

Bloom Feeding Baby Guide



Feeding Baby Handbook

Introduction

We are pleased to offer this unique handout packet in support of your learning. These resources include a unique blend of information and reflection, seeking to capture the spirit of the experience of feeding your little one.

We hope you find it to be a helpful resource over the months to come.

~ Birth By Bloom

If we wear our nursing covers backwards like capes, then everyone can see we're breastfeeding superheroes.

- Cassi Clark

COMMUNITY RESOURCES

Postpartum Meal Services

Bloom clients receive 5% off any order by using the discount code DANCING5. At Feeding Mama, we honour ancient wisdom and create food using local, organic, and seasonal ingredients in a modern way. We provide ready-to-eat products designed to help birthing parents recover from pregnancy, childbirth and the early postpartum phase. You can contact us at <https://www.feedingmama.ca/> or mona@feedingmama.ca.

Bloom Doula's

Our doulas come with a range of skills and experiences. Read about who they are and what they offer on our site www.birthbybloom.com/doulas. You can sign up for a free consultation to learn more about the amazing services they offer in supporting families through their birth journeys and beyond.

Bottle Feeding

Bottle Feeding Overview

When a baby is hungry, they may show **early cues** such as stretching, moving arms and legs, bringing hands to the mouth, sticking out the tongue or licking lips, making sucking motions or sounds, rooting (opening the mouth and searching to suck), and turning their head from side to side. Crying is a *late* sign of hunger and can mean the baby is already distressed.



On the other hand, a baby is likely full when they close their mouth, turn away from the bottle or breast, or look relaxed and calm. Paying attention to these cues helps parents respond appropriately to their baby's needs, supports a positive feeding relationship, builds trust, and helps the baby feel secure.

Paced Bottle Feeding

Paced bottle feeding is a method that allows babies to feed more slowly and naturally, helping them control the flow of milk and recognize their own hunger and fullness cues. Instead of holding the bottle vertically, caregivers hold it more horizontally and let the baby draw the milk out at their own pace, pausing frequently during the feed. This approach mimics the rhythm of breastfeeding, reducing the risk of overfeeding, gas, and spitting up. It also supports babies who switch between breast and bottle by helping them maintain similar sucking and swallowing patterns. Paced feeding encourages responsive feeding — paying attention to the baby's signals — and helps build trust and a healthy relationship with feeding from the very start.

Why Babies Spit Up

Spitting up is extremely common in infants and mostly happens because their stomachs are small and their lower oesophageal sphincter (the flap between the food-pipe and stomach) is still developing. When a baby eats quickly, swallows air, or moves around soon after feeding, the full stomach plus extra air can push some of the milk back up through that flap—causing spit-up.

In most cases, it's harmless and improves as the baby's muscles mature. However, if vomiting is forceful, frequent, or includes blood, it may signal a more serious condition (such as Pyloric Stenosis or an intolerance) and should be evaluated by a pediatrician. To help reduce spit-up you can feed smaller amounts more often, burp during and after feeds, keep the baby upright after eating, and avoid vigorous activity right after meals.

How to Clean and Store Infant Feeding Items

Infant-feeding items such as bottles, nipples, caps, and breast pump parts should be cleaned thoroughly after every use to remove milk residue and prevent bacteria growth. The CDC recommends disassembling all parts, rinsing them under running water, and washing them in hot, soapy water using a clean basin or dishwasher on a hot cycle. Items should be allowed to air dry completely on a clean towel or paper towel in a protected area, rather than being dried with a cloth towel, which can transfer germs. Brushes and basins used for cleaning should also be washed and air-dried regularly to stay sanitary.

For extra protection—especially for infants under two months old, born prematurely, or with weakened immune systems—feeding items should be sanitized at least once daily. This can be done by boiling parts for five minutes, using an electric steam sterilizer, or soaking in a mild bleach solution (about two teaspoons of unscented bleach per gallon of water) for two minutes, then air-drying without rinsing. Once items are completely dry, store them in a clean, covered container or cupboard to keep them free from dust and contamination.

Formula Prep and Storage

The CDC emphasizes very careful preparation of powdered infant formula — cleaning hands and surfaces, sanitizing bottles, measuring water first then powder, and using water from a safe source. They caution against microwaving bottles (which can create “hot spots” that might burn a baby) and highlight that using the wrong water-to-powder ratio can lead to under- or over-concentration of nutrients, which can stress the baby’s kidneys or digestive system.

On storage, the guidance states that once formula has been prepared it must be used within 2 hours if kept at room temperature, or refrigerated and used within 24 hours. Any left-over formula after a feeding must be discarded because mixing with a baby’s saliva can allow bacterial growth. Unopened formula containers should be stored in a cool, dry indoor place, and once opened, most powdered formula must be used within one month (check label). Special precautions are advised for infants under 2 months old, premature babies, or those with weakened immune systems — e.g., using water that has been boiled and cooled before mixing to reduce risk of contamination from bacteria.

Recommended Bottles

[Evenflo balance plus](#)

[Dr Brown's anti colic bottle](#)

How much milk do I feed my baby from a bottle?

Babies 1-2 weeks old usually take 2-3 oz (60-90ml) per feed. From 1-6 months most babies will drink 3-5 oz (90-120ml) of breast milk per feed. The formula will be different; you will have to go by the manufacturer's guidelines.

Breastfeeding

The Physiological Process of Breastfeeding

Overall Benefits

- Enjoy the relaxation caused by the hormones released when breastfeeding.
- Significant decrease in certain kinds of cancers: Breast, Uterine and Ovarian.
- Are at a lower risk for osteoporosis.
- Reduced financial cost.
- More convenient - no recalls.

Benefits to Baby

- Benefits the development of the jaw and facial muscles.
- Are at a lower risk for obesity.
- Receives antibodies from breast milk.
- Lower incidence of a number of childhood and adult diseases and conditions.
- Have no need for additional supplements and minerals. Although Vitamin D may be added if the baby is unlikely to get sun exposure.
- Have a lower risk of diabetes, SIDS, respiratory illnesses, ear infections, childhood cancer, and gastrointestinal infections and diseases.





What is happening during a breastfeeding session?

1. Baby latches on to the breast
2. Baby begins suckling
3. Suckling stimulates nerves in the nipple which send a message to the pituitary gland
4. The pituitary gland secretes the hormone prolactin
5. Prolactin surges encourage milk production – can also make you feel happy, a little spacey, and thirsty! Have water on hand.
6. Continued suckling stimulates the release of the hormone oxytocin
7. Oxytocin causes the elastic tissue around the milk glands to contract
8. This squeezes milk through the ducts to the openings in the nipple
9. This is called the Milk Ejection Reflex

The Composition of Breastmilk

The first part of the feed is higher in sugar and water. This is the thirst-quenching part of the feed. As the baby nurses, oxytocin levels stimulate a rise in fat and protein levels in breast milk. This is the “grow milk” part that fills the baby's tummy leaving it full and satisfied.

Feeding Cues in Baby

Your baby will show signs that they are hungry before they start to cry. If you can tune into these signs before they are hungry and frustrated you will have a better time latching your baby. Hands to mouth, licking lips or sticking tongue out, rooting, making noises, crying (this is the last hunger cue and indicates a hungry frustrated baby.)

Tips for Milk Transfer or Getting a Good Latch

- Make sure you are both undressed and remove any extra blankets. You can keep your baby's diaper on but remove your bra.
- You will want your baby's tummy to tummy so their body is facing your body. It is hard to feed with your neck turned.
- Place your baby close to your breast so they can root around. It is normal for a baby to use their hands to help find where to suck.

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- The sucking reflex is one of seven natural reflexes newborns have, including the Moro reflex, the grasping reflex, the rooting reflex, the stepping reflex, and the fencing reflex. They have a natural desire to feed often.
 - The baby's suck reflex is activated at the top and back of the baby's mouth. We call it breastfeeding, not nipple feeding because you need to put a lot of tissue in your baby's mouth to get a good latch. You will need to get the nipple and some of the areola to the back of the baby's mouth to activate their suck reflex.
 - When your baby gets the breast tissue in their mouth do not move immediately. Hold still until the baby starts to find its rhythm. Once the baby is sucking and latched deeply you can reposition yourself and get comfortable.
 - When your baby has a good suck you should hear your baby swallowing after every suck or two. Before your milk comes in you might hear less swallowing as colostrum comes out slowly.
 - When the baby is properly latched you should not feel pain throughout the feed. Sometimes for the first week, you will feel discomfort when your baby first latches but the pain should not stay throughout the feed. If you are having problems latching please contact your medical provider or get in touch with a lactation consultant.

It can be very helpful to see breastfeeding before you do it yourself for the first time. This video is a fantastic introduction to breastfeeding in the early days.

<https://firstdroplets.com/>

Snacks

You will be up at night and often you will find yourself very hungry. While you are breastfeeding you need to increase your calories intake by 300-500 calories above what your normal calorie intake is. Remember you are still growing your baby when they are on the outside. Here are some nutritious snacks to have on hand for those first few weeks of breastfeeding. Try to avoid junk food which is a fast fix but often does not help your milk supply or your mood.

Midnight Treat

These are a great way to get the energy boost you need to make it through the night, with lots of protein to support milk production.

- ½ C Peanut Butter or Almond or Cashew Butter or mixture
- ½ C Honey or Rice Syrup can also use part Molasses
- Handful Sunflower Seeds
- Handful Sesame Seeds
- Handful Flax Seeds or Flax Meal
- Handful chopped nuts of choice
- 3 T Carob Powder
- Small Scoop Protein Powder
- Several handfuls of healthy puffed rice cereal

Melt Peanut Butter and Honey together in a saucepan until liquidy. Pour into a bowl and add dry ingredients. Add additional dry ingredients until the dough is sticky enough to form balls, but not too sticky, and not so dry that it won't stick together. This is a highly improvisational recipe, just throw things in until they feel good. Form balls and put in the fridge. You can store them in an ice cube tray in the fridge, that way they won't stick together and it will help keep you from eating too many at once.

Lactation Smoothie

- 1/4 cup oats old fashioned
- 1 banana
- 8 strawberries frozen
- 1/2 cup milk
- 1 tbsp honey
- 1/2 tsp vanilla
- 1 tsp brewer's yeast (de-bittered)
- 1 tsp flax seed ground

Blend the oats until fine. Then add the rest of the ingredients.

Overnight Lactation Oats

- 1/2 cup Old Fashioned Rolled Oats
- 1 can of high fat coconut milk
- 1/4 tsp Vanilla Extract
- 1 tsp Ground Flax Seed
- 1 tsp Chia Seeds
- 2 tsp brown sugar/or maple syrup
- 1/4 cup Blueberries fresh or frozen
- 1 pinch Salt

Fill the mason jar with a mixture. Top with blueberries. Cover the mason jar and leave it in the fridge for at least 4 hours to allow enough time for milk to soak through the oats and for coconut milk to absorb into the chia and flax. Leaving them overnight is ideal.



Nettle and Fennel Tea

- 1 cup dried nettle leaves
- 1/4 cup fennel seeds

Bring water to a boil and reduce heat to a simmer. Add herbs, cover, and simmer for 30 min- 1 hour. You can store it in the fridge for up to 3 days. Add honey if desired.

Chicken or Beef Bone Broth

- 2 lbs whole chicken parts - bones, skin etc. or 4 lbs of beef bones. Good quality is important.
- ¼ cup apple cider vinegar
- 1 medium yellow onion peeled and halved
- 2-inch knob of fresh ginger peeled and halved
- 2 whole garlic cloves, peeled
- 2 medium carrots, sliced
- 2 celery stalks
- 2 leeks (optional)
- 1 tablespoon of each Sea salt and pepper

For beef optional add-ins:

- ½ teaspoon whole cloves
- ½ teaspoon star anise

**Roast beef bones in the oven with the ginger and onions at 350 for 30 minutes

Add 3 litres of water to bones or about 1 inch of water above the bones. Bring to a boil. Add the rest of the ingredients, cover, and reduce to a simmer for 3-4 hours. Strain and use. Freeze for up to 3 months.

**BE STRONG ENOUGH TO STAND ALONE,
SMART ENOUGH TO KNOW WHEN YOU NEED HELP
AND BRAVE ENOUGH TO ASK FOR IT.**

How To Awaken Your Baby's Breastfeeding Instincts

By Teresa Pitman

Baby-led Latch

What if babies were born knowing how to breastfeed? While that's a new idea to most of us, it does make sense. Other newborn mammals know how to find and attach to their mother's nipples, following inborn instincts in response to physical cues they receive from contact with the mother's body.

Paediatrician Christina Smillie has found that human babies do, in fact, have quite remarkable abilities when it comes to breastfeeding. "Baby's instincts to look for and latch on to the breast involve a sequence of behaviours, where one behaviour leads to the next."

She says that sometimes our attempts to help babies latch can actually interfere, by jumping the queue as it were. "When we start with the baby's mouth at the nipple, we are skipping a lot of the early part of the sequence, which sets the stage and helps the baby organize his behaviour," she explains. Of course, many babies do latch when put to the breast, and once a baby has latched several times, there is no need to follow the whole sequence. But for many babies who are learning to latch, Smillie says, "it is helpful to engage the full sequence."

We asked Dr. Smillie to take us through this amazing process, step by step:

1. Aim for a calm beginning

“The mom should hold her baby, skin to skin — baby in a diaper only, mom with no shirt or bra — and just enjoy the baby. She should hold the baby upright, the midline between her breasts, just cuddling the baby with no thought about breastfeeding. There’s no hurry; we’re on baby time here.”

If the baby is not interested in nursing — perhaps he’s not hungry, or he’s more sleepy than hungry — Smillie says he’ll usually stay curled up on his mother’s chest so that his chest and tummy don’t touch hers. “It seems to be the feeling of the baby’s chest against the mother’s chest, skin to skin, that starts the nursing sequence.”

2. Follow baby’s lead

If he’s hungry and ready to eat, the baby will start squirming around, bobbing his head against you, perhaps looking up at your face and making eye contact. He’ll then start twisting to one side or even moving quite vigorously, almost throwing himself sideways. “At this point,” Smillie says, “the mother’s job is just to keep the baby relaxed and comfortable so he can follow through on his instincts. Support his neck and shoulders with one hand and his hips with the other, and just follow him as he moves. Avoid the temptation to try to make him latch on or even to try to line up his mouth with the nipple.”

3. Support the baby as they are latching

As the baby moves down, Smillie continues, “his lower cheek might brush the nipple or the breast and that makes him turn towards it — the rooting reflex. When the baby’s chin hits the breast, the firm pressure of the breast against his chin makes him open his mouth wide and reach up and over the nipple. As the baby approaches the nipple, it is his nose, not his mouth, that will first be positioned over the nipple.” As he presses his chin into the breast and opens his mouth, he’ll get a large mouthful of breast and a deep latch.

Eventually (remember, “we’re on baby time”) the baby will naturally begin the process of seeking the breast. “We help the baby stay calm and relaxed to allow him to follow his own instincts. There’s no rush, no pressure.”

What if that latch isn't quite perfect and the mother's nipples are hurting? "Pain is a guide," says Smillie. "Mothers shouldn't put up with it. Often, if the pain is mild, she can fix things by adjusting the baby's position without unlatching — usually by pulling the baby's rump in more snugly, which moves the baby's whole body and the baby's head will tip back a little bit more, allowing his jaw to open wider. This way the baby gets a bigger mouthful of breast.

"It can also help to roll the baby's whole body outward. Most women's nipples point at least slightly downwards, so most babies need to be positioned to look up at their mothers, chin deep into the breast and mouth under the breast."

As one mother said after her baby daughter followed these steps and latched on beautifully, "I had no idea babies were so smart! She really does know what to do. That takes a lot of pressure off me — I can just relax and let her lead the way."

<https://www.todaysparent.com/baby/breastfeeding/baby-led-latch/>

Breastfeeding Positions

It is important to find a comfortable nursing position (or hold) for both you and your baby. Here are some common ones to consider. If you need some inspiration here are some positions to try. If you are having a hard time feeding or have pain in your nipples you might want to feed your baby in a different position. Have snacks and drinks nearby.

#1 CRADLE



#2 CROSS CRADLE



#3 BACK LYING



#4 FOOTBALL



#5 AUSTRALIAN HOLD



#6 INVERTED SIDE-LYING



#7 SIDE-LYING CRADLE



#8 SIDE-LYING



Breastfeeding- Starting Out Right By Dr. Jack Newman I kind of feel like this article should be closer to the beginning of this document?

Breastfeeding is the natural and normal way of feeding infants and young children, and human milk is milk made specifically for human infants. Starting out right helps to ensure breastfeeding is a pleasant experience for both you and your baby. Breastfeeding should be easy and trouble-free for most mothers.

The vast majority of mothers are perfectly capable of breastfeeding their babies exclusively for about six months. In fact, most mothers should be able to produce more than enough milk. Unfortunately, outdated hospital policies and routines based on bottle feeding still predominate in too many health care institutions and make breastfeeding difficult, even impossible, for too many mothers and babies. Too frequently also, these mothers blame themselves. For breastfeeding to be well and properly established, getting off to the best start from the first days can make all the difference in the world. Of course, even with a terrible start, many mothers and babies manage. And yes, many mothers just put the baby to the breast and it works just fine.

The basis of breastfeeding is getting the baby to latch on well. A baby who latches on well gets milk well. A baby who latches on poorly has more difficulty getting milk, especially if the milk supply is not abundant. The milk supply is not abundant in the first days after birth; this is normal, as nature intended, but if the baby's latch is not good, the baby has difficulty getting the milk. It is for this reason that so many mothers "don't have enough colostrum". The mothers almost always do have enough colostrum but the baby is not getting what is there. Babies don't need much milk in the first few days, but they need some.

Even if the mother's milk production is plentiful, trying to breastfeed a baby with a poor latch is similar to giving a baby a bottle with a nipple hole that is too small—the bottle is full of milk, but the baby will not get much or will get it very slowly—so the baby sucking at the breast may spend long periods on the breast or return to the breast frequently or not be

happy at the breast, all of which may convince the mother she doesn't have enough milk, which is most often not true.

When a baby is latching on poorly, he may also cause the mother nipple pain. And if, at the same time, he does not get milk well, he will usually stay on the breast for long periods, thus aggravating the pain. Too often the mothers are told the baby's latch is perfect, but it's easy to say that the baby is latched on well even if he isn't. Mothers are also getting confusing and contradictory messages about

breastfeeding from books, magazines, the internet, family and health professionals. Many health professionals actually have had very little training on how to prevent breastfeeding problems or how to treat them should they arise. Here are a few ways breastfeeding can be made easier:

The baby should be skin-to-skin with the mother and have access to the breast immediately after birth.

The baby should be kept skin to skin with the mother as much as possible immediately after birth and for as much as possible in the first few weeks of life. Incidentally, studies have also shown that skin-to-skin contact between mothers and babies keeps the baby as warm as an incubator. It is true that many babies do not latch on and breastfeed during this time but generally, this is not a problem, and there is no harm in waiting for the baby to start breastfeeding. The skin-to-skin contact is good and very important for the baby and the mother even if the baby does not latch on.

Skin-to-skin contact helps the baby adapt to his new environment: the baby's breathing and heart rate are more normal, the oxygen in his blood is higher, his temperature is more stable and his blood sugar is higher. Furthermore, there is some good evidence that the more babies are kept skin-to-skin in the first few days and weeks of life (not just during the feedings) the better their brain development will be. As well, it is now thought that the baby's brain develops in certain ways only due to this skin-to-skin contact, and this important growth happens mostly in the first 3-8 weeks of life.

A proper latch is crucial to success. This is the key to successful breastfeeding. Unfortunately, too many mothers are being "helped" by people who don't know what a proper latch is. If you are being told your two-day-old baby's latch is good despite your

having very sore nipples, be sceptical and ask for help from someone else. Before you leave the hospital, you should be shown that your baby is latched on properly and that he is actually getting milk from the breast and that you know how to know he is getting milk from the breast (open mouth wide—pause—close mouth type of suck).

Note: Mothers are often told that if the breastfeeding is painful, the latch is not good (usually true), so the mother should take the baby off and latch him on again and again and again... This is not a good idea. Instead of unlatching and relatching, fix the latch that you have as best you can by pushing the baby's bottom into your body with your forearm. The baby's head is tipped back so the nose is in a 'sniffing position.' If necessary, you might try gently pulling down the baby's chin so he has more of the breast in his mouth. If that doesn't help, do not take the baby off the breast and relatch him several times, because usually, the pain diminishes anyway. The latch can be fixed on the other side or at the next feeding. Taking the baby off the breast and latching him on again and again only multiplies the pain and the damage and the mother's and baby's frustration.

The baby's feeding cues. The baby shows long before he starts crying that he is ready to feed. His breathing may change, for example. Or he may start to stretch. The mother, often being in light sleep in sync with her baby, will wake up, her milk will start to flow and the calm baby will usually go to the breast contentedly. A baby who has been crying for some time before being tried on the breast may refuse to take the breast even if he is ravenous. Mothers and babies should be encouraged to sleep side by side in the hospital. This is a great way for mothers to rest while the baby breastfeeds. Breastfeeding should be relaxing, not tiring.

Bathing. There is no reason the baby needs to be bathed immediately after birth and bathing can be delayed for several hours. Immediately after birth, the baby can be dried off but it is not a good idea to wash or wipe off the creamy layer on the baby's skin (vernix) that has been shown to protect his delicate skin. It is best to wait at least until the mother and baby have had a chance to get breastfeeding well started, with the baby coming to the breast and latching easily. Furthermore, diapering a baby before a feed is not advised as it often causes the baby to become upset. Mothers are sometimes told diapering will help the baby to wake up. It is not necessary to wake the baby for feedings. If the baby is skin-to-skin with the mother, the baby will wake when ready and search for the breast. A baby who is

feeding well will let the mother know when he is ready for the next feed. Feeding by the clock makes no sense.

Artificial nipples should not be given to the baby. There seems to be some controversy about whether “nipple confusion” exists. Thus, in the first few days, when the mother is normally producing only a little milk (as nature intended), and the baby gets a bottle (as nature intended?) from which he gets rapid flow, the baby will tend to prefer the rapid flow method. Babies like fast flow. You don’t have to be a rocket scientist to figure that one out and the baby will very quickly. By the way, it is not the baby who is confused. Nipple confusion includes a range of problems, including the baby not taking the breast as well as he could and thus not getting milk well and/or the mother getting sore nipples. Just because a baby will “take both” does not mean that the bottle is not having a negative effect. Since there are now alternatives available if the baby needs to be supplemented (see the information sheets Lactation Aid, and Finger and Cup Feeding) why use an artificial nipple? Using a lactation aid, finger feeding or cup feeding to supplement when the baby does not need a supplement is only marginally better than using a bottle to supplement.

No restriction on the length or frequency of breastfeeding. A baby who drinks well will not be on the breast for hours at a time. Thus, if the baby is on the breast for very long periods of time, it is usually because he is not latching on well and not transferring the milk effectively. getting the milk that is available. Get help to fix the baby’s latch, and use compression to get the baby more milk. Compression works very well in the first few days to get the colostrum flowing well. This, not a pacifier, not a bottle, not taking the baby to the nursery or nurses’ station, will help. Babies often feed frequently in the first few days of life—this is normal and temporary. In fact, babies tend to feed frequently during the first few days, especially in the evening or nighttime. This is normal and helps to establish the milk supply and facilitate the mother’s uterus returning to normal. Latching a baby well, using compressions, and maintaining skin-to-skin contact between mother and baby helps this transitional period to go smoothly.

Supplements of water, sugar water, or formula are rarely needed. Most supplements could be avoided by getting the baby to take the breast properly and thus get the milk that is available. If you are being told you need to supplement without someone having observed you breastfeeding, ask for someone to help who knows what they are doing. There are rare

indications for supplementation, but often supplements are suggested for “convenience” or due to outdated hospital policies. If supplements are required, they should be given by lactation aid at the breast, not cup, finger feeding, syringe or bottle. The best supplement is your own colostrum. It can be mixed with 5% sugar water to give more volume if you are not able to express much at first. It is difficult to express much at first because even though there is usually enough for the baby, expressing is not always easy when there is not a lot of milk, as is expected in the first few days. The formula is hardly ever necessary in the first few days.

Free formula samples and formula company literature are not gifts. There is only one purpose for these “gifts” and that is to get you to use formula. It is very effective and it is unethical marketing. If you get any from any health professional, you should be wondering about his/her knowledge of breastfeeding and his/her commitment to breastfeeding. “But I need formula because the baby is not getting enough!” Maybe, but, more likely, you weren’t given good help and the baby is simply not getting the milk that is available.

Not latching/Not breastfeeding? If for some reason the baby is not taking the breast, then start expressing your colostrum by hand (often much more effective than using even a hospital grade pump) should be started within 6 hours or so after birth, or as soon as it becomes apparent the baby will not be feeding at the breast.

Questions?

Check out www.ibconline.ca

Dr. Jack Newman’s Guide to Breastfeeding (called The Ultimate Breastfeeding Book of Answers in the USA); and/or our DVD, Dr. Jack Newman’s Visual Guide to Breastfeeding.

WHO recommends folks worldwide exclusively breastfeed infants for the child's first six months to achieve optimal growth, development and health. Thereafter, they should be given nutritious complementary foods and continue breastfeeding up to the age of two years or beyond.

How to Support your Breastfeeding Partner

Partners play the biggest role in the continuance of feeding and the ability to breastfeed. These are some tips on how to support your partner with breastfeeding.

- Partners should understand the ins and outs of breastfeeding (go to a class, read, do internet research).
- Take care of diapers.
- Wear your baby.
- Take your baby for a walk so that your partner can rest. Remember this is a 24-hour job.
- Take care of the household chores that need to be done even if you aren't used to doing them.
- Support and encourage your partner, especially when they are struggling.
- Make sure they have everything they need while breastfeeding.
- Listen to them: They may not actually need help just someone to talk to; especially in the middle of the night.
- Be sensitive to hormonal changes and how that may be impacting them.
- Remember this will not last forever, it will always change.

Before you have your baby make sure you make a postpartum plan. This will include a list of community support with friends and family who you can call on. It could also include community resources like postpartum doulas, lactation consultants, massage therapists, and counsellors. Accept community help. If your friends want to make a meal train, welcome the support. They will be happy to be part of your inner circle. The adjustment to parenting can take many months. Communicate with each other and find support when you need it.

The First Week of Breastfeeding

Colostrum - the first milk - is thick, full of antibodies and nutrients for the newborn, and even a few drops are good for the baby. Feed your baby often. More mature milk “comes in” on days 3-4. Feeding on demand stimulates production.

Use this chart as a guide to help you during the first week with your new baby.

<p>DAY 1</p> <p>Bring the baby to your breast when it is awake. 1 Wet Diaper. 1-2 Black Green Poos. Your baby's stomach is the size of a marble.</p>	<p>DAY 2</p> <p>Bring the baby to your breast 8+ times in 24 hours. Every 1-3 hours. 2 Wet Diapers. 1-2 Black Green Poos. Your baby might lose up to 10% of their birth weight.</p>
<p>DAY 3</p> <p>It is normal for your baby to feed 3+ times during the night. 3 Wet Diapers. 2-4 Brown, Yellow, Green Poos. Stomach size of a small ping pong ball.</p>	<p>DAY 4</p> <p>Your milk might start to come in. Feed your baby lots to decrease engorgment. 4 Wet Diapers. 2-4 Yellow/Green Poos.</p>
<p>DAY 5</p> <p>Your milk should be in and your baby will want to feed lots during the day and night. 5 + Wet Diapers 3+ Soft Yellow Seedy Poos Your baby will start to gain 20-35 grams per day</p>	<p>1 WEEK +</p> <p>6 + Wet Diapers 3+ Soft Yellow Seedy Poos Your baby will start to gain 120-240 grams per week. Your baby's stomach is the size of a small egg.</p>

It is normal for your baby to wake up often at night and during the day to feed. Your baby might cluster feed a few times in a row. If your baby has a strong cry, moves around lots, has the right amount of pees and poops and wakes up easily it is a good sign your baby is doing well.



How do I know my baby is getting enough milk?

Your baby is alert and wakes up to feed frequently.

6-8 wet diapers and 3-4 poopy diapers per day after day 3-4.

Weight gain - back to birth weight by 10 to 14 days.

Growth Spurts (Frequency Days)

Your baby will have growth spurts at 2-3 weeks, 6 weeks and 3 months. Growth spurts are characterised by increased nursing, also known as 'cluster feeding.'

You may feel like all they do is breastfeed for 24-36 hours. This is the baby's way of increasing the supply to meet its needs. It can be an intense but short period.

Feeding Your Baby

Print out this chart to document your first few days of feeding and diaper changes. Once your baby is gaining weight you can stop charting.

FEEDING / PUMPING			DIAPERS		NOTES:
L	R	DAY + TIME	DAY + TIME	WET BM	
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A Quick Guide to Common Breastfeeding Challenges

Shallow Latch Help prevent a shallow latch by making sure the baby's mouth is wide before latching and encompasses as much of the areola as possible. Remember it is called breastfeeding not nipple feeding.

Blocked Ducts Help prevent by not wearing overly constricting bras or clothing; massage breasts as they drain to help express last drops.

Engorgement Symptoms show up as mature milk comes in: swollen breasts heavy with milk and inflammation. Make sure you feed often to empty your breasts. Cool compresses after feeds, warmth and massage and a little expression before nursing. Raw green cabbage leaves in the bra provide many with relief! When your milk comes in it should not last longer than 24- 48 hours.

Mastitis Help prevent mastitis by draining the breast completely during feeds with hand expression or massage. Trying different feeding positions over 24 hours, do not wear clothing that's too binding. Make sure you are resting when you can, that you're well-hydrated, and that your nutrition is good. You may need to see your doctor if it is not getting better.

Sore Nipples Going topless during some parts of the day can help nipples stay supple, as can putting milk on your nipple at the end of a feed. Use pure lanolin cream after every feed. Sometimes very sore nipples are caused by more unique challenges; asking for help is a good plan when your nipples are very sore.

Jaundice Babies sometimes develop jaundice after birth. Making sure you're waking them to feed them if they sleep longer than 2 or 3 hours, and not supplementing with water, are both important for jaundice. A very sleepy baby may need coaxing to eat, like a tickle on the feet or cool cloth on the neck.

Not Enough Milk Milk is a feedback system: the more you nurse, the more there is. However, there are reasons why milk supply may not be sufficient as detailed on the supplementation page. Also, nutrition, hydration, rest, and mom's health can all play a part. Talk to an expert in lactation!

Overactive Milk Ejection Reflex If a baby sputters and leaks milk everywhere, sometimes expressing a little before a feed helps everyone. You can also try laid-back breastfeeding to slow the flow, as well as the cradle hold, to give the baby space to pull away from the breast when the flow of milk is too fast

Tongue Tie or Flat and Inverted Nipples These traits can challenge a good latch and may need some expert help to get things going. Contact your care provider or a lactation consultant.

In the first few days after your baby is born if your baby is not gaining weight or feeding often you will be instructed to supplement your feedings. This is a lot of work. You will need to breastfeed, pump and supplement after each feed, plus clean the equipment. The best way to avoid this is to stay in bed for the first 5 days after your baby is born. Keep your shirt and bra off. Keep your baby in just a diaper. Your partner and other support people will bring you food and drinks. Your only job should be to feed your baby and sleep. If you are able to only focus only on feeding your baby it is much more likely your milk will come in and you and your baby will learn the dance of breastfeeding.

If you are struggling with breastfeeding please contact your medical provider or a lactation consultant before things get harder. Often they can help you make a plan and support your breastfeeding journey. Midwives in BC are now covered by MSP up to 6 weeks as Lactation Consultants. Most midwifery clinics will have access to a Midwife Lactation Consultant who can support you even if you did not have midwifery care for your birth.

Expressing Breastmilk



Hand Expressing On the outside of the areola – press back towards your chest wall, squeeze together and roll out. Don't irritate your nipple! You can usually stimulate let-down without having to roll your nipple. [Here is a link showing hand expression colostrum.](#)

Pumping Various pumps are available for purchase or rental. Make sure you have the proper size flange to work with your breast size.

The [haakaa silicone](#) milk catcher will attach this to your breast while feeding to collect any milk that comes out while you are feeding your baby.

Other Methods of Feeding Baby

Lactation Aids (SNS), Cup-Feeding, Finger Feeding, Spoon Feeding, Bottle-Feeding.

Supplementing and Bottle Feeding

What can you feed your baby to supplement nursing?

Human Milk A few Hospitals have milk banks including BC Women's Hospital. Express your own milk or a private donation from friends or someone from the community.

Formula Many kinds to choose from. If your baby has a sensitivity you may need to try a few kinds.

How much milk do I feed my baby from a bottle?

Babies 1-2 weeks old usually take 2-3 oz (60-90ml) per feed. From 1-6 months most babies will drink 3-5 oz (90-120ml) of breast milk per feed. The formula will be different; you will have to go by the manufacturer's guidelines.

Pumping and Expressing Breast Milk

Make sure you clean your pumping equipment and your hands before you begin.

To store your breast milk use clean food-grade containers. The containers should be made of glass or plastic and have tight-fitting lids. Avoid plastic containing BPA.

Never store breast milk in disposable bottle liners or plastic bags that are not intended for storing breast milk.

You can store your freshly pumped breast milk at room temperature (77°F or colder) for up to 4 hours. In the refrigerator for up to 4 days. In the freezer for about 6 months; up to 12 months is acceptable. Although freezing keeps food safe almost indefinitely, recommended storage times are important to follow for the best quality.

Expert Tips

Label the breast milk with the date it was expressed. Use the milk in order as milk changes over time to support your baby's development.

Do not store breast milk in the door of the refrigerator or freezer.

Store 2 to 4 ounces in each container to avoid wasting milk that might not be finished.

Leave space at the top of the container because breast milk expands as it freezes.

Breast milk can be stored in an insulated cooler with frozen ice packs for up to 24 hours when you are travelling.

Using Breast Milk

When you are ready to use your frozen breast milk, keep the container sealed. When thawing your breast milk, leave it in the refrigerator overnight or run the container under lukewarm water.

Never thaw or heat breast milk in a microwave or on the stove. Microwaving can destroy nutrients in breast milk and create hot spots, which can burn a baby's mouth.

If you thaw breast milk in the refrigerator, use it within 24 hours. The 24 hours begins when the breast milk is completely thawed, not from the time when you took it out of the freezer.

Once breast milk is brought to room temperature or warmed, use it within 2 hours.

Breast milk does not need to be warmed. It can be served at room temperature or cold.

Test the milk's temperature before feeding it to your baby by putting a few drops on your wrist.

Swirl the breast milk to mix the fat, which may have separated.

Never refreeze breast milk after it has thawed.

If your milk has a soapy odour or tastes it could be that your breast milk is high in lipase, an enzyme that digests fat. This milk is safe for your baby to drink but some babies will reject the breast milk that has a soapy taste.

Breastfeeding Resources

Books

The Breastfeeding Book, Martha and William Sears

The Womanly Art of Breastfeeding, La Leche League International

Dr. Jack Newman's Guide to Breastfeeding, Dr. Jack Newman & Teresa Pitman

Websites

Dr. Jack Newman - <https://ibconline.ca/>

Kelly Mom - www.kellymom.com

La Leche League - www.lllc.ca

Breastfeeding Online - www.breastfeedingonline.com

Vancouver Coastal Health Breastfeeding

www.vch.ca/home enter Breastfeeding for a list of services.

Videos

<https://firstdroplets.com/>