



## YARMOUTH FRIENDLY FEEDING LINE

### Volunteer Reference Handbook

September 2002, revised January 2007

South West Baby Friendly Initiative Committee

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Adapted from:

Halton Breastfeeding Connection Volunteer Handbook, Ontario  
Healthy Baby Clubs Guide for Resource Mothers, NFLD  
Peers Work Breastfeeding Peer Support Program, Manitoba  
WIC Breastfeeding Peer Counselor Training Program, Texas Dept. of Health  
Breastfeeding Pals Peer Support Program, Annapolis Valley, NS

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## **Volunteer Contact Sheet**

Thank you for volunteering for the Friendly Feeding Line. We hope this manual will provide you with the information and confidence to help you fulfill your role.

This volunteer training manual is for you to keep. If you have any questions after reading it, please feel free to discuss them with either of us. If for some reason (e.g. Illness, vacation) you cannot fulfill your role, please contact the Coordinator as soon as possible.

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## **Section 1: *Friendly Feeding Line* Volunteer Information**

1. Mission Statement and Goals of the Friendly Feeding Line
2. Background information on Friendly Feeding Line
3. Qualifications, Roles and Responsibilities of Peer Volunteer in the Mom to Mom Support Line Program
4. Roles and Responsibilities of the Program Coordinator
5. The Referral Process and Initial Contact
5. Activity Log Forms
6. Volunteer Self-Evaluation Guide
7. Peer Volunteer Information Sheet

## **Mission Statement:**

We believe in the value of breastfeeding and mother-to-mother support. We are a group of volunteer women providing mother-to-mother support.

## **Goals:**

- To increase breastfeeding initiation and duration rates in Yarmouth, Shelburne and Digby Counties, NS.
- To support and encourage mothers and families during their breastfeeding experiences.
- To increase mothers' satisfaction with the breastfeeding experience.
- To provide families with information about breastfeeding and parenting resources available in the community.
- To ensure the volunteer has sufficient knowledge of the breastfeeding process and community resources to support the breastfeeding mother.
- To ensure the volunteer has sufficient confidence in her communication skills to establish rapport with a breastfeeding mother.

## **Friendly Feeding Line Breastfeeding Support**

### **Why Have a Friendly Feeding Line?**

- We recognize and value mother to mother support
- Research has shown a positive impact of peer support on breastfeeding duration and satisfaction with feeding (CMAJ. Jan, 2002/J. Perinatal Ed. 9 (1), 2000).
- Feedback from volunteers, mothers, and agencies suggests that expecting new mothers to ask for help may lead to early discontinuation of breastfeeding.
- Support and knowledge about breastfeeding can be compromised in a society where artificial feeding has become the norm.
- Nova Scotia breastfeeding rates are alarmingly low.

### **What is the mom-to-mom support line?**

- A group of trained volunteer mothers living in the Tri-Counties who believe in the value of breastfeeding and peer support
- Mothers who provide telephone support to pregnant women and mothers with babies living in the Tri-Counties
- A South West Baby Friendly Initiative Committee coordinated program.

### **Program Evaluation**

- The program will be evaluated to determine if it is meeting its goals.
- Volunteers will keep activity logs of phone conversations, complete satisfaction questionnaires at the end of the year, and provide feedback at volunteer forums.
- Breastfeeding mothers will be administered a satisfaction questionnaire when they complete the program (3 months).
- Data on breastfeeding duration rates will be obtained.

## **Volunteer Peer Support Role Description and Responsibilities**

### **Qualifications:**

- Volunteers participating in the support line are mothers who have breastfed at least one child
- A belief in the value of breastfeeding
- An interest in, and ability to, learn and share information and skills about breastfeeding
- An ability to help women to establish and enjoy their breastfeeding experience.
- Time to participate
- A telephone
- Enthusiasm and desire to have fun
- Strong sense of the value of volunteer work
- Have a professional and caring manner at all times while participating in the program.

### **Commitment**

- Attend one training session. This session will provide breastfeeding information, and tips for helpful telephone support. Volunteers also explore how to recognize when there is a need to refer a mother to another community resource (Lactation consultant, parent group, doctor, etc.). Volunteers are encouraged to do additional reading on breastfeeding and related topics. See the Resource Section of this book.
- Attend four volunteer development forums through-out the year. These are sessions to share experiences in the program, provide feedback about the program and to receive breastfeeding continuing education.
- Comply with the administrative requirements such as completing volunteer information sheet, telephone logs and annual satisfaction survey.

### **Accountability**

- The volunteer is accountable to the breastfeeding coordinator and designated staff of the District BFI Committee. While following guidelines set out by the BFI Committee, volunteers are covered by South West District Health Authority liability insurance. If you decide to meet the mother in person, you must explain that this does not fall under your role as a volunteer for the support line.
- Volunteers will be asked for their feedback on how the program could be improved and areas where they feel additional support may be needed.

## **Volunteer Roles and Responsibilities**

- The volunteer will provide telephone support to breastfeeding women through a mother-to-mother link.
- The Friendly Feeding Line volunteer role is one of support, encouragement and bridging to existing community breastfeeding and parenting resources.
- The type of support the volunteer will provide in order to promote support and protect breastfeeding, includes:
  1. Sharing information on preparing for a positive breastfeeding experience.
  2. Sharing breastfeeding resources with mothers and their families.
  3. Supporting and encouraging women throughout a “normal” breastfeeding experience.
  4. Recognizing when a breastfeeding mother needs a referral to a public health nurse or other community resource.
  5. Providing support to breastfeeding mothers who may need help or information to continue breastfeeding while working or returning to school.
  6. Encouraging breastfeeding mothers to be role models for other breastfeeding mothers in the community.
  7. Encouraging mothers to access their local breastfeeding support groups.
- The peer support program services women for the first three months after baby’s birth. If the volunteer determines there is a need to continue past three months the volunteer must contact the breastfeeding coordinator and discuss this.
- If problems arise with the match, you are going on vacation or you are no longer able to fulfill your commitment, notify the breastfeeding coordinator.
- During the phone calls, provide the information that follows the Friendly Feeding Line guidelines and information covered in the manual and during training. Your own experiences may also be used as a means of providing support and encouragement.
- If the mother requires help beyond what you have been trained to provide or if you are uncomfortable providing guidance, inform her of appropriate professionals and community resources to contact.
- There will be four volunteer networking forums each year. Your attendance will help you learn new information, share successes, share problems and concerns, provide feedback about the program and to socialize with other peer volunteers. If you are not able to attend a session, please contact the breastfeeding coordinator or other designated staff person involved in the program.
- At the end of the year, or if the volunteer resigns from the program, the volunteer will be required to complete a volunteer satisfaction survey for the program.

## **Roles and Responsibilities of the Friendly Feeding Line Coordinator**

- Coordinate the Friendly Feeding Line
- Promote and advertise the support line
- Recruit volunteers for the support line
- Receive referrals from mothers wishing to receive telephone support
- Match volunteers to mothers based on information sheet
- Provide the peer volunteer the mother's name and phone number for initial contact
- Coordinate the training sessions and networking forums for peer volunteers in collaboration with designated staff from the BFI Committee
- Support peer volunteers as concerns regarding the program arise. Consult with appropriate staff of the BFI Committee as required
- Retain volunteers by coordinating annual volunteer appreciation events
- Ensure volunteers and mothers receive appropriate forms (peer activity logs, volunteer satisfaction surveys, mother satisfaction surveys, and mother participation certificates)  
Keep database of results from the forms.

## **How the Friendly Feeding Line Works: Mother Referral Process and Contact with Volunteer**

1. Friendly Feeding Line referral forms are available at Public Health Services prenatal classes, Yarmouth Hospital Prenatal Clinic, Baby and Me Breastfeeding Support Group, Healthy Beginnings public health nurses, and Parents Place Family Resource Centre. Mothers may also self-refer.
2. The peer support coordinator matches the mother planning to breastfeed with a peer volunteer in the program. Matches will be based on similarities between the mother and the peer volunteer where possible.
3. The Coordinator contacts the peer volunteer and provides her with the information of the mother she has been matched with.
4. If the match is made prenatally, the peer volunteer will phone the mother at approximately two weeks prior to her due date. **At least one contact should be made prenatally.** If the referral is made after 38 weeks, the volunteer will call as soon as possible. When the baby is born, the mother will call the volunteer. The volunteer will call the mother if the mother has not contacted the volunteer two weeks past the mother's due date.
5. When the match is made after the birth, the volunteer will call the mother as soon as possible.
6. When a new volunteer has her first match, the coordinator may contact the volunteer and mothers two to three weeks after the baby's birth to discuss any concerns.

## **Role of the Friendly Feeding Line Volunteer**

1. After the mother has delivered her baby and contacted the volunteer, the volunteer will telephone her as often as the mother and volunteer agree upon. As a recommendation, the volunteer would call daily for the first three days that the mother is home with her newborn.
2. Contact every week is recommended for the next month. You and the mother need to decide on an agreement that is suitable for both of you. Be sure to follow through and regularly re-evaluate the acceptability of the timing and frequency of the phone calls.
3. Volunteers record each telephone call on the flow sheet, including no answer calls or messages left.
4. At the end of the 3 months or when the volunteer/mother relationship has ended prior to three months, return all completed activity logs to the coordinator and inform the coordinator of the termination of the match.
5. If problems arise with the match, you are going on vacation or you are no longer able to fulfill your commitment, notify the coordinator.
6. If the mother requires help beyond what you have been trained to provide, inform her of other resources (located in the appendices of the handbook). Allow the mother to follow through on seeking this assistance. Always contact the coordinator if you are not sure what to do.
7. There will be four volunteer forums a year. Please attend to learn new information, share problems encountered, provide feedback about the program and socialize with fellow volunteers. If you are unable to attend, please inform the coordinator.

## **Friendly Feeding Line: Guidelines for Use of Activity Logs**

- A call (contact) is every telephone contact between the mother and the volunteer, whether the volunteer calls the mother or the mother calls the volunteer. It also includes calls where there was no answer or a message was left.
- The volunteer activity logs are to be filled out after each call is made.
- Activity logs are to be kept confidential.
- For the final call (last call of relationship) please include any comments/concerns about the relationship such as the mother is interested in becoming a volunteer for the program.
- The volunteer will mail the activity logs to the coordinator at the end of the 3 months term (self-addressed stamped envelopes will be provided). If the relationship is terminated prior to the end of the 3 months, please forward the activity logs to the coordinator, noting the reason why the match ended.

## Peer Volunteer Activity Log

Peer Volunteer's Code: \_\_\_\_\_ Mother's Code: \_\_\_\_\_  
**Mother's Name:** \_\_\_\_\_ **Ph. #** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

**To help us understand the nature of the peer support you provide, please document all activities you do with the new mother you are supporting. When your relationship has ended or after supporting the new mother for 3months, please mail this activity log in the stamped, self-addressed envelope. If you have any questions or concerns, please do not hesitate to call your coordinator, Karen, at 742-3542 ext 433.**

**Date relationship started:** \_\_\_\_\_ **Date relationship ended:** \_\_\_\_\_

Peer Volunteer Activity : Listen; Observe; Validate; Encourage				
<b>CONTACT 1</b>		Date:	(Number of days from being matched with mother: _____)	
<b>1. Type of Contact (Tick only one)</b>				
Talked to Mother (duration: _____ Mins)	Left Message	No Answer	Mother called	Visited
<b>2. Action Taken (Tick all that apply)</b>				
Talked to Mother	Referred (where: _____)		Other: _____	
<b>3. Do you feel you were helpful?</b>				
YES: Explain:				
NO: Explain:				
<b>4. Did you do any of the following with the mother (tick all that apply):</b>				
<input type="checkbox"/>	Helped her develop strategies to deal with difficulties	<input type="checkbox"/>	Encouraged her to seek professional help	
<input type="checkbox"/>	Listened to her concerns	<input type="checkbox"/>	Helped her view her situation differently	
<input type="checkbox"/>	Told her about your experiences	<input type="checkbox"/>	Provided her with information and suggestions	
<input type="checkbox"/>	Told her what to expect in certain situations	<input type="checkbox"/>	Helped her to have realistic expectations about motherhood	
<input type="checkbox"/>	Positively reinforced her achievements	<input type="checkbox"/>	Helped her to become more confident	
<input type="checkbox"/>	Encouraged her to take care of herself	<input type="checkbox"/>	Increased her self esteem about being a mother	
<input type="checkbox"/>	Made her feel better	<input type="checkbox"/>	Gave her feedback on how she was doing	
<input type="checkbox"/>	Suggested professional services or community resources	<input type="checkbox"/>	Helped her cope with her situation	
<input type="checkbox"/>	Helped her explore her feelings	<input type="checkbox"/>	Let her know she could depend on you	
<input type="checkbox"/>	Told her you were available whenever she needed to talk	<input type="checkbox"/>	Assessed her to make sure she was doing fine.	
<input type="checkbox"/>	Other (Please make notes):			
Notes		Next Contact Planned:		

## Peer Volunteer Information Sheet

For the purpose of matching you with a breastfeeding mother, please fill in the following:

Name:

Phone Number:

Mailing Address:

Email:

Languages spoken other than English:

1. What is your age (Please circle)?

15 to 20 years

21 to 30 years

31 to 40 years

41 to 50 years

2. Please list your breastfeeding experience: (please list anything that might help us with linking you with mothers with specific needs, e.g. twins, tandem nursing, C-section, medical conditions).

3. How many children do you have (include ages)?

4. Do you feel you might be able to support more than one mom at the same time (please circle)?

Yes

No

## **Section 2: Communication and Listening Skills.**

1. The LOVE method
2. Tips for encouraging the mother to talk
3. How to give helpful telephone support

1. **The LOVE Method**

**Listen** Mothers might say: e.g. “You know, I have small breasts, and I am wondering if I can make enough milk for my baby.”

**Active Listening**

You’re wondering .....

You feel happy/worried/sad/angry/excited about.....

You’ve heard.....

You’re wanting.....

It sounds like.....

**Clarifying:**

I’m not sure what you mean.

Do I have it right?

I don’t understand.

**Observe** What does her voice (tone, speed) tell you?  
How do you hear her interacting with the baby/those around her?  
Does it sound like she is in pain?

**Validate** Many women also feel this way....  
That’s a common concern....  
I’m glad you brought that up....  
I’ve also felt that way....

*If you don’t feel you understand the mother’s feelings, try active listening again.*

**Empower & Educate**

(You may or may not use this step.)

Provide information/resources.

Make referrals to professionals/supports as appropriate.

## 2. Tips For Encouraging The Mother To Talk

### A. Repeat or rephrase what the mother has said. This will encourage her to expand on her feelings.

**Mother says:** *The baby was up all night. I am exhausted.*

**Peer volunteer responds:** *The baby kept you awake all night.*

**Mother:** *My mother thinks the baby is doing well but she thinks he should start cereal now.*

**Peer volunteer responds:** *You're wondering if your baby needs solids now.*

**Mother says:** *I can't get anything done because he feeds all the time.*

**Peer volunteer's responds:** *You feel like you're nursing all day long.*

### B. Ask open-ended questions:

*How do you feel the baby is breastfeeding?* rather than *Is the baby breastfeeding well?*

*What have you heard about breastfeeding?* rather than *Are you going to breast or bottle feed?*

*What other questions or concerns do you have about breastfeeding* rather than:

*Do you have any problems with breastfeeding?*

### C. Avoid asking questions in the form of a statement that makes an assumption.

*The baby is latching on well.*

In this example, the resource mother is assuming the mother knows what a good latch is and that the baby is latched on well.

**Try:** *How do you feel the baby is taking the breast?*

### D. How to give information and offer suggestions.

Present information in a positive and reassuring manner.  
You are sharing facts, not telling her what she should do.

**Try:** *Many mothers have found* or  
*How would you feel about* or  
*Do you think any of these suggestions would work for you?*

**Avoid:** *You should...You ought to...You should have...*

If the situation is complicated and the mother has many concerns, give simple suggestions to help her begin to work through her concerns.

**Be careful about offering the mother suggestions that involve getting help from friends, family members and partners. Some mothers do not have anyone to help them. Also know when you to refer to appropriate resources.**

### E. Emotional Support -- The Key!

If breastfeeding is not going as planned many new mothers feel upset, angry, discouraged and inadequate as a new mother. Always look for ways to encourage the mother in a positive way. Emotional support can go a long way in helping the mother to resolve her concerns.

**Try:** *It sounds as if you are doing a great job as a new mother!*

### **3. How Can a Friendly Feeding Line Volunteer Give Helpful Telephone Support?**

- Show interest in the mother's experience
- Listen without interruptions
- Accept that many nursing experiences are different from your own
- Allow the mother to direct the conversation
- Support the mother in her decision to breastfeed for as long as she wants
- Share personal experience when appropriate to show support:
  - I found that...*
  - Many moms say that...*
  - My baby...*
  - Do you think this might work for you...*
- Respect the opinions and lifestyle of the new mom and her family
- Praise the mother for any and all efforts
- Ask mom what she thinks is the problem
- Ask clear and specific questions related to breastfeeding:
  - Tell me how your baby is feeding.*
  - How do you feel your baby is feeding?*
  - How often does your baby feed?*
  - How long does each feeding last?*
  - How many wet/soaked and soiled diapers do you change daily?*
  - How long does your baby sleep at a stretch?*
  - How do your breasts and/or nipples feel?*
  - How are you enjoying breastfeeding your baby?*
- Offer information rather than advice:
  - There is new information about...*
  - Latest research suggests or recommends...*
  - Breastfeeding experts recommend... or,*
  - Breastfeeding experts no longer recommend...*
  - How do you feel about trying...*
- Avoid saying:
  - You should...*
  - You shouldn't...*
  - Why didn't you...*

**Accept that a mother may not like or use information given!**

### **Section 3: Breastfeeding Basics**

1. Benefits of Breastfeeding
2. Breastfeeding Anatomy and Physiology
3. Latch and positioning
4. Establishing a good milk supply, baby's readiness for feeding, knowing baby is getting enough breastmilk
5. Possible breastfeeding problems and when to refer for help
6. Barriers to Supporting and Encouraging Mothers To Breastfeed
7. Breastfeeding: Common Questions and Concerns
8. Breastfeeding myths
9. Appendices: BFI, WHO Code, Resources, Community Resources

## 1. Breastfeeding Benefits

Breastfeeding provides many health benefits for the infant and growing child. There are also many benefits to the mother, family, society and the environment.

### **Breastfeeding is the optimal food for baby:**

- Breast milk is made especially for human babies.
- Breast milk contains all the essential nutrients in the correct proportions for the infant and growing child.
- Breast milk is the perfect food for the baby and growing child.
- Breastfeeding encourages a special closeness between mother and baby.
- Breast milk contains a substance that protects baby from disease, infection and allergy.
- Breast milk contains special growth factors that enhance the baby's growth and development, especially of the immune system and the brain.
- Breast milk is easy to digest and babies usually have fewer problems with stomach upsets, such as gas, constipation, and colic.
- Breast milk provides significant protection against diarrhea and gastroenteritis, Celiac and Crohn's disease.
- Breastfeeding allows baby to control how much he drinks.
- Breastfed babies have fewer hospitalizations, less respiratory and ear infections.
- Breastfeeding promotes good jaw, teeth, and speech development.
- Breastfeeding is comforting to a baby; it satisfies sucking needs and fulfills the need for closeness and security.
- Breast milk provides long-term health benefits to the child, such as lower risk of childhood diabetes and cancer.
- Breastfed babies have a lower incidence of Sudden Infant Death Syndrome (SIDS) or crib death.
- Breast milk helps protect pre-term and low birth weight babies against infection.

**Breastfeeding is great for mothers:**

- Breastfeeding releases oxytocin, a hormone that causes the uterus (womb) to contract, decreasing the risk of bleeding.
- Breastfeeding may help the mother lose weight naturally.
- Breastfeeding is relaxing for a mother; the hormones of breastfeeding help the mother to feel more relaxed and peaceful.
- Frequent and exclusive breastfeeding delays the return of the menstrual cycle and may help to protect against another pregnancy.
- Breastfeeding women have a lower risk of breast and ovarian cancer.
- Breastfeeding enhances the mother's perception of her baby's needs.
- Breastfeeding provides close mother and infant contact with encourages early mother-infant attachment.
- Breastfeeding makes the nighttime feedings and travel much easier for the mother and family.

**Breastfeeding is great for family and community:**

- Breastfeeding is completely free (formula costs at least \$130/month).
- Breastfeeding is convenient and safe.
- Breastfeeding is less cost for our health care system.
- Reduces time lost from work and doctor visits due to sick baby.
- Reduces the consumption of resources such as energy, paper, tin, glass and water.
- Reduces the need for dairy cattle and the associated environmental costs.
- Reduces garbage/recycling from formula containers and feeding supplies.

**Did you know?**

According to Dr. Allen Cunningham, a pediatrician in New York State, in the first four months of life for every 1000 artificially fed infants, 77 hospital admissions for illness can be expected. In a comparable group of breastfed infants, 5 hospital admissions would be anticipated.

Adopted from:  
Infant Feeding Action Coalition  
10 Trinity Square, Toronto, Canada M5G 1B1

## **2. Anatomy and Physiology of Breastfeeding**

### **Breast Development**

The milk producing glands begin to develop during the teenage years. The hormones of pregnancy cause the alveoli and ducts to increase in number and size in preparation for breastfeeding.

### **What parts of the breast are involved in breastfeeding?**

Alveoli are “grape like” clusters or sacs where milk is produced and released. A band of muscle cells surround the alveoli and help push milk out into the milk ducts or channels, which then flows through pores in the nipple. The nipple has 5-10 milk duct openings.

The **areola** is the darker circular area surrounding the nipple. It varies in colour and size. It may be a visual cue for the baby to latch on to the breast. The baby needs to take in a good “mouthful” of the areola.

**Montgomery glands** appear as bumps on the areola and secrete an oily substance that protects the nipple and areola.

**The size of the breast is determined by the amount of fatty tissue in the breast. Fatty tissues have no function in milk production. Therefore, the size of a woman’s breasts will have no effect on her ability to make breast milk.**

## Hormones of Breastfeeding

There are special chemical messengers or hormones that have a key role in the production and release of breast milk.

**Prolactin** is the milk-producing hormone. It encourages the growth of alveoli during pregnancy and stimulates the alveoli to produce milk. Prolactin also appears to have a calming effect on the mother. For this reason, it is also known as the “*mothering*” hormone. When the infant suckles at the breast, the sucking stimulus sends a message to the brain to release more prolactin. The alveoli make more milk in response to the release of prolactin.

**Oxytocin** is the hormone that produces contractions of the uterus during labour. When the baby suckles the breast, oxytocin causes the band of muscles around the alveoli to tighten or contract releasing the milk into the milk ducts to be available for the baby. This is called the “*let down*” or “*milk ejection reflex*”. There may be more than one “let down” during a breastfeeding session. The “let down” occurs after the baby has suckled at the breast for a short time. The baby’s sucking pattern changes once the milk has “let down”. After a few quick sucks, there is a change to a slower, deeper and more rhythmical suckling. You will see or hear the baby swallowing more as the milk is “let down”.

### Signs of the “let-down” reflex

Many breastfeeding mothers are not aware that the “let down” is happening. They are still able to provide lots of milk for their babies.

Women may notice:

- “Pins and needles” or tingling feeling in the breasts;
- Menstrual or period-like cramps in the first week while breastfeeding;
- Feeling of fullness or pressure in the breasts;
- Milk leaking from the opposite breast as the baby is feeding;
- Increase in mother’s thirst;
- A sense of relaxation and sleepiness.

The “let-down” may be slowed if the mother is in pain from a cracked nipple or under stress. Some women experience a “let-down” when they hear a baby cry or when they think about their baby.

## Human Milk is For Babies!

Human milk is specially designed for human babies. Breast milk changes to meet the needs of the growing infant and child.

### Breast milk changes:

- During an individual feeding
- Throughout the day from feeding to feeding
- Between full term breast milk and preterm breast milk
- At different stages of the breastfeeding experience

### Colostrum

Colostrum is the perfect first food for the infant. It is produced in the breasts by the seventh month of pregnancy and is the first milk in the first few days after birth. It looks thick, creamy and yellow. Colostrum is a bactericidal.

*Did you know Colostrum is:*

- Rich in proteins, which are needed for rapid brain growth;
- Baby's first immunization against many bacteria and viruses; this "liquid gold" contains many antibodies that provide protection from infection and illness;
- Low in fat and carbohydrates and easy to digest, it has a laxative effect so it helps the baby pass **meconium**, the first bowel movement, his helps prevent jaundice;
- Available in small amounts but it is all the baby needs; breastfed babies do not need supplemental feedings of formula, glucose and water, or water.

### Transitional milk

From about 4-10 days after birth, breast milk gradually turns into a creamy, white mixture of colostrum and mature milk. The more often a mother breastfeeds her baby the quicker this will happen. This milk is called **transitional** milk.

### Mature milk

Mature milk is made up of **foremilk** and **hind milk**. Foremilk is the milk that comes at the beginning of the feedings and is high in volume. It looks more like skim milk. The hind milk is creamier than foremilk and higher in fat and calories. Hind milk helps satisfy the baby's appetite. It is often referred to as the dessert! Hindmilk sticks to the duct lining. The infant receives more fatty milk after letdown as feeding progresses.

### Hindmilk and foremilk: Achieving a good balance!

The baby needs a good balance of foremilk and hindmilk. This is achieved when:

- baby is positioned and latched on well to the breast;
- baby is encouraged to feed on cue or when interested (usually about 8-12 feedings in 24 hours);
- baby is encouraged to finish one side first before moving to second breast and
- feedings are close together.

### 3. Latch and Positioning—A Telephone Support Reference

#### **What is the best way to help a mother position her baby comfortably for breastfeeding?**

Correct positioning of the mother and the baby is important in preventing problems such as sore nipples, overfull breasts (engorgement) and poor intake of breast milk. The baby will get more milk for his efforts when he is well latched on to the breast. Positioning is **most** important in the first few weeks of breastfeeding. Older babies breastfeed in a variety of positions.

#### **Mother's position**

- Experiment with a variety of chairs to see what works best
- It is easier to learn sitting up in a wide chair with arm rests
- The mother avoids leaning into the baby
- Use pillows to support the mother's arms and back

#### **Baby's position**

Baby is well supported at the level of the breast (soft pillows and /or blankets are helpful)

- Baby is held close to and turned in towards the mother. Baby's stomach is pulled close to mother;
- Baby's head is in a straight line with his body. Encourage the mother to bring baby to the breast;
- Baby's nose should be at the level of the nipple when he is ready to latch on. (in this position, the baby will easily take a large *mouthful* of breast, with more of the areola on the underside of the nipple in the baby's mouth);
- Baby's nose and chin touch the breast;
- Mother holds the breast using "C" hold – her fingers never touch the areola;
- \*See guidelines for cradle/football/lying position.

#### **Signs of Poor Positioning**

- Mother is unable to support baby's body and head well when putting baby to breast;
- Baby's arms and head are flailing;
- Baby is not facing breast and body is not in line with head (has to turn head to feed);
- Baby's forehead reaches breast first, rather than lower jaw;
- Mother complains of sore back (from leaning into baby).

#### **Signs of a Good Latch**

- Latching on and the action of the baby suckling do not hurt!!
- Nipples are not blistered or cracked;
- Nursing feels comfortable (not painful);
- Mother holds the breast supportively, not blocking areola, fingers cupped in a "C" or "U" shape;
- Infant's head is at breast height, mouth is at the nipple;
- Infant's mouth is open at a wide angle;
- You are able to hear swallows;
- The tongue can be seen over the bottom gum-line;

- The baby's nose is not buried in the breast;
- Big jaw action is seen; the ears and temple wiggle from the long jaw movement as baby sucks.

*After four to six days of life, a baby should have at least six wet diapers a day and at least one big bowel movement a day. This pattern continues for approximately the first month of life.*

### **Signs of a Poor Latch**

- Baby's body is not turned into the mother's, i.e. tummy to tummy (cradle hold).
- Sore nipples are almost always due to a poor latch.
- There is pain when the baby is sucking.
- Baby's cheeks are sucked in or dimpling of cheeks.
- Most of the jaw action is at the front of the mouth.
- The baby's nose is buried in the breast.
- There are cracks or blisters on the nipple.
- Baby is not gaining weight.

## 4. Establishing a Good Milk Supply

### **How do the breasts continue to make milk?**

The amount of milk a mother produces depends on the baby's ability to suckle well at the breast. The more the baby suckles well at the breast, the more milk will be produced. This is called the principle of **supply and demand**. As the breasts are drained with the baby's suckling, more milk is already being produced. The breasts are never empty!

### **What can a breastfeeding mother do to establish a good milk supply?**

Establishing a good milk supply in the early days is important in keeping a good supply for the entire breastfeeding experience.

#### **Tips:**

- Breastfeed as soon as possible after birth, ideally within the first hour;
- Practice "skin to skin" with baby;
- Make sure that the baby and mother are well positioned and baby is latched on correctly to the breast;
- Encourage "cue-based feeding" (watch baby's cues for feeding); breastfed babies usually feed 8-12 times or more in 24 hours, including the night for as long as the baby is interested;
- Avoid supplemental feedings of water, glucose and water or formula.

Frequent feedings at the beginning ensure an increase in number and sensitivity of prolactin receptors. Both prolactin receptors and frequent infant feedings are necessary for long term milk production. (Counseling the Nursing Mother page 123.)

### **How does the baby get milk from the breast?**

Suckling is the way in which the baby gets milk from the breast. The baby's lips, gums, tongue, jaw, hard and soft palate and face muscles are all involved in suckling. To get milk from the breast well, the baby must latch on to the breast well.

#### **A closer look!**

- Baby's upper lip is brushed against the nipple, causing the baby to turn towards the nipple and open mouth wide (**rooting reflex**)
- Baby's tongue comes to the front of his mouth when the mouth is open wide.
- Baby's tongue draws the nipple, areola and breast tissue well back into the baby's mouth (a "good mouthful" is taken in).
- Baby's tongue is under the nipple and areola and over lower gum line.
- Lips are pulled outwards over the areola, creating a seal against the breast.
- Tongue cups and sweeps the nipple and areola from front to back of tongue in a wave-like manner pressing it up against the roof of the mouth.
- Baby's jaw and gums press the ducts systems and milk flows into the baby's mouth. The baby does not get milk from the breast by suction. Vacuum is involved and the principle of negative pressure.
- Baby swallows when the back of the mouth fills with milk.

### **How does a mother know when her baby is ready for a feeding?**

#### Feeding and waking cues

- Rooting, sucking movements and tongue licking
- Hand-to-mouth movements
- Rapid eye movements under the eyelids
- Flexing and stretching limbs
- Soft dozing or sighing sounds
- Fussiness (however there may be many reasons other than feeding)

It is best to respond to the baby at this stage as the feeding will go much better if the baby is not crying and ravenous.

### **How do you know if the baby is "drinking" breast milk?**

A baby usually starts the feeding with a few short quick sucks to stimulate the mother's "let-down". The mother will hear the baby swallow after every one or two sucks. Most babies will have several minutes of this "**drinking**" type of sucking and swallowing at a feeding. Some babies take short rests in between the sucking and swallowing. Allow the baby to finish the breast before offering the second breast.

### **How often and how long should a feeding last?**

Breast milk is digested much faster than formula and used more efficiently by the baby. It is **normal** for breastfed babies to feed frequently in the early weeks after birth. Allow the baby to direct the feeding. Babies may want to feed as often as every 1 1/2 to 2 hours in the first weeks of life. As breastfeeding becomes established, most breastfed babies will feed at least 8-12 times in 24 hours. There should be no time limits on the feedings and no scheduling of feedings. Encourage mothers to watch their babies rather than the clock! Every baby is different, so no two babies will feed for the same length of time.

In most traditional societies where breastfeeding is the norm, breastfeeding mothers never time or schedule feedings. If you talk to most successfully breastfeeding mothers, they would not be able to tell you how often their babies feed in 24 hours. These mothers respond to their babies and let their babies guide the feeding.

### **How do you know a breastfed baby is getting enough breast milk?**

In the first few days of life, a baby who is well latched on to a breast will receive all the food he needs from colostrum. Colostrum is not high in volume (about 5-20 mls at a feeding) but is rich in protein and protective substances. In the first few days of life, a breastfed baby may have only one or two wet diapers and pass meconium. As the milk becomes more plentiful between 2-4 days, the number of wet diapers will increase each day and the bowel movements will change from the dark green almost black meconium, to lighter bowel movements by the 4<sup>th</sup>-5<sup>th</sup> day.

After the first week of life, most healthy breastfed babies will have:

- 5 or more wet disposable diapers or 6-8 soaking wet cloth diapers in 24 hours.
- 2 or more yellow bowel movements in 24 hours (pasty to watery, mustard colored and seedy).

**Hint:** After the first 3-4 weeks of life, many healthy breastfed babies change their pattern of bowel movements. They change from many each day to one every 3 days or even less often. Look at the baby. If the baby is otherwise well and growing and the bowel movements are normal in color and texture, there is probably no reason to be concerned.

## 5. Possible Breastfeeding Problems

### Triggers That Warn of Possible Problems

- Sore nipples/pain during feeds/cracks or blisters
- Baby sleeps more than one long stretch (more than 5 hrs. in 24 hours)
- Less than 5 wet diapers in 24 hours after age 5 or 6 days
- Less than 2 to 3 bowel movements in 24 hours after age 5 or 6 days (less bowel movements is common after age 1 month).
- Not content between feeds, or fussy at the breast
- Use of bottles
- Scheduling feeds by clock
- Engorgement (full and painful breasts)
- Mother thinks she does not have enough milk
- Mother feels she has so much milk, baby can't cope with the amount
- Mother states she is not enjoying the experience, yet feels she is doing everything right

### When to Refer on For Further Help

- No improvement in nipple pain with correction of positioning
- Baby is not gaining weight
- Fewer than 8 feeds in 24 hours with too few dirty/wet diapers
- Baby refuses the breast
- Flu-like symptoms in mother
- Pain, redness or lumps in breast
- Volunteer unable to identify cause of breastfeeding problem
- Mother states she wants to breastfeed but is giving bottles
- Volunteer feels at a loss to help the breastfeeding situation

## 6. Barriers in Supporting and Encouraging Women to Breastfeed.

There are many reasons why women decide not to breastfeed. Some of the reasons are related to the following:

1. Embarrassment
2. Loss of freedom
3. Lack of confidence
4. Concerns about dietary and health practices
5. Influence of family and friends
6. Influence of health professionals
7. Bottle-feeding culture
8. Formula industry

It is important to address these issues and “sort out” the mother’s concerns. These are very real barriers for many women that we are supporting. If the mother wants to breastfeed and yet she is embarrassed to feed in front of family and friends or believes that breastfeeding will restrict her lifestyle, then she will be less likely to breastfeed or to continue breastfeeding.

The volunteer needs to:

**Validate the mother’s concerns:**

*Many new mothers worry about...*

**Give lots of emotional support:**

*It’s wonderful that you are thinking about breastfeeding.*

**Clarify myths or misconceptions with accurate information:**

*A few years ago, many people believed...but now we know breast milk is best for baby.*

### 1. Embarrassment

Many women are not comfortable with the idea of breastfeeding in public or in front of their family and friends. Breasts are generally viewed in a sexual way in our society. Some women are comfortable breastfeeding discreetly in front of others but for many women, breastfeeding is only acceptable if done in private. This is a major source of stress for new mothers. They are often worried about their own modesty and comfort level and/or the comfort level of those around them.

- Mother says: “My boyfriend doesn’t want me to breastfeed in front of his friends.”
- **Resource mother’s response:** “Many women worry about breastfeeding in front of other people. With a little help and practice you will be able to nurse your baby without showing your breasts.”

### Strategies

- Encourage women to talk about how they feel about breastfeeding in public.
- Share with the mother the experiences of breastfeeding mothers in breastfeeding friendly cultures.

- Comment on the breast as a sexual object and as a source of nutrition.
- Talk about ways to breastfeed without showing breasts.
- Talk about situations where the mother would need to breastfeed her baby in public, such as going to the mall, to a friend's house, at church.

## 2. Loss of freedom

Breastfeeding mothers often talk about the convenience of breastfeeding. The books, pamphlets and videos reinforce the idea that breastfeeding is convenient. Unfortunately, for women who choose to bottle-feed their babies, bottle-feeding is seen as more convenient. There is a belief that breastfeeding will tie the mother down. Certainly if a mother is too embarrassed to breastfeed in public, then breastfeeding is less convenient.

Adolescent or young breastfeeding mothers may be concerned that if they breastfeed they will not have time to for their friends and their social activities.

Some women worry that breastfeeding will make the baby more dependent upon them and harder to leave with a sitter. *Many women do not understand that breastfeeding can be combined with bottle-feeding once breastfeeding is well established.*

Unfortunately, television and movies present a view of mothering and parenting that may seem unrealistic for many new mothers. Breastfeeding somehow doesn't fit with this picture.

Mother says:

*I am planning to go back to school so I am not sure about breastfeeding. I want to be able to have a night out on my own.*

Volunteer mother's response:

*It does seem as if you would have to have your baby with you all the time when you breastfeed. You're wondering if you would be able to leave the baby and go to school or get out on your own.*

### Strategies

- Refer to community health and parenting resources, breastfeeding support group, or parent/tot groups.
- Discuss the option of expressing and storing breast milk once breastfeeding is well established after the first 4-6 weeks.
- Discuss a night-time feeding comparing a breastfeeding mother and a bottle feeding mother
- Share ideas of combining breastfeeding with bottle-feeding for breastfeeding mothers who are returning to school.
- Link to an adolescent mother who has successfully breastfed to a breastfeeding mother.

### 3. Lack of confidence

Many women in our society lack confidence in their abilities to breastfeed their babies.

Comments such as:

*My Mother couldn't breastfeed*  
*My milk isn't rich enough*  
*My breasts are too small*  
*I'll try to breastfeed*  
*It's too complicated for me. I'll never be able to do that!*  
*I'm not relaxed enough*

are heard over and over again. It is not surprising that so many new mothers express these concerns. *Most women have not grown up with breastfeeding.* There's a general lack of knowledge about normal breastfeeding because of the wide spread use of bottles and formula feeding. Formula companies produce most breastfeeding promotional materials and the information on breastfeeding is often inaccurate with subtle messages that breastfeeding may be difficult and complicated. This message is reinforced when women are bombarded with negative stories about breastfeeding.

In hospital, women may be encouraged to supplement their breastfeeding with glucose water or formula. This also undermines a new mother's confidence in her breastfeeding ability.

#### Strategies

- Clarify myths and old wives tales.
- Encourage mothers to attend a breastfeeding support group sessions, especially women who were unsure at the beginning about their ability to breastfeed.
- Use resources to reinforce/support breastfeeding.
- Reinforce the idea of human milk for human babies.
- Develop a new mother's confidence and self-esteem by relating breastfeeding to her ability to produce a healthy baby "*Your body has produced a healthy baby so now it will produce healthy milk...*"
- Provide guidance about key concerns, such as producing a good milk supply, comfortable breastfeeding, and how you know your baby is getting enough milk.
- Clarify any misconceptions about breast size and milk supply.

#### 4. Concerns about dietary and health practices

There is a belief among women who choose to bottle-feed that breastfeeding requires drastic changes in eating patterns and lifestyle. Women are mistakenly told that if they smoke, they can't breastfeed, if they have a drink they can't breastfeed, or they must pump and discard their milk. Some women believe that they must drink a specific amount of fluids in a day and they must drink milk. Others believe that they must follow a special diet for breastfeeding and must avoid certain foods when breastfeeding. Why on earth would anyone choose to breastfeed if there were so many restrictions? The following comments are typical of women who worry about diet and lifestyle restrictions: *"I don't always eat right so I wouldn't want to breastfeed. I've been so good all during the pregnancy so after the baby is born, I want to have a smoke again and a few cans of Pepsi."* *"I am not relaxed enough to breastfeed."* *"I've heard you have to give up spicy foods."* *"I want to go on the pill so I can't breastfeed."*

##### Strategies

- You may want to talk about breastfeeding practices in other cultures (e.g. India, Mexico). Women eat very spicy foods and still breastfeed. You do not need to avoid any specific foods in order to breastfeed. Also, women in developing countries breastfeed their babies even when they are very malnourished. Many breastfeed successfully for 2-3 years.
- Healthy eating is important but if a mother's diet is not always perfect, encourage her to relax and enjoy breastfeeding. Her breast milk will be perfect for her baby.

#### 5. Influence of family and friends

Family members and close friends play an important role in helping a woman to choose breastfeeding and to have a positive breastfeeding experience. The mother's own mother, the male partner and female relatives have the greatest influence on a new mother. Young mothers rely on their own mothers for support and information. These individuals can actively encourage a new mother in her breastfeeding efforts or completely undermine her efforts leading to a very negative experience. Many of today's grandmothers bottle-fed their babies and so they are not familiar with breastfeeding. It is only natural that they would encourage what is comfortable and familiar to them.

- *My mother never breastfed and she can't believe in this day and age that I would even think about it.*
- *My boyfriend is really uncomfortable with the idea of me breastfeeding.*

The above are examples of situations where the close family members have a negative influence.

##### Strategies

- Encourage women to link up with other mothers who are breastfeeding or who have breastfed.
- Share how others can be involved in the many other ways to help care for a baby without feeding them.
- Emphasize that breastfeeding is one thing mothers can do for their babies that no one else can.
- Explain that a father can show a baby what love is about without giving food.

## **6. Influence of health professionals**

Many women value the advice of health professionals and look to them for support and information about breastfeeding. While there are many excellent breastfeeding friendly health professionals, conflicting advice from health professionals is still a major source of complaint from new mothers. Many health professionals lack a basic knowledge of breastfeeding and as a result may be unable to provide current and accurate information to breastfeeding mothers. Inaccurate information may totally undermine a mother's breastfeeding efforts. The following comments reflect examples of lack of health professional support: *"I don't know what to do, I've gotten so many mixed messages about breastfeeding"*. *"My physician told me the baby wasn't gaining so I would need to supplement"*. *"I have been told to stop breastfeeding while I am taking this drug"*.

### Strategies

- Encourage women to seek advice from breastfeeding friendly health professionals
- Recommend staying in close contact with the public health nurse and request that she/he provide an advocacy role as needed in working with other health professionals around breastfeeding issues.
- Encourage mothers to seek a second opinion from another health professional if they have been advised to stop breastfeeding.

## **7. Bottle-feeding culture**

This is one of the biggest obstacles for breastfeeding mothers in our society.

We live in a bottle-feeding culture. Just look around! There are bottles everywhere, on TV, in movies, in children's books and with toys. The bottle is the symbol for the infant care area in many buildings such as airports and bus terminals. Although we are beginning to see a greater acceptance of breastfeeding in our province, many women still feel uncomfortable with the idea of breastfeeding their baby in public. In addition, many people feel uncomfortable seeing a woman breastfeeding in public. In communities where breastfeeding is not the norm, the breast is viewed in a sexual way. Young women have not grown up in a breastfeeding culture so there are also few roles models for successful breastfeeding.

### Strategies

- Think about places in the community where women gather. Would a breastfeeding mother feel at ease breastfeeding her baby there?
- Talk to key people in the community and work to establish baby-friendly areas in your stores, malls, restaurants, and family resource centers, hospitals, community centers and sports arenas.
- Encourage Department of Education to include breastfeeding education in their curriculum.

## **8. Formula Industry**

This powerful group has a tremendous influence on women. While many women are choosing to breastfeed their babies, they are at the same time being bombarded with formula company promotional and educational materials and gift samples of free formula. Women feel that they always have another option if breastfeeding fails. It can set up the expectation of failure and because of the many barriers previously mentioned, mothers are easily drawn into formula feeding.

### Strategies

- Refuse formula industry offers of free samples and their promotional and educational material (videos, posters, pamphlets)
- Educate women and their families about the marketing practices of formula companies and the negative effects of early formula supplementation on breastfeeding success
- Encourage health professionals in your community to also refuse formula products and educational materials.
- Inform health professionals about the WHO/UNICEF International Code of Marketing of Breast milk Substitutes (1981) (Appendix A).

## 7. Breastfeeding: Common Questions and concerns

### Is breastfeeding supposed to hurt?

Breastfeeding should not hurt! Nipple soreness in the early breastfeeding experience is preventable.

### Common causes of sore nipples

- poor positioning of mother and/or baby
- poor latching or technique, baby not taking large mouthful of breast
- incorrect suck, perhaps baby has had bottles and is now trying to suck at the breast like a bottle.

### Suggestions

- Check position of mother and baby
- Observe latching on technique
- Make sure baby is not “slurping” or nibbling on to the breast; wait for wide mouth.
- Breastfeed frequently, to prevent breasts from becoming overfull.
- Offer least sore breast first.
- Try gentle massage and heat to breast to encourage milk “let-down”.
- Gently express milk by hand before latching onto get milk flowing.
- Watch baby’s feeding and waking cues and take baby up before crying and ravenous.
- Try different positions of the baby at the breast.
- If the baby is no longer actively sucking and swallowing “drinking”, gently remove baby by inserting little finger in corner of baby’s mouth to break seal.
- Apply expressed breast milk to nipples and let air-dry.
- Avoid using breast pads as these can cause more irritation.
- Breast shells with air holes for sore nipples may be helpful.

*If soreness does not improve with the above measures, seek assistance from a public health nurse or physician.*

### **HINTS**

- Do not use creams or ointments unless recommended by a health professional
- Do not use nipple shields
- Do not stop feeding at the breast

## **What should a mother do if for some reason she is separated from her baby and not able to breastfeed?**

A mother needs to know that if she is not able to feed her baby at the breast (baby is born prematurely, is sick and not able to breastfeed or mother is ill), it is **very important** that her breasts are stimulated in order to establish a good milk supply. Breast milk is even more important for the sick or preterm baby. The new mother should ask for support to breastfeed her baby from health professionals in the hospital and in the community.

### Suggestions

- Begin expressing milk as soon as possible after birth, ideally in the first six hours and express milk at least eight times in a 24-hour period (night time expressing is important).
- It will be easier for the new mother if she has access to an electric pump with a double set-up to pump both breasts at the same time. This will cut her pumping time in half, raise prolactin levels, and increase milk supply.
- All mothers should be taught how to hand express milk if they do not have access to an electric pump.
- It is helpful for mothers to know that in many countries women do not have access to pumps and are able to supply breast milk to their babies by hand expression.
- Encourage the new mother to spend as much time with her baby even if she is not able to breastfeed. Quiet skin-to-skin contact is very important for mother and baby.

## **Why are bottles not advised as a means of feeding babies who will not take the breast?**

A baby uses his tongue, jaws and mouth in a different way when sucking on a bottle. When a baby sucks on a bottle, the tongue pushes upward and forward to control the milk flow. When a baby breastfeeds, he uses his jaws, facial muscles, and tongue in a specific way to press the milk out. When a baby bottle-feeds, his mouth is not open very wide. Suction causes the milk to flow. Some babies “forget” how to breastfeed when offered bottles and artificial nipples.

## **The baby is jaundiced. Does that mean a mother will have to stop breastfeeding?**

Absolutely not! Breastfeeding frequently from birth will actually help get rid of the jaundice. Jaundice or yellowing of the baby’s skin and whites of the eyes is caused by a buildup of bilirubin in the baby’s system. Bilirubin is the result of extra red blood cells that have built up in the mother’s uterus. The bilirubin builds up in the baby’s blood stream. If the baby is a healthy, full term baby there is usually no need for concern. Meconium, the baby’s first bowel movement, is rich in bilirubin. When meconium is not passed from the baby’s digestive system the bilirubin is reabsorbed into a baby’s body.

## **What about sore nipples and yeast infection?**

Some mothers have sore nipples after a period of successful breastfeeding. It is most likely related to a yeast or thrush infection that passes back and forth from the baby’s mouth and the mother’s nipples. The baby may have white patches on the tongue and gums and the mother’s nipples may be itchy, bright pink and tender even after the feeding is over. Often there are no signs. Refer the mother to a breastfeeding friendly professional as treatment will likely be required. There is no reason to stop breastfeeding while being treated.

### **What is engorgement and how can it be prevented?**

When the milk becomes more plentiful after the first few days, there is extra blood and fluid brought to the breast. The breasts may feel warm, full and heavy. This is normal. Feeding the baby frequently from birth will relieve this fullness. This early fullness is due to the onset of milk production and usually settles down after the first week or so. Engorgement occurs when the breast are **overfull**. The breasts become hard, painful and hot. They look tight and shiny. The nipples flatten out and make latching on more difficult. Most problems with engorgement can be prevented if a mother feeds her baby often and for as long as the baby is interested throughout the day and night.

#### Suggestions

- Encourage early and frequent breastfeeding
- Don't restrict baby's time at the breast.
- Make sure baby is well positioned and latched on correctly; breasts will be better stimulated.
- Try gentle massage, hot compresses or a warm bath or shower and gentle hand expression to soften the areola and to encourage the release and flow of milk. It will be easier for the baby to compress the areola with his mouth and gums when it is soft.
- Cold compresses (ice packs) in between feedings are helpful in relieving discomfort.
- Wear a supportive nursing bra or provide support to breasts with a sling.
- Mild pain relievers about 20 minutes before feeding may increase mother's comfort.
- If the baby does not latch on and suckle well the mother will need to express the milk by hand or by pump and feed the baby breast milk by cup, finger feeding or cup and spoon.
- Avoid giving the baby any other fluids besides breast milk. Supplements will decrease the baby's desire to suckle at the breast and lead to further problems.

#### **HINT**

Restricting fluids does not relieve engorgement. Encourage the mother to stay hydrated.

### **What can a breastfeeding mother do about leaking?**

Many mothers complain about leaking breast milk. It is usually a temporary concern that improves as milk supply balances out to meet the needs of the baby. Leaking may occur if a mother sleeps a little longer or if she thinks about her baby or hears a baby cry.

#### Suggestions:

- Apply pressure by holding arms across the breast or rest chin in hands and press forearms against the breast.
- Wear cotton or disposable breast pads in bra. Baby face cloths work well.
- Change pads frequently.
- Wear printed tops as this can sometimes hide the leaking. (Breast milk will not stain washable clothes.)

### **What is happening when a sore spot develops in the breast?**

The milk flowing through the ducts in the breast can cause the duct to be plugged or blocked. When this happens the mother may notice a tender lump in an area of the breast. The lump is thickened milk that is harder to drain. The mother feels well and usually does not have a fever. Often it comes on gradually in one breast and the sore area is in one small area of the breast.

### **What triggers a plugged duct?**

- Going too long between feedings or rushed, skipped feedings, “breastfeeding on the run”.
- Tight bra, underwire bra or tight clothing.
- Breastfeeding in the same position all the time and not draining an area of the breast well.
- Stress and fatigue.

### **Suggestions:**

- Apply constant heat to the sore area either in a hot bath or shower or warm compresses
- Try gentle massage from behind the lump towards the nipple with fingertips and flat of hand
- Start feeding on the sore breast first.
- Try a different position that points the baby’s chin towards the plugged area.
- Gently massage or stroke the lump as the baby is feeding.
- Feed the baby frequently at least every 2 hours.
- Rest and eat well. Mother may want to take baby to bed with her.

### **HINT**

If the breast becomes red and very sore and/or the mother tells you that she feels as if she is getting the flu it is likely that a breast infection (mastitis) has developed. It is important for the mother to continue breastfeeding. If there is an infection, the milk will not harm the baby. Follow the same suggestions as above until the mother sees a health professional. Encourage the mother to seek the assistance of a breastfeeding friendly health professional. The mother may need antibiotics if the sore breast does not improve with the above suggestions.

### **What about dealing with a fussy baby?**

Even though most of us are told that a newborn baby sleeps a lot in the early weeks of life, the reality is that most babies have fussy periods. For a new mother a crying baby can be overwhelming to her. Fussiness in the late afternoon and early evenings seems to be the common time.

Many new mothers, fathers and well meaning relatives immediately wonder if the baby is hungry and perhaps not getting enough milk. This worry about whether or not a baby is getting enough breast milk is seen in cultures where bottle-feeding has been the norm. Women and their families have lost confidence in their breastfeeding abilities and tend to blame fussiness and crying on breastfeeding.

*There are many reasons why a newborn cries:*

- Hunger
- Boredom
- Discomfort
- Over stimulation
- Need to suck for comfort and closeness

Most breastfed babies, when they are tired and cranky, or uncomfortable seek out the breast as a source of comfort. It does not always mean that they are hungry. As a mother gets to know her baby, she will learn why her baby is crying and how best to respond.

#### Suggestions:

- Offer lots of emotional support to mother.
- Encourage mother to offer the breast as it often will calm a baby and will provide nourishment.
- Some babies fuss and squirm at the breast when they need to pass gas. Change position from lying to sitting will usually help pass gas.
- Cuddle baby and provide gentle movement. A sling or snugly to keep baby close to mother or father is helpful.
- Try a warm bath for mother and baby together.
- Try swaddling baby.
- Try calm, soothing music.
- Try car rides or other movement/motion.
- Encourage mother to take baby to bed with her.
- Encourage mother to chat with other new mothers.
- Encourage mother to get short “baby breaks” and enlist the support of friends and family members.

Make sure that a new mother is confident that she is able to tell if her breastfed baby is getting enough milk. Weight gain is always a positive reassuring sign but try to focus more on the baby. Is the baby healthy, bright and alert when awake? Does he settle well between most feedings? Look at wet diapers and bowel movements.

**HINT:** Reassure a new mother that **the baby needs only breast milk for the first six months of life and supplements will only serve to decrease the milk supply rather than increase it.** This is a difficult decision for many new mothers because they will receive pressure from those around them to supplement their baby. Giving supplements will only make it more difficult to produce a good milk supply. If there is a concern from a health professional that the baby is not gaining enough weight, this mother and baby will need to be under the careful supervision and care of a breastfeeding friendly health professional.

### **How can the father provide support to the breastfeeding mother?**

*“The father is the first person to teach a baby that a person can provide love without food.”*

(author unknown) The father of a breastfed baby can be a great source of support for the new mother. Many parents worry that the father will not be able to feed the baby and will miss out on special time with the baby. There are many other ways for the father of a breastfed baby to show he loves and cares for his baby.

#### Suggestions:

- Encourage the father to give support to the other in her breastfeeding efforts; be positive and tell her that she is doing something wonderful for the child.
- Encourage the father to protect mother from unsupportive family members and friends.
- Make sure that the father understands the problems of feeding a breastfed baby with a bottle in the early weeks of breastfeeding.
- Encourage the father to help with the daily chores, other children and aspects of caring for a new baby such as burping, bathing, changing, skin-to-skin contact, rocking, cuddling, and going for a walk.

**How can a grandmother support a breastfeeding mother** Unfortunately, many of today’s grandmothers did not breastfeed their babies. They may not understand the importance of breastfeeding and may not be as supportive of the new mother’s breastfeeding efforts. Focus on the many ways that the grandmother may be of assistance to the new mother without interfering with the mother’s decision to breastfeed.

#### Suggestions:

- Suggest the many ways that the grandmother may be of assistance to the new family in the early weeks after birth such as cooking meals, laundry, cleaning, and help with other children.

### **Can a breastfeeding mother drink alcohol and breastfeed?**

When a breastfeeding mother drinks alcohol, it passes into the breast milk. However, the occasional glass of wine or beer associated with social drinking is considered safe while breastfeeding.

### **Can a breastfeeding mother take medications and breastfeed?**

There are very few medications that a mother would not be able to take while breastfeeding. Always suggest that the mother seek advice from a health professional knowledgeable about breastfeeding. If a health professional recommends stopping breastfeeding while taking a medication always request a safer alternate drug and if this is not possible, suggest the mother ask for a second opinion from a lactation consultant or breastfeeding friendly health professional.

You can also recommend that the mother contact the “Mother Risk” program by visiting the website [www.motherisk.org](http://www.motherisk.org) or calling the home line at (416) 813-6780. This program provides information about the risk or safety of prescription and over-the-counter drugs, herbal products, chemicals, etc.

### **Is it possible to become pregnant while breastfeeding?**

The conception control that breastfeeding gives can prevent pregnancy, if certain guidelines are followed:

- The mother’s menstrual periods have not resumed.
- The baby is younger than 6 months old.
- The baby is exclusively breastfed.

(Jack Newman, 2004)

Other methods of contraception such as the diaphragm, condoms, foams, and jellies work well with breastfeeding. The use of birth control pills is controversial. Estrogens in the pill may reduce some mother’s milk supply. The progesterone only pill is more acceptable.

## Later Concerns

### How long can a baby continue to breastfeed?

The World Health Organization and UNICEF recommend breastfeeding for at least 2 years. Breastfeeding is all your baby needs for the first 6 months. Some babies will go even longer than six months on breast milk alone. Children can continue to be breastfed with the appropriate introduction of complementary (solid) foods. Many women continue to breastfeed their babies when they return to work or school.

**There may be some mothers who feel pressured by friends and family to wean their babies early.** It is important for the resource mother to work with a mother to sort out the real reasons for a mother's decisions to wean and to make sure that it is truly what the mother wants. Often a new mother needs breastfeeding information. She may need to share with family members. Some women do not realize that they can breastfeed beyond six months! A baby can be breastfed for as long as mother and baby want to continue.

### What can a breastfeeding mother do to increase her milk supply if it is low?

- Make sure that the baby is positioned and latched on well to the breast, a simple change in position can make a big difference.
- Encourage the baby to feed for as long as possible. If a mother really does have a decrease in her milk supply a few days of increased breastfeeding will help to increase her milk supply.
- Encourage the baby to finish the first breast before offering the second breast. This is important in ensuring the baby gets the rich hindmilk that comes later in a feeding.
- Suggest the mother take the baby to bed for a few days of rest, breastfeeding and sleeping.
- Suggest the mother get as much help with all extra responsibilities of caring for the home and other family members.
- Refer to lactation consultant, or breastfeeding friendly health professional.

### What could be happening if the baby seems to want to feed more often?

Many new mothers worry about whether or not they have enough milk for their baby when all of a sudden, for no reason the baby seems to want to breastfeed all the time. The baby is probably going through a growth spurt, a time of rapid growth. A growth spurt may occur at various times but many babies have periods of rapid growth at about 2 weeks, 4-6 weeks, 2 months, and 4 months. (Canadian Institute of Child Health, 1996). The baby may want to feed as often as every 1-2 hours for several days to increase the milk supply. After 3-4 days of more frequent breastfeeding, the milk supply will have increased to meet the baby's new needs.

### HINT

It is important not to supplement the baby (water or formula) during a growth spurt. The breasts will not be stimulated as much and the milk supply will decrease. New mothers need lots of support during this time and help with the extra work in caring for their families. Mothers who know to expect growth spurts are better able to cope with them when they occur.

### **Is it realistic for a two month old to sleep through the night? Will solid foods help a baby to sleep for longer periods?**

Breastfeeding during the night is important in establishing a good milk supply. Babies need the nighttime feedings to ensure that they receive lots of breast milk. Every baby is different but most breastfed babies will nurse frequently (8-12 times throughout the day and night). Most babies will have one longer stretch of 4-5 hours but still wake 1-2 times through the night. Many breastfed babies continue to wake through the night well into their toddler years.

### **It is a myth that giving a baby more food will help them sleep longer at night.**

Babies will sleep through the night when they are ready to do so. Unfortunately, in our bottle-feeding culture, babies are expected to sleep separated from their mothers and for long periods. In cultures where breastfeeding is the norm, babies sleep with their mothers and wake frequently for feedings throughout the night. *A new mother needs lots of reassurance and support that her baby's sleeping, waking and feeding patterns are indeed normal.*

### **When is the best time to introduce a bottle to a breastfed baby?**

Many babies never have a bottle and learn to drink from a cup at a very early age. It is best not to introduce a bottle before breastfeeding is well established, usually by waiting until the baby is 4-6 weeks of age. If bottles and formula supplements are given in the early weeks, it will make establishing a mother's supply more difficult.

### **How will a new mother know when her breastfed baby is ready for solid foods?**

Most babies show that they are ready for solid foods around the middle of their first year of life. All babies are ready at different times. These signs may help a mother sort out whether or not her baby is ready for solid foods:

#### **Watch for..**

- Baby can sit up
- Baby no longer pushes his tongue out
- Baby reaches out for food and puts it into mouth
- Baby is able to chew and swallow food
- Baby is breastfeeding more often, for no apparent reason (baby is not sick)

Always let mother know that breast milk is still the **BEST FOOD** for her baby. Once a baby starts eating solids he will take less breast milk. This is the reason to delay solids for as long as possible.

### **Should breastfed babies be supplemented with Vitamin D?**

Health Canada and the Canadian Pediatric Society recommend that all healthy term infants living in Canada receive a daily vitamin D supplement of 400 IU (International Units) a day. If you have questions about giving vitamin D supplements to your baby, please contact your doctor, public health nurse, or lactation consultant.

### **How can a mother continue to breastfeed after she returns to work?**

Returning to work is often an emotionally difficult time for new mothers. Breastfeeding provides a wonderful way to say goodbye before you leave for work and a great way to greet your baby when your workday is done. If you return to work exclusively breastfeeding, you will need to manually express or pump breast milk for any feedings that you are away from your baby to maintain your milk supply. Some employers are supportive to allow babies to be brought to the work place for feedings or have policies in place to allow paid time for pumping. It may be helpful to discuss with your employer your goals for breastfeeding as you prepare to return to work.

## 8. Breastfeeding Myths

(adapted from Dr. Jack Newman's myth handouts found on [www.gentlemothering.ca](http://www.gentlemothering.ca))

### 1. Many women do not produce enough milk.

**Not true!** The vast majority of women produce *more than enough* milk. Indeed, an *overabundance* of milk is common. Most babies who gain too slowly or lose weight do so **not because the mother does not have enough milk** but because the baby does not get the milk that the mother has. The usual reason that the baby does not get the available milk is that he is poorly latched onto the breast. This is why it is so important that the mother be shown, **on the first day**, how to latch a baby on properly, by someone who knows what he or she is doing.

### 2. It is normal for breastfeeding to hurt.

**Not true!** Though some tenderness during the first few days is relatively common, this should be a temporary situation that lasts only a few days and should never be so bad that the mother dreads nursing. Any pain that is more than mild is abnormal and is almost always due to the baby latching on poorly. Any nipple pain that is not getting better by day 3 or 4 or lasts beyond 5 or 6 days should not be ignored. A new onset of pain when things have been going well for a while may be due to a yeast infection of the nipples. Limiting feeding time does not prevent soreness.

### 3. There is no (not enough) milk during the first 3 or 4 days after birth.

**Not true!** It often seems like that because the baby is not latched on properly and is therefore unable to get the milk. Once the mother's milk is abundant, a baby can latch on poorly and may still get plenty of milk. However, during the first few days, the baby who is latched on poorly cannot get milk. This accounts for "but he's been on the breast for 2 hours and is still hungry when I take him off". By not latching on well, the baby is unable to get the mother's first milk, called colostrums. Anyone who suggests you pump milk to know how much colostrum there is does not understand breastfeeding and should be politely ignored.

### 4. A baby should be on the breast 20 (10, 15, 7.6) minutes on each side.

**Not true!** However, a distinction needs to be made between "being on the breast" and "breastfeeding". If a baby is *actually drinking* for most of 15 to 20 minutes on the first side, he may not want to take the second side at all. If he drinks only a minute on the first side, and then nibbles or sleeps, and does the same on the other, no amount of time will be enough. The baby will breastfeed longer if the mother compresses the breast to keep the flow of milk going once he no longer swallows on his own. Thus it is obvious that the rule of thumb that "the baby gets 90% of the milk in the breast in the first 10 minutes" is equally, hopelessly wrong.

### 5. A breastfeeding baby needs extra water in hot weather.

**Not true!** Breast milk contains all the water a baby needs.

### 6. A mother should wash her nipples each time before feeding the baby.

**Not true!** Formula feeding requires obsessive attention to cleanliness because formula not only does not protect the baby against infection, but also is actually a good breeding ground for bacteria and can also be easily contaminated. On the other hand, breast milk protects the baby against infection. Washing nipples before each feeding makes breastfeeding unnecessarily complicated and washes away protective oils from the nipple.

**7. Pumping is a good way of knowing how much milk the mother has.**

**Not true!** How much milk can be pumped depends upon many factors, including the mother's stress level. The baby *who nurses well* can get much more milk than his mother can pump. Pumping only tells you how much you can pump.

**8. Breast milk does not contain enough iron for the baby's needs.**

**Not true!** Breast milk contains just enough iron for the baby's needs. If the baby is full-term, he will get enough iron from breast milk to last him at least the first 6 months. Formulas contain *too much iron*, but this quantity may be necessary to *ensure the baby absorbs enough* to prevent iron deficiency. The iron in formula is poorly absorbed, and most of it, the baby poops out. Generally, there is no need to add other foods to breast milk before about 6 months of age.

**9. It is easier to bottle-feed than to breastfeed.**

**Not true!** Or, this *should* not be true. However, breastfeeding is made more difficult because women often do not receive the help they should to get started properly. A poor start can indeed make breastfeeding difficult. But a poor start can also be overcome. Breastfeeding is often more difficult at first, due to a poor start, but usually becomes easier later.

**10. Breastfeeding ties the mother down.**

**Not true!** But it depends upon how you look at it. A baby can be nursed anywhere, anytime, and thus breastfeeding is *liberating* for the mother. There is no need to drag around bottles or formula. No need to worry about where to warm up the milk. No need to worry about sterility. No need to worry about how your baby is, because he is with you.

**11. There is no way to know how much breast milk the baby is getting.**

**Not true!** There is no easy way to *measure* how much the baby is getting, but this does not mean that you cannot know if the baby is getting enough. The best way to know is that the baby actually drinks at the breast for several minutes at each feeding ("open – *pause*- close" type of suck). Other ways also help show that the baby is getting plenty.

**12. Modern formulas are almost the same as breast milk.**

**Not true!** The same claim was made in 1900 and before. Modern formulas are only superficially similar to breast milk. Every correction of a *deficiency* in formulas is advertised as an advance. Fundamentally, they are inexact copies based on outdated and *incomplete* knowledge of what breast milk is. Formulas contain no antibodies, no living cells, no enzymes, and no hormones. They contain much more aluminum, manganese, cadmium, and iron than breast milk. They contain significantly more protein than breast milk. The proteins and fats are fundamentally different from those in breast milk. Formulas do not vary from beginning of the feed to the end of the feed, or from day 1 to day 7 to day 30, or from woman to woman, or baby-to-baby... Your breast milk is made as required to suit *your* baby. Formulas are made to suit every baby, and thus *no* baby. Formulas succeed only at making babies grow well, usually, but there is more to breastfeeding than getting the baby to grow quickly.

**13. If the mother has an infection she should stop breastfeeding.**

**Not true!** With very, very few exceptions, the mother's continuing to breastfeed will protect the baby. By the time the mother has fever (or cough, vomiting, diarrhea, rash, etc.) she has already given the baby the infection, since she has been infectious for several days before she even knew she was sick. The baby's best protection against getting the infection is for the mother to

continue breastfeeding. If the baby does get sick, he will be less sick if the mother continues breastfeeding. Besides, maybe it was the baby who gave the infection to the mother but the baby did not show signs of illness because he was breastfeeding. Also, breast infections, including breast abscess, though painful, are not reasons to stop breastfeeding. Indeed, the infection is likely to settle more quickly if the mother continues breastfeeding on the affected side.

**14. If the baby has diarrhea or vomiting, the mother should stop breastfeeding.**

**Not true!** The best medicine for a baby's gut infection is breastfeeding. Stop other foods for a short time, but continue breastfeeding. Breast milk is the *only* fluid your baby requires when he has diarrhea and/or vomiting, except under exceptional circumstances. The push to use "oral re-hydrating solutions" is mainly a push by the formula (and oral re-hydrating solutions) manufacturers to make even more money. The baby is comforted by the breastfeeding, and the mother is comforted by the baby's breastfeeding.

**15. If the mother is taking medicine she should not breastfeed.**

**Not true!** There are very, very, few medicines that a mother cannot take safely while breastfeeding. A very small amount of most medicines appears in the milk, but usually in such small quantities that there is no concern. If a medicine is truly of concern, there are usually equally effective, alternative medicines that are safe. The loss of benefit of breastfeeding for both the mother and the baby *must be taken into account* when weighing if breastfeeding should be continued.

Contact the Motherisk information program at [www.motherisk.org/women/breastfeeding.jsp](http://www.motherisk.org/women/breastfeeding.jsp) or 416 -813-6780 (long distance applies)

**16. A breastfeeding mother has to be obsessive about what she eats.**

**Not true!** A breastfeeding mother should try to eat a balanced diet, but neither needs to neither eat any special foods nor avoid certain foods. A breastfeeding mother does not need to drink milk in order to make milk. A breastfeeding mother does not need to avoid spicy foods, garlic, cabbage or alcohol. A breastfeeding mother should eat a normal, healthful diet. Although there are situations when something the mother eats may affect the baby, this is unusual. *Most commonly, changing breastfeeding techniques, rather than changing the mother's diet can improve colic, gassiness, and crying.*

**17. A breastfeeding mother has to eat more in order to make milk.**

**Not true!** Women on even very low-calorie diets usually make enough milk, at least until the mother's calorie intake becomes *critically* low for a prolonged period of time. Generally, the baby will get what he needs. Some women worry that if they eat poorly for a few days this will also affect their milk. There is no need for concern. Such variations will not affect milk supply or quality. It is commonly said that women need to eat 500 extra calories a day in order to breastfeed. This is not true. Some women do eat more when they breastfeed, but others do not, and some even eat less, without any harm done to the mother, or baby or the milk supply. The mother should eat a balanced diet dictated by her appetite. *Rules about eating just make breastfeeding unnecessarily complicated.*

**18. A breastfeeding mother has to drink lots of fluid.**

**Not true!** The mother should drink according to her thirst. Some mothers feel they are thirsty all the time, but many others do not drink more than usual. The mother's body knows if she needs

more fluids, and tells her by making her feel thirsty. Do not believe that you have to drink at least a certain number of glasses a day. Rules about drinking just make breastfeeding unnecessarily complicated.

**19. A mother who smokes is better not to breastfeed.**

**Not true!** A mother who cannot stop smoking should breastfeed. Breastfeeding has been shown to decrease the negative effects of cigarette smoke on the baby's lungs, for example. Breastfeeding confers great health benefits on both mother and baby. It would be better if the mother not smoke, but if she cannot stop or cut down, then it is better she smoke and breastfeed than smoke and formula feed.

**20. A mother should not drink alcohol while breastfeeding.**

**Not true!** Reasonable alcohol intake should not be discouraged at all. As is the case with most drugs, very little alcohol comes out in the milk. The mother can take some alcohol and continue breastfeeding as she normally does. Prohibiting alcohol is another way we make life unnecessarily restrictive for nursing mothers.

**21. A breastfeeding mother should avoid caffeine.**

**Not necessarily true!** Occasional use of caffeine is ok to use when breastfeeding a healthy baby. Some babies may become irritable or have trouble sleeping as a result of mother's caffeine use. If this happens, it may be a reason to choose non-caffeinated beverages instead.

**22. A mother who bleeds from her nipples should not breastfeed.**

**Not true!** Though blood makes the baby spit up more, and the blood may even show up in his bowel movements, this is not a reason to stop breastfeeding the baby. Nipples that are painful and bleeding are not worse than nipples that are painful and not bleeding. It is the pain the mother is having that is the problem. This nipple pain can often be helped considerable. Get help. Sometimes mothers have bleeding from the nipples that is obviously coming from inside the breast and is not usually associated with pain. This often occurs in the first few days after birth and settles within a few days. The mother should breastfeed! If bleeding does not stop soon, the source of the problem needs to be investigated, but the mother should keep breastfeeding.

**23. A woman who has had breast augmentation surgery cannot breastfeed.**

**Not true!** Most do very well. There is no evidence that breastfeeding with silicone implants is harmful to the baby. Occasionally this operation is done through the areola. These women do have problems with milk supply, as does any woman who has an incision around the areola line

**24. A woman who has had breast reduction surgery cannot breastfeed.**

**Not true!** Breast reduction surgery does decrease the mother's capacity to produce milk, but since many mothers produce more than enough milk, mothers who have had breast reduction surgery sometimes manage very well to breastfeed exclusively. If the mother worries she is having problems with her milk supply, she should consult a lactation consultant. (Please consult Dr. Jack Newman's Guide to Breastfeeding for more information).

**25. Premature babies need to learn to take bottles before they can start breastfeeding.**

**Not true!** Premature babies are less stressed by breastfeeding than by bottle-feeding. A baby as small as 1200 grams and even smaller can start at the breast as soon as he is stable, though he may not latch on for several weeks. Still, he is learning and he is being held, which is important

for his well-being and his mother's. Actually, weight or gestational age does not matter as much as the baby's readiness to suck, as determined by his making sucking movements. There is no more reason to give bottles to premature babies than to full-term babies. When supplementations are truly required there are ways to supplement without using artificial nipples.

**26. Babies with cleft lip and/or palate cannot breastfeed.**

**Not true!** Some do very well. Babies with a cleft lip only usually manage fine. But many babies do indeed find it impossible to latch on. But if the baby is never given a chance to latch then there will be no way to know if the baby could. The baby's ability to breastfeed does not always seem to depend on the severity of the cleft. Breastfeeding should be started, as much as possible, using the principles of proper establishment of breastfeeding. If bottles are given, they will undermine the baby's ability to breastfeed. If the baby needs to be fed but is not latching on, a cup can and should be used in preference to a bottle. Finger feeding occasionally is successful in babies with cleft lip/palate, but not usually.

**27. Women with small breast produce less milk than those with large breasts.**

Nonsense! Milk production has absolutely nothing to do with breast size!! Small breasts can produce as much milk as large breasts. Small breasts **may** have less storage capacity for breast milk than large breasts, and therefore women with small breasts **may** have to feed more frequently than women with large breasts (from Breastfeeding and Human Lactation, 2<sup>nd</sup> Edition, 1998).

**28. Breastfeeding does not provide any protection against becoming pregnant.**

**Not true!** It is not a foolproof method, but no method is. In fact, breastfeeding is not a bad method of child spacing, and gives reliable protection especially during the first six months. But it is reliable only when breastfeeding is exclusive, when feedings are fairly frequent (at least 6-8 times in 24 hours), there are no long periods during which the baby does not feed, and the mother has not yet had a normal menstrual period after giving birth. After the first six months, the protection is less, but still present, and on average women breastfeeding into the second year of life will have a baby every 2 to 3 years even without any artificial method of contraception.

**29. Breastfeeding women cannot take the birth control pill.**

**Not true!** The question is not exposure to female hormones, to which the baby is exposed anyway through breastfeeding. The baby gets only a tiny bit more from the pill. However, some women who take the pill, even the mini-pill, find that their milk supply decreases. (Estrogen in the pill decreases the milk supply.) Because so many women produce more than enough, this reduction often does not matter; but sometimes it does and the baby becomes fussy and is not satisfied by nursing. Babies respond to rate of flow of milk, not what's "in the breast", so that even a very good milk supply may seem to cause the baby who is used to faster flow to be fussy. Stopping the pill often brings things back to normal. If possible, women who are breastfeeding should avoid the pill until the baby is taking other foods (usually 4 to 6 months of age). Even if the baby is older, the milk supply may decrease significantly. If the pill must be used, it is preferable to use the progestin-only pill (without estrogen).

**30. Breastfeeding babies need other types of milk after 6 months.**

**Not true!** Breast milk gives the baby everything there is in other milks and *more*. Babies older than 6 months should be started on solids mainly so that they learn how to eat and so that they begin to get another source of iron, which by 7 to 9 months, is not supplied in sufficient quantities from breast milk alone. Thus cow's milk or formula will not be necessary as long as

the baby is breastfeeding. However, if the mother wishes to give milk after 6 months, there is no reason that the baby cannot get cow's milk, as long as the baby is still breastfeeding a few times a day, and is also getting a wide variety of solid foods in more than minimal amounts. Most babies older than 6 months who have never had formula will not accept it, because of the taste.

**31. Women with flat or inverted nipples cannot breastfeed.**

**Not true!** Babies do not breastfeed on nipples, they breastfeed on the breast. Though it may be easier for a baby to latch on to a breast with a prominent nipple, it is not necessary for nipples to stick out. A proper start will usually prevent problems, and mothers with any shaped nipples can breastfeed perfectly adequately. In the past, a nipple shield was frequently suggested to get the baby to take the breast. *This gadget should not be used, especially in the first few days!* Though it may seem a solution, its use often results in poor feeding and severe weight loss, and makes it even more difficult to get the baby to take the breast. If the baby does not take the breast at first, with proper help, he will often take the breast later. Breasts also change in the first few weeks, and as long as the mother maintains a good milk supply, the baby will usually latch on sooner or later.

**32. A woman who becomes pregnant must stop breastfeeding.**

**Not true!** If the mother and child desire, breastfeeding can continue. There are women who continue nursing the older child even after delivery of the new baby. Many women do decide to stop nursing when they become pregnant, because their nipples are sore, or for other reasons, but there is no rush or a medical necessity to do so. In fact, there are often good reasons to continue. The milk supply may decrease during pregnancy, but if the baby is taking other foods, this is not a problem.

**33. A baby with diarrhea should not breastfeed.**

**Not true!** *The best treatment for a gut infection (gastroenteritis) is breastfeeding.* Furthermore, it is very unusual for the baby to require fluids other than breast milk. If lactose intolerance is a problem, the baby can receive lactase drops, available with prescription, just before or after the feeding, but this is rarely necessary in breastfeeding babies. Get information on its use from the clinic. In any case, lactose intolerance due to gastroenteritis will disappear with time. Lactose-free formula is not better than breastfeeding. Breastfeeding is better than any formula.

**34. Babies will stay on the breast for 2 hours because they like to suck.**

**Not true!** Babies need and like to suck, but how much do they need? Most babies who stay at the breast for such a long time are probably hungry, even though they may be gaining well. *Being at the breast* is not the same as *drinking at the breast*. Latching the baby better onto the breast allows the baby to nurse more effectively, and thus spend more time actually drinking. You can also help the baby to drink more by expressing milk into his mouth when he no longer swallows on his own. Babies younger than 5 to 6 weeks often fall asleep at the breast because the flow of milk is slow, not necessarily because they have had enough to eat.

**35. Babies need to know how to take a bottle. A bottle should always be introduced before the baby refuses to take one.**

**Not true!** Though many mothers decide to introduce a bottle for various reasons, there is no reason a baby *must* learn how to use one. Indeed, there is no great advantage in a baby's taking a bottle. Since Canadian women are supposed to receive 26 weeks' maternity leave, the baby can be started on solids before the mother goes back to her outside work. The baby can even take fluids or thin solids off a spoon.

At about 6 months of age, the baby can start learning how to drink from a cup, and though it may take several weeks for him to learn to use it efficiently, he will learn. If the mother is going to introduce a bottle, it is better she wait until the baby has been nursing *well* for 4 to 6 weeks, and then give it only occasionally. Sometimes however, babies who take the bottle well at 6 weeks, refuse it at 3 or 4 months even if they have been getting bottles regularly (smart babies). Do not worry, and proceed as above with solids and spoon. Giving a bottle when breastfeeding is going badly is not a good idea and usually makes the breastfeeding even more difficult. For your sake and the baby's do not try to "starve the baby into submission". Get help.

**36. If a mother has surgery, she has to wait a day before restarting nursing.**

**Not true!** The mother can breastfeed immediately after surgery, as soon as she is up to it. Neither the medications used during anesthesia, nor pain medications, nor antibiotics used after surgery require the mother to avoid breastfeeding, except under *exceptional* circumstances. Enlightened hospitals will accommodate breastfeeding mothers and babies when either the mother or the baby needs to be admitted to the hospital, so that breastfeeding can continue. *Many rules that restrict breastfeeding are for the convenience of staff rather than the benefit of the mothers and babies.*

**37. Breastfeeding twins is too difficult to manage.**

**Not true!** Breastfeeding twins is easier than bottle-feeding twins, *if breastfeeding is going well*. This is why it is so important that a special effort should be made to get breastfeeding started right when the mother has had twins. Many women have breastfed triplets exclusively. This obviously takes a lot of work and time, but twins and triplets take a lot of work and time no matter how the infants are fed.

**38. Women whose breast do not enlarge or enlarge only a little during pregnancy, will not produce enough milk.**

**Not true!** There *are* a very few women who cannot produce enough milk (though they can continue to breastfeed by supplementing with a lactation aid). Some of these women say that their breasts did not enlarge during pregnancy. However, the vast majority of women whose breasts do not seem to enlarge during pregnancy produce more than enough milk.

**39. A mother whose breasts do not seem full has little milk in the breast.**

**Not true!** Breasts do not have to feel full to produce plenty of milk. *It is normal for a breastfeeding woman's breasts to feel less full as her body adjusts to her baby's milk intake.* This can happen suddenly and may occur as early as two weeks after birth or even earlier. The breast is never "empty" and also produces milk as the baby nurses.

**40. Breastfeeding in public is not decent.**

**Not true!** It is the humiliation and harassment of mothers who are nursing their babies that is not decent. Women who are trying to do the best for their babies should not be forced by other people's lack of understanding to stay home or feed their babies in public washrooms. Those who are offended need only avert their eyes. Children will not be damaged psychologically by seeing a woman breastfeeding. On the contrary, they might learn something important, beautiful and fascinating. They might even learn that breasts are not only for selling beer. Other women

who have left their babies at home to be bottle fed when they went out might be encouraged to bring the baby with them the next time.

**41. Breastfeeding a child until 3 or 4 years of age in abnormal and bad for the child, causing an over-dependent relationship between mother and child.**

**Not true!** Breastfeeding for 2 to 4 years was the rule in most cultures since the beginning of human time on this planet. Only in the past 100 years or so has breastfeeding been seen as something to be limited. Children nursed onto the third year are *not* overly dependent. On the contrary, they tend to be very secure and thus *more* independent. They themselves will make the step to stop breastfeeding (with gentle encouragement from the mother), and thus will be secure in their accomplishment.

**42. If the baby is off the breast for a few days (weeks), the mother should not restart breastfeeding because the milk sours.**

**Not true!** The milk is as good as it ever was. Breast milk in the breast is *not* milk or formula in the bottle. The breast is the perfect storage unit for breast milk!

**43. After exercise a mother should not breastfeed.**

**Not true!** There is absolutely no reason why a mother would not be able to breastfeed after exercising. The study that purported to show that babies were fussy feeding after a mother exercising was poorly done and contradicts the everyday experience of millions of mothers.

**44. A breastfeeding mother cannot get a permanent or dye her hair.**

**Not true!**

**45. Breastfeeding is blamed for everything.**

**True!** Family, health professionals, neighbors, friends and taxi drivers will blame breastfeeding if the mother is tired, nervous, weepy, sick, has pain in her knees, has difficulty sleeping, is always sleepy, feels dizzy, is anemic, has a relapse of her arthritis (migraines or any chronic problem), complains of hair loss, change of vision, ringing in the ears, or itchy skin. Breastfeeding will be blamed as the cause of marriage problems, and other children acting up. Breastfeeding is to blame when the mortgage rates go up and the economy is faltering. And whenever there is something that does not fit the “picture book” life, the mother will be advised by everyone that it will be better if she stops breastfeeding.

**46. Nursing mothers cannot breastfeed if they have had X-rays.**

**Not true!** Regular x-rays such as a **chest x-ray** or **dental x-rays** do not affect milk or the baby and the mother may nurse without concern. **Mammograms** are harder to read when the mother is lactating but can be done, and the mother should not stop breastfeeding just to get this done. There are other ways of investigating a breast lump. Newer imaging methods such as **CT scan** and **MRI Scans** are of no concern, even if contrast is used. **And special x-rays using contrast media?** As long as no radioactive isotope is used there is no concern and the mother should not stop even for one feed. Herein are included studies such as intravenous pyelogram, lymphangiogram, venogram, arteriogram, myelogram, etc. **What about studies using radioactive nucleotides (bone scans, lung scans, etc)?** The baby will get a *little* radioactive nucleotide. However, as we often do these very same tests on children, even small babies, and the potential loss of benefits if the mother stops breastfeeding are considerable, the mother should continue breastfeeding.

The exception is the **thyroid scan**. This test **must be avoided** in breastfeeding mothers. There are many ways of evaluating the thyroid and only very occasionally does a thyroid scan truly have to be done. Check first before taking the radioactive iodine – the test can wait until you know for sure. In many cases where the scan must be done, it can be put off for several months.

Always consult your physician if you have any questions or concerns about testing.

#### **47. Breastfeeding mothers' milk can "dry up" just like that.**

**Not true!** Or if this can occur, it must be a rare occurrence. Aside from day-to-day and Morning-to-evening variations, milk production does not change suddenly. There are changes that occur that may make it seem as if milk production is suddenly much less;

- a) **An increase in the needs of the baby, the so-called growth spurts.** If this is the reason for the seemingly insufficient milk, a few days of more frequent nursing will bring things back to normal. Try compressing the breast with your hand to help the baby get milk.
- b) **A change in the baby's behavior.** At about 5 to 6 weeks of age, more or less, babies who would fall asleep at the breast when the flow of milk slowed down, tend to start pulling at the breast or crying when the milk flow slows. The milk has not dried up, but the baby has changed. Try compressing the breast with your hand to help the baby get more milk.
- c) **The mother's breasts do not seem full or are soft.** It is normal after a few weeks for the mother no longer to have engorgement or even fullness of the breasts. As long as the baby is drinking at the breast, do not be concerned.
- d) **The baby breastfeeds less well.** This change is often due to the baby being given bottles or pacifiers and thus learning an inappropriate way of breastfeeding.

The birth control pill *may* decrease your milk supply. Think about stopping the pill or changing to a progesterone-only pill. Or use other methods.

If the baby truly seems to not be getting enough, get help, but do not introduce a bottle, which will only make things worse. If absolutely necessary, the baby can be supplemented using a lactation aid, which will not interfere with breastfeeding. However, lots can be done before giving supplements. Get help. Try compressing the breasts with your hand to help the baby get milk.

#### **48. Formula company literature and free formula samples do not influence whether or how long a mother breastfeeds.**

**Really?** So why do the formula companies work so hard to make sure that new mothers are given these samples, *their* company's samples? Are these samples and the literature given out to encourage breastfeeding? Is the cost of the samples and booklets taken on by formula companies so that mothers really will be encouraged to breastfeed longer?

The companies often argue that if the mother does formula feed they want the mother to use their brand. In competing with each other, the formula companies also compete with breastfeeding. Did you believe that argument when the cigarette companies used it?

**49. Breast milk given with formula may cause problems for the baby.**

**Not true!** Most breastfeeding mothers do not need to use formula. When problems arise which seem to require artificial milk often the problems can be resolved without resorting to formula. *When the baby may require formula there is no reason that breast milk and formula cannot be given together.*

**50. Babies who are breastfed on demand are likely to be “colicky”.**

**Not true!** “Colicky” breastfed babies often gain weight very quickly and sometimes feed frequently. However, many are colicky not because they are feeding frequently, but because they do not take the high fat milk as well as they should. Typically, the baby drinks very well for the first few minute, then nibbles or sleeps. When the baby is offered the other side, s/he will drink well again for a short while and then nibble or sleep. The baby will fill up with relatively low fat milk and thus feed frequently. The taking in of mostly low fat milk may also result in gas, crying, and explosive watery bowel movements. The mother can urge the baby to breastfeed longer on the first side, and thus get higher fat milk, by compressing the breast once the baby no longer actually swallows at the breasts.

**51. Mothers who receive immunizations (tetanus, rubella, hepatitis B, hepatitis A, etc.) should stop breastfeeding for 24 hours (3 days, 2 weeks).**

**Not true!** Why shouldn't they? There is no risk for the baby, and he may even benefit. The rare exception is the baby who has an immune deficiency. In that case the mother should not receive an immunization with a weakened *live* virus (e.g. oral, but not injectable polio, or measles, mumps, rubella) even if the baby is being fed artificially.

**52. There is no such thing as nipple confusion.**

**Not true!** A baby who is only bottle fed for the first two weeks of life, for example, will usually refuse to take the breast, even if the mother has an abundant supply. A baby who has had only the breast for 3 or 4 months is unlikely to take the bottle. Some babies prefer the right or left breast to the other. Bottle-fed babies often prefer one artificial nipple to another. So there *is* such a thing as preferring one nipple to another. The only question is how quickly it can occur. Given the right set of circumstances, the preference can occur after one or two bottles. The baby having difficulties latching on my never have had an artificial nipple, but the introduction of an artificial nipple rarely improves the situation, and often makes it much worse. Note that many who say there is no such thing as nipple confusion also advise the mother to start a bottle early so that the baby will not refuse it.

## **9. Appendices**

Appendix A: The Baby Friendly Initiative (BFI)

Appendix B: International Code of Marketing of Breast milk Substitutes,  
World Health Organization Geneva 1981

Appendix C: Resources

Appendix D: Friendly Feeding Line: District BFI Committee and Volunteers  
Statement of Agreement

## Appendix A

### The Baby Friendly Initiative (BFI)

The BFI is a global campaign launched by UNICEF and WHO in 1991. The goal of BFI is to increase breastfeeding initiation and duration rates by protecting, promoting, and supporting breastfeeding. The BFI includes best practices in hospital (*The Ten Steps to Successful Breastfeeding*) and community health services (*The Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services*). Ideally, mothers receive breastfeeding support in hospital, from community-based health care providers, from their employers and from the community as a whole. *The Seven Point Plan* is based on the *Ten Steps to Successful Breastfeeding*.

#### *Ten Steps to Successful Breastfeeding:*

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless *medically* indicated.
7. Practice rooming-in. Allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

From Protecting, Promoting, and Supporting Breastfeeding: the Special Role of Maternity Services. A joint WHO/UNICEF Statement, published by the World Health Organization.

## Appendix B

### International Code of Marketing of Breast milk Substitutes World Health Organization Geneva 1981

#### The “Who Code”

The “Who Code” was developed in 1981 as a guide for business and institutions in how they promote formula products. The intent of the code is to protect breastfeeding by ensuring that mothers and health care workers in all countries receive accurate, unbiased information about infant feeding.

Canada was one of 118 countries, which voted in favor of the Code, but it was not legislated here. The Code is not fully supported in either developed or resource-poor countries. For example, in Canada, many hospitals receive funding from formula manufacturers and free formula in exchange for use of their products. Expectant and new mothers often receive offers for free formula in the mail, and may see advertisements in magazines.

#### Summary of the Code

1. **No advertising** of artificial baby milks, bottles, and nipples to the public
2. **No free samples** to mothers
3. **No promotion** of products **in health care facilities**
4. **No company mothercraft** nurses to advise mothers
5. **No gifts or personal samples** to health workers
6. **No words or pictures idealizing artificial infant feeding**, including pictures of infants on the labels of the products.
7. **Information** to health workers should be **scientific and factual**
8. **All information** on artificial feeding, including the labels, should explain the **benefits of breastfeeding** and the **costs and hazards associated with artificial feeding**
9. **Unstable products** such as sweetened condensed milk should not be promoted for babies
10. All products should be of **high quality** and take into account the climatic and storage conditions of the country where they are used.

## Appendix C

### Resources

#### Books

- Breastfeeding Basics by Nova Scotia Department of Health
- The Womanly Art of Breastfeeding by La Leche League International
- The Breastfeeding Answer Book by Nancy Mohrbacher and Julie Stock, La Leche League International
- Dr. Jack Newman's Guide to Breastfeeding by Dr. Jack Newman & Theresa Pitman(2004)

#### Videos

- Breast is Best by the Norwegian Board of Health – Available from Public Health Services
- Breastfeeding: Why To, Canadian Learning Company
- Breastfeeding: How To, Canadian Learning Company
- A Case for Breastfeeding: The Lily Series, 1992

#### Web Sites

- Infant Feeding Action Coalition (INFACT) Canada- [www.infactcanada.ca](http://www.infactcanada.ca)
- La Leche League Canada – [www.lllc.ca](http://www.lllc.ca)
- World Alliance for Breastfeeding Action- [www.waba.org](http://www.waba.org)
- Jack Newman- [www.drjacknewman.com](http://www.drjacknewman.com) and [www.gentlemothering.ca](http://www.gentlemothering.ca)
- NS office of Health Promotion and Protection parent information site, - [www.momsanddads.ca](http://www.momsanddads.ca)
- Breastfeeding Committee of Canada – [www.breastfeedingcanada.ca](http://www.breastfeedingcanada.ca)

#### Public Health Services

Prenatal Classes, postnatal support, breastfeeding support, immunization information, nurses, nutritionists, community outreach workers

Yarmouth  
Phone: 742-7141

Shelburne  
Phone: 875-2623

Digby  
245-2557

Barrington  
Phone: 637-2430

Meteghan  
Phone: 645-2325

#### Nova Scotia Department of Health Promotion and Protection

Resources, including Breastfeeding Basics book, available at <http://www.gov.ns.ca/health/publichealth/content/nutrition.htm>

Parent information on breastfeeding and other information including healthy eating, physical activity, car seats, and second hand smoke in the home available at:

[www.momsanddads.ca](http://www.momsanddads.ca)

**Breastfeeding and parent support** available at **Baby and Me**, every Tuesday, 10:00am-11:30am at Yarmouth Superstore Community Room.

## Appendix D

### Friendly Feeding Line: District BFI Committee and Volunteers Statement of Agreement

This agreement reflects the importance of volunteers to our friendly Feeding Line Program. We appreciate your work and want to make your volunteer experience a positive and rewarding one.

#### Committee

The South West Baby Friendly Initiative Committee agrees to accept the services of:

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
beginning

We will commit to the following:

- to provide information, orientation and assistance which will help the volunteer to meet the responsibilities of the position;
- to ensure support is available for the volunteer;
- to respect the skills, dignity and individual needs of the volunteer;
- to be open to comments from the volunteer regarding ways in which we can work together more effectively;
- to work in partnership with the volunteer.

#### Volunteer

I, \_\_\_\_\_, agree to serve as a volunteer and commit to the following:

- to perform volunteer duties according to the volunteer role;
- to meet time commitments or to provide notice so that other arrangements can be made;
- not to divulge information received by me in the course of carrying out my duties except where required by law.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Coordinator or District BFI Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# South West Nova Community Resource Guide

2005



South West Health  
*Working Together for Better Health*  
Shelburne · Yarmouth · Digby

## **Addiction Services**

Individual and group services for anyone with or affected by addictions (drugs, alcohol, tobacco, gambling, smoking cessation support and counseling) Services are free, confidential, no referral is necessary. A Women Services Coordinator is available for alcohol/substance abuse or gambling. Appointments in the office, at designated sites around the county or home visits may be arranged.

- ✦ *Addiction Services - Yarmouth*  
742-2406
  
- ✦ *Addiction Services – Digby*  
245-5888
  
- ✦ *Addiction Services – Church Point*  
769-3419
  
- ✦ *Addiction Services – Shelburne*  
875-8645
  
- ✦ *Addiction Services - Barrington*  
637-1432
  
- ✦ *Gambling Help Line*  
1-888-347-8888

## **Department of Community Services**

- ✦ ***Income Assistance***  
Yarmouth – 10 Starr’s Road; 742-0741 (fax: 742-0747)  
Digby – 84 Warwick Street; 245-5811 (fax: 245-4121)  
Shelburne – Barrington; 637-2335 (fax: 637-2137)
  
- ✦ ***Employment Support Services (ESS)***  
ESS helps people on Income Assistance to become more self-sufficient through continuing education, job skills and counseling.  
Yarmouth - 742-0034  
Barrington – 637-2335  
Digby – 245-5811
  
- ✦ ***Early Childhood Development Officer***  
For information on licensed daycares, including programming, regulations and inclusion of children with special needs.  
Yarmouth, Digby, Shelburne - 742-7146

## **Child Development & Early Intervention Programs**

### **✦ *Early Intervention Programs***

Early Intervention services are intended for ALL children who have a developmental delay or who are at risk for developmental delay, whether they have a diagnosis or not.

*Clare Early Intervention Program*

769-5850

<http://www.nsnet.org/eipclaredigby>

*Digby & Area Early Intervention Program*

245-6277

*South West Early Childhood Intervention*

742-3366

<http://www.nsnet.org/yarmouth>

*Shelburne County Early Childhood Development Association*

875-4067

<http://www.nsnet.org/shelburne>

## **Assistance with Domestic Violence and Other Crimes**

### **✦ *Juniper House - Yarmouth***

Provides a 24-hour toll free crisis line, a safe secure home with 24-hour staffing and supportive counseling, outreach programs, help with understanding the legal and social service systems. Outreach services also available.

742-8689 or 1-800-266-4087 (24 hour crisis line) Outreach - 742-0231

[www.juniperhouse.ca](http://www.juniperhouse.ca)

### **✦ *Citizen's Against Spousal Abuse – Digby***

Provides support, advocacy and counseling services.

151 Conway, HWY 303 Digby

245-4789 (After Hours & Weekends please contact: Digby RCMP, Emergency Department at Digby General Hospital or Juniper House.)

### **✦ *Victim Services***

Provides support, advocacy and counseling services.

*Donna Potty, Lunenburg*

902-634-8674

✪ **Victim's Assistance**

*Provides assistances and support for victims of crime and their families.*

1-800-565-1805

679-6201

## **Education and Employment Services**

✪ **Learning Centres**

Digby and Area Learning Association, 53 Mount Street; 245-7532

Tusket - Équipe d'alphabétisation, Slocumb Crescent - 648-0501 ou 1-888-648-0501

Shelburne County Learning Network, 123 Mowatt St; 875-4272

Yarmouth County Learning Network, 372 Pleasant Street; 742-8151

✪ **Adult Learning Program / GED Preparation**

These courses are designed to help you improve your reading, writing, speaking, math, problem-solving, critical thinking and teamwork skills.

Burrige Campus (Yarmouth); 749-2418

Shelburne Campus; 875-8652 or 875-8640

Digby and Area Learning Association, 53 Mount Street; 245-7532

✪ **Employment Counseling Services**

***Digby County***

Employment Counselor; 245-7449

Career Resource Centre; 245-7540

Clare Employment Services; 769-3284

Digby Disability; 245-1830

***Yarmouth County***

Career Resource Centre; 742-0784

Youth Services Centre; 742-5442

South West Nova Persons with Disabilities; 742-5859, [www.wnpdc.com](http://www.wnpdc.com)

Black Employment Resource Centre; 742-5388

Nova Scotia Community College Employment Services - Phone: (902) 742-3218

Fax: (902) 742-0519

***Shelburne County***

Barrington Youth Services Centre; 637-3278

Black Employment Partnership Committee, 157 Water Street; 875-2825

Nova Scotia Community College Employment Services - Phone: (902) 875-8639

Fax: (902) 875-3797

✦ **Get Dressed**

An outreach program that provides clothing and information for interviews.  
245-2050

✦ **Human Resources and Skills Development Canada**

Digby, 84 Warwick Street; 245-4784  
Yarmouth, 13 Willow Street; 742-6178  
Shelburne, 218 Water Street; 875-3940

### **Family and Children's Services**

Services to children in care and custody, adoption services, foster home assessment, child protection, family support services and counseling for single parents.

✦ *Family and Children's Services of Yarmouth County*

10 Starrs Road; 742-0700 (fax: 742-8945)

✦ *Children's Aid Society – Barrington*

637-2337 (fax: 637-2137)

✦ *Family and Children's Services - Digby*

245-5811 (fax: 245-4121)

### **Family Resource Centers**

Family resource centers provide parents with the support and information they need to raise their children. You may find parenting classes, parent-child groups, home visiting, school readiness programs and food security programs. Contact your local centre for programming information.

✦ *Parent's Place – Yarmouth*

Also Childcare Information and Support Program  
34 Barnard Street  
749-1718

✦ *King Street Centre – Shelburne*

35 King Street  
875-3256

✦ *Digby County Family Resource Centre*

Also Canadian Pre-Natal Program (CPNP)  
19 Prince William Street  
245-6464

✪ ***La Pirouette***

Centre de ressources et de services a la famille (Clare). Also Childcare Information and Support Program.

645-2673

✪ ***Child Help Initiative Project (CHIP)***

The Child Help Initiative Program (CHIP) is a project of the Native Council of Nova Scotia. The goals of CHIP are to create a community-based family resource program and outreach services tailored to the unique circumstances of off-reserve rural Aboriginal families at greatest risk with children under the age of 6.

Diane Warner - CHIP Facilitator

902-354-2751/52 (Fax: 902-354-2757)

Email: [ssaptec@eastlink.ca](mailto:ssaptec@eastlink.ca)

✪ ***Our House Youth Health and Wellness Centre***

Supporting healthy development of youth ages 11-18.

54 King Street,

Shelburne

875-3337

## **Fuel, Food & Clothing Banks**

✪ ***Food Banks***

Weymouth; 837-4987 or 837-5185

Digby; 245-2251

Clare; 769-2263

Yarmouth Food Bank Society; 742-0918 (open Tuesdays from 1:00-3:30 pm)

Children's Food Kitchen (Yarmouth); 742-5226

Shelburne, The Pantry Shelf; 875-3484

✪ ***Clothing & Baby Supplies***

Parent's Place – Yarmouth; 749-1718 Ext. 3

Tabitha Centre – Yarmouth; 742-8960

Salvation Army – Yarmouth; 742-2519

Salvation Army Thrift Store – Yarmouth; 742-7749

Tri-County Pregnancy Care Centre Inc. – Yarmouth; 742-3865

Bethany Bargain Bin - Digby- 245-2524 (vouchers from community services available for families on Social Assistance)

NU 2 U – Roseway Hospital, Shelburne; 875-2769 (Volunteer, Fran Richardson for information)

✪ **Fuel Bank**

Provides financial help with heating apartments / houses for those in need.  
Yarmouth – Open Tuesday & Thursday; 742-6906

✪ **Furniture Bank**

A service to help set you up with products to furnish your house or apartment.  
742-0160

**Health Centers, Clinics & Breastfeeding Support**

✪ **Hospitals**

Roseway Hospital - Shelburne  
PO Box 610  
Shelburne, NS B0T 1W0  
ph. 902-875-3011 (main) fax: 902-875-1580

Yarmouth Regional Hospital  
60 Vancouver Street, Yarmouth, NS B5A 2P5  
ph. 902-742-3541 (main) fax: 902-742-0369

Digby General Hospital  
75 Warwick Street, Digby B0V 1A0  
ph. 245-2501 (main)

✪ **Nurse Practitioner**

Digby Islands -  
Shelburne County -

✪ **Prenatal Clinic**

Provides prenatal care for all expecting mothers as well as social support for young mothers.

Yarmouth, Digby, Shelburne  
749-0730

✪ **Breastfeeding Support Groups**

Friendly Feeding Line  
Yarmouth - 742-3542 x 433  
Shelburne - 875-2623  
Barrington – 637-2430

Breastfeeding Support Group – Clare  
645-3085

Baby and Me – Yarmouth  
Meets every Tuesday 10:00 a.m. to 11:30 a.m.  
Yarmouth Superstore Community Room  
For more information call Public Health at 742-7141

Baby and Me Group– Shelburne  
875-2623

Breastfeeding Hot Line; Halifax  
1-902-481-5822

- ✪ ***Breast Pump Loan Program – Women’s Institute***  
Yarmouth; 742-4188 (Barb Hinkley) or 742-2722 (Carolyn Richardson)  
Clare; Breast Pump Rental – 769-0893
- ✪ ***Nursing Bra’s*** available at Parent’s Place; 749-1718 ext 3
- ✪ ***Mother Baby Clinic (IWK Health Centre)***  
*Halifax; 420-6483*

## **Housing**

- ✪ **Tri-County Housing Authority** (Yarmouth, Digby & Shelburne)  
This program is designed to provide adequate, affordable rental housing to families in need.  
Residents are charged rent based on income.  
  
Yarmouth - 742-4369 or 1-800-306-3331 (toll free)  
Digby – 245-2559  
Shelburne - 875-3247
- ✪ **First Steps Housing Project** (Saint John, NB)  
Provides a safe and supportive transitional residence for pregnant homeless teens and their babies.  
(506) 693-2228 or Crisis line (506) 693-2229

## **Legal Services**

### **☛ *Legal Aid Nova Scotia***

Legal Aid provides services to a person on Social Assistance or in an equivalent financial position where there is merit in providing legal assistance in certain areas of family and criminal law. Services are normally always provided to young persons for offences under the Young Offenders Act and other criminal legislation. Financial eligibility for Legal Aid is based mainly on gross monthly household income. For example: mothers regarding custody, adoption, and abuse issues. Services are free of charge.

Yarmouth & Shelburne Contact:  
101 Water Street, Pier 1 Complex, Yarmouth  
742-7827

Digby Contact:  
253 St. George Street, Annapolis Royal  
532-2311

Legal Information Society of Nova Scotia – 1-800-665-9779

### **☛ *Maintenance Enforcement Program***

Info Line available 24 hours a day:  
1-800-357-9248 (toll-free for residents outside Metro)

## **Libraries**

Offers books and videos on many topics including pregnancy, breastfeeding, child development and parenting.

Barrington, 3533 Hwy #3; 637-3348  
Clare, 8196 Hwy #1 Meteghan; 645-3350  
Clark's Harbour, 2642 Main Street; 745-2885  
Digby, 84 Warwick Street; 245-2163  
Lockport, 35 North Street; 656-2817  
Pubnico, 35 Hwy 335, Pubnico Head; 762-2204  
Shelburne, 255 Water Street; 875-3615  
Westport, 17 Second Street; 839-2955  
Weymouth, 4596 Hwy #1; 837-4516  
Yarmouth, 405 Main Street; 742-5040

## **Mental Health Services**

Services offered to adults, children and families at the Mental Health Centers, in the community or through information sessions. You can self-refer or be referred by a family doctor or other community agency.

- ✦ *Mental Health Services – Yarmouth*  
2<sup>nd</sup> Floor, Yarmouth Regional Hospital, 60 Vancouver Street  
742-4222
  
- ✦ *Mental Health Services – Digby*  
3<sup>rd</sup> Floor, Digby General Hospital  
245-4709
  
- ✦ *Mental Health Services – Shelburne*  
2<sup>nd</sup> Floor, Roseway Hospital, Shelburne  
875-4200
  
- ✦ *Mental Health Services – Satellite Clinic*  
*CLARE – 645-3470*  
*BARRINGTON – Appointments booked through Shelburne Office.*

## **Nova Scotia Hearing and Speech Centres (NSHSC)**

- ✦ ***NSHSC - Yarmouth Regional Hospital***  
60 Vancouver Street, Yarmouth, NS B5A 2P5  
742-3542 x 364  
Website: [www.nshsc.ns.ca](http://www.nshsc.ns.ca)
  
- ✦ ***NSHSC - Digby General Hospital***  
PO Box 820, Digby NS B1V 1A0  
245-2501  
Website: [www.nshsc.ns.ca](http://www.nshsc.ns.ca)
  
- ✦ ***NSHSC - Roseway Hospital (Shelburne)***  
Sandy Point Road, Shelburne, NS B0T 1W0  
875-3011 x 270  
Website: [www.nshsc.ns.ca](http://www.nshsc.ns.ca)

## **Public Health Services**

Public Health Nurses, Community Outreach Worker and Community Home Visitor can do home visits or can answer questions on infant care and development, dental health, parenting, breastfeeding, healthy eating and more.

- ✦ *Yarmouth Public Health Services*  
60 Vancouver Street, 4<sup>th</sup> Floor  
742-7141 - Main Line
  
- ✦ *Digby Public Health Services*  
67 Warwick Street, Digby General Hospital, 3<sup>rd</sup> Floor  
245-2557
  
- ✦ *Meteghan Public Health Services*  
Clare Medical Centre, Meteghan Centre  
645-2325
  
- ✦ *Shelburne Public Health Services*  
Roseway Hospital  
875-2623
  
- ✦ *Barrington Satellite Office*  
#3640 Hwy #3  
Barrington Passage  
637-2430

## **Recreation**

### ✦ **Leisure Services**

Provides recreation programming and services. Also Kids Fair Play Fund.

Town of Yarmouth, 403 Main Street; 742-8868

Municipality of Argyle, Tusket; 648-3379

Shelburne Municipality; 875-3544

Town of Shelburne; 875-3873

Digby; 245-506

Clare; 769-3655

Barrington; 637-2903

Clark's Harbour; 745-0226

Lockport; 656-2642

### ✦ **YMCA of Yarmouth**

275 Main Street; 742-7181

## **Respite Services**

### **✧ *In Home Support***

Support and financial assistance to families caring for children with developmental or physical disabilities up to the age of 18 in the family home. Families who meet eligibility criteria may receive support for services which may include financial assistance for respite care, transportation to medical related appointments and extraordinary costs related to the child's care.

For Yarmouth, Digby, Shelburne call Bridgewater - 541-1266

### **✧ *Western Regional Respite Services***

The Yarmouth Association for Community Residential Options offers respite services for families and their children/youth whose disabilities make it difficult to live in their family home.

Yarmouth, Digby & Shelburne Contact: 742-9258

## **Safety**

### **✧ *Canada Safety Council***

Questions about product safety and recalls.  
[www.safety-council.org](http://www.safety-council.org)  
(613) 739-1566

### **✧ *Child Safety Link***

Promotes the reduction of incidence and severity of childhood injuries across the Maritimes. Priorities include home and playground safety, poisoning safety, as well as booster, car seat and helmet safety.  
<http://www.childsafetylink.ca>  
470-6496 or 1-866-288-1388

### **✧ *Safe Kids Canada***

Provides best evidence messages to prevent serious injuries to children. Safe Kids Canada produces educational resources on a variety of topics. Those resources include brochures and guides and for certain areas, workshops and presentations.  
<http://www.safekidscanada.ca>

### **✧ *Health Canada Consumer Products Safety***

Provides information about health risks and safety hazards associated with many consumer products. Provides information about advisories, warning and recalls, children's products, household products, personal products, pest management products, recreational and sports products.  
[http://www.hc-sc.gc.ca/cps-spc/index\\_e.html](http://www.hc-sc.gc.ca/cps-spc/index_e.html)

✪ **Poison Control Centre**  
IWK Hospital – 428-8161 or 1-800-565-8161

✪ **RCMP - 911**  
Shelburne – 875-2490  
Barrington - 637-2325  
Yarmouth County– 742-9106  
Yarmouth Town – 742-8777  
Meteghan – 645-2326  
Digby - 245-2579

✪ **Car Seat Safety Inspections** – Cooperators  
742-7813

✪ **Car Seat Safety Transport Canada**  
1-800-333-0371

## **Social Support & Counseling**

✪ ***Tri-County Women's Centre - Yarmouth***  
Provides programs and services to all women including; crisis intervention, self-help, support groups, resource library, advocacy and accompaniment. Also affiliated with Planned Parenthood.

126 Brunswick Street  
742-0085  
[www.tricountywomenscentre.org](http://www.tricountywomenscentre.org)

✪ ***Tri-County Pregnancy Care Centre Inc. – Yarmouth***  
A religious based organization that offers information and counseling on the various options available to pregnant women. They also provide counseling regarding life choices and moral and ethical questions.

342 Main Street  
742-3865

✪ ***HOPE Centre***  
Provides support services to people with disabilities and people with children with disabilities.

Yarmouth  
742-8910

★ **Parent Help-Line**

Parent Help Line offers parents and caregivers access to information, support and referral 24 hours a day, 365 days a year. It's anonymous, bilingual and toll-free from anywhere in Canada.

1-888-603-9100

★ **Motherisk Help Line**

*Alcohol and Substance Use Helpline* - 1-877-327-4636 - for information about the fetal effects of alcohol, nicotine and drugs like marijuana, cocaine and ecstasy.

*Nausea and Vomiting of Pregnancy Helpline* - 1-800-436-8477 - for information on "morning sickness" and how to treat it.

*HIV and HIV Treatment in Pregnancy* - 1-888-246-5840 - for information about the possible effects of HIV and HIV treatment during pregnancy.

*Motherisk's Home Line* - (416) 813-6780 - for information about the risk or safety of prescription and over-the-counter drugs, herbal products, chemicals, x-rays, chronic disease and infections during pregnancy. [long distance rate apply]

## Transportation

- ★ HOPE Dial-a-Ride; 742-6579 (provides transportation for people with disabilities)
- ★ Salvation Army; 742-2519 (provides transportation to people in need of traveling to other towns/cities for medical purposes)
- ★ Hut's Transit; 649-2422
- ★ Shuttle Services
  - Amero's Shuttle Service; 1-888-283-222 or 245-4986
  - Campbell's Shuttle Services; 742-6101
  - Cloud Nine Shuttle Service; 742-3992
  - Super Dave's Shuttle Services; 745-2328
- ★ Transport de Clare; 769-2477
- ★ King's Transit (Digby); 678-7310

## Doctors

- ★ For a current listing visit: <http://www.cpsnssearch.ca/search.asp>