

The Breastfeeding



Guidebook





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Breastfeeding Guide

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Hello,



Dearest Parent(s)!

Congratulations on your new/arriving little one! With all the new and exciting and important decisions you will make over the coming weeks, months and years, I am SO happy that you are taking some of your precious time to get informed about breastfeeding!

This guide is written as a sort of "crash course" to help new and expecting parents get off on the best possible foot with breastfeeding and hopefully reach all their breastfeeding goals. In this guide you will find information about how the breastfeeding system works, tools, guidelines, tips and tricks on achieving breastfeeding success from the first week through to the second year, should that be your goal or desire.

This guide is NOT meant to be a diagnostic tool and if you feel you or your baby is struggling I HIGHLY recommend making an appointment with your Dr or one of our IBCLC's.

This guide does not serve to tell any parent how they should or shouldn't feed their baby. The only goal is to provide clear, up-to-date and accurate information so that parents can make the most informed decisions that feel right and work for their unique family. I hope this guide is helpful as you begin your journey into parenting and breastfeeding!

Warmly,

*Fox & Cub Family
Wellness*

Supply & Demand

Breastmilk is produced by a hormonal process called lactogenesis and regulated by a supply and demand system. In a "signal and response" system like breastfeeding, cues from a newborn trigger the mother's body to let down milk. This is why a mother might begin to leak when hearing another baby cry.



FOX & CUB
Family Wellness

Watch For Signals:

- Baby making sucking noises
- Rooting (turning their head and opening their mouth)
- Grabbing at the nipple
- Bobbing (moving their head down towards the breast)
- Patting or hitting the breast.
- Crying/Fussing

Supply & Demand in Action

Signals trigger a letdown in a nursing parent.



They bring their baby to the breast, baby latches and starts nibbling/suckling.



This triggers the body to release oxytocin which causes muscle contractions (like in labour or during an orgasm) to "squeeze" down the milk.



The baby receives the milk and drinks.

Demand is MILK REMOVAL not just suckling or time at the breast! The more milk is removed from the body, the more milk will be produced!

Scheduled Feeding and The System

Because the breastfeeding system works with cues/signals and is regulated by supply and demand NOT on a timer (your body doesn't have a letdown every X number of hours) it's nearly impossible to "schedule" breastfeeding efficiently, allowing babies to consistently get all of what they need when they need it.

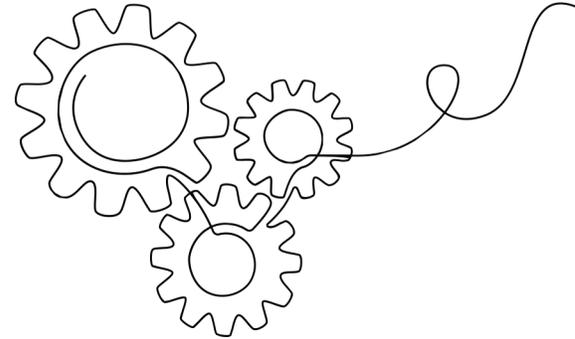
Demistifying Supply & Demand

Did You Know that human breast milk production is triggered by a HORMONAL process called lactogenesis? It is then regulated by a supply and demand system.



There are 3 different components to "demand":

- Audible signals/cues (**see page 4**)
- Physical/structural signals (latch, tongue or lip ties)
- The ability for the system to work well and for baby to finish feeds (not stopping before they are satisfied)



The most effective way to ensure that your supply remains adequate and your baby is getting everything they need (barring any barriers/obstacles) is to follow an "on-demand" feeding schedule (basically no schedule, just feed when baby signals that they are hungry and continue to feed until they are satisfied).

(see page 7 for more about Managing Feeds).

In the supply and demand system, allowing for demand to occur and responding as soon as possible is what keeps up a great milk supply.



*People who say they
'sleep like a baby'
usually don't have one.*

-LEO. J. BURKE

Remember that breastfeeding is a 24/7 job and supply and demand do not turn off at night time! If you are struggling with or have questions about nighttime parenting and breastfeeding, get in touch with me for in-person, phone or online support.

Barriers To Nursing

Barriers to demand include anything that shuts down an infant's ability to cue or empty the breast well. ie props such as soothers, swaddling, swings, bouncing and shushing, etc. improper latch, tongue or lip tie, or time constraints on feeding sessions.



As a breastfeeding educator, I am NOT against these things as a means to calm an upset baby! The recommendation is simply that they not be used to "turn off" an infant's cues for food unless it is for a short period while feeding is not possible (ie. while driving, in certain public areas, or while briefly otherwise occupied etc.)



*When In
Doubt,
Whip It
Out!*

Is There a Need?

- Remove the prop once your baby is settled.
- If they fuss or begin to cry, assume there is still a need.
- If nothing else seems to be the matter (clean diaper, comfy/warm clothing, etc.) try feeding again.

It is very common, normal and healthy for infants to want to nurse to sleep! Sometimes it's easy to unlatch babies once they are asleep and other times it causes them to wake and want to latch again before going back to sleep. **This can be exhausting for parents and is a good example of a time when a prop might be a useful tool!**

Sometimes the "need" is simply physical touch. Babies love to be skin to skin and interestingly, that too helps increase supply!!

Other barriers like tongue or lip ties, which can affect a baby's latch and prevent effective feeding, need to be diagnosed by a Dr or IBCLC. If you suspect either, don't be afraid to reach out!

Newborn Hunger Cues & Signals



If and when possible, try to respond to your newborn's hunger cues as soon as possible. Crying is often a "late" hunger cue, and may require you to calm your baby before feeding them to ensure they are relaxed and able to latch/feed efficiently.

Some of your baby's comfort cues might look like hunger cues! "When in doubt, whip it out" - Offering a feed is usually a good plan A.

Early Cues:

"I'm hungry!"

Baby might self soothe or be soothed to sleep.



Stirring



Mouth Opening



Turning Head/ Rooting

Mid Cues:

"I'm Really hungry!"

Baby can be soothed for short periods.



Stretching



Increasing Movements



Hand to Mouth

Late Cues

"Calm me, then feed me!"

Hold. Rock. Talk. Offer Feed.



Crying



Agitated Body Movements



Turning Red

Step-by-Step Pain-Free Latch



I truly believe that the help and support of an IBCLC can benefit any parent and baby dyad even if it's just to simply "check in" and see that all is well.

Some hospitals and birthing centers have IBCLCs or Lactation Specialists on staff and available to talk with you and answer all your questions in the first 24 hours postpartum!

Cross Cradle Breastfeeding Position:

- Have the baby on their side, tummy to tummy against you, while you support their weight with your forearm.
- Support the baby's upper back with your wrist and cup the base of the baby's skull with your hand (fingers together on the side of their face and thumb on the other side).
- Line the baby up so their nose is across from your nipple.
- When the baby opens wide, bring them quickly to the breast so that their chin plants into the breast while their nose does not touch.
- The pressure you apply while latching is between the baby's shoulder blades (no pressure should be placed on the back of their head)
- This pressure and line up will ensure the baby reaches for the breast allowing them to open wider and get a deeper latch.
- Their upper lip should just pass the nipple, while their lower lip is far from the nipple.
- This means more of the areola will be covered by the lower lip and jaw and will help them get more milk while increasing your comfort!



Breastfeeding Positions



Football Hold



Laid Back / Recline



Cross-Cradle



Tandem Nursing



Side-lying

Proper & Improper Latches



Proper Latch Examples



Improper Latch Examples



Is your baby feeding efficiently?

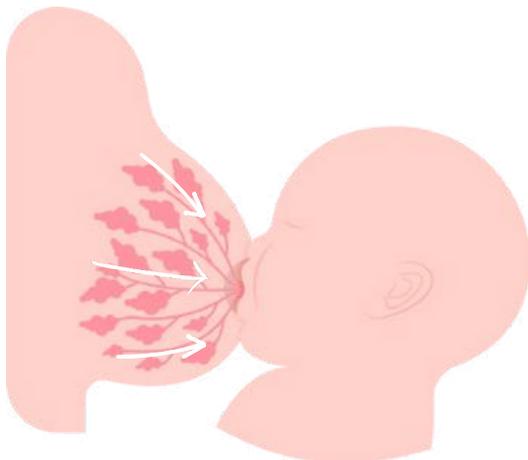
It's important to understand the difference between nibbling and drinking so that you can clearly understand whether your baby is feeding efficiently. As I mentioned, milk REMOVAL equals demand, not time at the breast/nibbling/suckling. This is important for maintaining a supply that reflects your baby's actual feeding needs.

How Can You Tell?

Nibbling (trying to get milk): Nibbling is when a baby's mouth is moving quickly. Their jaw moves up and down consistently without any pause in the downward motion. Think of what it looks like when a baby sucks on a soother. They are not receiving milk while they nibble.

Drinking (receiving and swallowing milk): Drinking can be seen when there is a longer pause in the downward motion of the baby's jaw followed by swallowing sounds.

Lots of nibbling could mean slow milk flow. Use compressions of the breast tissue to help speed the flow up or to encourage a "sleepy baby" to continue drinking. If you continue to see nibbling/frustration with few swallows, switch breasts and try compressions again.



- Cup the breast tissue with one hand
- Gently and firmly run your thumb down towards the nipple.
- Rotate your hand and repeat, focusing on the tissue on the sides and up near your armpit
- Look and listen for more swallows.
- This will help increase the flow rate and encourage your baby to continue drinking.



Imagine you are drinking a thick milkshake. **At first, you have to suck quickly** to try and draw the milkshake up the straw. Once the shake reaches the top, **you take a long draw-in. Your lower jaw opens and stays open** while the milkshake fills your mouth. You swallow when your **mouth closes again.**

Is My baby feeding on-demand?

The best way to manage feeds is to follow the baby's hunger cues and not worry too much about when the last feed was or how long/short it was. This is called "on-demand" feeding. This is also the most efficient way to ensure your baby is getting all that they need to grow and thrive.



When babies feed on-demand and without time constraints, they almost always get what they need!

Because demand has to happen (rooting, bobbing, fussing/crying, suckling etc) AND be responded to (milk removal), any schedule (even unintentional ones) can negatively affect supply. Here's what to do instead:



- Remove barriers to demand. Use props like soothers, swings, and swaddling as little as possible or only when necessary.
- Offer the breast freely and on demand. Instead of using the clock to determine when your baby eats, watch for your baby's hunger cues.
- Actively watch for signs that your baby is latched well and drinking (receiving milk).

Helping a baby continue to drink until they are satisfied during a feed is more important than waking a baby to feed every couple of hours.

If you're seeing lots/mostly nibbles (slow milk flow), do gentle breast compressions to help the milk move down and trigger that milk ejection reflex. Look and listen for swallows and when that no longer gives the baby more mouthfuls of milk, burp and offer the other breast.

It's Impossible to Overfeed a Breastfed Baby!

As long as there is demand, you can continue to offer milk until the need is met!

Is My Baby Getting Enough?

One of the best ways to know if your baby is getting enough milk is to observe your baby's diaper outputs. Use this chart for your baby's first week. After that, the guidelines are similar if not the same as on day 7.



NOTE: While it may be initially alarming, It is possible and normal to have pink pee in the first 3 days in the absence of dehydration

Chalky/white, black (after meconium has passed) or red stools are NOT normal and should be brought to the attention of your doctor immediately

Signs your baby may not be finished a feed :

Remember that helping your baby continue to drink milk is more important than how long they feed. Use compressions to increase milk flow speed.



- Falling asleep at the breast but not staying asleep once off
- Rooting/sucking hands after feeds
- Baby won't settle, or requires a tight swaddle to turn off
- Baby won't sleep for a decent interval between feeds
- Fussing at the breast, and eventually breast refusal.

These can also be symptoms of other issues and are often related to feeding. If you are worried or have questions/concerns, get in contact with your Dr or and IBCLC.

Infant Feeding Reference Sheet



It's hard to measure how much your baby eats in ounces when breastfeeding. Feeding on demand is recommended.

You can expect your newborn to eat at least every 2-3 hours in the first 24 hours.

In the first month, you can expect your newborn to feed on demand **every 2-3 hours during the day and every 3-4 hours at night. (About 8-12 times a day). Feeds will become less frequent as your baby grows.**

Your newborn's stomach is small! You may feel like they are not eating enough. Watch for hunger cues, diaper outputs and signs of satisfaction after feeds!



Day 1:
Size of a cherry
5 ml to 7 ml
1 to 1.5 tsp



Day 3:
Size of a walnut
22 ml to 27 ml
.75 to 1 oz



One Week:
Size of an egg
45 ml to 60 ml
1.5 to 2 oz



One Month:
Size of a plum
80 ml to 150 ml
.25 to 5 oz

Breastmilk Storage Guidelines:

Freshly Pumped/Expressed		
Countertop 77°F (25°C) Or Colder Up to 4 Hours	Refrigerator 40°F (4°C) Or Colder Up to 4 Days	Freezer 0°F (-17°C) Or Colder Up to 6 Months (12 months is ok)
Thawed/Previously Frozen		
Countertop 77°F (25°C) Or Colder 1 - 2 Hours	Refrigerator 40°F (4°C) Or Colder Up to 1 Day	Freezer 0°F (-17°C) Or Colder Never refreeze thaw edmilk!

Leftover

Use within 2 hours whether you refrigerate it or not!

NOTE: It's not considered safe to mix freshly expressed milk with milk that's been previously pumped and chilled.

Safe Milk Handling:

- Clean surfaces and wash your hands prior to handling human milk.
- Label containers with the date & time of storage
- Use hard plastic, or glass containers/bottles to store milk.
- Store human milk in the back of the fridge/freezer where the temperature is lower and consistent

If you have concerns contact your baby's healthcare provider or pediatrician. Addressing feeding concerns early increases positive outcomes and reduces unnecessary stress/suffering.

Nutrition While

Breastfeeding

As long as you are eating a variety of healthy foods, there is no need to worry about your milk quality or supply! Even if the amount of "healthy" food you can access is limited, your milk supply and quality should not suffer. Be sure to consult with a nutritionist if you have questions or concerns.

Practical Nutrition Tips:

- Eat when you are hungry (extra 500 calories)
- Drink plenty of fluids. You will be thirsty OFTEN
- FYI - drinking more doesn't increase supply.



Breastfeeding parents (especially North Americans) should be supplementing with Vitamin D.



If and when possible, aim to eat a variety of leafy greens, legumes and eggs.



Higher levels of trans fats in your diet will mean higher levels of trans fats in your milk.

Say Goodbye Caffeine?



It's safe for a breastfeeding parent to enjoy a cup or two a day without any concerns. That being said, some bodies are particularly sensitive to caffeine and in rare cases may see an impact on supply.



- Balance your blood sugars while body-feeding by eating protein regularly. Try not to go more the 2-3 hours without eating.
- Excessive refined sugars and processed foods can negatively impact your mood. Treat yourself! But be aware of your intake.
- Inflammation in the gut can lead to inflammation in the brain, making you more susceptible to anxiety and depression. 95% of serotonin is produced in the gut and is impacted by the bacteria therein!

Myths busted!



It's rare for a parent's diet to be the cause of a baby's gassiness. Avoiding things like cabbage, broccoli etc. is not necessary.

There is no evidence to suggest that avoiding common allergenic foods while breastfeeding prevents allergies from developing.



Your Postpartum *Mood Matters*



Whether you are a mother, partner, surrogate, or adoptive parent you may be affected by postpartum mood disorders! They are temporary, common, and treatable. A professional can help you recognize what is "normal", and what could be a sign of a postpartum mood disorder and create a support plan!

YOUR ABILITY AS A PARENT IS NOT RELATED TO WHETHER OR NOT YOU STRUGGLE WITH YOUR POSTPARTUM MOOD!

What Are The Signs?

Exhaustion

- Mood swings
- Irritability
- Sadness
- Trouble making decisions
- Changes in appetite
- Weepiness
- Feeling like you can't cope
- Extreme fatigue
- Inability to sleep



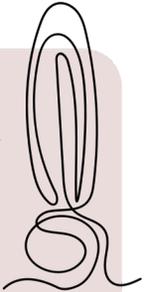
Baby Blues

- Mood swings
- Irritability
- Sadness
- Trouble making decisions
- Changes in appetite
- Weepiness
- Feeling like you can't cope
- Extreme fatigue
- Inability to sleep



Mood Disorders

- Mood swings
- Irritability
- Sadness
- Trouble making decisions
- Changes in appetite
- Weepiness
- Feeling like you can't cope
- Extreme fatigue
- Inability to sleep



Plan Ahead

- ✓ *Plan to have extra support for day-to-day tasks so you can focus on your baby and recovery!*
- ✓ *Set realistic expectations of yourself and of your newborn. You are both learning!*
- ✓ *Make a list of resources and professionals who can support you should you need extra support or are unsure of anything!*
- ✓ *Know that you are not alone! It's ok to ask for help.*

- ALONG WITH...**
- Hopelessness
 - apathy/inertia
 - lack of joy
 - racing thoughts
 - panic attacks
 - extreme crying
 - Don't want to be alone with baby
 - Visions or extreme fear of harm coming to baby
 - Obsessive thoughts or actions

*If you are experiencing mood swings, irritability, sadness, are having trouble making decisions, changes in your appetite, "weepiness", are feeling like you can't cope, extreme fatigue, or an inability to sleep **that doesn't improve after 2 weeks**, please reach out to someone you trust for help.*

Breastfeeding

Key Take-Aways



Remember that every breastfeeding journey, parent, and baby is unique! There is no "one size fits all" solution. In the first days, weeks and months, you and your baby will work as a team to find a rhythm that works for you and the rest of your family! It takes time, patience, effort, and support.

YOU are exactly the parent that your baby needs.

Tips for a Successful Start...

- Keep me close! **LOTS of skin-to-skin** makes it easy for me to ask for food when I need it and helps us bond in those first few weeks!
- **Quality over Quantity when it comes to feeds!** The number of times I feed and for how long is less useful than how **WELL** I feed!
- My tummy is tiny! **I need to feed frequently** even at night time! If I'm cueing, try feeding me even if my last feed was recent!
- **Sometimes I'm latched but not drinking!** Help me learn this skill by doing compressions and feeding me on both sides to help keep the milk flowing freely!
- Help me learn to breastfeed well with the real thing! **Soothers and nipple shields can prevent us from getting our system established (optimally 6 weeks).** After we have it down is a better time to introduce artificial nipples!





Breastfeeding Tools & Resources

Here is a list of the reputable, evidence-based sources I have referenced to create this guide along with a list of evidence-based breastfeeding resources!



PSI (Postpartum Support International)

Resources and support for
Postpartum Mood Struggles & More



La Leche League

Breastfeeding resources, education,
and community.



ICAN (International Cesarean Awareness Network)

Resources and community support
for cesarean births.



You Are Not Alone!