

In this document, we use terms such as “mother” or “father”. However, parenting takes on many forms and some parents may wish to use other terms. We also use “breastfeeding” while some prefer “chestfeeding”. If this applies to you, please let us know and we will respect the terms you identify with.

There are many benefits of breastfeeding:

- Colostrum is produced during pregnancy and continues in the early days of breastfeeding.
 - Colostrum is the perfect food for your newborn baby.
 - It is concentrated nutrition that is easy to digest and is rich in protective antibodies to keep your newborn baby healthy.
- Breastmilk is good for babies:
 - Babies have fewer and less severe ear infections and allergies.
 - Babies are less likely to have diabetes, certain childhood cancers, and obesity.
 - Breastfeeding helps to reduce the risk of Sudden Infant Death Syndrome (SIDS).
 - Babies who are breastfed have improved cognitive development later in life.
- Breastfeeding is great for mothers, too:
 - Mothers who breastfeed after delivery have reduced risk of bleeding after birth.
 - Mothers who breastfeed have stronger bones later in life and lower risk of breast and ovarian cancer.
 - Breastfeeding is a form of birth control via the lactational amenorrhea method.

The first step to getting your breastfeeding off to a good start is by putting your baby on your chest for uninterrupted skin-to-skin contact for their first hour of life; at our hospital, we do this routinely. Babies have instincts to help them crawl to the breast and attach to breastfeed soon after birth. Routine procedures can be done in your arms or delayed unless there is a medical concern. Even individuals who have a caesarean birth can initiate skin-to-skin time soon after delivery.

- Skin-to-skin time helps calm you baby and stimulates milk production.
- Fathers and/or partners can also hold their baby skin-to-skin.

Babies communicate when they are getting ready to feed. Spend time being close to your baby and watching and learning their early feeding cues. Offer the breast before they cry. If babies are crying or agitated, calm and comfort them before latching them. This will build your confidence and help you anticipate and understand their needs.

Watch your baby for feeding cues such as:

- A sucking motion with their lips.
- Putting their fist or finger into their mouth.
- Search side-to-side with an open mouth; this is called “rooting”.
- Yawning and stretching.

When babies are latched onto the breast properly, it should not hurt. To help achieve the best latch:

- Put your baby facing your chest.
- Your nipple should point toward your baby’s nose.
- Your baby’s chin should rest on the breast and the head is slightly tipped back.
- Bring your baby to the breast when their mouth is wide.
- The latch should be comfortable.

Breastfeeding positions

Feed your baby in a position that is comfortable for both of you. It may take some time and patience to feel comfortable and confident. Make spending time together with your baby close to you a priority in the first few

days. You are the active participants in your baby's care and will have support from the nurses when in the hospital. Our staff is here to support your breastfeeding goals.

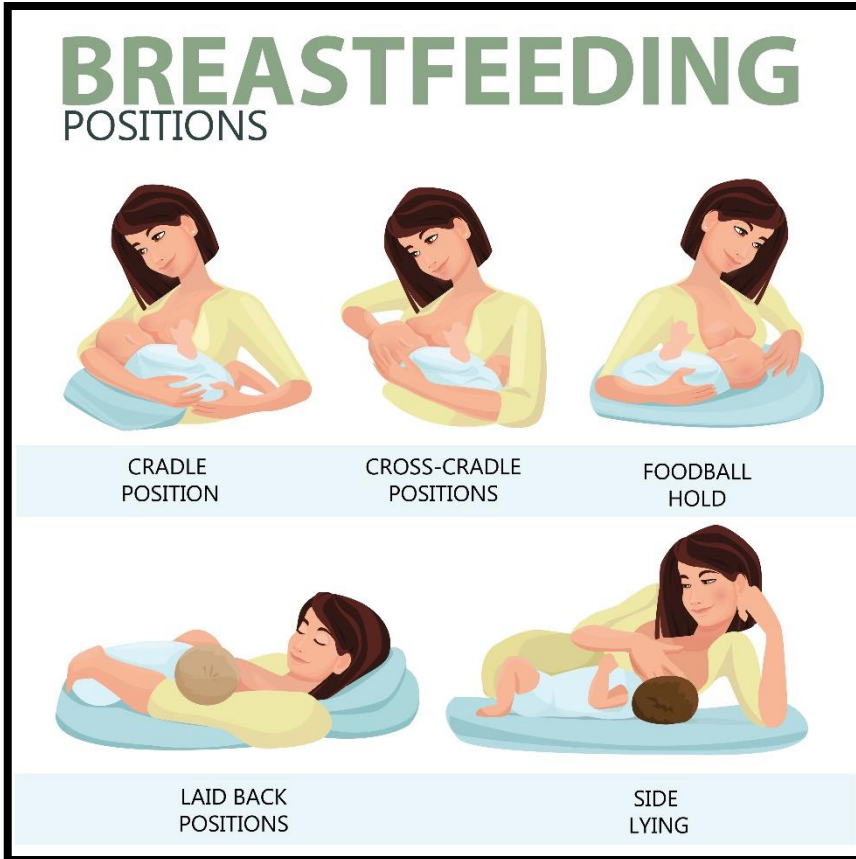


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Hand expression

Hand expression is a way of removing milk from your breasts. Hand expression will help stimulate and maintain your breast milk supply. Knowing how to safely remove milk from your breast is a valuable skill to have. Staff will help you to learn how. You may need to express milk to:

- Provide breast milk if you are separated from your baby.
- Help soften your breast if you experience breast engorgement.
- Provide breast milk if your baby needs extra support and is not able to latch effectively or transfer milk.

Feeding your baby and removing milk in the early hours after birth will help you make more milk. Continuing to feed early and often will help your body make a great supply for your growing baby. Feed at least 8 times in a 24-hour period.

Support at home

Breastfeeding can have challenges but you are not alone and support is available. Public health (who will contact you the day after you leave the hospital) has lactation consultants available. You can call on your own to self-refer. The doctors and/or midwives will also check in on breastfeeding at your post-partum visits and can refer to a lactation consultant if needed. It can also be helpful to find a breastfeeding buddy – someone who can be there to give you support and reassurance. You can share tips, knowledge, and experience. Try attending a class or joining a group; for more information, talk to public health. These supports can make a big difference in helping you reach your breastfeeding goals. It is recommended to exclusively breastfeed your baby for at least six months and up to two years or more if possible.