

Prenatal Class

Breastfeeding Your Baby after a Caesarean Birth





Breastfeeding Your Baby after a Caesarean Birth

Quick Reference for Setup

Themes

- Exclusive Breastfeeding Key Messages
- Skin-to-skin
- Strategies for Successful Exclusive Breastfeeding following a Caesarean Birth
- Hand Expression of Breast Milk
- Physical and Emotional Changes Impacting Breastfeeding Following a Caesarean Birth
- Importance and Role of Support People
- Peer Supports
- Community Resources
- Wrap up and Evaluation

Handout Package

- *Breastfeeding Your Baby after a Caesarean Birth – Family Resource* (booklet)
- *Breastfeeding is Going Places* (pamphlet)
- *Breastfeeding Your Baby* (booklet)
- *I'm a Healthy Breastfed Baby!* (magnet)
- *Are You Having a Baby or Raising Young Children?* (HBHC tear-off)
- *Community Resources for Parents of Young Children* (pamphlet)
- *Feeding Your Baby: From Six Months to One Year* (booklet)
- *Have a baby? Pregnant? How are you feeling?* (pamphlet and postcard)
- *A Place for Families – ON Early Years* (pamphlet)
- *When Babies Cry* (pamphlet)
- *Parenting in Peel.ca* (wallet card)
- *24-Hr Cribside Assistance – The New Baby Manual for Dads* (booklet)
- *Healthy Beginnings: Giving your baby the best start, from preconception to birth* - (optional)
- *Healthy Start* – pamphlet (optional)
- *Teen Prenatal Supper Club* – pamphlet (optional)
- *Get the Facts* – DVD (optional)



Time	Materials
15 minutes	Activity 1 – Introduction <ul style="list-style-type: none"> <input type="checkbox"/> <i>Baby-Friendly Pledge</i> (posted on walls or laminated copy in cupboard) <input type="checkbox"/> <i>Statement of Information Practices</i> <input type="checkbox"/> <i>Prenatal Handout Package</i> – resources
15	Activity 2 – Part I– Small Group Activity: Breastfeeding <ul style="list-style-type: none"> <input type="checkbox"/> Flip Chart Paper and Markers
15	Activity 2 – Part II – Large Group Discussion Follow-Up: Breastfeeding <ul style="list-style-type: none"> <input type="checkbox"/> <i>Breastfeeding Your Baby – Guidelines for Nursing Mothers</i> – poster <input type="checkbox"/> <i>Formula? No Thanks</i> – posters <input type="checkbox"/> <i>Did You Ever Wonder What's in Formula</i> – poster (not to be posted only use with teaching which is on back of poster). <input type="checkbox"/> <i>Skin-to-Skin</i> – poster <input type="checkbox"/> <i>Breastfeeding...Is Going Places</i> – poster <input type="checkbox"/> <i>Breastfeeding Anywhere/Anytime</i> – poster <input type="checkbox"/> <i>Breastfeeding... Mom's Calorie Burner</i> – poster <input type="checkbox"/> <i>Breastfeeding Your Baby after a Caesarean Birth – Family Resource</i> - booklet <input type="checkbox"/> <i>Breastfeeding Your Baby</i> -booklet
15	Activity 3– Breastfeeding Your Baby after a Caesarean Birth - DVD <ul style="list-style-type: none"> <input type="checkbox"/> <i>Breastfeeding Your Baby After A Caesarean Birth</i> - DVD Break
10	BREAK
20	Activity 4 –Discussion, Practice and DVD (optional): Breastfeeding after a Caesarean Birth <ul style="list-style-type: none"> <input type="checkbox"/> Get the Facts[4] – DVD (same content as Breastfeeding Online Videos www.BreastfeedinginPeel.ca) <input type="checkbox"/> <i>Breastfeeding Your Baby – Guidelines for Nursing Mothers</i> – poster <input type="checkbox"/> <i>Anatomy and Physiology of the Breast</i> – poster <input type="checkbox"/> Props to demonstrate infant stomach size (cherry, walnut, ping pong ball, egg) <input type="checkbox"/> <i>Breastfed Stools</i> – cards <input type="checkbox"/> <i>Breastfeeding Your Baby</i> – booklet <input type="checkbox"/> <i>Breastfeeding Your Baby After a Caesarean Birth - Family Resource</i> - booklet <input type="checkbox"/> <i>Breastfeeding Your Baby – Guidelines for Nursing Mothers</i> – poster and magnet <input type="checkbox"/> Dolls <input type="checkbox"/> Soft breast model
15	Activity 5 – Small Group Activity – Caesarean Birth and Breastfeeding Scenarios and Role Playing <ul style="list-style-type: none"> <input type="checkbox"/> <i>Breastfeeding Your Baby After a Caesarean Birth</i> - Scenario Cards <input type="checkbox"/> <i>Breastfeeding Your Baby After a Caesarean Birth - Family Resource</i> - booklet
10	Activity 6 – Community Resources and Wrap-up
5	Activity 7 – Review of Key Messages and Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> <i>Breastfeeding Companions</i> – handout and registration form <input type="checkbox"/> <i>Parenting in Peel</i> – mini-poster <input type="checkbox"/> Evaluation forms and pens





Activity 1 Introduction

Format Large Group

Time 15 Minutes

Materials *Baby-Friendly Pledge*
Statement of Information Practices

Directions Introduce yourself as a Registered Nurse and Public Health Nurse working as a Prenatal Educator for the Region of Peel Public Health. Inform the class that in Peel region, approximately 25% of all births are done via caesarean section. Of this, approximately half are planned and half are unplanned. The reason for having a caesarean birth is based on thoughtful, clinical consideration of mother and baby's well-being.

With the support of Trillium Health Partners and Peel Public Health, this class has been designed to help achieve your goal of exclusively breastfeeding your baby in the early weeks after your baby is born. The feeding experiences of women who gave birth by caesarean in Peel region have also been studied, and incorporated into our curriculum. Some of their advice for other women includes getting knowledge about what to expect post caesarean birth, how to breastfeed, asking for and getting help, learning how partners can support them, and having perseverance. These new mothers stressed how important it was to have confidence in their ability to breastfeed, and have support to breastfeed.

After having a caesarean birth, it is important to make sure you take care of yourself during the recovery period. Having confidence in your ability to breastfeed your baby, a partner and support person to assist you, and knowledge of community resources available to support you, will assist you with your breastfeeding plan.

Breastfeeding is the normal way to feed a baby. Women may face some common challenges to breastfeeding after having a caesarean birth. The goal of this class is to help you understand what may occur and coping strategies as you transition to becoming a new parent and successfully feeding your baby only breast milk.



1. Introduce the *Baby-Friendly Initiative (BFI)*: Ask participants if they know what the Baby-Friendly Initiative (BFI) is and for comments about it. Explain that BFI is a global campaign that aims to protect, promote and support breastfeeding all around the world. It was created by the World Health Organization and the United Nations Children's Fund (1991). Show and briefly explain the Peel Public Health Our Baby-Friendly Pledge. **Note to Educator:** This pledge is the client version of the Baby-Friendly Initiative Policy (FH3-205). The goal of the Baby-Friendly Initiative is to increase the rates of mothers who begin and continue to exclusively breastfeed for the first six months and then two years and beyond with the addition of appropriate foods.

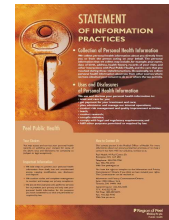


It does this by providing the best possible care within all health services for all babies and mothers. The Baby-Friendly Initiative encourages parents to make the best decisions about feeding their babies to help give their child the best possible start in life.

All mothers and babies are supported to safely feed their baby, regardless of their feeding method. During this prenatal class, participants will be taught how to initiate breastfeeding, how family can support breastfeeding, where to seek assistance, and the importance of getting help early.

Share with the participants that Trillium Health Partners is committed to working towards the designation as a Baby Friendly hospital environment. This environment supports an informed decision around infant feeding while protecting, promoting, and supporting breastfeeding. To date, all of the nursing staff at THP has had education and training around breastfeeding practices that support your infant feeding choice.

2. Share *Statement of Information Practices*, highlighting key points regarding collection and disclosure of personal health information.



3. Invite participants to introduce themselves by sharing their due date, where they plan to have their baby, their learning needs and if they feel comfortable sharing the reason for their planned caesarean birth.
4. Handout the Prenatal Package and inform participants we will be using these resources during today's class.



Determine if participants have recently participated in a Prenatal Program as this can help to direct the class activities (for example: Activity 4 may be focused on the participants specific learning needs and questions and it will not be necessary to show the DVD –Get the Facts, participants may view it online or have a copy to take home)



Activity 2 – Part 1

Small Group Discussion about Breastfeeding after a Caesarean Birth

- Format** 2 groups – one with pregnant women, the other with fathers/partners/supports
- Time** 15 Minutes
- Materials** *Flipcharts, markers*
Breastfeeding Your Baby – Guidelines for Nursing Mothers – poster
Formula? No Thanks – posters
Did You Ever Wonder What's in Formula – poster
Skin-to-Skin – poster
Breastfeeding...Is Going Places – poster
Breastfeeding Anywhere/Anytime – poster
Breastfeeding... Mom's Calorie Burner – poster
- Directions**
1. Introduce activity:
 - Mothers giving birth by caesarean can satisfy their baby's breastfeeding needs. Giving birth by caesarean does have some breastfeeding challenges that are different from mothers giving birth vaginally.
 - You have chosen to attend this class because you plan to breastfeed your baby
 - At the end of this class we hope you will feel confident in your ability to feed your baby only breast milk and know where to get help for your breastfeeding questions.
 2. Divide the class into two groups and have each group discuss the following:
 - Pregnant women in one group
 - Reasons why they want to feed breast milk to their baby
 - Challenges they feel they may face in breastfeeding after having a caesarean birth
 - What type of support and help they think they will need from family, friends, community, and health care providers
 - Any questions
 - Fathers/Partners/Supports in second group
 - Reasons why they will support baby being breastfed
 - Challenges they think the mother may face breastfeeding after having a caesarean birth
 - What type of support/help they think they could provide
 - Any questions
 3. Ask participants to write their responses on flipchart.



Activity 2 – Part II

Large Group Follow-Up Discussion about Breastfeeding after a Caesarean Birth

Format Large group sharing

Time 15 Minutes

Materials *Breastfeeding Your Baby* – booklet
Breastfeeding Your Baby After a Caesarean Birth – Family Resource - booklet

- Directions
1. Ask participants to return to the larger group to share responses. Have a spokesperson from each group share their key discussion points from each question with the large group. Give all participants a chance to comment on these.
 2. PE to provide evidence informed information, support, and resource information based on group discussion – Key Messages
 3. Ask participant to take turns reading “Did you know?” breastfeeding statements on page 2 in the *Breastfeeding Your Baby After a Caesarean Birth – Family Resource*

FOR BABY:

- Giving only breast milk in the first 6 months of life helps your baby fight infections and develop a strong immune system
- Breastfed babies are less likely to become obese later in life

FOR MOTHER:

- If you believe you can breastfeed your baby you are more likely to continue
- Frequent breastfeeding and hand expression of breast milk in the early days, contribute to a good milk supply
- Women have a lower risk of developing breast cancer when they breastfeed for at least 12 months in their lifetime

FOR FAMILY:

- Family support and encouragement helps a mother to breastfeed



4. Use the **Breastfeeding and Risks of Formula** chart to guide further teaching and discussion.
 - Note that the information listed there is for PE reference and may require modification in language/literacy during teaching.
 - Based on adult learning principles, this discussion is driven by the participants.
 - Please note you are not required to cover every item in the chart below

Importance of Breastfeeding and Risks of Formula - Prenatal Educator Resource	
Greater cost savings	<ul style="list-style-type: none"> ▪ Breastfeeding is free; therefore family income can be spent on other needs. ▪ Feeding infants artificial baby milk (formula) results in extra financial costs for families, and the Health Care System.
Breastfeeding anywhere/anytime	<ul style="list-style-type: none"> ▪ Breast milk is available at the right time and temperature. It is portable and convenient. ▪ Mothers have the legislated right to breastfeed anytime anywhere. ▪ Planning and organization is needed to prepare and transport formula safely. ▪ Improperly prepared or stored infant formula can cause health problems for infants.
Fewer Infections	<ul style="list-style-type: none"> ▪ Research shows that if infants are exclusively breastfed for at least 6 months they have fewer infections: such as decreased risk for ear infections (otitis media), vomiting and diarrhea (gastrointestinal infections), and chest infections (lower respiratory tract infections).
Size of baby's stomach	<ul style="list-style-type: none"> ▪ The cherry represents the size of a baby's stomach at birth. Its size matches the small volume of a new mother's colostrum that is rich with nutrients. As a baby is breastfed frequently, mom's milk supply increases at the same time with baby's stomach size. ▪ See poster: Breastfeeding Your Baby - Guidelines for Nursing Mothers. Small frequent feedings give a newborn time to learn to coordinate sucking, swallowing, and breathing. Colostrum prepares the baby's digestive system for the mature milk that follows it.
Reduced risk of obesity	<ul style="list-style-type: none"> ▪ Breastfed babies have 14 - 33% less risk of becoming obese later in life compared to formula fed babies. Breastfed babies suckle differently and are better able to control how much and how often they eat, compared to formula fed babies who may be fed pre-determined amounts of formula at set times. ▪ The health benefits of breastfeeding extend beyond childhood: e.g. the reduction of risk of developing obesity in later life.
Stool is regular and doesn't smell bad	<ul style="list-style-type: none"> ▪ Breast milk is easy to digest and allows for easier elimination of stool. ▪ Formula is usually made from cow's milk which causes a change in the normal bacteria of the intestinal tract. Stools of a formula fed baby tend to be thicker and more foul-smelling.
Saves time	<ul style="list-style-type: none"> ▪ Breastfeeding does not require preparation time.
Optimum brain growth and development	<ul style="list-style-type: none"> ▪ Breast milk is species-specific and contains over 200-400 essential components and only 30 of these components are found in formula.



Breastfeeding and Risks of Formula - Prenatal Educator Resource (cont'd)

Wonderful maternal bonding with child

- Skin-to-skin contact creates closeness both physically and emotionally.
- Skin-to-skin is beneficial for all babies, including premature babies, no matter how you feed your baby.
- Research shows that skin-to-skin contact stabilizes baby's heart rate, temperature, breathing and blood sugar.

Gold standard for infant feeding

- Breastfeeding is the normal way to feed your baby.
- Breast milk changes to suit your child's needs as he/she grows. For example, fat content, other nutrients and immune factors present in breast milk for the newborn change to meet the needs of the toddler.
- Formula has a limited shelf life, it expires, and powdered infant formula is not sterile.
 If a mother has given birth to a premature or medically fragile baby and is unable to provide her breast milk then the baby may be eligible to receive human donor milk. [The Rogers Hixon Ontario Human Milk Bank](#) is located at Mount Sinai Hospital, in partnership with The Hospital for Sick Children and Sunnybrook Health Sciences Centre. The Milk Bank collects donated breast milk from lactating women, pasteurizes it, and distributes it by prescription to medically fragile babies in Neonatal Intensive Care Units across Ontario. It meets or exceeds all safety standards for donor human milk banking.

Natural child spacing

- Lactational Amenorrhea Method (LAM) is a choice of birth control when breastfeeding. It is 98% effective if all of the following conditions apply:
 - Infant is under 6 months of age.
 - Mother's menstrual cycle has not resumed.
 - Infant is fully or nearly fully breastfeeding at least every 4 hours; and not going longer than one 6 hour stretch between breastfeeding in a 24 hour period.
- Other methods of birth control are needed if you are formula feeding or have chosen to give expressed breast milk exclusively by bottle.

Reduced risk of breast cancer

- Women have a lower risk of developing breast cancer when they breastfeed for at least 12 months, in their lifetime.

Environmentally friendly

- Breast milk is a natural renewable food that does not involve equipment and packaging.

5. Summarize:

- Many of the changes and discomforts experienced are due to the effects of surgery. These may impact the mother's comfort with breastfeeding:
 - the mother will experience a catheter for urine
 - an intravenous infusion (IV) for pain and other medications
 - the incision and a dressing
 - positioning
- Try to learn as much as you can during your pregnancy to gain confidence in your ability to feed your baby only breast milk
- The benefits of breastfeeding last a lifetime: for baby, mom and family.
- Start uninterrupted skin-to-skin immediately after birth.

BREAK





Activity 3

Breastfeeding Your Baby after a Caesarean Birth DVD

Format DVD

Time 15 Minutes

Materials *Breastfeeding Your Baby after a Caesarean Birth* - DVD

- Directions
1. Introduce the DVD *Breastfeeding Your Baby after a Caesarean Birth*
 - This DVD was produced in collaboration between Peel Public Health and Trillium Health Partners. We would like to thank the Peel families who participated in the production of this resource.
 - This resource is intended to help new parents have a better understanding of some of the aspects of breastfeeding a baby after a caesarean and strategies for working through the challenges that may arise.

Time	<i>Breastfeeding Your Baby After a Caesarean Birth</i>	
	DVD Subtitles and Key Points	Discussion Questions
~10 minutes	<p>Introduction by a new mother who is breastfeeding her baby</p> <p>In hospital</p> <ul style="list-style-type: none"> ▪ Clinical appointment ▪ In operating room ▪ On mother-baby unit (position, tips, hand expression) <p>At home</p> <ul style="list-style-type: none"> ▪ A new mother gives some tips ▪ Discussion of peer supports and breastfeeding clinics and home visits 	<p>What are the benefits of skin-to-skin contact with baby?</p> <ul style="list-style-type: none"> ▪ Increases chance of baby breastfeeding successfully and getting more colostrum ▪ Stabilizes baby's heart rate, breathing, temperature and blood sugar ▪ Promotes attachment as mom holds and gets to know baby ▪ Builds baby's immunity and resistance to infection ▪ Helps baby use his/her senses (smell, sight and touch) to move naturally towards the breast and nipple ▪ Encourages baby to suck at nipple when he/she is ready ▪ Stimulates milk letdown as mom relaxes <p>What are some tips or strategies for new parents after having a caesarean birth?</p> <ul style="list-style-type: none"> ▪ Skin-to-skin ▪ Rest, eat healthy food, breastfeed often ▪ Limit visitors ▪ Get up and walk ▪ Hand express ▪ Learn the signs that your baby is ready to eat



- Learn about and use community supports such as:
 - Peer Support Program,
 - Breastfeeding Clinics,
 - Breastfeeding Home Visits,
 - Breastfeeding Contact Centre;
 - parentinginpeel.ca
 - ontariobreastfeeds.ca;
 - Telehealth Ontario Breastfeeding Telephone Support; and
 - your local hospital or health care provider
- (content for this is in Activity 6)





Activity 4

Breastfeeding after a Caesarean Birth – Discussion, Practice and Optional DVD

Format Discussion, Practice and DVD (optional), www.BreastfeedinginPeel.ca

Time 20 Minutes

Note to PE Based on the breastfeeding experiences, learning needs and questions of the group the Prenatal Educator is to determine the best way to facilitate this section of the class. The DVD *Get the Facts* provides valuable information and can be found online at www.BreastfeedinginPeel.ca or by providing client with a DVD. The focus of this section is to support families in developing confidence in their ability to provide their baby with only breast milk and the knowledge to know they are able to produce and meet their baby's feeding needs. If the DVD is not used, ensure the discussion questions and answers of this section are covered and hand expression is taught. Use the image on page 4-5 of the *Breastfeeding Your Baby After a Caesarean Birth-Family Resource* – booklet to provide guidelines for breastfeeding.

Materials *Get the Facts*^[4] – DVD (same content as *Breastfeeding Online Videos*)
Breastfeeding Your Baby – Guidelines for Nursing Mothers – poster
Anatomy and Physiology of the Breast – poster
Props to demonstrate infant stomach size (cherry, walnut, ping pong ball, egg)
Breastfed Stools – cards
Breastfeeding Your Baby – booklet
Breastfeeding Your Baby After a Caesarean Birth-Family Resource – booklet

Directions

1. Introduce *Get the Facts* DVD:
 - This DVD was produced by Peel Public Health Breastfeeding Team to provide a practical teaching resource that parents can access online, at home or at the library.

Note to PEs: inform participants that the DVD shows mothers breastfeeding and breasts are exposed.
2. Show DVD, pausing after each segment for discussion questions and practice:



Segment Time	Get the Facts DVD Subtitles and Key Points	Discussion Questions
~6 minutes	<p><u>The Latch</u></p> <ul style="list-style-type: none"> how the baby attaches on to your breast affects how much milk baby removes and how much milk mom makes letdown reflex – several occur during a feeding; some feel a tingling sensation breast compression baby instinctively wants and needs to be with the mother The smell of amniotic fluid and breast milk help the baby find the breast and latch Signs of feeding cues, baby ready to feed Way for family to get to know baby 	<p>How does baby get a good latch?</p> <ul style="list-style-type: none"> mom brings baby tummy to tummy, supporting baby's back and neck baby tilts head back, comes to the breast, chin first, with nose off the breast baby opens mouth wide and curls lips outward <p>What is Let Down?</p> <ul style="list-style-type: none"> release of milk in response to baby's short initial sucks stimulates milk flow leads to stronger, slower sucks and pauses to swallow

Segment Time	Get the Facts DVD Subtitles and Key Points	Discussion Questions
~5 minutes	<p><u>Milk Supply</u></p> <ul style="list-style-type: none"> typical quantities per day supply and demand system early fullness/engorgement full breasts before feeding/soft after baby's normal output growth spurts topping up with formula – reduces milk supply, affects immune system baby's night waking is normal 	<p>How do you know baby is getting enough?</p> <ul style="list-style-type: none"> feedings are frequent – 8 or more per day latch is good baby is content see Family Resource pages 4-5 for reference for normal wet and dirty diapers and the Breastfeeding Log to record *crying doesn't always mean hunger <p>What happens when baby is having a growth spurt?</p> <ul style="list-style-type: none"> Baby wants to feed more often When mom feeds more frequently with good latch, milk supply will increase over 24 - 48 hours to meet baby's needs <p>*Avoid temptation to give formula when baby is fussy. Formula is only given when medically indicated.</p>



Review:

- the changing size of baby's stomach over the first 6 months - use the props (cherry, walnut, ping pong ball, egg) to demonstrate the approximate size of a baby's stomach at birth, 3-6 days, and 7 days
- how to evaluate the success of breastfeeding by using urine and stool output as a guide – refer to magnet, poster, and pages 4 and 5 of *Breastfeeding Your Baby after a Caesarean Birth – Family Resource*.
- appearance of newborn stools - circulate pictures of meconium, transitional and regular breastfed stools

Newborn Stools Typical Appearance



Meconium

- first 1-2 days
- black or dark green



Transition

- day 3-4
- brown, green, or yellow



As breastfeeding is established

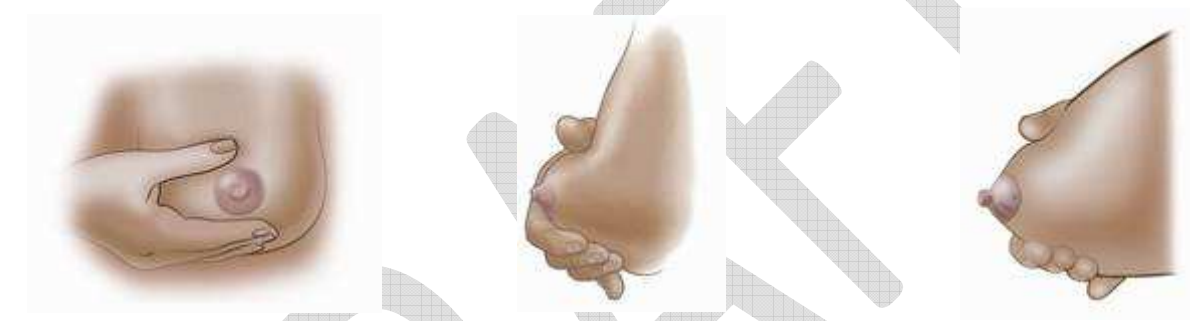
- day 5 +
- large, soft and seedy

Segment Time	Get the Facts DVD Subtitles and Key Points	Discussion Questions
~4 minutes	<p><u>What to Do When...</u></p> <ul style="list-style-type: none"> baby is too sleepy to feed due to jaundice or medications used during labour breasts are engorged – cold cloths or compresses, seek help <p>Hand expression</p> <ul style="list-style-type: none"> see steps below 	How do you feed a sleepy baby?
		<ul style="list-style-type: none"> Undress baby down to diaper and hold baby skin-to-skin Hand express to stimulate letdown and/or to soften areola Make sure latch is good Massage breast towards nipple Gently rub soles of baby's feet Change diaper and switch breasts half way through feeding Avoid bright lights Ask for help (Telehealth Ontario has 24 hour breastfeeding telephone support)
		<p>When might you want to hand express?</p> <ul style="list-style-type: none"> Frequent hand expression of breast milk in the early days contributes to a good milk supply To soften areola if engorged - helps baby latch To maintain milk supply and provide breast milk if separated from baby



Step-By-Step Instructions for Hand Expression

1. Wash your hands with soap and water.
2. To initiate milk flow, apply a warm towel and massage your breasts for about 5 minutes.
3. Use a clean container (preferably glass) to express your milk into. “Clean” means washed in hot soapy water, rinsed well with water and left to air dry.
4. Gently lift your breast positioning your thumb on top of your breast and first two fingers underneath, about 1-1 ½ inches back from the base of the nipple approximately where the areola meets the breast.
5. Push your thumb and two fingers straight toward your chest.
6. Compress your thumb and fingers, and then relax.
7. Repeat steps 5 and 6 until the flow of milk slows down. Move your thumb and two fingers around the areola like spokes of a wheel.
8. Switch breasts whenever the flow of milk slows down and repeat steps 5 and 6.



Optional Activity

1. Pass the breast model around the class for hands-on practice.

During your hospital stay your nurse will ensure that you experience:

- skin to skin contact and rooming in with your baby.
- the opportunity to breastfeed during the first hour after birth and 8 or more times in 24 hours thereafter.
- giving only breast milk unless formula is medically indicated.
- links to Community supports for breastfeeding mothers at discharge from hospital. (including mother to mother support).
- information and education will be provided to mothers who chose to feed their baby formula.

Lactation Consultants (LC) work in partnership with your nurse during your stay in hospital. Your nurse may consult with her about you and your baby's specific breastfeeding needs and develop a feeding plan. For additional support and teaching you may ask your nurse to see the LC during your hospital stay.

2. Suggest that participants refer to the *Breastfeeding Your Baby* booklet under the section **Expressing Breast Milk** when they are trying hand expression at home.



3. Remind mothers that they may also discuss the technique further when they attend a follow up appointment at the breastfeeding clinic after discharge from the hospital or contact Peel Public Health to speak to a Public Health Nurse.
 - Knowing how to hand express and seeing the milk is reassuring when you are learning how to breastfeed.
 - Hand expression helps build the mother's confidence and sense of empowerment.
 - Knowing how to hand express may mean you don't need to buy an expensive breast pump.
4. Teach participants about the importance of daily vitamin D supplementation for their baby.
 - A daily vitamin D supplement of 400 IU is recommended for all healthy term breastfed babies, from birth to 24 months of age or until a dietary assessment shows adequate intake of at least 400 IU of vitamin D in food.
 - Vitamin D is important for proper development of bones and protects against 'rickets', a condition in which leg bones become soft and bowlegged.
 - Refer clients to <http://www.peelregion.ca/health/family-health/baby-first-year/nutrition/>



Activity 5


Common Challenges During Breastfeeding – Scenarios and Role Playing

Format	Scenarios and Role Playing
Time	15 Minutes
Materials	<i>Breastfeeding Your Baby</i> – booklet <i>Breastfeeding Your Baby After a Caesarean Birth - Family Resource</i> – booklet <i>Breastfeeding Your Baby After a Caesarean Birth</i> – scenario cards
Directions	<ol style="list-style-type: none">1. Introduce to the participants the importance of thinking through, discussing, and role playing scenarios prenatally with your partner/support to help develop strategies to cope with breastfeeding after a caesarean birth.2. Review<ul style="list-style-type: none">■ Breastfeeding protects, and contributes to, an infant's optimal health and well-being■ Breastfeeding is the normal way to feed a baby■ The World Health Organization (WHO), Health Canada, the Canadian Paediatric Society and Peel Public Health recommend that infants should be exclusively breastfed for the first six months of life. Infants should then receive complementary foods and continue to breastfeed for up to two years and beyond.■ <i>Mothers who believe they can breastfeed are more likely to continue (Key Message)</i>■ <i>Frequent breastfeeding and hand expression of breast milk in the early days contribute to a good milk supply (Key Message)</i>■ <i>Family support and encouragement helps a mother to breastfeed (Key Message)</i>3. Break the class into small groups. Give each group 1-2 scenarios from <i>During Your Hospital Stay and Your First Few Weeks Home from the Hospital</i>. Have one person act as the mother, someone else as the father/partner and another as a nurse or other support person. Ask them to role play using the <i>Breastfeeding Your Baby After a Caesarean Birth-Family Resource</i> as a guide.4. Prenatal Educator to circulate to each of the small groups and answer any questions, provide positive feedback and encouragement.



During Your Hospital Stay

1. You want to hold your baby skin-to-skin immediately following your baby's birth, but everyone in the room seems really busy. You don't know what to do. (page 6-7)

What Mother Can Do	What Father/Partner/Support Person Can Do
<p>Ask a nurse for help:</p> <ul style="list-style-type: none"> to hold baby skin-to-skin as soon as possible after birth 	<p>Ask a nurse for help:</p> <ul style="list-style-type: none"> to place baby skin-to-skin with mother as soon as possible after the birth to get a light blanket to cover mother and baby
<p>Get to know baby:</p> <ul style="list-style-type: none"> allow baby to smell, lick and touch your breast give baby to father / partner / support person to hold skin-to-skin when you are being moved to a stretcher or bed resume skin-to-skin with baby once you are settled hold baby skin-to-skin as much as possible throughout your hospital stay 	<p>Get to know baby:</p> <ul style="list-style-type: none"> take time to hold baby skin-to-skin enjoy spending this time with mother and baby
	<p>Provide support to mother:</p> <ul style="list-style-type: none"> stay with mother and help her hold baby skin-to-skin hold baby skin-to-skin when mother is being transferred to bed or when she is resting stay and help mother and baby while they are in hospital
<p>What the Hospital Nurse Can Do</p> <ul style="list-style-type: none"> assess mother's pain and give pain medication assist with skin-to-skin help with hand expression support you as you develop confidence with your new baby and breastfeeding assess the baby's output (pees and poos) arrange for a peer support person check on you regularly and promise to return 	



During Your Hospital Stay

2. *You want to feed your baby only breast milk (including baby's first milk called colostrum), but other family members are worried you won't have enough milk (page 8-9)*

What Mother Can Do	What father/partner/support person can do
<p>Ask a nurse for help:</p> <ul style="list-style-type: none"> at anytime during your hospital stay to learn the early signs that the baby is ready to eat: moving arms and legs, bringing hands to mouth, sucking, licking and opening mouth (crying is a late sign of hunger) with expressing breast milk and feeding it to baby in attending a breastfeeding class in hospital <p>Know that it is important to:</p> <ul style="list-style-type: none"> breastfeed within 1-2 hours after birth breastfeed baby, with help, 8 or more times in 24 hours recognize the signs of a good latch on the breast watch and listen for baby swallowing during feeding keep baby skin-to-skin as much as possible <p>Understand that:</p> <ul style="list-style-type: none"> your nipples may feel tender as you get used breastfeeding baby one way to know that baby is getting enough breast milk is by keeping track of your baby's urine and stools (wet and dirty diapers) baby needs only small, frequent amounts of milk 	<p>Ask a nurse for help:</p> <ul style="list-style-type: none"> to learn the signs that baby is ready to eat and bring baby to mother to recognize that baby is getting enough milk <p>Provide support to the mother:</p> <ul style="list-style-type: none"> ask hospital staff to help mother and baby with breastfeeding within 1-2 hours after birth and as needed remind mother to be patient while learning to breastfeed assist and encourage mother to breastfeed even if family or friends are discouraging <p>Give practical help to mother:</p> <ul style="list-style-type: none"> help mother to position and hold baby change diaper and bath baby assist with hand expression of breast milk ensure mother has drinks and snacks available <p>Understand that:</p> <ul style="list-style-type: none"> breastfeeding helps make the right amount of milk for baby giving baby anything other than breast milk can interfere with milk production

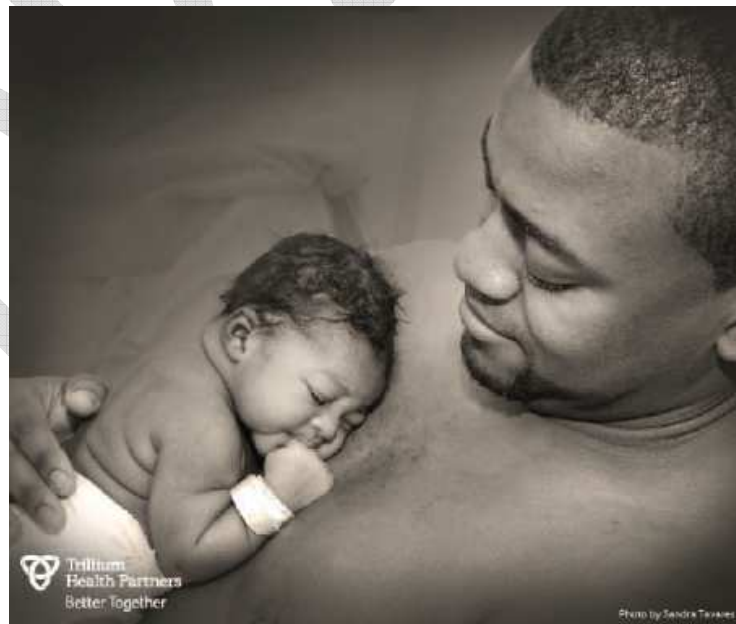
*refer participants to chart on page 5 - 6 and Breastfeeding Log at the end of the Family Resource



During Your Hospital Stay

3. You want to comfort your baby, but your baby cries a lot and you hear from other people that it's because you do not have enough milk and your baby is crying due to hunger. They want you to give the baby a bottle. (page 10-11)

What Mother Can Do	What father/partner/support person can do
<p>Know that it is important to:</p> <ul style="list-style-type: none"> continue to hold baby skin-to-skin let baby feed at the breast as often as baby wants sleep when your baby sleeps be patient with your new baby and yourself 	<p>Provide support to the mother:</p> <ul style="list-style-type: none"> maintain a calm and quiet environment to help mother rest and learn to breastfeed <ul style="list-style-type: none"> dim the lights talk or sing to baby softly limit visitors and avoid passing baby around
<p>Understand that:</p> <ul style="list-style-type: none"> feeding every 1-2 hours is normal at this time and help to build your milk supply spending as much time with your baby as possible develops confidence in responding to baby's needs focusing on one feeding at a time is more manageable 	<p>Give practical help to mother:</p> <ul style="list-style-type: none"> change the baby's diaper when needed hold baby when mother is resting





During Your Hospital Stay

4. *You want to hold your baby comfortably during breastfeeding but you may be uncomfortable following surgery, and it might be difficult moving around. (page 12-13)*

What Mother Can Do	What father/partner/support person can do
<p>Ask a nurse for help:</p> <ul style="list-style-type: none"> to position and hold baby to keep pressure off your incision (football hold) if you feeling unwell, have pain and discomfort if you have questions about medication or anything else to get up and move around <p>Know that it is important to:</p> <ul style="list-style-type: none"> be in control of pain so you can be more comfortable, move around, hold, feed and enjoy your baby ask for pain medication when needed <p>Understand that:</p> <ul style="list-style-type: none"> you have just had major surgery it will take time for you to recover 	<p>Ask a nurse:</p> <ul style="list-style-type: none"> for pain medication for mother <p>Provide support to the mother:</p> <ul style="list-style-type: none"> assisting mother with tasks such as dressing, washing, getting up and moving around being involved with baby's care knowing when she can have next pain medication <p>Remember that:</p> <ul style="list-style-type: none"> an incision, intravenous, urinary catheter and fatigue are part of recovering from surgery <p>Be patient</p> <p>Listen to mother</p> <p>Remind mother she is not alone</p>

*refer participants to
Breastfeeding Your Baby – Booklet
(Section: Learning to Breastfeed)





Your First Few Weeks Home from the Hospital

5. Once you are home from the hospital, you plan to feed your baby only breast milk, but you are concerned you won't be able to satisfy your baby and be able to tell that they are getting enough to eat. (page 14-15)

What Mother Can Do	What father/partner/support person can do
<p>Know it is important to:</p> <ul style="list-style-type: none"> ask family to bring baby to you to feed even if you are resting or sleeping remind your family about your wishes to give baby only breast milk continue breastfeeding skin-to-skin breastfeed when baby shows early feeding cues listen for baby's swallowing while feeding count baby's wet and dirty diapers 	<p>Know it is important to:</p> <ul style="list-style-type: none"> bring baby to mother to breastfeed even when mother is resting/sleeping support mother's decision to breastfeed limit visitors who are unsupportive recognize when the baby is ready to breastfeed know the signs that baby is getting enough milk
<p>Understand that:</p> <ul style="list-style-type: none"> babies need to breastfeed 8 or more times in 24 hours you may need to gently wake your baby to feed frequent feedings help to produce the right amount of milk your breasts will feel softer after breastfeeding you have a breastfeeding plan; with support and understanding, you can get through any challenges 	<p>Provide support to the mother:</p> <ul style="list-style-type: none"> doing or designating household tasks so mother can rest and breastfeed caring for baby <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p><i>*refer participants to:</i> <i>Breastfeeding Your Baby – Booklet</i> (Section: How to tell if you baby is breastfeeding well) <i>Family Resource – pages 5-6 and Breastfeeding Log</i></p> </div>
<p>You should get help if:</p> <ul style="list-style-type: none"> baby is too sleepy to feed baby is not having enough wet / dirty diapers you have a hard time latching your baby on breast you have sore nipples you notice a red, tender, hot area on your breast 	<p>Remember to:</p> <ul style="list-style-type: none"> maintain a calm and quiet environment change and count the number of wet and dirty diapers
<p><i>If the mother's breasts feel hard and latching is difficult, try the following before feeding to soften the breasts: Cool compress to decrease swelling OR warm shower / compresses to help soften breast.</i> <i>Massage breast gently and hand express some milk</i></p>	



Your First Few Weeks Home from the Hospital

6. *You feel overwhelmed and tired with the adjustment of being home and caring for a new baby. Your family thinks the best way to help you is to let you rest and let them give the baby a bottle. You really want to feed your baby only breast milk. (page 16-17)*

What Mother Can Do	What father/partner/support person can do
<p>Know it is important to:</p> <ul style="list-style-type: none"> rest when the baby is sleeping; let the household tasks wait give yourself permission to take time throughout your day to rest enjoy holding, talking and singing to baby 	<p>Know it is important to:</p> <ul style="list-style-type: none"> rest and eat healthy food take time to be together as a family be patient with each other as you adjust to your new roles decide what household tasks can wait
<p>Understand that:</p> <ul style="list-style-type: none"> the first days home from the hospital are an important time of adjustment and you aren't expected to know everything you can successfully cope with breastfeeding like other challenging tasks there may be times you feel tired and frustrated, but never shake your baby 	<p>Remember to:</p> <ul style="list-style-type: none"> accept offers for help ask a family member or a friend that you can trust to look after your baby you feel you need a break never shake a baby recognize that breastfeeding takes time continue to support mother's decision to feed baby only breast milk
<p>Ask:</p> <ul style="list-style-type: none"> a family member or a friend that you trust to look after your baby if you feel you need a break to have baby brought to you to breastfeed when baby is ready to eat a Public Health Nurse, your midwife, or contact your hospital breastfeeding clinic to answer your questions and help you gain the confidence to know you are meeting your baby's needs 	<p>Let families know that some parents develop a postpartum mood disorder. Support and information is available on postcard in there prenatal packages.</p> <p>pmdinpeel.ca 905-459-8441 (in Caledon 289-298-5468)</p>



Your First Few Weeks Home from the Hospital

7. You want to hold your baby comfortably during breastfeeding but you may still be uncomfortable once you are home, and it might be difficult moving around. You are wondering if this is normal. (page 18-19)

What Mother Can Do	What father/partner/support person can do
<p>Know it is important to:</p> <ul style="list-style-type: none"> continue to take pain medication as you need it take care of yourself 	<p>Remember to:</p> <ul style="list-style-type: none"> be with mother and provide emotional and practical support be aware of any increase in mother's pain level and encourage her to contact her health care provider as needed
<p>Remember:</p> <ul style="list-style-type: none"> to follow your hospital discharge instructions as your body heals, you may want to try different breastfeeding positions it is okay to ask for help <p>Ask</p> <ul style="list-style-type: none"> your doctor, midwife or nurse if you have questions about medication 	<p>Give practical help to mother:</p> <ul style="list-style-type: none"> help mother try different breastfeeding positions that are comfortable for feeding baby
<p>Tell families about Motherisk</p> <ul style="list-style-type: none"> Web and telephone information on breastfeeding and medications, food products, and chemicals or substances that the breastfeeding mother may be exposed to. motherisk.org 416-813-6780 	



FYI:

Postpartum Use of Codeine / Oxycodone

(most hospitals are no longer using these products for postpartum mothers' pain management although clients continue to be given prescription for these medications during the postpartum period when they return home)

- maternal comfort should not be sacrificed
- encourage clients who are taking codeine / oxycodone to:
 - only use the medication for 2-3 days
 - use the smallest dose possible to obtain pain relief
 - speak with physician / pharmacist about other pain relief medication option
- signs and symptoms of CNS depression:
 - in mother: sleepiness and lethargy
 - in baby: sedation, limpness, failure to feed, failure to gain weight, and apnea
 - be aware that there is consistency between CNS depression in mother and baby
- if signs and symptoms of CNS depression are present, clients should:
 - consult physician immediately
 - stop taking the medication
 - throw out any previously collected breast milk

RATIONALE/PHYSIOLOGY:

- codeine is converted into morphine by the mother's liver
- while some adults get no therapeutic benefit from taking codeine, others can metabolize it to a greater extent due to an ultra-rapid metabolizer genotype. This produces higher morphine levels in the blood which is then excreted in breast milk.
- in addition, during the first 2 weeks of life, hepatic and renal systems in neonates are not fully developed which can cause an increased chance of toxicity from medications found in breast milk
- Tylenol® 3 (an acetaminophen, codeine, caffeine combination) has been commonly used for postpartum pain control. This practice is currently under review at many hospitals.
- oxycodone is no safer than codeine for breastfed infants
- CNS depression in infants can worsen after 4 days of codeine use, possibly due to cumulative effects



5. Follow-Up

Have participants return to the large group after role playing the scenarios.

- Encourage them to share something they will do differently after they have their baby.

6. Review

- Breastfeeding is the normal way to feed a baby
- Breastfeeding protects, and contributes to, an infant's optimal health
- The World Health Organization (WHO), Health Canada, the Canadian Paediatric Society and Peel Public Health recommend that infants should be exclusively breastfed for the first six months of life. Infants should then receive complementary foods and continue breastfeeding for up to two years and beyond.
- *Mothers who believe they can breastfeed are more likely to continue.*
- *Frequent breastfeeding and hand expression of breast milk in the early days contribute to a good milk supply.*
- *Family support and encouragement helps a mother to breastfeed.*





Activity 6 Community Resources

Format	Community Resources – Large Group Discussion
Time	10 Minutes
Materials	<i>Breastfeeding Companions</i> – pamphlet and handouts <i>Breastfeeding Your Baby After a Caesarean Birth – Family Resource</i> (booklet) <i>Breastfeeding Your Baby</i> - booklet <i>Healthy Babies Healthy Children</i> – tear off <i>Healthy Start</i> – pamphlet <i>Teen Prenatal Supper Club</i> – pamphlet <i>Community Resources for Parents of Young Children</i> – pamphlet <i>PMDinPeel</i> – postcard <i>ParentinginPeel.ca</i> – mini-poster
Directions	1. Review breastfeeding supports available on page 21 using the <i>Breastfeeding Your Baby After a Caesarean Birth - Family Resource</i> (booklet)

Peel Public Health offers free:

- Breastfeeding help from a Public Health Nurse in person or by telephone
- Breastfeeding Companions – peer support
- Healthy Babies Healthy Children (HBHC) Home Visiting Program

The Breastfeeding Companion/Peer Supports

- Inform the participants that the support person is a mother who has breastfed.
- Identify that she has had training from Public Health Nurses to be a peer support.

The Breastfeeding Companion will:

- She will support mothers to breastfeed for at least six months by increasing their knowledge and skills
- Provide emotional and empathetic support by sharing breastfeeding experiences
- Share information about community resources relevant to breastfeeding families
- Handout the Breastfeeding Companions pamphlet and sign-up sheet and collect them when completed.
- Inform clients that they may also sign up on line at www.BreastfeedingInPeel.ca under Breastfeeding Resources
- Healthy Babies Healthy Children – in home support from a Public Health Nurse and Family Visitor with attachment, feeding, parenting, growth and development and community resources





- Telephone support from a Public Health Nurse about feeding, parenting, programs and resources **905-799-7700 (in Caledon 905-584-2216)**
- Online parenting information www.ParentingInPeel.ca and videos
- [Facebook.com/ParentingInPeel](https://www.facebook.com/ParentingInPeel)

Other free resources:

Telehealth Ontario : speak to a nurse 24 hours/day

- for breastfeeding advice and support
- for health questions
- **1-866-797-0000**

Bilingual Online Ontario Breastfeeding Services directory

www.ontariobreastfeeds.ca

Trillium Health Partners

www.trilliumhealthpartners.ca/patientservices/womens/

Your health care provider

Motherisk

- Web and telephone information on breastfeeding and medications, food products, and chemicals or substances that the breastfeeding mother may be exposed to
- www.motherisk.org
- 416-813-6780

Peel Postpartum Family Support Line

- www.pmdinpeel.ca
- 905-459-8441 (in Caledon 289-298-5468)

Call 911 for emergencies





Activity 7

Review of Key Messages and Evaluations

Format	Group
Time	10 Minutes
Materials	<i>Breastfeeding Your Baby After a Caesarean Birth Class Evaluation Form</i>
Directions	<ol style="list-style-type: none">1. Thank everyone for their participation in the class.<ul style="list-style-type: none">■ Review that despite the challenges of breastfeeding after a caesarean, being prepared and confident and having positive supports, mothers can plan to feed their baby's only breast milk.2. Ask participants to identify something they learned about breastfeeding after a caesarean birth.3. Ask participants to identify a breastfeeding resource they plan to use.4. Encourage participants to use the many resources available for pregnant women, fathers and families and that Peel Public Health services are free and confidential.<ul style="list-style-type: none">■ www.PregnantInPeel.ca■ 905 799-7700■ Breastfeeding services<ul style="list-style-type: none">○ A Public Health Nurse can help you over the phone or book an appointment for you at one of our breastfeeding clinics.■ Healthy Babies, Healthy Children Program (HBHC)<ul style="list-style-type: none">○ Call during your pregnancy or after your baby is born to discuss how the HBHC program can help you.5. Distribute and ask the clients to complete the evaluation form. Remind them that this is a pilot class and we need their feedback to help with the decision to continue offering it.6. Inform the participants that we would like to contact them to help Peel Public Health and Trillium Health Partners learn more about their breastfeeding experiences and evaluate how they found the programs and supports available for supporting them with breastfeeding their baby after a caesarean birth. Ask the participants to inform you if they do not want to be contacted and document this on the class list.



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