

BBKC Peer Counselor Breastfeeding Curriculum

Questions to facilitate general discussion about breastfeeding

- What can you tell me about the benefits of breastfeeding?
- What are the risks of not breastfeeding?

Benefits of Breastfeeding & Risks of Not Breastfeeding

Learning Objective: Class participants can name at least two benefits of breastfeeding and at least two risks of not breastfeeding.

Teach: Benefits of breastfeeding and risks of not breastfeeding:

Benefits for Baby:

- The longer the baby is breastfed, the better for the baby
- Breast-milk contains all the fluid and nutrients baby needs
- Breast milk changes with the baby's needs as they grow
- Breast-milk contains antibodies which protect babies from certain diseases and illnesses during infancy and childhood (including some childhood cancers)
- Decreases baby's response to pain
- Breast-milk contains good fats which are important for the development of the baby's eyes and brain
- Supports the baby's highest potential IQ
- Protects baby against allergies
- Helpful in the development of baby's teeth and mouth

Benefits for Mother:

- Reduces bleeding after pregnancy
- Natural form of birth control, increases time between babies
- Helps with self-esteem and positive body image

Benefits for both Mother & Baby:

- Bonding and relationship-building activity
- Free, safe and secure food source for baby

Not breastfeeding increases baby's risk of:

- Increases the risk of Sudden Infant Death Syndrome (SIDS)
- Infections:
 - Stomach infections and diarrhea
 - Eye
 - Ear
 - Respiratory
 - Urinary
 - Bacterial meningitis
- Future diseases:
 - Obesity
 - Diabetes

- High blood pressure and heart disease
- High cholesterol

Not breastfeeding increases the mother's risk of:

- Breast cancer and ovarian cancer
- Hip fractures later on in life
- Postpartum depression
- Diseases later in life:
 - Heart disease
 - Diabetes
 - Metabolic Syndrome

Corresponding Activity:

This activity helps participants learn about the importance of breastfeeding with visual objects.

Collect objects that represent the importance of breastfeeding and place in a basket or bag. These items must be related to the benefits listed above.

Have each participant pick an object from the bag and tell the group about the object's link or connection with breastfeeding.

EXAMPLES:

- Wallet/ small piggybank—breastfeeding saves money
- Tape measure/ picture of woman on scale—breastfeeding helps mothers lose weight gained during pregnancy
- Tooth brush/ small model of teeth—breastfeeding promotes healthy tooth and jaw development
- Garbage bag/ little recycling bin—breastfeeding is environmentally friendly
- Picture of ear or otoscope/ picture of child holding ear, in pain—breastfeeding protects against ear infections
- Thermometer—breastfed children have fewer illnesses
- Report card with A's and B's—breastfed children have higher IQ
- Sanitary pad—mothers who breastfeed have less risk of hemorrhage
- Picture of a heart/picture of woman breastfeeding skin to skin—breastfeeding promotes bonding
- Immunization card or vaccine packaging/picture of infant breastfeeding while getting immunization (reduces pain)—breastfed babies have more antibodies and a heightened response to immunization
- Pregnancy test kit—for some women breastfeeding may delay the return of fertility (Note: be sure not to give the impression that breastfeeding is a foolproof method of contraception)

Discussion about activity

- Debrief about activity- explain each object and how it represents a benefit of breastfeeding
- What benefits do you believe are the most important in your lives?

- In what ways will breastfeeding most influence your life? (Discuss how these can be positive things)

Resources to pass around:

Booklet (green): “10 Great Reasons to Breastfeed your Baby” (Public Health Agency of Canada, 2009)

Brochure (white and pink): “Making and Informed Infant Feeding Decision” (KFL&A Public Health, 2013)

References:

Best Start Resource Centre & Baby-Friendly Initiative Ontario (2013). The Baby-Friendly Initiative: Evidence-Informed Key Messages and Resources. Toronto, Ontario, Canada. Retrieved from:
http://www.beststart.org/resources/breastfeeding/Baby_Friendly_Resource_linked_final.pdf

Public Health Agency of Canada (2014). Protecting, Promoting and Supporting Breastfeeding: A Practical Workbook for Community-based Programs. Retrieved from: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/pdf/ppsb-ppsam-eng.pdf>

Registered Nurses Association of Ontario (2003). Breastfeeding best practice guidelines for nurses. Toronto, Canada: Registered Nurses Association of Ontario. Retrieved from:
http://rnao.ca/sites/rnao-ca/files/Breastfeeding_Best_Practice_Guidelines_for_Nurses.pdf

Importance of Skin-to-Skin

Discussion:

- What is skin to skin?
- What have you heard about it?

Objective: Class participants can describe at least two benefits of skin-to-skin contact

Teach: Benefits of skin-to-skin contact:

Definition: Skin-to-skin means that the baby’s skin is directly touching the mother or father/partner/ main support person’s skin. Having the baby only wearing a diaper, laying on the mother or father/partner/main support person’s bare chest, can do this.

Benefits for Baby:

- Calms and settles the baby (decreases heart rate, respiratory rate to a healthy level)
- Keeps babies warmer than wrapping in blankets
- Babies who are kept skin-to-skin have more stable blood sugar levels
- If your baby is premature or low-weight, skin-to-skin helps babies: cry less, sleep longer and go home from the hospital sooner

Benefits for Mother:

- Skin-to-skin contact continued for at least 2-3 months after birth improves mother's mood and help with successful breastfeeding

Benefits for Baby and Mother:

- Helps with feeding behaviours (baby is positioned by the breast, improves latch)
- Babies, placed skin-to-skin with a support person when the mother is not available after birth, cry less, show more pre-feeding behaviours and may breastfeed earlier
- When babies are allowed a lot of time at and near the breast, they lose less weight, have transitional stools faster, feed better and more often

Resource to pass around:

Brochure: "Skin-to-skin is the healthiest place to begin" (KFL&A, n.d.)

Video:

<http://globalhealthmedia.org/portfolio-items/breastfeeding-attachment/?portfolioID=5623>

Discussion:

- Discuss different times skin-to-skin can be used (ie. Soothing the baby, before feeding, attachment, mood)

References:

- Best Start Resource Centre & Baby-Friendly Initiative Ontario (2013). The Baby-Friendly Initiative: Evidence-Informed Key Messages and Resources. Toronto, Ontario, Canada. Retrieved from:
http://www.beststart.org/resources/breastfeeding/Baby_Friendly_Resource_linked_final.pdf
- Registered Nurses Association of Ontario (2003). Breastfeeding best practice guidelines for nurses. Toronto, Canada: Registered Nurses Association of Ontario. Retrieved from:
http://rnao.ca/sites/rnao-ca/files/Breastfeeding_Best_Practice_Guidelines_for_Nurses.pdf

Exclusivity of Breastfeeding**Discussion:**

- Tell me what you know about exclusive breastfeeding
- Tell me what you know about how long a baby should be breastfed for

Learning Objective: Class participants will be able to describe exclusivity and understand the importance

Teach: Definition and importance of exclusivity

- Definition: exclusive breastfeeding means that breast milk is the only thing the baby is fed. The healthiest food/drink for the baby is breast milk, nothing else is needed.
- It is healthiest for your baby to only be fed breast milk for the first six months of their life and can be fed breast milk for up to two years and beyond
- The longer the baby is breastfed, the better and healthier they will be
- Breast milk has all the nutrition the baby needs for the first six months and can still be given after six months when the baby is starting to have solid foods

Corresponding Activity:

This activity will address the importance of exclusively breastfeeding for at least six months. The point of this exercise is to emphasize the time-spent breastfeeding is a relatively small portion of time relative to a lifetime, and relative to the long-term benefits that it produces. It is also important to recognize that things will get easier as days, weeks and months pass.

Divide a long piece of string into 8 sections for 80 years and then divide the first 10 years into 1-year sections.

This experience helps parents to see how the newborn period is relatively short in one's lifetime.

Discussion:

- Discuss with mothers that some days breastfeeding may seem difficult
- Discuss ways to push through tough days (ie. Talk to a peer who has breastfed or is breastfeeding, seek help from a professional/hotline, talk with your support person, come to a parent/infant group)
- Discuss the long-term benefits of breastfeeding (take these into perspective when breastfeeding becomes difficult)

Resource to pass around:

Brochure (white and pink): "Exclusive Breastfeeding" (KFL&A, 2014)

References:

Public Health Agency of Canada (2014). Protecting, Promoting and Supporting Breastfeeding: A Practical Workbook for Community-based Programs. Retrieved from: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/pdf/ppsb-ppsam-eng.pdf>

Registered Nurses Association of Ontario (2003). Breastfeeding best practice guidelines for nurses. Toronto, Canada: Registered Nurses Association of Ontario. Retrieved from: http://rnao.ca/sites/rnao-ca/files/Breastfeeding_Best_Practice_Guidelines_for_Nurses.pdf

Cue-based feeding

Discussion:

- How do we know when babies are hungry?

Learning Objective: Class participants can describe principles of cue-based feedings

Teach: Benefits of knowing baby's cues to breastfeed, cues that baby is hungry, signs that baby is full, late signs that baby is hungry and how much the baby should feed.

Benefits of knowing baby's cues to breastfeed:

- Cues are the signs that the baby uses to show that they are hungry or full
- These cues prevent the baby from being overfed and reduces the risk of the baby being overweight in childhood
- By making sure that they baby is fed when hungry and not overfed will help them to learn how it feels to be hungry or full so that they can do it for themselves as they grow up

Cues that baby is hungry (feeding cues):

- Rooting
 - Rooting is when you touch your baby's cheek and they turn towards the cheek you touched and open their mouth
- Hand-to-mouth movements
- Sucking movements/sounds
- Sucking of fingers or hands
- Opening of mouth in response to touch

Late Signs that baby is hungry (you want to try to feed baby before these happen):

- Crying
- Agitated body movements
- Colour turning red
- Note: you will need to soothe and calm baby first before trying to feed if they are showing these signs

Signs that baby is full:

- During the feeding, the number of sucks slows down
- Pursed lips (kissy lips), pulling away from the breast and releasing the nipple
- Body relaxed
- Legs extended
- No hunger cues
- Sleepy or in a happy state
- Small amount of milk seen in mouth

How much the baby should feed

- There is no limit to how long and how often the baby breastfeeds
- Expect a minimum of 8-12 feedings in 24 hours
- Watch what the baby is doing at the breast (ie. Swallowing and latch), as opposed to how long the baby is at the breast

- Babies may cluster-feed (this means a bunch of feedings close together and then a lot farther apart)
- You do not need to time each breastfeed
 - The baby may feed for 15-20 minutes but all are different
 - Feed on one breast and then offer the second, but baby may be full after the one breast and that is OK
- The baby may feed less often (feeding will be more spread out) as the baby gets older

Resource to pass around:

Sheet: “Baby Feeding Cues (signs)” (Queensland Health, 2012)

Corresponding Activity:

Pass around a visual aid of the signs of early, medium and late signs. Once everyone has seen this, hold up larger versions of the pictures and ask the class to vote on whether it is an early, medium or late cue to feeding.

Discussion:

- Discuss ways to soothe baby if they are showing later signs of hunger
- Discuss the benefits of feeding the baby before they begin to cry
- Discuss ways to wake baby up if they are sleepy prior to feeding (ie. Undress, skin to skin, singing to baby, changing diaper, expressing some breast milk etc.)

References:

- Best Start Resource Centre & Baby-Friendly Initiative Ontario (2013). *The Baby-Friendly Initiative: Evidence-Informed Key Messages and Resources*. Toronto, Ontario, Canada. Retrieved from:
http://www.beststart.org/resources/breastfeeding/Baby_Friendly_Resource_linked_final.pdf
- Best Start (2011). *Breastfeeding basics*. Retrieved from:
http://www.beststart.org/resources/rep_health/Modules/9_Breastfeeding/Breastfeeding%20Basics_Notes_Small_Final_English.pdf
- Registered Nurses Association of Ontario (2003). *Breastfeeding best practice guidelines for nurses*. Toronto, Canada: Registered Nurses Association of Ontario. Retrieved from:
http://rnao.ca/sites/rnaoca/files/Breastfeeding_Best_Practice_Guidelines_for_Nurses.pdf
- Toronto Public Health (2013). *Breastfeeding Protocols for Healthcare Providers*. Retrieved from:
https://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Health%20Professionals/Breastfeeding/PDF/BFP-Protocols-1-21_Manual_eng_2013_aoda.pdf

Latch & Position

Objective: Class participants will be able to describe signs of a proper latch and demonstrate proper positions to breastfeed

Teach: Signs of a good latch, signs of when someone may need help and proper positioning

Signs of a GOOD latch (use breast model to show position of baby's mouth and lips):

- Wide mouth
- Fish-like lips
- Chin pressed into the breast
- Lower lip covering over nipple
- Not painful

Signs someone may need help:

- Cracked, bleeding, sore nipples
- Flat or inverted nipples
- Breast engorgement (signs of infection)

Corresponding Activity:

This activity addresses the difficulty women may have with breastfeeding around the time that their “milk comes in.”

Occasionally the breasts become “over-full,” leading to problems getting the baby to take the breast and sore nipples for the mother. Use a balloon to show the effect of engorgement (an over-full breast) on the ability of the baby to latch on well and drink from the breast.

- Difficult for the baby to grasp and get a deep mouthful of the breast.
- The nipple flattens out and is more easily damaged.

Compare the tight balloon with a softer, less full balloon. Show how the softness makes it easier for the baby to take the breast. The areola (darker area surrounding the nipple) should be soft like your cheek, not hard like your forehead when latching the baby onto the breast.

Discussion:

- Discuss the importance of preventing breast engorgement
 - Good latch
 - Frequent feeds
 - Massage the breast to express milk
 - Holding baby skin to skin
 - Use relaxation strategies to initiate letdown (breastfeed in a quiet calm environment, soothe baby, apply heat to back or shoulders)
 - Some women prefer to apply a cool wash cloth for a few minutes (limit direct exposure to cold)

Video:

<http://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/?portfolioID=5623>

General Principles of Positioning

- Hold baby tummy to tummy with body in alignment
- Position the baby so that you feel comfortable
- Allow baby to lead the way and find the breast
- Position baby's nose pointing up, nipple pointing to roof of baby's mouth
- Note: the most important aspect of positioning during breastfeeding is that both mother and baby are comfortable. Any position can be effective if latch is good and the baby is visibly swallowing

Positioning (use baby model for class participants to visualize baby's position):

- Cradle-Hold:
 - Mother should be seated comfortably
 - Use pillows for support under mother's arm
 - Position baby at breast level
 - Use a footstool keep mother's knees in line with hips
 - Choose the side the baby will nurse on
 - On this side, support the baby's head and body with one arm and keep the baby close to the body
 - Hold baby behind the neck, extending the head and neck (do not hold the head), push baby's chin into the breast
 - With the opposite hand, hold breast using a "C" shape (fingers at the base of the breast, thumb at the side of the breast), keeping fingers and thumb away from the nipple
 - Turn the baby towards the breast (baby's chin, tummy and knees touching the breast) and tuck baby's lower arm below her breast
- Cross Cradle :
 - Position mother seated comfortably (same sitting position as cradle-hold)
 - The baby should be held in the arm opposite of the breast being used to feed
 - Hold breast with the hand on the same side as the breast being used to feed
 - Support baby's shoulders and neck with the mother's hand
 - Turn baby towards the mother
- Side-Lying
 - Mother should lie on her side with pillows supporting her head (additional pillows may be needed to support mother's back and legs)
 - Baby should be positioned on their side, facing mother
 - Baby should be placed with their nose at the level of mother's nipple
 - Baby's neck should be extended, so that eye contact with the mother is possible
 - Place mother's free hand on baby's shoulders and pull baby towards herself
 - Baby will extend and open his mouth to latch without assistance
- Football Hold:

- Position baby on a pillow at the side of the mother's breast that is being used to feed
 - Baby should be held in close to the mother's side, tucked in like holding football
 - Support baby's back with mother's arm and baby's shoulders with mother's hand
 - Baby's bum is against back of the chair and legs up behind mother's arm
- Laying-back Position
 - Begin with mother laying down
 - Baby quiet or sleeping on mother's chest, placed in line with the nipple between mother's breasts and baby's chin touching the breast
 - Gently support the baby's neck, shoulders and bottom
 - The baby will naturally "crawl" to find the breast with little help from the mother
 - Baby will tilt head back, open mouth and latch
 - Benefits of this position: relaxing for baby and mom, benefits of skin-to-skin, baby is able to take the lead and find breast with very little help

Video:

Positions for Breastfeeding

<http://globalhealthmedia.org/portfolio-items/positions-for-breastfeeding/?portfolioID=5623>

Discussion:

- Positions women have used in the past, have heard of before
- The importance of using different positions
- The benefits of laying-back positions (ie. Skin-to-skin and attachment, baby takes the lead)

Resource to pass around:

Booklet (white and pink): "Breastfeeding Handbook" (KFL&A, 2015)

References:

Best Start (2011). Breastfeeding basics. Retrieved from:

http://www.beststart.org/resources/rep_health/Modules/9_Breastfeeding/Breastfeeding%20Basics_Notes_Small_Final_English.pdf

Public Health Agency of Canada (2014). Protecting, Promoting and Supporting Breastfeeding: A Practical Workbook for Community-based Programs. Retrieved from: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/pdf/ppsb-ppsam-eng.pdf>

Registered Nurses Association of Ontario (2003). Breastfeeding best practice guidelines for nurses. Toronto, Canada: Registered Nurses Association of Ontario. Retrieved from:

http://rnao.ca/sites/rnao-ca/files/Breastfeeding_Best_Practice_Guidelines_for_Nurses.pdf
Toronto Public Health (2013). *Breastfeeding Protocols for Healthcare Providers*.
Retrieved from:
https://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Health%20Professionals/Breastfeeding/PDF/BFP-Protocols-1-21_Manual_eng_2013_aoda.pdf

How do you know your baby is getting enough?

Objective: Class participants describe signs of good feeding, how to know the baby is getting enough milk, know when to seek help and have an understanding of expected amount of dirty diapers.

Teach: signs that milk is getting into baby, warning signs of trouble feeding and how many dirty diapers baby should have.

Signs that milk is getting into baby:

- Seeing/hearing the baby suck and swallow (movement of chin and throat)
- Rhythmic sucking (pattern: open-suck-pause-swallow)
- Small amounts of milk seen in the mouth
- Happy baby after feeding
- Slight tugging at the breast (this should not be painful)
- Breast softening after feeding
- Mother is relaxed and/or tired
- Nipple elongates after feeding
- Milk leaking from opposite breast
- Can expect increased uterine bleeding during or after feeding for the first 3-5 days after birth

Warning signs that there is trouble with feeding:

- Infant weight loss greater than 7% (babies lose about 7% of weight in their first 3 days)
 - Weight loss after day 3 is a warning sign
- Less than 3 poops in 24 hours
- Meconium poops after day 4
- Less than 6 wet (pee) diapers in 24 hours after day 4
- Infant who is irritable and restless or sleepy and refusing to feed
- You can't hear swallowing during feedings
- No change in weight or size of breasts and no change in milk volume and composition by 3-5 days
- Persistent or increasingly painful nipples
- Engorgement unrelieved by feeding
- Infant who does not begin to gain weight by day 5
- Infant who has not returned to birth weight by day 14

Baby's Diapers

Pees

- 1 void by 24 hours (day 1)
- 2 voids by next 24 hours (day 2)
- 3 voids by day 3
- 4 voids by day 4
- 5 voids by day 5
- At least 6 voids expected from day 6 on

Poops

- 1-2 stools in first 1-2 days
- At least 3 stools after day 2

Weight

- Expect less than 7% weight loss the first week
- Expect return to birth weight by 14 days of age
- Expect weight gain of 4-8 ounces (120 – 240 grams) a week during the first 3-4 months

Resource to Pass around:

Dry Baby Alert (yellow card) (KFL&A, 2013)

Stools of the Breastfed Baby

Corresponding Activity

The size of the newborn's stomach is a key learning point as it helps parents to understand the need for smaller, more frequent feedings and that the time between feedings will increase as baby grows.

Measure out $\frac{1}{4}$ cup, $\frac{1}{2}$ and 1 cup of flour and wrap each amount separately and securely into plastic packets. Pass them to moms to touch and feel the weight while you explain: "This is how much the baby's stomach can hold at one week, at one month and at one year."

Can also use common objects to represent baby's stomach size

- Marble (5–7 ml.) for day 1
- Ping pong ball (22–27 ml.) for day 3,
- Large chicken egg (60–81 ml.) for day 10.

Discussion:

- Ask class participants whether the size of baby's stomach at various ages surprised them
- Discuss anxieties about not knowing exactly how much milk baby is getting
- Re-affirm that baby will show signs when he/she is hungry and will stop feeding when he/she is full

Video:

Is Your Baby Getting Enough?

<http://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioID=5623>

References:

Best Start (2011). Breastfeeding basics. Retrieved from:

http://www.beststart.org/resources/rep_health/Modules/9_Breastfeeding/Breastfeeding%20Basics_Notes_Small_Final_English.pdf

Best Start Resource Centre & Baby-Friendly Initiative Ontario (2013). The Baby-Friendly Initiative: Evidence-Informed Key Messages and Resources. Toronto, Ontario, Canada. Retrieved from:

http://www.beststart.org/resources/breastfeeding/Baby_Friendly_Resource_linked_final.pdf

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Registered Nurses Association of Ontario (2003). Breastfeeding best practice guidelines for nurses. Toronto, Canada: Registered Nurses Association of Ontario. Retrieved from:

http://rnao.ca/sites/rnao.ca/files/Breastfeeding_Best_Practice_Guidelines_for_Nurses.pdf

Breastfeeding in the Community

Objective: Class participants know their rights regarding breastfeeding in the community and are able to articulate two ways to support women breastfeeding in the community

Teach: the rights of a breastfeeding woman in the *Human Rights Code*

Breastfeeding mothers have the right to breastfeed a child in a public area. No one should prevent you from breastfeeding your child simply because you are in a public area. They should not ask you to “cover up,” disturb you, or ask you to move to another area that is more “discreet.”

This includes all public places, such as:

- Restaurants and cafes
- Stores and malls
- Schools
- Parks
- Public transit

For more information or to seek legal help:

Contact The Human Rights Legal Support Centre at:

Toll Free: 1-866-625-5179

Toll Free: 1-866-625-5179

Website: www.hrlsc.on.ca

Corresponding Activity:

Show video clip of women breastfeeding in the community

www.allaiterpartout.com/p/diaporama.html

Alternative video: slide show made by KFL&A breastfeeding peers

Discussion:

- Ask class participants if they see themselves breastfeeding in any of these settings
- Ask class participants about any concerns and anxieties about breastfeeding
- Discuss: modesty, breastfeeding in front of friends and family, freedom and lifestyle
- Discuss ways class participants can support each other to breastfeed in the community (ie. Communication and bonding with women who are breastfeeding, celebrating breastfeeding successes within the community, standing up for own/others' human rights)

Alternate Activity:

This activity helps to clarify the myths and false information about breastfeeding. Start with a coffee can and cover the label with appropriate paper. Fill the can with positive statements about breastfeeding, beginning with "I can". On the plastic lid of the can write "I Can." Pass the can around and encourage each mother to pick out a paper and read it to the group. **Incorporate a discussion about each statement (ask class participants to expand on what they think each statement means).** Some suggestions for the statements:

- I CAN still have a social life when I nurse my baby.
- I CAN make good milk for my baby even if I eat junk food.
- I CAN nurse my baby even if I need to be away for part of the day.
- I CAN include my partner in the care of my breastfed baby.
- I CAN breastfeed my baby even if I get a poor start in the hospital.
- I CAN breastfeed my baby even if I have small breasts.
- I CAN nurse my baby even if I smoke. (**Note: be sure to emphasize that no one should smoke around a baby. Smoking should be done outdoors while the baby is supervised inside.**)

References:

Public Health Agency of Canada (2014). Protecting, Promoting and Supporting Breastfeeding: A Practical Workbook for Community-based Programs. Retrieved from: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/pdf/ppsb-ppsam-eng.pdf>

Ontario Human Right Commission (2014). Pregnancy and Breastfeeding (brochure).
Retrieved from: <http://www.ohrc.on.ca/en/pregnancy-and-breastfeeding-brochure>

Maintaining Lactation

Discussion:

- Does anyone know how to hand express milk?

Learning Objective: Mothers can describe how to express breast milk with their hands, when to ask for help and who to ask for help.

Teach: How to express breast milk by hand and other ways to feed infants breast milk other than breastfeeding.

Hand Expression of breast milk:

- This is important to know in case you are separated from your baby
- Even if your baby is in the Neonatal Intensive Care Unit (NICU) this is a way that you can still feed your baby breast milk if you don't have a pump
- Hand expression is also an important alternative to breastfeeding if baby is not latching, sore nipples etc.
- Expressing milk by hand is faster than using a pump and helps your milk supply come in because it is closer to the way your baby would express milk
- Steps:
 - Wash your hands and get a clean container for the milk
 - Massage your breasts in a circular motion with your fingertips
 - Place your thumb and first finger on the edge of your areola (outside of nipple where it is coloured) and support the rest of your breast with your other hand
 - Press back gently towards your chest
 - Roll your finger and thumb towards the front edge of the nipple while you gently squeeze your breast
 - Release this and repeat in steps: press, compress, relax
 - This pattern should be performed in a way that mimics baby's suck
 - Continue this until the milk flow has stopped or slowed down
 - Rotate your hands to empty all parts of the breast and then repeat on the other breast
 - Switch breasts when the flow of milk has slowed down and may switch back and fourth between breasts many times during this process
 - Expect that this process may take as long as a feed
 - Hand expression is sometimes a challenging skill and requires practice

Video:

How to Express Breast milk

<http://globalhealthmedia.org/portfolio-items/how-to-express-breastmilk/?portfolioID=5623>

Resource to pass around:

Booklet (white and pink): “Expressing and Storing Breast milk” (KFL&A, 2015)

Discussion

- What are some other ways that breast milk can be fed to babies besides bottles?

Feeding Alternatives

- Cup feeding may benefit the mother-infant relationship when multiple supplements are required
- The following alternate feeding methods can be used when supplementing healthy term infants: cup or spoon, syringe or dropper
- Use hand expression of milk to get milk from breast and then use cup, spoon, syringe or dropper to get milk to the baby

References:

Best Start (2011). Breastfeeding basics. Retrieved from:

http://www.beststart.org/resources/rep_health/Modules/9_Breastfeeding/Breastfeeding%20Basics_Notes_Small_Final_English.pdf

Best Start Resource Centre & Baby-Friendly Initiative Ontario (2013). The Baby-Friendly Initiative: Evidence-Informed Key Messages and Resources. Toronto, Ontario, Canada. Retrieved from:

http://www.beststart.org/resources/breastfeeding/Baby_Friendly_Resource_linked_final.pdf

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http://rnao.ca/sites/rnao-ca/files/Breastfeeding_Best_Practice_Guidelines_for_Nurses.pdf

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Artificial Teats/Pacifiers**Discussion:**

- What have you heard about pacifiers and breastfeeding?

Objective: Class participants can describe the risks of using pacifiers

Teach: Mothers should be encouraged to care for their infants without the use of pacifiers, especially when breastfeeding is not yet established. Parents can learn to soothe their infants in ways that do not include pacifiers (skin to skin, holding, rocking, swaying, singing, talking and massaging)

Risks of pacifiers to baby:

- Pacifier use can cause ear infections
- Longer pacifier use (more than one year) can cause dental problems
- Pacifiers can hold bacteria that make the child sick
- Pacifiers can put infants at risk of choking or suffocating

Risks of pacifier for breastfeeding success:

- The use of pacifiers may lead to less sucking at the breast
- Less milk is produced if the baby is not feeding at the breast

Discussion:

- Discuss alternative methods to pacifier use
- Discuss whether class participants have used pacifiers in the past, or know people who have used pacifiers and the problems it has caused

Resource to pass around:

Booklet (white and blue): “Why Does My Baby Cry?” (La Leche League Canada, 2015)

References:

Best Start Resource Centre & Baby-Friendly Initiative Ontario (2013). The Baby-Friendly Initiative: Evidence-Informed Key Messages and Resources. Toronto, Ontario, Canada. Retrieved from:
http://www.beststart.org/resources/breastfeeding/Baby_Friendly_Resource_linked_final.pdf

Support for Breastfeeding Mothers**Discussion:**

- What are some community resources that could be helpful during the breastfeeding period?

Learning Objective: Class participants know how to access breastfeeding support when needed

Teach: Available resources in the community.

How to access breastfeeding support outside of office hours:

- Telehealth Breastfeeding help line: 1-866-797-0000
 - 24-hour breastfeeding support
- Breastfeeding brochures, pamphlets, handbooks given at the BBKC
- Call your breastfeeding peer
- Download the smartphone application WYNI (When You Need It) for breastfeeding information
 - Also helps you keep track of feedings, pees, poops

- Come in to the BBKC to talk to staff members and get additional resources or support
- Other locations in the city: KFL&A public health, health care provider
- Visit ontariobreastfeeds.ca (lists resources in the community)
- La Leche League: list local #'s and group times
 - Visit: www.LLCC.ca
 - Phone: 613-774-4900

Corresponding Activity:

The purpose of this activity is to identify and discuss breastfeeding issues with a group of pregnant mothers. Write statements on a flip chart for the group. Ask the group to complete the statements on the “My Feelings” sheet. Keep track of the issues that were identified and use these to focus your discussion on breastfeeding.

Statements

1. “I want to breastfeed because _____”
2. “I am worried about _____”
3. “I am looking forward to _____”
4. “I/we can go to _____ if I need help”

Discussion

- Discuss the issues that were mentioned in the corresponding activity
- Discuss where to find help if these issues arise

Lifestyle Choices

Discussion:

- What do you know about alcohol and breastfeeding?
- What do you know about other substances’ effects on breastfeeding? (Caffeine, tobacco, medication and marijuana?)

Substance Use

Learning Objective: Class participants will understand the effects that substances have on breast milk and their baby in order to make an informed decision.

Teach: Effects that alcohol, caffeine, tobacco, medications and marijuana have on breast milk and baby.

Mothers should avoid or limit their intake of the following substances while breastfeeding:

- Alcohol
- Caffeine
- Tobacco
- Medication (prescription and over-the-counter)
- Marijuana

Alcohol

- When the mother drinks alcohol, it passes into the breast milk
- Alcohol in breast milk can negatively affect infant sleep and intake of milk
- It can sedate your baby
- Can change the smell and taste of breast milk
- It is best to wait at least two hours after a drinking one alcoholic beverage
- It is best to avoid alcohol altogether to avoid these effects

Caffeine

- Caffeine is passed into breast milk when consumed by the mother
- Caffeine can over-stimulate or over excite the baby
- A breastfeeding mother should limit her caffeine to 300 milligrams per day which is equal to two cups of coffee
- Remember that caffeine is also found in: chocolate, some painkillers, cold remedies, tea, cola and energy drinks. It is important to read food labels so that your baby doesn't get too much caffeine!

Smoking

- Even if you smoke, it is still recommended to breastfeed your baby
- Second hand smoke exposure is harmful to babies
- Smoking passes chemicals and nicotine into the breastmilk
- Nicotine (found in cigarettes) can decrease the milk supply

Medication

- Medications mean drugs that are prescribed by your doctor or bought over-the-counter
- Some are fine to take while breastfeeding, but you need to talk to your doctor to make sure that drugs you are taking are not affecting your breast milk

Marijuana

- Marijuana is passed into the breast milk no matter how much or how little is smoked by the mother
- This causes possible harm to babies
- Marijuana contains THC as the main ingredient which is passed on to baby and will stay in the baby's system for up to 3 weeks
- Reported effects of marijuana on baby:
 - Increased shaking
 - Poor sucking
 - Less feeding time
 - Slow weight gain
 - Delayed motor development
 - The long-term effects of marijuana on the baby's developing brain are not known. It may cause lifelong changes in thinking, learning, behaviour and mental health
- Effects on mother:

- Can affect mood and judgment
 - This may affect a mother's ability to breastfeed or care for her baby safely
- It is recommended by health professionals that mothers quit marijuana to breastfeed but it is important to talk to your doctor about quitting, reducing use and support systems/resources to use in the process

For More Information:

- You can call the Motherisk Hotline at: 1-877-439-2744
- Or visit the website at www.motherisk.org
- Kingston program “motherwise”

Discussion:

- Allow class participants to discuss how breastfeeding may alter certain lifestyle behaviours and anxieties they have regarding this
- Discuss methods that class participants have found useful in managing the alteration of these lifestyle behaviours

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