freezer
Chest or Upright
-20°C or -4°F for six to 12 months

Important
- Place containers at the back of the refrigerator and freezer where it is the coldest.
- After the storage time has passed, throw out the breast milk.

Tip: Freshly expressed breast milk left at room temperature for more than six hours should be thrown out.
**Storing tips:**
- Refrigerate or chill freshly expressed breast milk within one hour of expressing if you are not going to feed it to your baby within six hours.
- Label containers with date and time.
- Store in smaller amounts to prevent wasting breast milk.
- Always cool freshly expressed breast milk before adding it to already cool or frozen breast milk.
- Leave an inch of space at the top of the container when freezing.

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**Travelling with expressed breast milk**

The following instructions are for fresh, refrigerated and frozen expressed breast milk.

**For safety:**
- carry expressed breast milk in a cooler bag with ice packs
- make sure to use within 24 hours
- if not used within 24 hours, throw away the unused breast milk
- warm breast milk by placing the container in a bowl of very warm water, or holding it under warm running tap water
- frozen breast milk that has been thawed can be kept in the cooler bag with the ice pack for 24 hours

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**Insulated cooler with ice pack for 24 hours**
Thawing frozen breast milk

1. Check the date on the stored breast milk. Use the container with the earliest date first.

2. Thaw frozen breast milk by leaving it in the refrigerator for four to 24 hours.

3. Place container under cool water running. Once it has begun to thaw, run warm water to finish thawing.

4. Never thaw at room temperature.

5. Warm breast milk by placing the container in a bowl of very warm water for no more than 15 minutes.

6. Do not thaw or heat breast milk in the microwave. Do not refreeze once it has thawed.

Tip: Do not refreeze breast milk once it has started to thaw.
Feeding expressed breast milk (by cup or bottle)

• Shake warmed breast milk well. Check the temperature on your wrist. Let cool if too hot.
• Hold your baby close in an upright position.
• Make feedings an enjoyable time for you and your baby. Talk to your baby and give lots of smiles.
• Watch your baby swallow. Allow baby to rest.
• Burp your baby as needed. Stop feeding when your baby shows signs of being full.
• Throw away what your baby does not drink.
• Do not put your baby to bed with a bottle.

**Signs your baby is finished or full:**

Your baby:

• looks sleepy and calm
• lets go of the nipple
• closes their mouth
• turns away from a cup or bottle
• does not look for more breast milk
• may still have small suckling movement; this is a reflex and does not mean your baby is hungry

*If you see signs your baby is full, stop feeding even if the cup or bottle is not empty.*
Caring for yourself

After birth you and your baby will need time to learn to breastfeed. You will also need to look after yourself and your baby. Here are some tips:

- make sleep/rest a priority
- limit visitors, telephone calls and other interruptions during the early weeks
- ask for help when needed; family and friends can help with everyday things like meal preparation, dishes and laundry, keeping the home tidy and caring for other children
- accept help when offered

Breastfeeding and healthy eating

Eating well when breastfeeding helps you to feel your best, recover from labour and birth and get all the nutrients and energy you need. Here are some tips for healthy eating:

- eat plenty of fruits and vegetables, whole grain foods and protein foods
- eat small meals and snacks every 2-3 hours
- have easy to prepare, healthy snacks available
- prepare meals in large batches; freeze and reheat for a quick meal
- accept help from friends and family who offer you prepared meals
- avoid skipping meals
- drink fluids every time your baby breastfeeds
- carry your water bottle with you
- keep cut-up vegetables and fruit in the fridge and eat them for a quick snack
- take a multivitamin containing folic acid every day

Breastfeeding and medications

In almost all cases it is safe to continue breastfeeding if you need to take medications. Call a breastfeeding clinic or health care provider for more information.
Breastfeeding and contraception (birth control)

Breastfeeding can be used as a method of birth control, but only if you follow these rules:

1. Your monthly periods have not returned.
2. Your baby is fully or nearly fully breastfed.
   - fully breastfed means your baby gets all food from suckling at the breast
   - nearly fully breastfed means, in addition to breastfeeding, vitamins, minerals, juice, water or any other foods are given infrequently (no more that one or two mouthfuls a day)
   - to be fully breastfed or nearly fully breastfed, your baby should be breastfed at least every four hours and not have more than one six-hour stretch between breastfeeding in 24 hours
3. Your baby is under six months.

Other methods of birth control that do not affect breastfeeding include:

- condoms (male and female)
- spermicides
- diaphragm – must be refitted after pregnancy
- Non-hormonal Intrauterine Contraception (IUC)
- Hormonal Intrauterine Contraception (IUC)
- Depo-Provera
- vasectomy
- tubal ligation

Speak to your health care provider for more information about birth control.
Breastfeeding in public

According to the Ontario Human Rights Commission policy, no one should stop breastfeeding families from breastfeeding their child, ask them to cover up or move to another place.

Tips for breastfeeding in public

1. Get comfortable with breastfeeding your baby at home with your family and friends before you breastfeed in public.
2. Wear comfortable clothes, a loose fitting top, or breastfeeding top. Use a blanket if you want to cover up.
3. Just do it!

What can I do if someone asks me to stop breastfeeding in public?

1. Do what you need to do so that you can breastfeed your child comfortably.
2. Talk to the owner, manager, or the individual who asked you to stop breastfeeding. Tell the person:
   • It is your right to breastfeed in public.
   • You will make a complaint to the Human Rights Tribunal of Ontario if you are asked again to leave, move or cover up.
3. Follow up with a letter to the owner or manager. Explain what happened and inform the person that it is your right to breastfeed in public.
4. Follow up with the Human Rights Tribunal of Ontario at www.hrto.ca or 1-866-598-0322.

How do I make a complaint?

You can make a complaint with the Human Rights Tribunal of Ontario. Applications forms for making a complaint are available at www.hrto.ca.

You may also talk to the Human Rights Legal Support Centre for advice or assistance at www.hrlsc.on.ca or call 1-866-625-5179 to speak with a Human Rights Advisor.
Breastfeeding after the first six months

You have given your baby the best possible start by breastfeeding for the first six months. Breast milk is still the most important food during the first year of your baby’s life. You may want to continue to breastfeed your baby for two years or longer. There is no right time to stop. Extra iron is needed at six months and it is time to add solid foods.

Why breastfeed your older baby or child?

• Breast milk changes as your baby grows to meet your baby’s changing nutritional needs.
• Breastfeeding is more than food; it’s also about your relationship with your baby.
• When your child is sick, breastfeeding can provide comfort and is a very important source of fluid and food. Breast milk is easy to digest. It may be all your child wants.
• Breast milk protects your child against infection. It strengthens your child’s immunity.

Breast changes

Don’t worry if your breasts feel soft; they will still make enough breast milk. An older child takes breast milk faster than a newborn.

Developmental changes

An older baby becomes more interested in the world around them and can get distracted easily. A quiet place with less distraction may keep their attention on breastfeeding.

Tip: As your baby grows, you may experience changes in how often and long your baby breastfeeds. Your breast milk will change based on your growing baby’s needs.
Teething

It is okay to breastfeed even when your child is getting teeth.

• Your baby’s gum may be sore. Offer your baby a cold, clean cloth or teething ring to chew on before breastfeeding.
• If your baby bites, stay calm. Say “No” and take baby off the breast.
• Your baby may bite near the end of the breastfeeding. Watch for sucking changes at the end of the breastfeeding as your baby will have fewer swallows. To end the breastfeeding, pull your baby close and they will open their mouth and pull off easily.

Nursing strikes

Sometimes a baby who has been breastfeeding well suddenly refuses to breastfeed. This is not the same as natural weaning.

To help your baby return to your breast:

• Talk gently to them and give more eye-to-eye contact.
• Breastfeed your baby in a quiet, familiar place.
• Breastfeed your baby when they are relaxed and not completely awake.
• Relax. Be patient. Babies usually start to breastfeed again in a few days.

If your breasts are getting too full, you can express some breast milk for comfort. You can offer some expressed breast milk from a cup.
Changes in your life

**Tip:** When you and your baby are together, you can breastfeed as much as you like. Breastfeeding your baby when you arrive home from work or school is a great way to bond.

Returning to work or school

If you plan to continue breastfeeding when you return to work or school, you can express or pump your breast milk. Your breasts will continue to produce enough breast milk as long as you breastfeed, express or pump often. Any amount of breast milk is good for your baby.

**Tips on breastfeeding and returning to work or school**

- Discuss your plans with your employer. The Ontario Human Rights Commission states that employers are required to accommodate breastfeeding parents.
- Practice expressing or pumping your breast milk before returning to work or school.
- Choose a caregiver who shares your beliefs about breastfeeding.
- Depending on your workplace or school, you may need to find a quiet place to express your breast milk or breastfeed your baby.
- Talk to other breastfeeding parents who have combined work and breastfeeding.
- Expressed or pumped breast milk may be given to your baby in a small cup or sippy cup when you are away from home. Begin to store breast milk before returning to work or school.
- The number of times you will need to pump or express breast milk while you are away from home will depend on the length of time you are away.
- Clothes with patterns will help to hide leaks.
- Changes in breast milk supply are normal from day to day so don’t worry about this.
- Pumping both breasts at the same time can help to decrease your pumping time.
- Expressed breast milk may be stored in a refrigerator or a cooler bag with ice packs.

Breastfeeding when you are pregnant

You can breastfeed when you are pregnant.

- your nipples may feel more tender
- you may make less breast milk
- your breast milk may have a different taste
- most children happily continue to breastfeed

Remember to:

- eat a variety of foods
- drink when you are thirsty
Questions about breastfeeding

1. **Question:** When should I take my baby for a check-up after leaving the hospital?
   **Answer:** Your baby should be seen by a nurse, midwife, lactation consultant, or doctor three to five days after leaving the hospital. Your baby should then have a second check-up within seven days after birth. This second check-up should be with your doctor. Breastfeeding support is also available from a Public Health Nurse. Book an appointment online at www.regionofwaterloo.ca/breastfeedingclinic or call 519-575-4400 (TTY: 519-575-4608).

2. **Question:** How long should I breastfeed?
   **Answer:** Region of Waterloo Public Health and Emergency Services and the World Health Organization recommend giving only breast milk for the first six months. There is no “right time” to stop breastfeeding. After six months breastfeeding should be continued for two years or more and babies should be given other foods.

3. **Question:** Is it safe to breastfeed if I am sick?
   **Answer:** In almost all cases it is safe to continue breastfeeding. If you are sick call your primary health care provider.

4. **Question:** How can I calm my crying baby?
   **Answer:** Your baby cries for many reasons; for example food, comfort, warmth or to be held. Babies cry an average of two to two and a half hours a day. Crying peaks at two months and gradually decreases by the fourth to fifth month. Your baby may cry for long periods for no reason. Try to calm your baby by:
   - breastfeeding your baby
   - holding your baby skin-to-skin
   - cuddling or rocking your baby
   - carrying your baby in a carrier
   - wrapping your baby loosely in a blanket
   - burping your baby
   - changing your baby’s diaper
   - giving your baby a bath
   - giving your baby a massage
   - taking your baby to a quiet room

5. **Question:** What is mother to mother support?
   **Answer:** Support from other mothers who are also breastfeeding can be helpful. This includes friends and relatives. You can also meet breastfeeding mothers through La Leche League, parenting groups or call Region of Waterloo Public Health and Emergency Services at 519-575-4400 for information about Public Health Breastfeeding Services.
Where to get help

**Region of Waterloo Public Health and Emergency Services**

Public Health Breastfeeding Services

To book a free breastfeeding appointment or speak with a PHN.

Go to [www.regionofwaterloo.ca/breastfeedingclinic](http://www.regionofwaterloo.ca/breastfeedingclinic)

Call 519-575-4400

TTY: 519-575-4608

**We offer breastfeeding:**
- clinics
- education
- consultation
- referrals

Visit [www.regionofwaterloo.ca/ph](http://www.regionofwaterloo.ca/ph) to:
- Learn more about Breastfeeding Services in your area

**Telehealth Ontario**

For breastfeeding advice and support

24 hours per day, 7 days a week.

1-866-797-0000

TTY: 1-866-797-0007

**Breastfeeding Buddies**

For more information on peer breastfeeding support, call 519-772-1016, email bfbuddies@kdchc.org or visit [breastfeedingbuddies.com](http://breastfeedingbuddies.com).

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Family Compass Waterloo Region

Guiding you to services for children and youth

Family Compass Waterloo Region is a quick, easy and interactive website for parents, professionals and youth who are looking for local health, social and recreational services.

Search for Services:
A self-search database of local services

I Have a Concern:
A tool to connect to a local organization to address concerns about child/youth development

Resources for Parents:
A link to Parenting Now to access resources for parents

www.FamilyCompassWR.ca
Check out the other resources in this series!

Caring for you and your baby
Feeding your baby and young child
Formula feeding your baby

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The above booklets and alternate formats of this document are available upon request.