

# Best Start For Baby: **BREASTFEEDING BASICS**

Prenatal Breastfeeding Education  
at Queen Square Family Health Team



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*The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario or the Best Start Resource Centre.*

# INTRODUCTIONS

- ◉ Speakers
- ◉ Participants



# AGENDA

- ◉ 4 subtopics
  - How breastfeeding works
  - How to breastfeed
  - Common Concerns & Management
  - Myths & Misconceptions
- ◉ Goal Setting: Patient “Breastfeeding Action Plan”
- ◉ Review/Large Group Discussion

# ACTIVITY #1: Brainstorming

- ◉ What have you heard about breastfeeding?
- ◉ What do you want to know about breastfeeding?

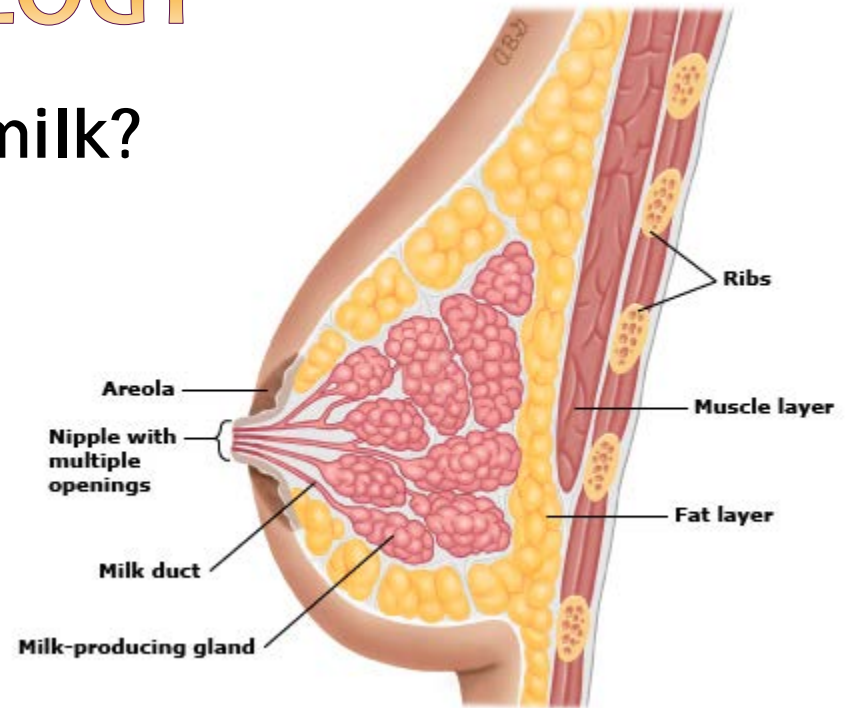
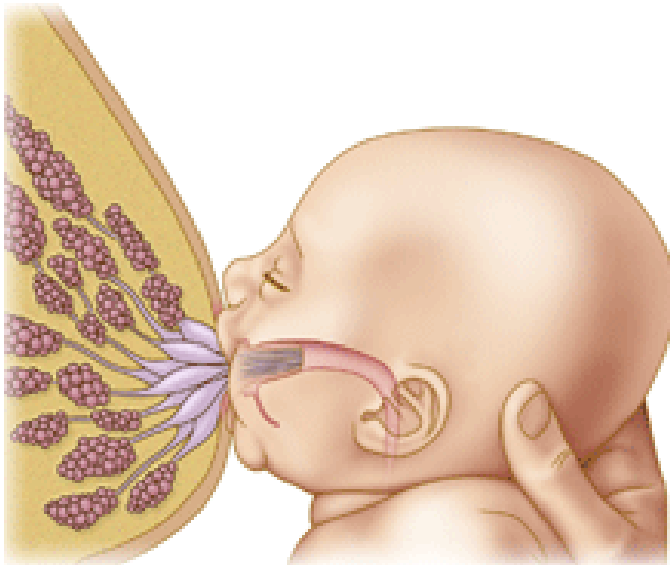


## HOW BREASTFEEDING WORKS!



# ANATOMY & PHYSIOLOGY

- How do the breasts make milk?
- Will I make enough milk?



# BENEFITS & ADVANTAGES OF BREASTFEEDING

## ◉ Why should I breastfeed?





# WHY SHOULD I BREASTFEED?

- ◉ How does breastfeeding protect my baby?
- ◉ Does breastfeeding protect mothers too?
- ◉ How does it benefit
- ◉ my family?

**I Breastfeed Because....**



**I want to give my baby the best...  
NOTHING LESS!**



# GETTING OFF TO A GOOD START

- ◉ What to expect at the hospital
- ◉ Skin-to-skin contact
- ◉ When should I first breastfeed?
- ◉ How often should I feed on the first day?
  - 8 or more in 24



# BREASTFEEDING RECOMMENDATIONS

- ◉ How long should I breastfeed for?



## ACTIVITY #2:

### RISKS OF NOT BREASTFEEDING

- ◉ What are the risks of not breastfeeding?
- ◉ *Cue-cards with images*
- ◉ Look at the image on your cue-card and share with everyone else what you think one of the risks of not breastfeeding is

## HOW TO BREASTFEED!



# LATCH

- ◉ The word 'latch' describes the position of your baby's mouth on your breast. This should not cause pain or damage to your nipples
- ◉ A good latch is needed for the breast milk to flow properly and for your baby to feed well. It also stimulates your breasts to produce enough milk





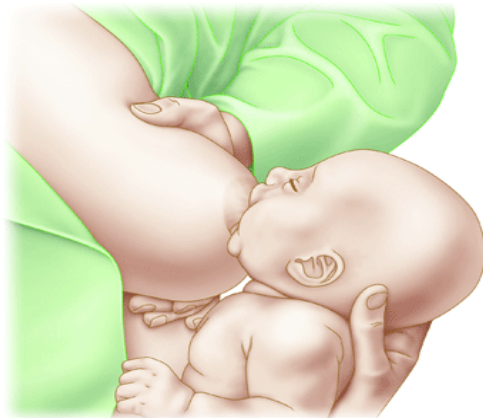
# LATCHING YOUR BABY



- Choose a position that is comfortable for you and your baby taking care to support your back and arms with pillows

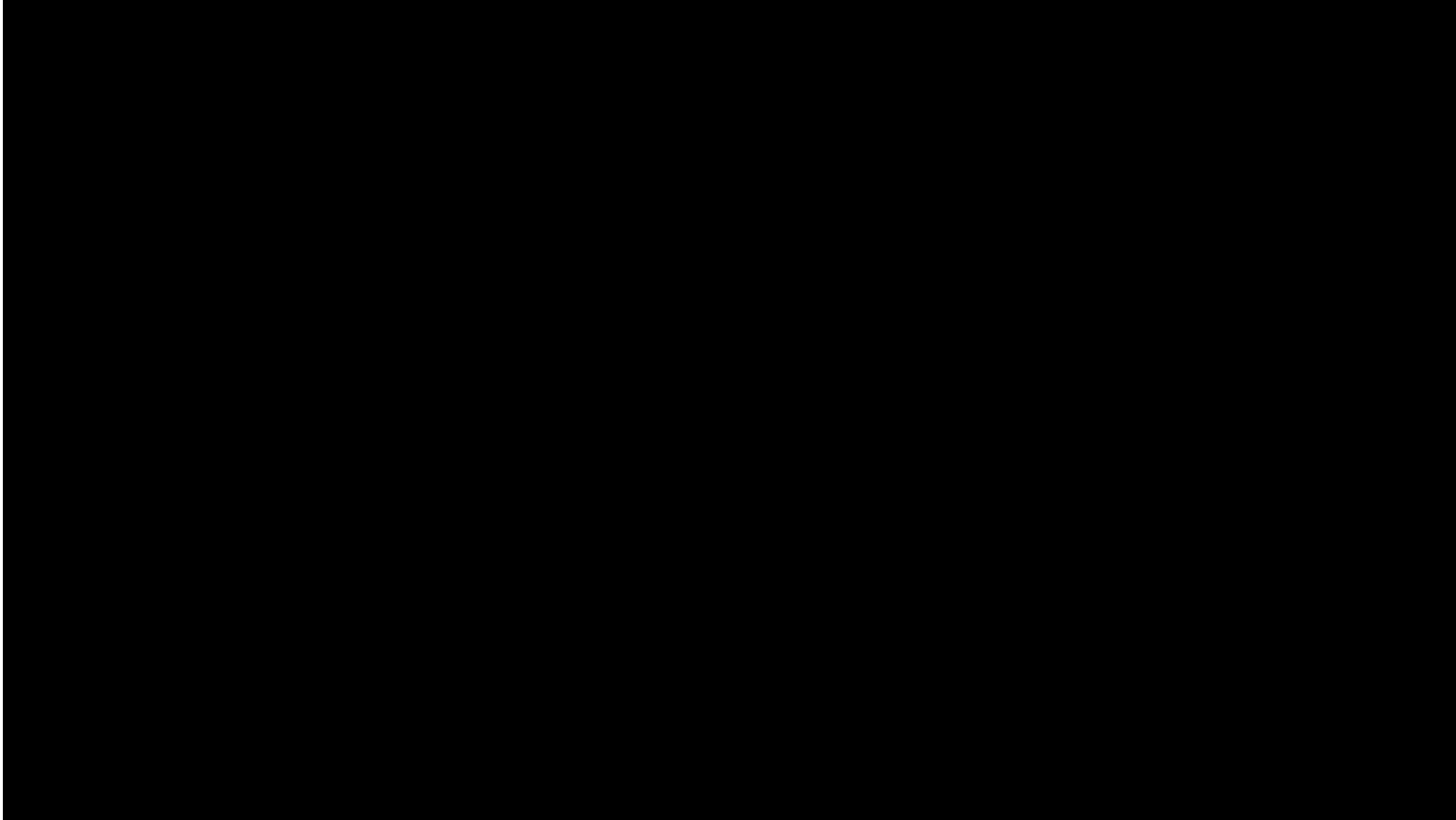


- Create a ridge with your breast like the letter C or the letter U



- Ensure your baby's mouth is wide open so that he/she will breastfeed well; gently tickling his/her mouth with your nipple may help him/her to open wide
- Point your nipple towards the upper third of his/her mouth
- Bring him/her quickly but firmly to your breast once his/her mouth is open wide. Try to avoid forcing your nipple and areola into his/her mouth

# LATCH: Video





# POSITIONS

- ◉ A good latch onto the breast and a comfortable position are important for breastfeeding success
- ◉ 4 popular positions include: cross-cradle, football, cradle, side-lying. These are natural positions for baby to latch as most babies are tummy feeders
- ◉ Try different breastfeeding positions to see what works best for you



# CROSS CRADLE HOLD

1. Sit up straight in a comfortable chair.
2. Hold your baby with the arm opposite the breast at which she/he will nurse. For example, if you are nursing from your left breast, use your right hand and arm to hold your baby.
3. Your baby's chest and stomach should be directly facing you.
4. Using the hand that is holding your baby, position the palm of your hand on her/his back, supporting her/his head with your thumb behind the ear and other fingers supporting her/his cheek. Don't push her/his head into your breast.



# FOOTBALL HOLD

1. Tuck your baby at your side, under your arm with your elbow bent.
2. With your open hand, support your baby's head and face him/her toward your breast with his/her nose to your nipple and his/her feet pointing toward your back.
3. Use your arm to support your baby's back, neck and shoulders from underneath.
4. For comfort, put a pillow on your lap under your baby.
5. Support your breast with your other hand, if necessary.



# CRADLE HOLD

1. Sit up straight in a comfortable chair
2. Lay your baby on his/her side, with his/her stomach touching yours and his/her head in the curve of your arm
3. Put your arm and hand down his/her back to support his/her neck, spine and bottom
4. Bring him/her to your breast. Don't lean forward as this may cause back pain.
5. You may want to put a nursing pillow under the baby so that he/she is closer to your breast.

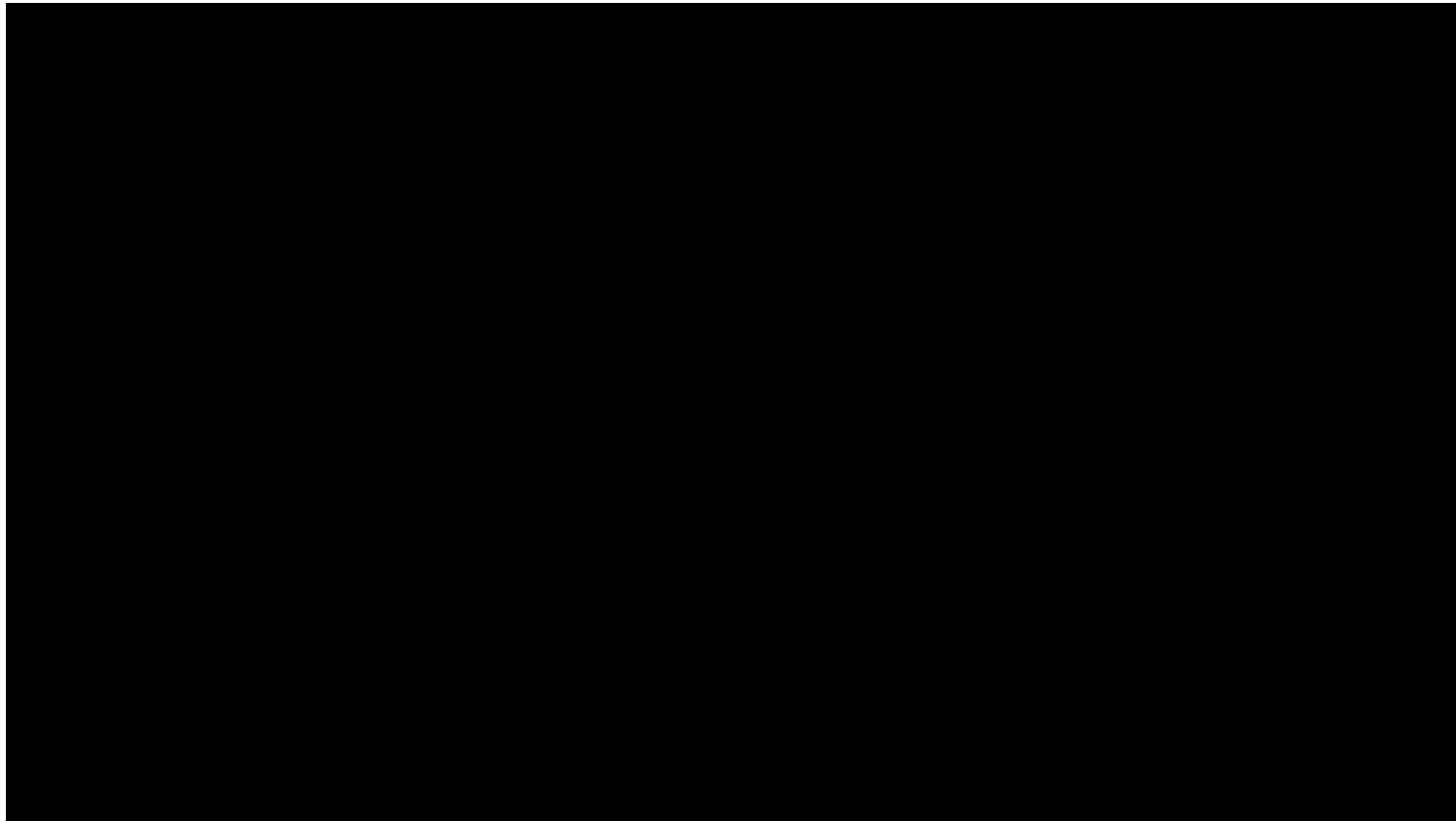


# SIDE-LYING HOLD

1. Lie on your side with your baby facing you
2. Support his/her body with your free arm and his/her head with your hand
3. Pull your baby close and guide his/her mouth to the breast
4. Once your baby latches on, use the bottom arm to support your own head and your top hand and arm to help support your baby



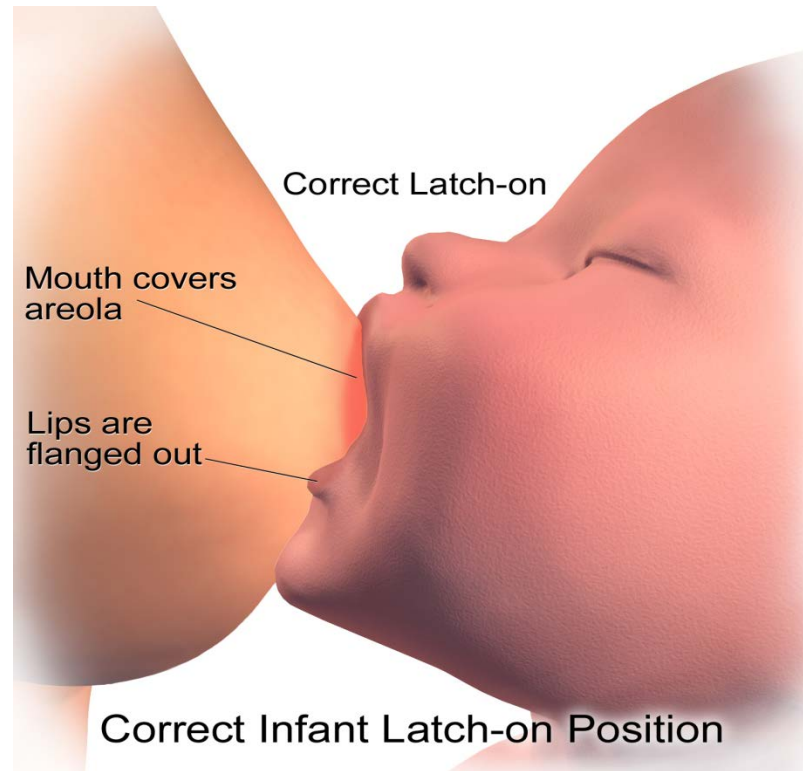
# POSITIONS: Video



# TECHNIQUES

## ◉ Some techniques to improve breastfeeding:

- Ensure a good latch
- Massage the breast
- Switch Breasts
- Skin-to-skin contact
- Breast Compressions


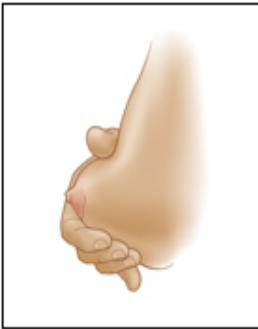
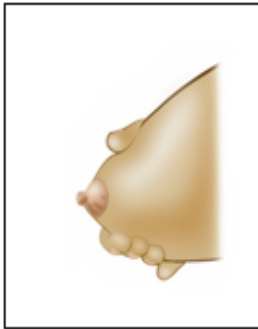




# BREAST COMPRESSIONS

## Expressing breast milk by hand

1. Remove any restrictive clothing/bra, wash your hands thoroughly with soap and water
2. Get a clean container with a wide opening to collect the expressed milk
3. Apply warmth and gently massage your breasts before hand expressing to encourage your breast milk to flow
4. Choose an environment that is comfortable and which has minimum distractions.
5. Apply warmth and gently massage your breasts before hand expressing to encourage your breast milk to flow.

		
6. Gently lift your breast positioning your thumb on top of your breast and first two fingers underneath, about 1 to 1 ½ inches (2 ½ to 4 cm) back from the nipple	7. Press back towards your chest wall then compress	8. Relax

9. Repeat, moving thumb and fingers around the breast; position, press back towards your chest, compress and relax
10. When milk flow slows, switch to the other breast and repeat sequence of position, press back, compress and relax

# INFANT FEEDING CUES

- ◉ How long should I breastfeed for, how often, signs your baby is getting enough?
- ◉ Babies communicate when they are hungry and when they are full, and you will learn your baby's individual cues
- ◉ Crying is a late sign of hunger
- ◉ Breastfeed your baby according to cues, not according to a schedule



# COMMON CUES

- ◉ Feeding cues — What are early signs that your baby is hungry?
- ◉ How long should I feed my baby for?



## EARLY CUES - "I'm hungry"



- Stirring



- Mouth opening



- Turning head
- Seeking/rooting



## MID CUES - "I'm really hungry"



- Stretching



- Increasing physical movement



- Hand to mouth



## LATE CUES - "Calm me, then feed me"



- Crying



- Agitated body movements



- Colour turning red



## Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



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# EFFECTIVE BREASTFEEDING

- ◉ What are signs that my baby is getting enough milk?







## ACTIVITY #3: PRACTICE

- ◉ Use life-like dolls to practice positioning
- ◉ Try one of the four positions covered, i.e., football/clutch, cradle, cross-cradle, and side lying
- ◉ Use armchairs, pillows, footrests etc. to make sure you are comfortable



# BREAK TIME

15 min break!

Snacks & Light Refreshments are available

## COMMON CONCERNS & MANAGEMENT TECHNIQUES!



# COMMON CONCERNS & MANAGEMENT TECHNIQUES

- ◉ What problems can women encounter when they breastfeed?
- ◉ How can I deal with these concerns?



# ENGORGEMENT

- ◉ What is it?
  - Breasts are too full of milk
- ◉ How can I deal with it?
  - Use your hand or a breast pump to let some milk out between feedings
  - Applying cabbage leaves helps



# NIPPLE CONCERNS

## ◉ Nipple soreness/pain

- Soreness for the first minute is normal, but should not last the entire session
- Usually caused by poor latch- readjust and try again

## ◉ Nipple colour change

- Nipples can turn white, blue, or red, and be painful because the blood vessels in the nipples become narrow
- Make sure your latch is correct and wear warm clothes

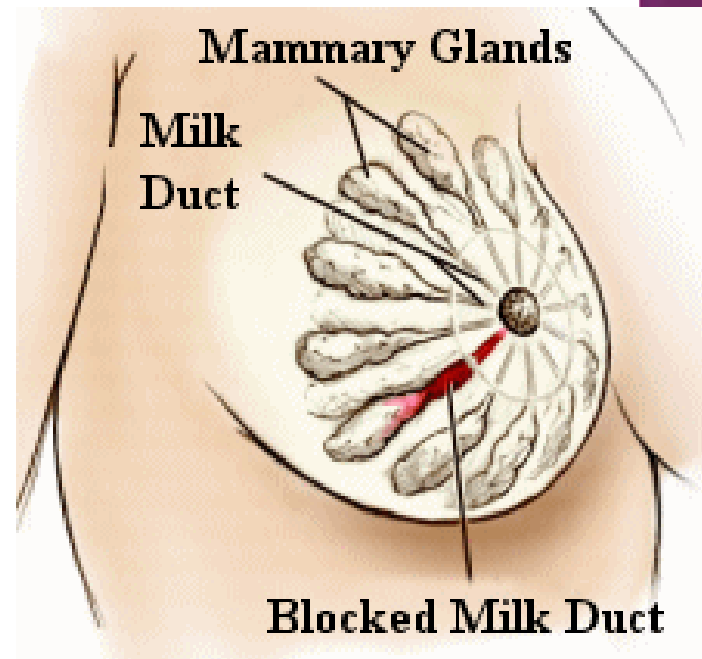
# BLOCKED MILK DUCTS

## ◉ What is it?

- A blocked milk duct can cause a red and painful breast lump. It can also cause a white plug at the end of the nipple

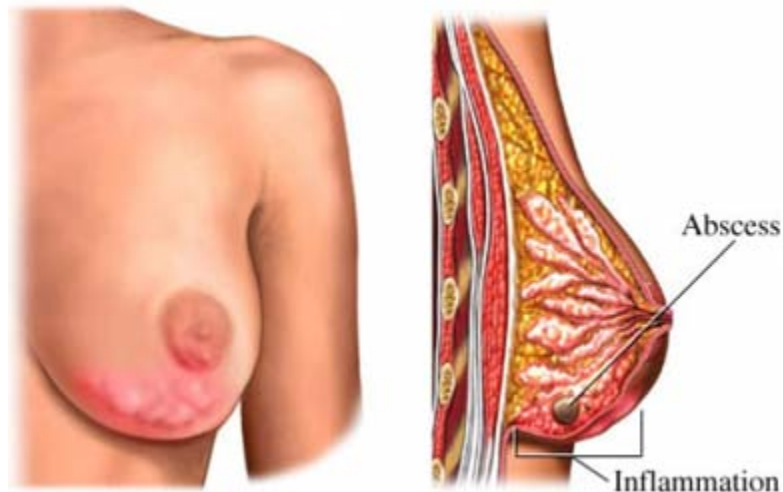
## ◉ How can I deal with it?

- Try to breastfeed often and make sure that your baby empties your breasts during feedings



## BREAST CONCERNS: MASTITIS

- Can cause a fever and a hard, red, and swollen area of the breast. Women can also have muscle aches or chills.
  - You do not need to stop breastfeeding if you have mastitis until antibiotics are taken to treat it
- How can I prevent it?





## BREAST CONCERNS: THRUSH

- ⦿ **Thrush:** white patches in your baby's mouth, or you have itchy, red nipples or painful breasts during and after feeding
  - Thrush is a mild yeast infection that is easily treated with prescribed anti-fungal medication for both you and your baby
- ⦿ **How can I prevent it?**

# INFANT IS EXCESSIVELY SLEEPY AT THE BREAST

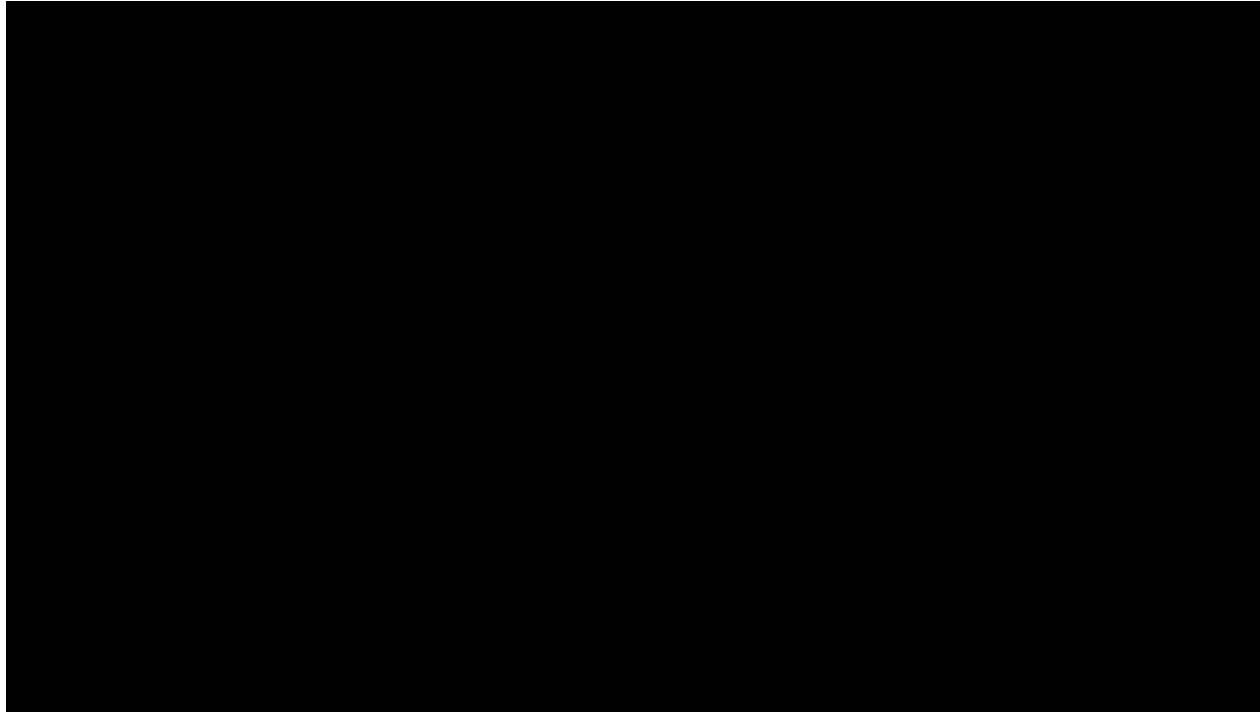
- ◉ Your baby falls asleep at the breast and stops active feeding
- ◉ Techniques
  - Blowing on the infant's head/ear
  - Gentle sternal rub
  - Tickling feet



# BREASTFEEDING IN PUBLIC

- ◉ You are allowed to breastfeed your baby in any public place, even if the nipple can be seen
- ◉ If you do not want your breasts to show in public
  - Use the cradle position and put a shawl or receiving blanket over your shoulder
  - Or you can express your milk at home and take it in a bottle with you to feed your baby
- ◉ Be mindful of length of time between feeds

WORRIED ABOUT WHAT PEOPLE  
MIGHT THINK?



# BREASTFEEDING VS. FEEDING EXPRESSED BREASTMILK

- ◉ What is the difference?
- ◉ What are the benefits of breastfeeding?



## RETURNING TO WORK/SCHOOL

- ◉ Many mothers who breastfeed also work outside the home or go to school
- ◉ Before you return, let your employer/school know that you wish to express (pump) your milk during the day
- ◉ Make a game plan for how you will continue to breastfeed
- ◉ How can you make the transition easier?

# WANT EXTRA ASSISTANCE

## ◉ Should I seek further help?

- Talk with your doctor or nurse or lactation consultant if you have problems with breastfeeding and need further support!





# ACTIVITY #4: BREASTFEEDING BAFFLERS

- ◉ Think - Pair - Share
- ◉ Think about the scenario and the answers to the questions, buddy up and share your answers
- ◉ Large group discussion

## CASE STUDY

Baby Sam is 4 days old and it is 2:00 AM. You are at home with the baby. The baby has been nursing well around the clock since day 2 but you wonder if the baby is getting any milk...



# PROBING QUESTIONS

- ◉ How can you know for sure the baby is getting enough milk?



## MYTHS & MISCONCEPTIONS!



# MYTHS & MISCONCEPTIONS

- There is a lot of really good, really helpful information about breastfeeding out there. But between the Internet and the abundance of insights from well-meaning (but often woefully misinformed) friends and family, there is also a lot of misinformation



# MYTH #1

- ◉ Breastfeeding is easy





## MYTH #2

- ◉ Breastfeeding hurts and Pain is Normal





## MYTH #3

- ◉ You have to follow a strict diet while nursing
- ◉ The more water you drink and the healthier you eat, the more milk you'll make



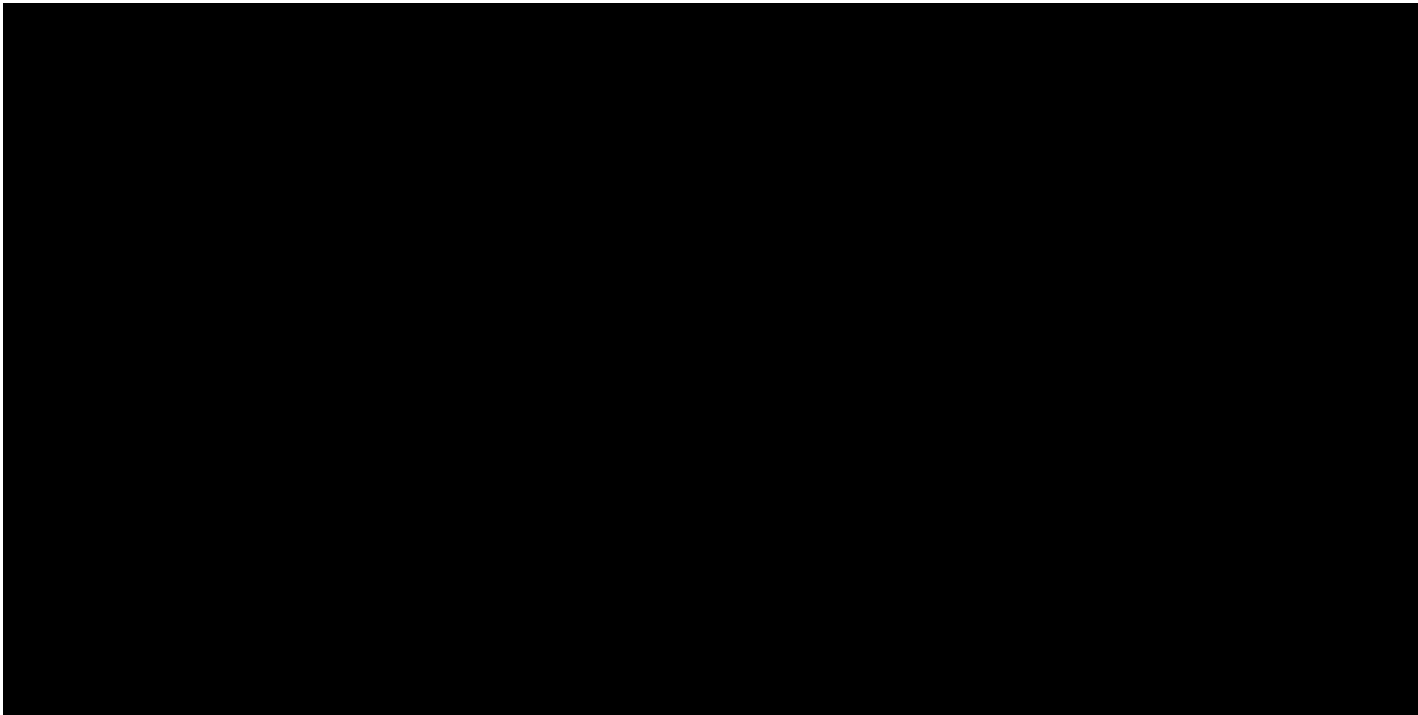
## MYTH #4

- ◉ Breastfeeding = fool-proof birth control



## MYTH #5

- No one else can help you if you breastfeed
  - Video: Just be there!



## MYTH #6

- Using pacifiers and bottles will not affect my baby's latch



## MYTH #7

- After 20 minutes, your breasts run out of milk



## MYTH #8

- The size of your breasts determines how much milk you make.
  - “Your breasts are too small to have anything, you’ve probably run out of milk”





## ACTIVITY #5: BREASTFEEDING SKITS

- ◉ Need 6 volunteers to act out skits
- ◉ What does supportive breastfeeding look like?





# GOAL SETTING

“Breastfeeding Action Plan”



# GOAL SETTING

- ◉ Create a personalized breastfeeding plan
- ◉ Use SMART GOALS



- ◉ Keep this plan posted somewhere you can see it & remember what you decided to do!
- ◉ Take your plan with you to the hospital!

# WRAP UP!

- ◉ Key take-away messages?
- ◉ How do you plan on using this information?
- ◉ Final questions?



# EVALUATION

- ◉ Please fill out and return the evaluation!
- ◉ Your feedback is very much appreciated!

