

Collecting Colostrum While You're Pregnant

What is colostrum and why is it important?

- Colostrum is a fluid the breast makes from about the 20th week of pregnancy, up to the first few days after your baby is born.
- Colostrum is easy for your baby to digest—it's the ideal first food for your baby.
- It can range from dark yellow to clear, and can be quite thick and sticky.
- Colostrum gives the nutrition that all newborns need. It has a lot more protein than mature milk. Many of these proteins help make your baby's immune system stronger.
- Colostrum has fat-soluble vitamins, some minerals, and salt. All help to protect your baby from becoming dehydrated in the first few days, before breastfeeding is established.
- While the breast doesn't make large amounts, colostrum is high in energy and helps the meconium pass (the baby's first bowel movement), which then helps prevent jaundice (sleepiness and poor feeding often associated with yellowing of the skin).

Why should I think about expressing colostrum by hand?

- Breastmilk is the recommended food for all babies, especially for babies with more health needs.
- In some cases, babies need to be fed shortly after birth, for example, babies with low blood sugar. By expressing colostrum by hand (antenatal expression) and bringing it with you to the hospital, you'll have this ideal food source ready for your baby, if needed.
- Mothers who collect colostrum while they're pregnant have more success establishing and maintaining breastfeeding.

When can I start expressing colostrum?

Doctors usually recommend you start when you're at least 37 weeks pregnant.

How do I hand express colostrum?

Put warm compresses on your breasts or begin expressing after a bath or shower, as the heat may help the colostrum flow better. It may take a few days of practice before you start seeing a few drops of colostrum.

It's strongly recommended that you watch the Stanford Hand Expression video at:

<http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>

Note: This video shows expressing milk after the baby is born. You will likely only make a small amount of colostrum while you're pregnant, and that's normal.

Before You Start

- Go to your pharmacy and buy syringes that hold 3 to 5 mL of liquid. You'll use the syringes to collect the colostrum after you express it.
- Make sure the cup or spoon you're using to collect the colostrum is clean and sterile.

Getting Started

1. Wash your hands.
2. Sit in a comfortable, upright position, leaning slightly forward.
3. Start with a gentle breast massage, stroking from the back of your breast towards the nipple.
4. Gently press your finger and thumb pads (not your fingertips) on the border of your areola back toward the chest wall and into the breast tissue, then press them together and hold for a few seconds (see Figure 1).
Your fingers should be well back from your nipple, on the border of your areola, and shouldn't tug or drag on your nipple.
Don't squeeze or pinch your nipple.
5. Repeat, using a rhythm like that of a baby suckling at the breast.

Expressing should be comfortable. Speak to your doctor if you have any discomfort or concerns, as you may need to see a lactation consultant.

When the Colostrum Starts Flowing

When you can see the colostrum, collect it with the clean cup or spoon (see Figure 2). There might only be a few drops from the nipple or it will be dripping easily.

1. When the colostrum stops flowing, rotate the position of your fingers and thumb around the areola and repeat the expressing process.
2. Switch to the other breast when the flow slows down or after 2 to 3 minutes.
3. Express on each breast twice during a session.

When You're Done Collecting

1. Collect the expressed colostrum from the clean cup or spoon using a syringe.
2. Label the syringe with your name, the date, and the time(s) you expressed.
3. Place the syringe in a freezer bag in the fridge until you're done collecting for the day. You can express colostrum 2 to 3 times each day.
4. At the end of the day, put the freezer bag in the freezer. The frozen colostrum can be stored for up to:
 - 4 months in a 2-door fridge or side-by-side fridge/freezer
 - 12 months in a deep freezer

Colostrum must be used within **24 hours after it's been thawed**.

Bringing the Colostrum to the Hospital

1. Make sure everything is still labelled.
2. Put the freezer bag of syringes in a cooler or in a bag full of ice before bringing it to the hospital. Make sure the colostrum doesn't thaw before you get it to the hospital.
3. Tell your health care provider you brought frozen colostrum, so it can be put in the breastmilk fridge.

Note: If your baby needs the colostrum, you'll give about 3 to 15 mL. Not all hospitals have a freezer to keep your colostrum frozen during your stay, and all colostrum must be used within 24 hours of thawing.

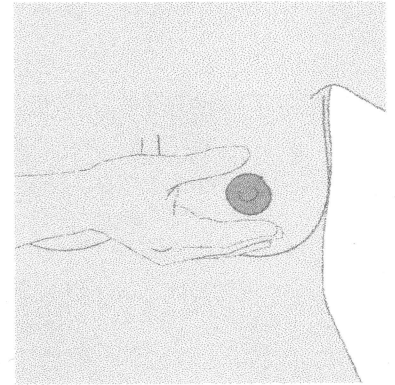


Figure 1

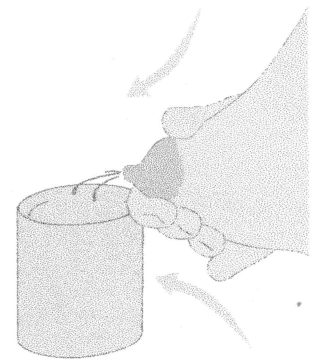


Figure 2

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www.healthyparentshealthychildren.ca

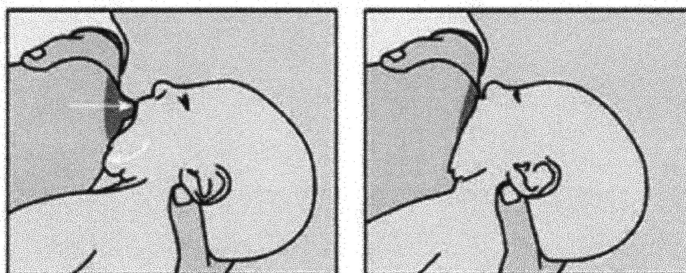
Early and Often: Getting Breastfeeding Off to a Good Start

How you choose to feed your baby is between you and your baby. I am sure you know there are many good things about breastfeeding for both you and your baby. Your maternity and post partum teams are here to support you and your feeding decisions. Here are some tips to get ready for breastfeeding

Before Birth:

1) A Comfortable Latch

Learning how to help the baby get a deep latch or attachment is key to comfortable breastfeeding and helps the baby get the most milk from the breast. Watch the videos, "Attaching Your Baby at The Breast" on www.globalhealthmedia.org and <https://www.youtube.com/user/NancyMohrbacher>. It is important for you to be comfortable before latching and while breastfeeding. Breastfeeding pillows can be helpful for support but sometimes if you rest the baby on the pillow then you may be tempted to lean forward and bring your breast to the baby which can be uncomfortable for your body. Bring your baby to your breast once you are in a comfortable position. Babies do like to feel supported at the breast, but it is the support of your body that the baby is seeking. A pillow may not be needed or can be used to support your back or arms while your body and arms support the baby. Take a deep breath and relax your shoulders. Feel free to snuggle and wiggle the baby a little after they are latched to get a more comfortable fit; rather like you wiggle a bit to get more comfortable on a bicycle seat. Snuggle the baby's hips and shoulders closer to you. This will help the baby tip back her head a bit so her nose is free to breathe and the baby's chin is buried in the breast. Help her get a big mouthful of breast with the nipple high, close to the roof of the mouth. You can slide her over a few millimeters after she has latched, if the nipple ended up in the middle of her mouth. Every breast and baby are differently shaped so finding your fit together can take some time. Be patient and trust your instincts. Ask for help if the two of you are having trouble getting a deep comfortable latch



Office of Women's Health, U.S. Dept. of Health and Human Services

2) Helping Hands

Learn how to use your hands to help your milk come in. Watch the video, "Hand Expression" on www.firstdroplets.com. Hand expression or using your hands to take milk from the breast is a useful skill both before and after the birth. Colostrum is the first milk produced. There is much less of it than the mature milk that comes in about three to four days after the baby is born. The small volume allows the baby to get used to using its stomach. Colostrum is nature's first super food. Some studies show using your hands to bring out some drops of colostrum before your baby's birth can increase your milk supply up to 30%. If you want to do this, you can start at 36-37 weeks of pregnancy. Just expressing the milk helps even if you let it wash away in the shower. Some like to save this early milk before birth in the freezer to feed your baby extra colostrum in the first few days. See the handout, "Collecting Colostrum While You're Pregnant", to learn more about this.

After Birth:

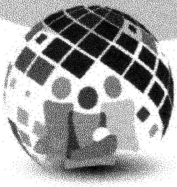
1) Feed in the First Hour of Life

Ideally, the baby goes on your chest right after being born and stays there until after the first feed. The baby may find a good latch all by themselves. You can also help the baby find the breast when she starts rooting and looking for the breast. If the baby stays with the birthing parent it is much easier for the baby to learn to get a deep latch and suck well. Taking colostrum from the breast by baby or hand expression in the **first hour** is the most important cue for your breast to make a good supply. Timing is key! Many studies show those who get milk out of the breast in the first hour make up to 40% more milk!

2) Skin to Skin and Feed/Remove Milk Often in the first few days

The first couple of days and weeks is the time when your breasts learn how much milk to make. This is the easiest time to establish a good milk supply by frequent breast emptying with baby, hands or pump. Time spent removing milk from your breasts in this critical time period will really pay off later. Spend lots of time holding your baby wearing only a diaper right against your chest. This skin-to-skin time helps you make more milk and helps a baby become ready to feed. It is home base for the baby and a great place to snuggle her to reset if either of you is feeling stressed. Go ahead and feed her every time your baby starts to root and look for the breast. It is normal for babies to feed very often at first. They will space out their feeds to 8-12 times /24 hours as they get a little bigger. In the first three days, hand expressing for a few minutes after feeds, five or six times daily (or at least eight times if the baby is not breastfeeding) can also help your milk come in well. Usually, hands remove colostrum more easily than a pump and can also be used to help the baby or pump remove mature milk.

Breastfeeding is a learned skill. Most breastfeeding parent and baby pairs go through a learning period of a few days to a few weeks where breastfeeding may be hard. After this, most find breastfeeding becomes easier than bottle-feeding and can be a lovely sharing time for you and baby. If you do have problems, there is plenty of help for you both at the hospital and after you go home. (Examples: Public Health Nurse, Early Start Line, Riley Park Lactation Clinic, Well Fed Clinic, Westglen Breastfeeding Clinic, NEST Maternity in Airdrie, Circle Medical Clinic, North East Women's Health Clinic, La Leche League)

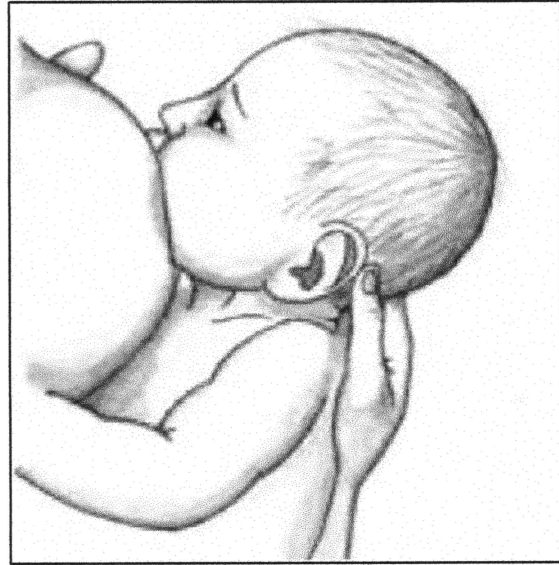
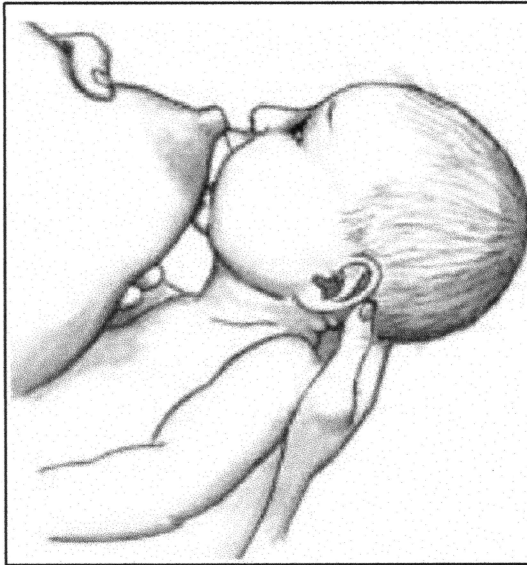


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Positioning to Help Your Baby Latch Well

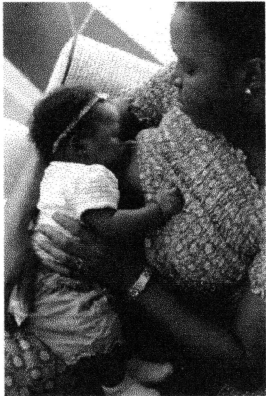




Infants have instincts that enable them latch to the breast and feed. However, this does not mean that all babies will latch well.

Positioning in a way that your baby is comfortable will help your baby latch. You may need to experiment to see which positions work the best for you and your baby. Here are a few hints that may help no matter what position is used:

- **Babies latch better when calm.** Put your baby to your breast when the baby is showing feeding cues, before the baby is overly hungry. Early feeding cues include the baby bringing their hands to their mouths, rooting, sticking their tongue out, and seeming restless. Once the baby is crying due to being overly hungry, latch can be more difficult. If the baby is at that point, place the baby skin to skin, or allow the baby to suck on your finger to calm the baby before latching.
- Support your baby's back (spine), neck, and the base of the head behind the ears rather than the back of baby's head, as you can see in the picture above. Babies have a hard time latching when pressure on the back of the head pushes the baby into the breast.
- Position baby so that the chin touches the breast first and the nipple touches the upper lip. This is called asymmetric latch. This helps the baby open wide, as you can see in the picture above. When the baby's mouth is open wide, the baby will latch deeply, which prevents nipple trauma, and ensures that the baby can remove milk well.

Position	Tips on Positioning	When to Try This
<p>Cradle Hold</p> 	<ul style="list-style-type: none"> • Sit comfortably with your back resting on the back of the chair or another surface. • Use pillows behind your back or in your lap for positioning comfort as needed. • Hold baby across your lap with baby's neck and shoulders resting on your forearm on the side you are feeding on. • Use your other arm to help position your breast to get a comfortable latch. 	<ul style="list-style-type: none"> • Newborns latching well. • Older babies, especially after 3 months when they have stronger neck control.
<p>Cross Cradle Hold</p> 	<ul style="list-style-type: none"> • Sit comfortably with your back resting on the back of a chair or another surface. • When latching on the left side, support baby's back, neck and base of the head behind the ears with your R hand and arm. The baby should be snug between your arm and your chest. • Use your left hand to support your breast. 	<ul style="list-style-type: none"> • Newborns, especially when premature or very small. • Difficulty getting a deep latch for mom or baby.
<p>Football, Clutch, or Under the Arm Hold</p> 	<ul style="list-style-type: none"> • Sit comfortably with your back resting on the back of a chair or another surface. • Tuck your baby under your arm, so that the baby is snug between your arm and body. • Use pillows under the baby to help you hold the baby. 	<p>Mom:</p> <ul style="list-style-type: none"> • Cesarean birth • Large Breasts <p>Baby:</p> <ul style="list-style-type: none"> • Tight neck/torticollis

<p>Koala Hold or Australian Hold</p> 	<ul style="list-style-type: none"> • Sit upright in a comfortable place. • Hold baby straddling your thigh while facing you, in an upright position. • This is a tricky hold in the first few months because of the infant's lack of head control. 	<p>Mom:</p> <ul style="list-style-type: none"> • Forceful letdown <p>Baby:</p> <ul style="list-style-type: none"> • Frequent spit ups/reflux
<p>Side Lying</p> 	<ul style="list-style-type: none"> • Lay comfortably on your side with pillows for support. • Position baby lying on their side and facing you with their face at the level of your breast. • Help support your breast near baby's mouth. • Draw your baby close to get a deep latch. 	<p>Mom:</p> <ul style="list-style-type: none"> • Overproduction of milk • Strong letdown • Large Breasts
<p>Laid back positioning with Self Attachment</p> 	<ul style="list-style-type: none"> • Partially lie back (about 45°) in a reclined position with pillows behind you for comfort. • Place your baby skin-to-skin on your chest. Baby should just be in a diaper. • Gently rest your arms supportively around your baby. • Allow your baby to move to one side, and search for the breast. You will need to provide support for the baby the entire time to prevent the baby from falling. Your baby will use his natural rooting and moving reflexes to find the breast and latch. 	<p>Mom:</p> <ul style="list-style-type: none"> • Any time! <p>Baby:</p> <ul style="list-style-type: none"> • Young infants with difficulty latching

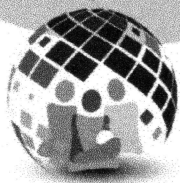
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Believe it Will Happen!

Babies tend to improve their latch skills as they mature and grow. Some babies will latch better when you try a different position. Other babies may simply need more time. Not all babies begin crawling or walking at the same age. As such, not all babies are skillful and effective feeders at the breast at the time of birth.

If your baby is not latching well, find lactation help!

In the meantime, you need to do 2 things- Remove milk from your breasts regularly to maintain milk production, and feed the milk to your baby (add donor milk or formula if you are not able to express enough for your baby). You can use a pump or hand express to remove milk, aiming for milk removal at least every 3 hours during the day with no more than a 5 hour break overnight.



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Latching Well

Latching the baby well will help establish a comfortable direct feeding relationship with good milk removal by baby. A poor latch can result in difficulty with milk transfer, nipple pain during feeding, and low infant weight gain.

Tips on Getting a Good Latch

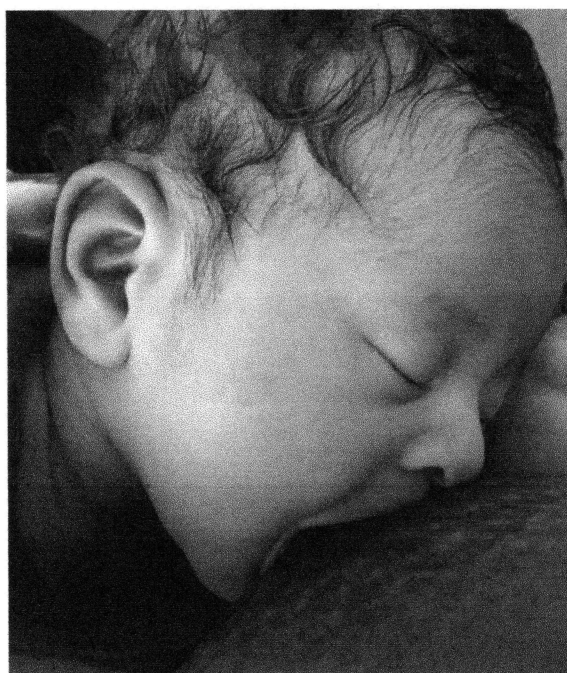
- Look for early feeding cues to start a feed (or after 2-3 hours if baby does not cue to feed).
 - For newborns, this includes stirring in their sleep, licking their lips, smacking or sucking their fist.
 - Do not wait for your baby to start crying before you put your baby to your breast. If your baby is crying or upset, you will need to calm your baby down. The skin-to-skin position helps to calm your baby and organize the baby to latch well. Skin-to-skin means holding your baby close to you, chest to chest, while you and the baby are not clothed above the waistline. When the baby is held skin to skin, the baby will calm, then begin rooting, or looking for the breast. The baby will move towards one breast, and by using her facial cheeks to find the nipple, the baby will naturally latch to the breast. You will need to guide the baby to the breast, so that the baby does not fall. Skin-to-skin contact also helps stimulate your hormones and promotes milk letdown.



- Position yourself and your baby comfortably using pillows as needed. See the [Positioning to Help Your Baby Latch Well](#) handout.
- Support your breast with one hand, while using your other hand and arm to support the base of the baby's head, behind the ears and upper back. Avoid pushing the back of the baby's head.
- Put slight pressure on the upper portion of the breast so that the nipple points upward.
- Touch the baby's nose or upper lip with your nipple, resting the underside of the nipple/areolar region against the chin, and wait for them to open their mouth wide.



- When your baby opens their mouth wide, allow the nipple to flip down into the baby's mouth.
- Baby should latch on deeply. Signs of a deep latch include:
 - Mouth is wide open
 - You can see the lower lip relaxed and a little 'flipped out'
 - the upper lip is relaxed on the upper portion of the breast (it does not 'flip out')
 - The nose is very close or touching the breast
 - You do not have pain
 - You can hear sucks and swallows, while feeling a gentle tug



- As your baby suckles, their tongue extends and cups your breast tissue, drawing your nipple and areolar tissue deep in to her mouth.
- It is very common to have discomfort with initially latching your baby for the first few weeks, as you and your baby become more practiced.
 - However, if your baby's latch feels pinchy or painful throughout the feeding, break the latch with your finger inserted into the corner of your baby's mouth, remove the baby from the breast and start over. A proper latch should not pinch or hurt during feeding.

Self-Attaching Baby

Some babies may prefer to latch from a skin-to-skin position. When newborns are placed skin-to-skin immediately after birth, they instinctually find their way to the breast. Babies retain this instinctual skill during the first year.

How do you allow baby to self-attach?

- Recline back on a bed, couch, chair or recliner, about ½ way to a lying position.
- Hold your baby chest to chest while you and the baby are not clothed above the waistline.
- With time, your baby will start bobbing their head, looking for the breast.
- Allow the baby to move to one side and down to a breast, while supporting the baby so they don't fall.
- Give the baby room to nuzzle the breast/nipple, and to lift their head while opening their mouth wide to latch.
- Watch this YouTube [video](#) on self-led latch.

What to Expect During a Feed

- In the first few days (until your colostrum changes into milk), you may not hear many swallows at the breast. Milk usually "comes in" or starts increasing in volume around day 3-5. Certain medical conditions or interventions can delay this slightly.
- As your breasts become heavier with more milk volume, you will notice that your milk flow is intermittent, not continuous. This means that the milk flows during 'let-downs', which are periods of time when the milk is being ejected from your breasts. Many women notice that there are a few minutes between each letdown. Babies often finish feeding from the breast, and the breast feels soft, after 2-3 letdowns. You will know when you are having a let-down when your baby has a series of swallows. Sometimes the baby may cough or stop feeding momentarily when the milk is flowing fast. You might also notice a tingly or tight sensation in your breast during a letdown, but not everyone feels this.
- After your baby has been feeding for a while, your baby may let go of the breast or fall asleep. For newborns, wake the baby up by gentle touch or changing a diaper, then offer the other breast.

Additional Pointers

- Have patience. You cannot feed a baby who isn't ready or willing to feed.
- Be flexible. Sometimes more stroking of the baby's lips or just changing positions will make a difference so that baby is more receptive to feeding. You may also express drops of breastmilk so that the baby feels and tastes milk at the time of latching.
- Try to avoid pacifiers as you establish your milk production. Anytime your baby wants to suck, offer the breast rather than a pacifier. Avoid a pacifier until breastfeeding is going well, and the baby is gaining weight appropriately.

- Limit frustration for you and the baby. If a latch does not occur before the baby becomes upset, feed your baby some pumped milk using a bottle, cup, syringe, or finger feeding. After the baby has calmed, try to latch the baby again. If the baby will not latch, finish the feeding and start anew next time. Attempting to latch when the baby is not overly hungry enhances latch success.
- For infants who refuse to latch, try taking a warm bath with your baby on your chest, skin-to-skin. Let the baby nuzzle and lick at the nipple. A very relaxed baby in a skin-to-skin position will often use her natural feeding reflexes to find the breast and in the self-attachment section above.
- Believe in your baby. Although latching can be frustrating at times, your baby will improve her skills over time. Just as she is maturing in other ways, such as cooing and smiling, her latching skills will mature as well.
- Finally, if there is a problem - get help! Asking for help from an experienced lactation specialist can prevent many problems and help make latch easier and more comfortable.

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Help, My Breasts are Swollen & Engorged! What Can I Do to Feel Better?

Swollen, engorged breasts can be very uncomfortable, and might make it tricky for your baby to latch well to nurse. It is very common to experience swelling or engorgement as your milk is increasing in volume from colostrum to mature milk (or “coming in”) – this usually occurs around 3-5 days after birth if you are a first-time birthing parent and about 2-3 days after birth if you have had previous children.

What You Can Do to Help with Swelling & Engorgement

☒ Feed your baby frequently.

Directly feed at least every two to three hours throughout the day/night in the first few weeks after the baby is born. As long as your baby is latched on and removing milk well, let them nurse for as long as they would like. Many babies will feed more frequently than every 2-3 hours, this is totally normal for newborns. Many babies also cluster feed (or seem to want to feed constantly) for certain periods during the day – many parents notice this tends to happen in the evening.

If your baby will not nurse well, you will need to pump and/or manually express (using hand expression) your milk at least every two to three hours. Check in with a lactation specialist if swollen, engorged breasts are still a problem for you after one week.

☒ If your baby has trouble latching, manually express about 1-3 tsp (5-15ml) of milk from your breasts to soften the areola, making it easier for the baby to latch.

Watch the [IABLE Manual Expression video](#) (YouTube) to learn about manual expression.

☒ You may find that applying heat to your breasts before nursing or pumping encourages milk flow.

A warm shower, a warm washcloth, or a moist heating pad directly on your breasts/chest can help promote milk flow.

☒ After nursing or pumping, put something cool on your breasts or chest.

You may use cool compresses or cold packs such as ice packs, bags of frozen vegetables or frozen wet towels. Place these very cold items in a pillowcase to prevent frostbite to your skin. Place them over your breasts/chest for 15-20 minutes, lying flat on your back. These cold items will help to decrease swelling and engorgement.

☒ Lie down on your back as much as possible.

Lying down helps to elevate the breasts, for the same reason you would put your legs up if they are swollen. Keeping your breasts elevated will help to move the extra fluid back into your body.

☒ Lymphatic massage can also help remove excess fluids from your breast or chest.

This is a very gentle massage – similar to the light pressure when petting a cat. If you have a lot of fluid in your breast/chest tissue (also known as edema) from fluids given during labor and delivery, this technique can help relieve some of the swelling. To do this, first lay on your back. Starting with one side, gently make small circles over your breast moving from your nipple/areola either towards your collar bone, underarm, or cleavage. This [handout](#) can help guide you on performing this technique.

☒ Take pain medication to help with discomfort.

Talk with your care provider about taking a medicine like ibuprofen or acetaminophen to help if the engorgement is painful.

☑ Use a technique called “Reverse Pressure Softening”.

Reverse Pressure Softening is a special type of massage that makes it easier for your baby to latch on when you are engorged or have a lot of fluid in your milk making tissues. Reverse Pressure Softening involves using your fingers to push on the area around the areola (the dark part around the nipple) in order to get rid of the swelling that is around the nipple. The goal is to make the area around your areola softer and more compressible so your baby can latch on deeply when nursing. You can view a video of how to do this [here](#).



Herbs for Increasing Milk Supply

Ask your physician prior to using any herbs to ensure they are suitable and safe for you

Goat's Rue

- Has been shown to increase breast mammary glands so may be most helpful in cases of small breasts or women who didn't experience breast changes in pregnancy or early lactation
- Dose: 2 mL three times a day or 1 capsule 4 times a day; Take with juice to improve flavour
- Side effects: headaches, weakness, jitteriness, low blood pressure, cough
- Avoid if you have a bleeding disorder as it can decrease blood clotting and increase bleeding
- Avoid if you have diabetes as it can cause low blood sugar

Moringa Leaf

- Helps boost prolactin, the hormone responsible for milk production
- Dose: 250-500mg 2-3 times a day, often comes in capsules or can be leaf form
- Powder (cheapest option): 1-2 tsp 2-3 times a day
- Side effects: stomach upset, abdominal pain, diarrhea, can increase blood clotting
- Avoid root, bark and flowers, only leaf is safe in breastfeeding
- Avoid if you have kidney or liver disease
- Avoid if you have a blood clotting disorder
- Avoid if you have diabetes as it can cause low blood sugar
- AVOID IF PREGNANT OR TRYING TO CONCEIVE (can cause blood clots, miscarriage)

Milky Way (blessed thistle, moringa, and torbangun)

- Torbangun has been shown to increase breast mammary glands so may be most helpful in cases of small breasts or women who didn't experience breast changes in pregnancy or early lactation
- Dose: 2 mL three times a day
- Take with juice to improve flavour
- Avoid if you have inflammatory bowel disease (blessed thistle can irritate the gut)
- Avoid if you have a blood clotting disorder (moringa)
- Avoid if you have diabetes as it can cause low blood sugar (moringa)
- Avoid if you have kidney or liver disease (moringa)
- AVOID IF PREGNANT OR TRYING TO CONCEIVE

Milk Aplenty (shatavari, root extract, moringa, vervain, and milk thistle)

- Dose: 2 mL three times a day
- Take with juice to improve flavour
- Shatavari can help with anxiety, calms the mind
- Side effects: stomach upset, abdominal pain, diarrhea
- Avoid if you have kidney or liver disease
- Avoid if you have blood clotting disorder
- Avoid if you have diabetes as shatavari and moringa can cause low blood sugar
- Avoid if Celiac or have malabsorption issues or cholestasis (shatavari)
- AVOID IF PREGNANT OR TRYING TO CONCEIVE (shatavari can cause birth defects)

Mother's Milk Tea

- A combination of fennel, anise, coriander, fenugreek, and blessed thistle
- Dose: steep for 10 minutes, use 1 to 5 cups a day
- Side effects: upset stomach and gassiness from fenugreek, gastric irritation from blessed thistle
- Avoid if you have a thyroid condition
- Avoid if Celiac or have malabsorption issues or cholestasis (shatavari and fenugreek)
- AVOID IF PREGNANT OR TRYING TO CONCEIVE

Fenugreek

- 610 mg 3 capsules 3 times a day
- Can help increase milk supply but does tend to cause gassiness in mother and baby
- Causes odour similar to maple syrup
- Avoid if you have a thyroid condition
- Avoid if Celiac or have malabsorption issues or cholestasis
- AVOID IF PREGNANT OR TRYING TO CONCEIVE

Foods that are helpful for increasing milk supply include:

- Oatmeal
- Brewer's yeast (can be put in cookies)
- Fennel (AVOID IF PREGNANT OR TRYING TO CONCEIVE)

Foods to avoid as they can decrease milk supply:

- Peppermint
- Sage
- Alcohol

Where to get the herbs:

- Some lactation clinics sell herbs
- Several natural foods stores and some pharmacies or grocery stores will carry herbs
- Products are usually available to purchase online from various retailers

Calgary retailers include:

- Community Natural Foods
- Vitamins First
- The Apothecary in Inglewood
- Morning Sun Health Foods
- Blue Naturals

Online retailers include:

- Amazon.ca
- Walmart.ca
- Well.ca
- ca.iHerb.com
- bulksupplements.com/en-CA
- healthyplanetcanada.com

Suck Training: A Tool for Breastfed Babies

Your baby's tongue plays an important role in breastfeeding. It needs to lie on the bottom of the mouth with the tip over the lower gum. As your baby latches to your breast, his/her tongue helps draw your nipple in and curves gently around to help hold it in place while nursing.

This is an exercise you can do to help your baby if you have been told the tongue is not in the correct position. Do this exercise before breastfeeding. Suck training is no longer needed when your baby can suck continuously and correctly for 10 minutes without changing position.

1. Wash your hands.
2. Be sure your fingernails are smooth and short.
3. Stroke the middle of your baby's lower lip with your index finger to encourage him/her to widely open his/her mouth.
4. When your baby opens his/her mouth, place your finger, nail side down, into the front of your baby's mouth.
5. Your baby will suck your finger into his/her mouth.
6. If your baby's tongue doesn't curl around your finger, stroke the roof of your baby's mouth (palate) then gently press down on the back of your baby's tongue while stroking the tongue forward. This will pull your finger out of your baby's mouth a little bit.
7. Allow him/her to suck it back in.
8. Repeat this exercise 3 times or until you feel the tongue come forward over the gum.

"Walking Back" on the Tongue

1. Touch the baby's cheek with a finger, moving toward his/her lips. Then brush his/her lips a few times with a clean index finger (the fingernail should be trimmed) to encourage him/her to open his/her mouth.
2. Massage the outside of the baby's gums with the index finger, beginning each stroke at the middle of the baby's upper or lower gum and moving toward either side.

3. When the baby opens his/her mouth, use the tip of the index finger to press firmly on the tip of the baby's tongue and count slowly to three before releasing the pressure.
4. Release the pressure, keeping the finger in the baby's mouth, and move back a little farther on the tongue, pressing again to a count of three.
5. Move back on the tongue one or two more times.
6. Try to avoid gagging the baby. If the baby gags, notice how far back your finger was in the baby's mouth. Avoid that far back the next time.
7. Repeat the entire "tongue walk" three or four times before each nursing.

Pushing the Tongue Down and Out

1. Put a clean nail-side down index finger (with trimmed fingernail) into the baby's mouth with fingernail side pressing gently on the baby's tongue.
2. Leave the finger in that position for about thirty seconds while the baby sucks on it.
3. Turn the finger over slowly so that the finger pad is on the baby's tongue and push down on his/her tongue while gradually pulling the finger out of the mouth.
4. Repeat this exercise several times before latching the baby onto the breast.

Works Cited

Wambach, Karen and Riordan, Jan "Breastfeeding and Human Lactation", Fifth edition, Jones & Bartlett, 2016.

Watson Genna, Catherine "Supporting Sucking Skills in Breastfeeding Infants," Third Edition, Jones & Bartlett, 2016.

Gas and Abdominal Discomfort in Infants

It is very common for babies to be gassy and uncomfortable from 3-8 weeks of age. This is partially due to their high growth at this age and also changes occurring in their digestive tracts as they increase how much they can drink at one time.

Many babies will grunt and seem to struggle to pass stool and this is because they are trying to figure out which muscles they need to use in order to get the stool out. It can take a number of weeks for them to improve at this. The medical term for this is dyschezia.

At 4-6 weeks of age babies tend to slow down how often they stool, going less frequently but larger amounts which also contributes to them being gassy and uncomfortable.

Burping: or not burping is not related to gassiness - gas in babies is created by bacteria assisting with digestion and burping your baby more frequently will not change their gas.

Colic: The definition of colic is crying for three or more hours a day, three or more days a week, for three or more weeks. There is no treatment for colic and it generally resolves on its own over a few weeks. This is differently from a baby being gassy or uncomfortable.

Dairy: Many mothers will choose to cut dairy out of their diets to see if this helps with their baby's discomfort. This is generally not recommended unless the baby has blood in its stool and if that is the case or you are considering this option you should discuss it with your healthcare provider.

Formula: Many parents will choose to try a different brand of formula or a hypoallergenic type of formula to see if this helps. This may help some babies but most babies do well on regular formula and this option is likely only needed if the gassiness persists after 6-8 weeks of age.

Witching hour/ cluster feeding: Babies typically have higher needs for comfort and/or breast or bottle in the evening. This is normal given they are going through a time of rapid development. Temperament is a big factor that impacts a baby's fussiness - some have higher needs for support than others. Generally by 3 months of age most babies will grow out of this phase.

Green stool: In general green stool is normal and not a cause for concern especially if it's not every time. Green frothy stool every time can be associated with oversupply of milk and so ask your healthcare provider for assessment if this is happening to your baby. Formula and iron supplementation can also make stool green.

Treatment options:

There is no good evidence for any medications/treatments for gassiness but many parents will try various options such as:

- **Probiotics** may help with digestion such as Bio Gaia or Florastor and are likely safe but may disrupt the bacteria in the gut and we don't have a good understanding of the consequences
- **Ovol drops (simethicone)** are commonly used and seem to help some babies but there is no evidence for it. It is likely safe but there is not much data on it
- **Gripe water** is commonly used and is a combination of herbs. It often contains alcohol which is NOT SAFE for babies so if you choose to try it use an alcohol free version. It does not have good evidence for helping with gassiness and we do not have much data on the safety of it but it's generally NOT RECOMMENDED FOR INFANTS UNDER 1 MONTH OF AGE
- Other **colic drops** are unlikely to be helpful and have limited safety data
- **Gasspasser devices** such as the Windi by Fridababy are silicone devices inserted into a baby's anus, supposedly to relieve gas. These are NOT recommended as you can cause damage, infection, and it may stop your baby from learning the proper muscle relaxation to pass gas on their own
- **Soothing options** include skin to skin, white noise, baby wearing, warm bath, music, and/or movement. If your baby won't stop crying it is important for you, the caregivers/parents, to take a break and put the baby down for a few minutes and take a break. Baby's can sense our emotions so are more likely to become calm if we can be calm
- **Purple Crying:** <https://my.clevelandclinic.org/health/articles/purple-crying>
 - Tips for helping when baby's won't stop crying
 - Remember it's okay to ask for help

Most babies will improve by 8-10 weeks of age without treatment and if they do not please see your healthcare provider for an assessment

Bottles and Nipples for Infants

If wanting to breastfeed and bottle feed your baby we recommend avoiding bottles in the first few days or weeks until the breast milk comes in (usually day 3-5) and breastfeeding/latching is going well. Instead use syringe feeding where you get your baby to suck on your finger and insert a syringe filled with milk beside your finger into the corner of their mouth and give them drops of milk as they suck. You can also use a cup to feed your baby. Alternatives include spoon feeding or using a supplemental nursing system.

Bottles can confuse babies because in order to breastfeed they need to open their mouths wide and use their tongue in a wave motion whereas most bottles allow for babies to just chomp down and suck without using their tongues much.

Generally, the recommendation for bottles is to avoid them until 4-6 weeks of age once breastfeeding is well established but sometimes if we wait until 6 weeks then a baby won't want to take a bottle so some parents who want to continue to give bottles will choose to give them a bit sooner.

Types of bottles/nipples:


Many bottle nipples are listed as "slow flow" but often they are quite fast flow and infants may struggle with the flow or get used to a bottle that has high flow and will not want to breastfeed.

Bottle feeding a baby in the first 2-4 weeks should take 15-30 minutes for a full bottle. If they are leaking out the sides of their mouths or needing to be paced then the nipple flow is likely too fast. When a baby drinks a full bottle in less than 10 minutes they tend to overeat and can become gassy and/or uncomfortable.

Narrow bottles/nipples seem to help baby's open their mouths and latch more deeply on the bottle compared to wide based nipples.

Philips Avent Slow Flow Nipple - Although their advertising campaign lists this bottle as natural and most similar to breastfeeding it is quite fast flow and babies seem to struggle with breastfeeding while using this bottle/nipple. This is also a wide based nipple which is harder for babies to latch onto with a wide mouth. The newer "natural response" nipple is much slower than the standard Avent ones but the shape is still not ideal for a breastfeeding baby.

Medela Calma Nipple - This nipple was designed with a valve so theoretically the baby has to suck instead of bite/chomp to get the milk out. This can work for some babies but many babies figure out how to get the milk out quickly and it doesn't encourage tongue movement. Once the baby sucks the milk flow is too fast.

 **Doctor Brown's with Preemie Nipples** - This seems to be the slowest flow nipple on the market currently and this is generally our recommendation. They also make a slightly higher flow nipple called Newborn/Transitional which can work once babies get frustrated with the slow flow of the preemie nipple. Level 1 Doctor Brown nipples have quite a fast flow but are sold as the slowest flow in many stores.

When to transition to a faster flow nipple?

When a baby starts to get frustrated with flow and/or it takes longer than 30 minutes to finish a bottle then we recommend going up to a higher flow nipple. Usually babies are happy to feed with a preemie nipple until 1-3 months of age.

How much breast milk do I put in the bottle?

Infant's intake needs are variable and depend on their age, weight and how often they are feeding. Volumes increase from 5 ml of colostrum to 60 mL per feeding over the first week. Once babies are about 3 weeks old, volumes are typically about 30-40 mL per hour. Some infants will want to eat every 2 hours and some will take longer breaks between feeds.

If the hospital has discharged you with a feeding plan, they often will give a handout that gives volumes based on how old your baby is. This handout is based on a baby that is around 3.5 kg. If your baby is on the smaller side they likely will need less volume than what the handout states. Please ask your health care provider to help you calculate your baby's approximate feed volumes based on their current weight.

Most babies will need about 150mL/kg/day.

So if you have a 4kg baby that would be $150\text{mL} \times 4\text{kg} = 600\text{mL}$ in 24 hours, divided by 8 feeds/day = 75mL per feed (minimum).

Another example, a 2.4 kg baby at 10 days old would need approximately 50 mL per feeding 8 times per day whereas a 3.7 kg baby would need more like 70-75 mL per feeding 8 times per day.

Feeding a baby every 3 hours or 8 x in 24 hours is the minimum number of feeds until the baby is over their birth weight. If they are cuing to feed more often, it is okay to feed more often as some babies will eat every hour or two.

A baby over 6 weeks of age generally drinks about 750mL/day (minimum) which is approximately 90mL every 3 hours. The total they drink in 24 hours doesn't change much after 6 weeks but they can often start drinking larger amounts and go longer between feeds. The total amount a baby drinks in 24 hours stays about the same until they are 6 months old when they start solids and then need less breast milk.



supporting you and your baby

Pumping Information Handout

Manual or hand pump

- Uses compression to get the milk out of the breast which can work better than suction for some people
- Useful if not needing to pump that often
- Inexpensive
- Can be hard on your hands if pumping frequently, not great if you have carpal tunnel syndrome or other hand conditions

Haakaa silicone pump

- Uses only suction
- Works best when baby is latched to the other breast and stimulates a let down
- Not recommended for use on the second breast while feeding unless baby is used to only taking one breast per feeding, in that case it can lead to oversupply
- Doesn't work at all for some people, high suction can be uncomfortable

Electric - double or single

- Single pumps are cheaper but take more time and studies have shown that double pumping is more effective for milk removal and stimulation of milk supply
 - Hospital grade pumps are strong but not as portable
 - Expensive but often best for stimulating milk supply
 - Can rent or purchase
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Portable

- Smaller electric pumps that are nice as they can fit in a small bag or pocket
 - Variety of prices and quality
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Hands free

- These are cups that fit in your bra to make your pump more portable
- Useful if needing to pump on the go
- Difficult to position and often they do not work as well to extract milk

Wearable

- The pump and the cup are all in one and fit into your bra
 - Useful for pumping on the go or at work
 - Difficult to position and get centred over the nipple
 - Not great for low milk supply, often they don't fully drain the breast
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Flange size

- In general the flange size should be 2-4mm bigger than the diameter of your nipple
- When pumping only the nipple should be moving, none of the areola/breast tissue should be moving into the canal of the flange
- The nipple can touch the edges of the flange as long as it's comfortable

General pumping advice:

- Start with initiation mode which is the quick suction mode
- Do this until milk starts to flow, usually 1-2 minutes
- Then switch to extraction mode (the slower suction mode), some pumps do this automatically
- You can go back to initiation mode after 5 minutes of pumping for 1 minute to encourage another let down of milk
- Increase the vacuum suction until milk is flowing and it is still comfortable

Painful nipples while pumping?

- You may need a different flange size, see above
- You can try putting a small amount of coconut oil on the flange around where it will sit against your areola to reduce friction. You need to make sure the flange size is correct as pain/friction can mean an incorrect size so be cautious with lubricants
- If your nipple stretch and expand while pumping you might have elastic nipples
 - Softer silicone flanges or flanges with more of a funnel shape can be helpful

Notes:

Well Fed Breastfeeding Clinic Torticollis Handout

Why does my baby have muscle tension in their neck?

When babies are in utero, they may be curled up in one position for a long time, which causes a shortening of the muscle that connects the collarbone to the skull on one side of their neck. When babies are born, they may still prefer the same head and neck position and your baby may look like their head is tilted to one side. This is called Infant Torticollis and it can affect the way your baby breastfeeds.

Why is it important to treat Torticollis?

If the muscles in your baby's body are tight then the muscles in their neck, around their mouth and in their tongue are also tight. Breastfeeding can be hard for a baby with tight muscles.

How do I know if my baby has Torticollis?

If a baby has torticollis they may:

- Have a preference for feeding on one breast
- Have a strong gag reflex or chomp at the breast when feeding.
- Fall asleep with their head always turned to one side.
- Be in the shape of a 'C' when laying on their back.
- Look slightly asymmetrical. They may have one cheek fatter than the other, one eye larger than the other, or flat spots on the back or side of their head.

How can I help my baby?

1. Stretching – Gentle stretching can help change your baby's neck and head position. We can show you how to do this at the clinic.
2. Tummy time – Babies need 20-30 minutes of supervised tummy time every day. (You can use two short sessions throughout the day.) Sometimes babies don't like tummy time but it's still an important exercise for them.
- * 3. Let your baby move freely! Time on the floor, baby wearing and skin to skin can all help. Try to limit the time spent in swaddles, swings and other baby "containers". Use the car seat for the car but avoid using it for walks and sleeping.

Resources:

- * 1. Stretching – Kids Plus Pediatrics - <https://kidspluspgh.com/doctors-notes/infant-torticollis-stretching-techniques/>
- 2. Positioning and tummy time – Milestones Physical Therapy You Tube Channel - <https://www.youtube.com/channel/UC8m2F-YhgMTksXg99oumAFA>
- 3. Infant Physiotherapists in Calgary: Calgary Youth Physiotherapy (North and South Locations), Lakeview Physiotherapy, Vida Health and Wellness.
- 4. Instagram: babybegin, littlemoverspt, milestones.and.motherhood