Provincial Council for Maternal and Child Health
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Maternal-Newborn Advisory Committee
Breastfeeding Services and Supports Work Group

Breastfeeding Policy Template - Hospitals

BREASTFEEDING Hospital Policy[1] *[Insert actual hospital name here]*	Date Developed:	January 2010	Page Number	Policy Number
	Revised / Reviewed:		1 of 15	

Next Review Date	Refer To	Issuing Authority

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants and is an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond (WHO/UNICEF, 2003, pp.7-8).

Consistent with this, Health Canada recommends exclusive breastfeeding for the first six months of life for healthy term infants, as breast milk is the best food for optimal growth. Infants should be introduced to nutrient-rich, solid foods with particular attention to iron at six months with continued breastfeeding for up to two years and beyond (Health Canada, 2004).

In addition, the *Ontario Public Health Standards* set "an increased rate of exclusive breastfeeding until six months, with continued breastfeeding for 24 months and beyond" as a societal outcome towards achieving the goal for all children to attain and sustain optimal health and developmental potential (Ministry of Health and Long Term Care, 2008).

The Breastfeeding Policy at *(insert name of hospital)* is based on the standards for maternity services as declared by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), Health Canada, the Canadian *Family-Centered Maternity and Newborn Care: National Guidelines* (2000) and the *RNAO Breastfeeding Best Practice Guidelines for Nurses* (2007). This policy is consistent with the WHO/UNICEF *Baby-Friendly Initiative (BFI)* (2009) which includes the *Ten Steps to Successful Breastfeeding* and the *WHO International Code of Marketing of Breast-Milk Substitutes* (The Code) which is a global evidence-based standard of care to promote, protect and support breastfeeding[2].

The administrators, policy makers and staff of the maternal-child services at *(insert name of hospital)*, recognize that:

[1] This policy template is intended to provide leadership for the development of policies and practices which will protect, promote and support breastfeeding to improve the health status of mothers and babies by increasing breastfeeding initiation & duration in Ontario. It is adapted with permission from the *Breastfeeding Policy* (2007) St. Joseph's Hospital, Healthcare Hamilton.

[2] This policy is based on *The Ten Steps and Practice Outcome Indicators for Baby-Friendly Hospitals* (2004) published by the Breastfeeding Committee for Canada (BCC) and the *Baby-Friendly Hospital Initiative. Revised, Updated and Expanded for Integrated Care. Section 4 Hospital Self-appraisal and Monitoring* (2009) published by UNICEF & World Health Organization.

1. Breastfeeding is the norm for infant and young-child feeding and the foundation for a healthy life.
2. Not breastfeeding or not receiving breast milk increases the risk of childhood illness and of hospitalization related to a wide range of acute and chronic diseases such as respiratory and middle ear infection, diabetes, obesity, sudden infant death syndrome, and other short and long-term illnesses.
3. Breastfeeding helps to create and establish a lasting bond between mothers and infants who form an inseparable biological and social unit.
4. The early postnatal days are a pivotal time for the establishment of successful breastfeeding and lactation.

(Dietitians of Canada, Canadian Paediatric Society, The College of Family Physicians of Canada & Community Health Nurses of Canada, 2010; Health Canada, 2004; Ontario Stakeholders, 2009; WHO, 2003).

At *(insert name of hospital)*:
We protect breastfeeding families by ensuring that staff and volunteers adhere to the International Code of Marketing of Breast-milk Substitutes (Appendix A). More specifically,

- We protect breastfeeding families by allowing no advertising to pregnant women, mothers and their families of any items covered under the WHO Code including breast milk substitutes, nipples, pacifiers and any food that replaces breastfeeding, including "follow-up" formulas.
- We provide no free formula, bottles, nipples or pacifiers to pregnant women, new mothers and their families.
- We purchase formula and artificial feeding supplies at no less than 80% of retail price.
- We do not accept any funding, grants or gifts from companies marketing products addressed in The Code.
- At *(insert name of hospital)* we favour no particular brand of breast milk substitute.
- We do not give group instructions on formula preparation and feeding.
- We do provide individual instruction and support to those families who have made a fully informed choice not to breastfeed.

We also promote and support breastfeeding for employees by providing time and facilities for the expression and storage of breast milk and/or breastfeeding.

Step 1 Have a written breastfeeding policy that is routinely communicated to all health care staff, volunteers, women and their families

- We have a comprehensive breastfeeding policy that has been reviewed and accepted by the policy makers of the maternal/child program. We communicate this policy, along with the rationale, to senior hospital decision-makers and policy-makers.
- We provide a copy of the breastfeeding policy to all employees of the maternal/child program and teach them the theoretical and practical skills necessary to follow it, within 6 months of their joining the program.
- We provide a summary of this policy in our patient education materials and display the policy summary in all areas of the hospital that serve mothers, infants and/or children (See Appendix B for a sample breastfeeding policy poster).

- This summary and other patient education materials are written at an approved literacy level (usually grade 5/6) to meet the needs of the client population we serve. The summary of the breastfeeding policy is available in the main languages of the clients served.
- We review the policy and staff compliance at a minimum of every two years.

Step 2 Train all health care staff in skills necessary to implement this policy

- We educate all staff and volunteers who have contact with pregnant women, mothers, infants and/or children about the breastfeeding policy including the rationale for the *Ten Steps* and the *WHO Code*. This includes (but is not limited to) nurses, physicians, midwives, nurse practitioners, dietitians, pharmacists, physiotherapists, occupational therapists, social workers, child life specialists, psychologists, chaplains, speech therapists, audiologists, support staff, students and volunteers who have contact with pregnant women, new mothers and their families.
- We provide further education for all staff who are directly involved either pre- or post-natally with breastfeeding assessment, support and intervention. This includes practical skills [e.g., assessment of the baby at the breast, including position, latch and suck/swallow (milk transfer)], prevention and management of problems and supporting the mother to establish a milk supply [if separated from her baby] to ensure that each staff member is comfortable with teaching mothers and able to provide consistent, evidence-based information, counseling and practical assistance.
- We provide education in ways meaningful to staff and try to accommodate their schedules.
- We provide ongoing breastfeeding education [such as bulletin boards, conference opportunities, guest speakers, newsletters] to increase awareness of policies, facts and newsworthy information.
- We respect the feeding decision of each mother and provide written information and one-to-one teaching of safe formula preparation and feeding to families who have made an informed decision not to breastfeed their infants.

Step 3 Inform all pregnant women about the benefits and management of breastfeeding

- We promote breastfeeding by providing pregnant women and their support persons the information required to make an informed decision about infant feeding including the benefits of exclusive breastfeeding, the risks and costs of artificial feeding and the difficulty of reversing the decision once breastfeeding is stopped.
- We support and protect breastfeeding by providing information about basic breastfeeding management including the *Ten Steps to Successful Breastfeeding*, breastfeeding technique and prevention and management of problems.
- We talk to pregnant women and support persons in any prenatal contact (e.g., clinics, antenatal units, classes and hospital tours) about the benefits of breastfeeding and the risks and costs of artificial feeding.
- We identify mothers who may need special help with breastfeeding after the birth of their babies.
- Where necessary and whenever possible, we provide interpretation services to teach mothers about breastfeeding in their own language (applies to all steps).
- We provide up-to-date breastfeeding education materials at hospital or clinic visits and through the social and public health services.
- We collaborate with other community prenatal care and education providers to promote consistency of breastfeeding information to families.

Step 4 Help mothers initiate skin-to-skin contact within a half-hour of birth and assist with breastfeeding within an hour of birth

- We promote breastfeeding by encouraging skin-to-skin contact immediately after birth and leaving the baby in skin-to-skin contact with the mother, for *at least* an hour after the birth, whenever possible.
- We promote breastfeeding by encouraging early breastfeeding and offering assistance, if mother and baby need it.
- We promote breastfeeding by considering the needs of mothers and babies for warmth, privacy and tranquility.
- We promote breastfeeding by keeping mothers and babies together continuously from birth, unless there is a medical contraindication.
- We promote breastfeeding by welcoming a support person to stay with the mother during labour and birth, and to give assistance and support with breastfeeding.

Step 5 Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants

- We promote breastfeeding by teaching mothers how to position and latch their babies, how to recognize a good latch and how to recognize their babies are getting enough milk.
- We teach mothers how to express milk by hand.
- We promote breastfeeding by having a nurse assist and counsel each mother for at least one feed in the first 6 hours and as often as each mother needs assistance.
- We ensure that nurses assess the progress of breastfeeding and lactation, at least once on every shift.
- We refer mothers who are having difficulties, which are unresolved with additional nursing assistance, to a lactation consultant, when available.
- We promote breastfeeding by encouraging mothers to call in any mother-to-mother support person they may have (La Leche League mother, doula or other).

In special situations, when mothers or infants are sick:

- We promote breastfeeding by encouraging and arranging, when possible, for mothers and babies to remain together even when either is sick.
- We provide mothers with a breast milk collection kit and access to a hospital-recommended double electric pump, if their infants are unable to breastfeed, or unable to stimulate a good milk supply, or if the mother is unable to breastfeed her infant.
- We promote breastfeeding by encouraging these mothers to start pumping within 6-12 hours from birth and to continue pumping at least 6 times per day.
- We provide storage containers and a refrigerator/freezer to store expressed milk.
- We are committed to maintaining our knowledge with up to date information about breastfeeding sick and premature babies and lactation management for a sick mother.

Step 6 Give newborn infants no food or drink other than breast milk, unless medically indicated

There are very few reasons for a healthy breastfed newborn to receive supplementary feedings. When there is a medical indication for supplementation, mother's expressed breast milk is always the first choice, followed by pasteurized donor milk and finally, infant formula.

- We promote and protect breastfeeding by giving breastfeeding infants no supplementary feeds unless medically indicated according to the WHO/UNICEF guidelines[3]. (See Supplementation Policy Appendix C). This includes infants with documented hypoglycemia or dehydration who fail to respond to optimal breastfeeding. Medical reason for supplementation should be documented.
- We promote breastfeeding by encouraging opportunities for early, frequent and unrestricted breastfeeding of all infants including those at risk for hypoglycemia, jaundice or extra water loss.
- We protect breastfeeding by making mothers aware of the risks of formula supplements by verbal and written instructions if mothers ask to use them.
- We protect breastfeeding by storing formula supplies and feeding equipment out of sight.
- We encourage mothers to express their own milk, if a supplement is needed and provide a collection kit and an electric breast pump they are in hospital.
- We promote breastfeeding by giving mothers information about hand expressing or pumping at home, if a supplement is needed after discharge.
- We protect breastfeeding by using medications for mothers that are compatible with breastfeeding whenever possible; and if not possible, we maintain lactation by expressing breast milk and resuming breastfeeding, as soon as possible.

Step 7 Practice 24-hour rooming-in. Mothers and infants remain together from birth

- We support breastfeeding by assisting mothers and infants to remain together from birth and encouraging skin-to-skin contact for as long and as often as the mothers desire.
- We encourage mothers to have a support person with them whenever possible and teach the support person their role to "mother the mother".
- We encourage staff to complete infant procedures while the mother is present.
- We encourage parents whose babies are in NICU to hold their babies with skin-to-skin contact, whenever possible.
- We encourage mothers whose babies are cared for in the NICU to room-in with their babies for 24 hours prior to discharge, when possible.

Step 8 Encourage breastfeeding on demand and encourage baby-led or cue-based feeding

- We promote breastfeeding by teaching mothers to respond to their infants feeding cues by breastfeeding whenever the infant shows signs of interest in feeding (e.g., stirring, waking, hand-to-mouth activity, licking, rooting, sucking).
- We encourage mothers to give their babies the opportunity to breastfeed at least 8 times in 24 hours and inform them that some babies will want to feed more frequently. Some infants will breastfeed every 3 hours day and night, others will cluster-feed every hour for 4-6 feeds then sleep 4-6 hours.

[3] UNICEF & World Health Organization. (2009). *Acceptable Medical Reasons for Use of Breast-Milk Substitutes Baby*. In *Baby-Friendly Hospital Initiative. Revised, Updated and Expanded for Integrated Care. Section-4 Hospital Self-appraisal and Monitoring*, 31-35.

- We help mothers understand how to position and latch their babies, how to recognize a good latch and how to recognize that their babies are getting milk.
- We teach mothers that colostrum is adequate nourishment for their babies for the first 48 to 72 hours, and that some initial weight loss is normal.

Step 9 Give no artificial nipples or pacifiers to breastfeeding infants

- We protect breastfeeding by giving no pacifiers to breastfeeding infants and do not sell any pacifiers in the hospital.
- We discourage families from bringing pacifiers and make them aware of their risks.
- Where supplementation is indicated, we avoid the use of bottles or nipples for breastfeeding infants but use alternate feeding methods such as lactation aids at the breast, finger feeding, cup feeding and spoon feeding.

Step 10 Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

- We liaise and collaborate with other hospitals and community breastfeeding support services in our area to provide coordinated community based breastfeeding support services (e.g., public health, community health centers, hospital clinics, Early Years Centers, physicians, midwives, lactation consultants and peer support groups).
- We support breastfeeding by giving mothers a list of breastfeeding resources in the community including mother-to-mother support groups such as La Leche League, Breastfeeding Buddies (See Appendix D – Example of *Breastfeeding Community Resources and Breastfeeding in the First Few Weeks* Handout).
- We provide all families with written information about the signs of effective breastfeeding and when and where to seek help (See Appendix D – Example of *Breastfeeding Community Resources and Breastfeeding in the First Few Weeks* Handout).
- We refer all mothers, who consent, to the public health Healthy Babies, Healthy Children Program for follow-up.
- We encourage all families to link with a health care professional or community breastfeeding supports that can link the mother to support programs specific to her area.
- We refer all mothers and infants with identified breastfeeding problems for follow-up to the appropriate community breastfeeding support service, along with a written plan of care which is also given to the mother.
- We encourage a face-to-face postnatal assessment of the mother and infant by a health care professional qualified in maternal-child care within a week of hospital discharge (if length of stay is 48hrs or longer) or within 48 hours, for earlier discharge.

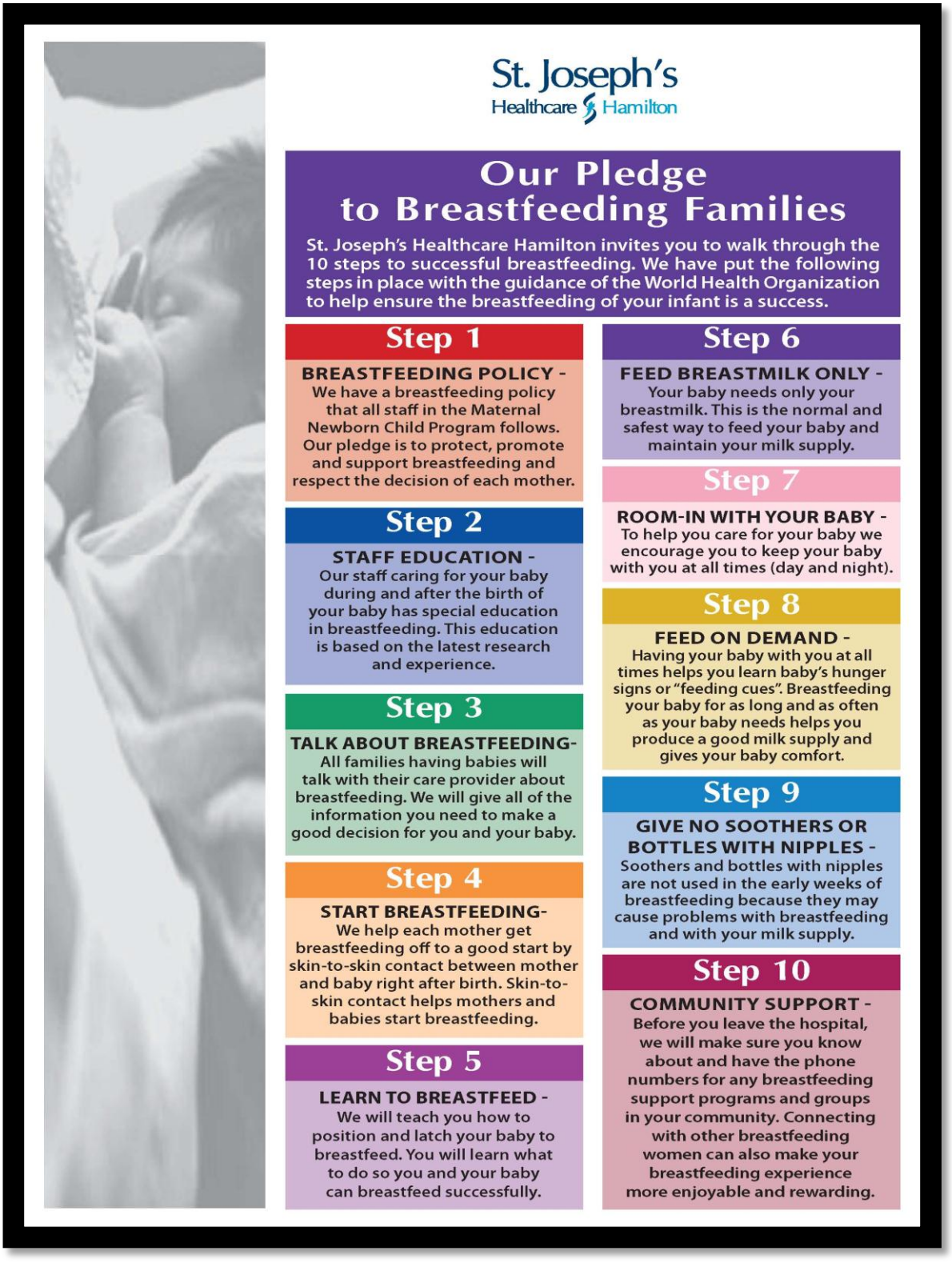
APPENDIX A: WHO INTERNATIONAL CODE OF MARKETING BREAST-MILK SUBSTITUTES [4]

Summary of the main points

1. No advertising of these products (e.g., formula, bottles, nipples, pacifiers) to the public.
2. No free samples of these products to mothers.
3. No promotion of artificial feeding products in health care facilities, including the distribution of free or low-cost supplies.
4. No company representatives to advise mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of products.
7. Information to health workers should be scientific and factual.
8. All information on artificial infant feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

[4] UNICEF & World Health Organization. (2009). *Annex 2: The international Code of Marketing of Breast-milk Substitutes.* In *Baby-Friendly Hospital Initiative. Revised, Updated and Expanded for Integrated Care. Section 4 Hospital Self-appraisal and Monitoring*, 29.

APPENDIX B: SAMPLE BREASTFEEDING POLICY POSTER[5]



[5] Used with permission from St. Joseph's Hospital, Healthcare Hamilton.

APPENDIX C: SUPPLEMENTATION OF THE BREASTFED BABY

1. Acceptable Medical Reasons for Use of Breast-Milk Substitutes[6]

There are a small number of health conditions of the infant or the mother which may justify recommending that she does not breastfeed temporarily or permanently. These conditions, which concern very few mothers and their infants, are listed below together with some health conditions of the mother that, although serious, are not medical reasons for using breast-milk substitutes. Whenever stopping breastfeeding is considered, the benefits of breastfeeding should be weighed against the risks posed by the presence of the specific conditions listed.

INFANT CONDITIONS

Infants who should not receive breast milk or any other milk except specialized formula

- Infants with classic galactosemia: a special galactose-free formula is needed.
- Infants with maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed.
- Infants with phenylketonuria: a special phenylalanine-free formula is needed (some Breast feeding is possible, under careful monitoring).

Infants for whom **breast milk remains the best feeding option** but who may need other food in addition to breast milk for a limited period

- Infants born weighing less than 1500 g (very low birth weight).
- Infants born at less than 32 weeks of gestation (very preterm).
- Newborn infants who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand (such as those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischaemic stress, those who are ill and those whose mothers are diabetic (5) if their blood sugar fails to respond to optimal breastfeeding or breast-milk feeding.

MATERNAL CONDITIONS

Mothers who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines.

Maternal conditions that may justify permanent avoidance of breastfeeding

- HIV infection[7]: if replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS). Otherwise, exclusive breastfeeding for the first six months is recommended.

Maternal conditions that may justify **temporary avoidance** of breastfeeding

[6]UNICEF & World Health Organization. (2009). *Acceptable Medical Reasons for Use of Breast-Milk Substitutes Baby*. In *Baby-Friendly Hospital Initiative. Revised, Updated and Expanded for Integrated Care. Section 4 Hospital Self-appraisal and Monitoring*. 31-35.

[7]The most appropriate infant feeding option for an HIV-infected mother depends on her and her infant's individual circumstances, including her health status, but should take consideration of the health services available and the counselling and support she is likely to receive. Exclusive breastfeeding is recommended for the first six months of life unless replacement feeding is AFASS. When replacement feeding is AFASS, avoidance of all breastfeeding by HIV-infected women is recommended. Mixed feeding in the first 6 months of life (that is, breastfeeding while also giving other fluids, formula or foods) should always be avoided by HIV-infected mothers.

- Severe illness that prevents a mother from caring for her infant, for example sepsis.
- Herpes simplex virus type 1 (HSV-1): direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved.
- Maternal medication:
  - sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available;
  - radioactive iodine-131 is better avoided given that safer alternatives are available - a mother can resume breastfeeding about two months after receiving this substance;
  - excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided;
  - cytotoxic chemotherapy requires that a mother stops breastfeeding during therapy.

<u>Maternal conditions during which breastfeeding can still continue, although health problems may be of concern</u>

- * Breast abscess
- Hepatitis B: infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter.
- Hepatitis C.
- Mastitis: if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition.
- Tuberculosis: mother and baby should be managed according to national tuberculosis guidelines.
- Substance use[8]:
  - *maternal use of ecstasy, amphetamines, cocaine and related stimulants has been demonstrated to have harmful effects on breastfed babies;
  - alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the baby. Mothers should be encouraged not to use these substances, and given opportunities and support to abstain.

* These statements are modified from the WHO (2009) medical indications document.

Alcohol and Smoking (Health Canada, 2000, p. 7.18): The benefits of breastfeeding far outweigh the risks of occasional use of alcohol or the use of nicotine. Mothers should be encouraged to continue breastfeeding under these circumstances and assisted to limit their use.

As alcohol in breast milk closely parallels that in maternal serum, heavy consumption of alcohol may be harmful to the infant. However, “light” social drinking is compatible with breastfeeding. As a precaution, the amount of alcohol that the baby is exposed to can be limited by timing alcohol intake to no sooner than 2 hours prior to feeding.

Heavy smoking (>10 cigarettes per day) has been associated with decreased milk production but, even if smoking continues, mothers should be encouraged to continue breastfeeding.

[8] Mothers who choose not to cease their use of these substances or who are unable to do so should seek individual advice on the risks and benefits of breastfeeding depending on their individual circumstances. For mothers who use these substances in short episodes, consideration may be given to avoiding breastfeeding temporarily during this time.

1. Prior to Initiating Supplementation

The health care provider is responsible to:

1. Assess the history and current effectiveness of breastfeeding including positioning, latch, suck and milk transfer.
2. Assess the mother's history for maternal conditions that may affect milk synthesis or transfer. These may include:
    i. PPH or retained placental fragments
    ii. Maternal illness or disease that may temporarily limit the mother's ability to put the baby to the breast
    iii. Breast surgery
3. Assess the infant's medical history and findings for conditions that have potential to inhibit milk transfer. These may include:
    i. Tongue-tie
    ii. Malformations of the palate
    iii. Decreased oral tone
4. Report these findings to the physician, midwife or nurse practitioner who will be responsible to determine if the infant meets medical guidelines for supplementation as per this policy and for providing a written order.

2. Procedure for Supplementation

1. If supplementation is required, the health care provider is responsible to:
    i. Assess the appropriate method for supplementation. Using a lactation aid at the breast is usually the preferred choice;
    ii. Discuss pros and cons of available supplementation methods
    iii. Ensure that the mother is aware of and agreeable to the plan of care;
    iv. Teach use of the supplementation method chosen, as appropriate;
    v. Teach the mother to express her milk after each supplementation session to provide stimulation for adequate milk production;
    vi. Re-assess the need for supplementation on an ongoing basis (minimum daily);
    vii. Document the indications, method and response to supplementation in the patient's record. Communication with the mother regarding this plan of care should also be documented.

2. If the infant is still being supplemented at the time of discharge, referral for appropriate medical and breastfeeding support follow-up should be provided along with a written plan of care, with a copy given to the mother.

APPENDIX D: SAMPLE HANDOUT - BREASTFEEDING COMMUNITY RESOURCES & INFORMATION FOR FIRST FEW WEEKS[9]

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Need Help With Breastfeeding?

Come to a Breastfeeding Support Drop-In!

Monday	Tuesday	Wednesday	Thursday	Friday
South East Ottawa Community Health Centre 1355 Bank Street, Suite 700 **12:00 – 15:00**	**Queensway Carleton Hospital Childbirth Centre** 3045 Baseline Road **Please bring Provincial Health Card** Babies will be seen up to 3 weeks after hospital discharge **13:00 - 14:30**	**South East Ottawa Community Health Centre** 1355 Bank Street, Suite 700 **12:00 – 15:00**	**Early Years Centre** Orleans Cumberland Community Resource Centre 102-210 Centrum Boulevard, Orléans **13:30 - 15:00** (Bilingual Services)	**Canadian Mothercraft of Ottawa** Early Years Centre 475 Evered Avenue **13:30 - 15:00**
Centretown Community Health Centre 420 Cooper Street **13:00 - 15:00**	**The Ontario Early Years Centre Pinecrest-Queensway Community Health Centre (PQCHC)** 1365 Richmond Road **13:30 - 15:30**	**Carlington Community Health Centre** 900 Merivale Road **12:30 – 14:00**	**Overbrook-Forbes Community Resource Centre** 120-225 Donald Street By appointments: **9:00 to 15:00** at 613-745-0073 ext: 147	
Overbrook-Forbes Community Resource Centre 120-225 Donald Street By appointments: **9:00 to 15:00** at 613-745-0073 ext: 147	**Vanier Community Service Centre Early Years Centre** 290 Dupuis Street **(Boundaries are: North, the Ottawa River, East to Blair Street, North of Montreal Road up to Queensway, South 417 and West the Rideau Canal)** **13:30 - 15:00**	**Somerset West Community Health Centre** 55 Eccles Street **(Limited to families living within an area bordered by Island Park Dr., Carling Ave., Bay St., Lyon St. and Ottawa River)** **13:30 – 15:00**		
		Overbrook-Forbes Community Resource Centre 120-225 Donald Street By appointments: **9:00 to 15:00** at 613-745-0073 ext: 147		

Additional help is available from:

- A City of Ottawa Well Baby Drop-In, where information regarding breastfeeding and care of mother and baby up to three months of age can be obtained
- A Public Health Nurse at Ottawa Public Health Information 613-580-6744 ext. 28020, Monday to Friday 9:00 a.m. to 4:00 p.m.
- A telephone peer support service, Ottawa Breastfeeding Buddies, available through Ottawa Public Health 613-580-6744
- La Leche League Canada-Ottawa chapter 613-238-5919, 7 days a week
- Lactation consultants/breast pump rentals in the community ($ cost for service) a private LC may see you in a clinic setting, drop-in, their office or your home. visit: www.ovlc.net
- Your midwife or doctor
- Telehealth Ontario 1-866-797-0000, 24 hours a day, 7 days a week

1/2010

ottawa.ca/health | ottawa.ca/sante 613-580-6744 | TTY/ATS: 613-580-9656

[9] Used with permission Ottawa Public Health *Healthy Babies Healthy Children Program*. City of Ottawa.

All drop-ins are closed on statutory holidays

Breastfeeding In the First Few Weeks - A baby that is doing well:

- Is feeding well **at least** 8 times in 24 hours. More frequent feeds are normal and good; listen for swallowing or quiet "caw" sound.
- At 1 day old has **at least** 1 wet diaper and **at least** 1-2 sticky dark green/black stools.
- At 2 days old has **at least** 2 wet diapers and **at least** 1-2 sticky dark green/black stools.
  - ** It is easier to notice urine in cloth diapers. A facial tissue can be placed inside disposable diapers, if you are not sure.
- At 3 days old has **at least** 3 ***heavy*** wet diapers and **at least** 3 brown/green/yellow stools. Occasional 'red brick coloured' staining is normal until day 3.
- At 4 days old **at least** 4 ***heavy*** wet diapers and **at least** 3 brown/green/yellow stools.
- At 5 days and older, as the milk supply increases, baby has **at least** 6 ***heavy*** wet diapers and **at least** 3 large soft yellow seedy stools.
- Is back to birth weight by about 2 weeks of age.

Get help if any of the signs listed above are not present, or if:

- Your baby is very sleepy and hard to wake for feedings.
- Your baby is crying and will not settle after feedings
- Your nipples are sore and do not start to get better.
- You have fever, chills, flu like symptoms, or a red painful area on your breast. If you have these symptoms; nurse often, apply warm wet towels to your breast and get lots of rest. Phone your doctor or midwife if you do not feel better in 6 to 8 hours.

Breastfeeding is the most natural way to feed your baby. Breastmilk is the best food for your baby. The keys to success are early, frequent feeding and proper positioning of the baby at the breast. You will be able to produce enough milk.

This flyer is updated regularly by the Breastfeeding Promotion Committee of Ottawa. (disponible en français)

ottawa.ca/health | ottawa.ca/sante 613-580-6744 | TTY/ATS: 613-580-9656

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