

making milk

© 2023


BREASTFEEDING MATTERS
SASKATOON

a resource for parents (formerly titled 'Mother's Milk, Babies Choice'), created by Saskatchewan parents and health care professionals with special thanks to the mothers at Motherhood YXE and breastfeeding peer supporters at the Saskatoon Mothers' Centre



PREPARING FOR BABY

Introduction

'*Making Milk*' is a series of pamphlets available via QR code below or can be found on the *Saskatoon Breastfeeding Matters* website. With valuable feedback from professionals and parents like you, the series includes basic, current, evidence based information about breastfeeding and providing breastmilk for your new baby from the first days to first steps and beyond.

Phase One: Birth Week focuses on the early days. You'll find answers to most of your questions and feel more prepared to begin your breastfeeding journey. Here, you'll also learn how to support your infant's instincts as baby eases into your world.

Scan or tap QR codes & links throughout for more information!

The terms breastfeeding and mother may be used. However, we acknowledge that individuals may prefer the term chestfeeding parent rather than breastfeeding mother. We also understand that new parents can include cisgendered women, transgendered men and non-binary persons. Caregivers will want to use affirming language when providing care. Please let your caregiver know how you would like to be addressed.

If you or your baby have unique circumstances or challenges, you may need additional support and information. Talk to your Health Care Provider or International Board Certified Lactation Consultant.

Congratulations!

*Like a flower turns toward the sun,
baby will turn toward the breast*

Scan here for digital access to this and the next phases from birth to two years and beyond



How can I prepare for baby?

Collecting colostrum (*early milk*) a few weeks before baby's due date can provide the optimal food if breastfeeding is delayed after birth. Talk with your Doctor or Midwife to see if this is a safe option for you. Colostrum can be collected, frozen and brought to the hospital.

In addition to providing your milk, the practice of hand expressing signals the body to make more milk sooner!

If you are in early labor, hand expressing may progress labor and provide colostrum for your new baby!

Check with your Doctor or Midwife



*More Milk Sooner
info & hand
expressing videos*



YOUR LEARNING PLAN

Review this pamphlet!

You can expect breastfeeding to be challenging at times, especially the early days after birth. Ask and learn now, before baby comes. Moms tell us that this preparation was very helpful! They knew what to expect, and were not left with learning everything after baby arrived.

MOM'S MESSAGE

"Us moms are so anxious these days and to reduce our anxiety we try to control everything via scheduling feeds/sleep, knowing the amounts my baby gets from a bottle or measuring how much we pump..... it messes with us mentally.

The lesson I learned with my second baby, Jack, was to follow his lead and trust my instinct and try to let go of control. So I think a take away from the pamphlet should be that inconsistent feeding and amount fed is normal in the beginning. Like anything there is variability and a normal range!"

Sara



THE GOLDEN HOUR

The safest place to welcome baby to life outside the womb is *skin-to-skin*, on your, or another primary care-giver's bare chest. Baby gently recovers from birth, feels warm and safe, and hears your familiar heartbeat. This is *when and where* natural instincts for feeding begin!

This gentle transition tells baby...

'You're safe, I'll keep you warm, you can relax, you are loved!'

Watch baby unfold, arms open against your chest, your first *baby hug*. Close enough to gaze at you, baby may begin to drool, open mouth, search and bob toward your breast.

Instincts and a strong sense of smell will lead baby to search for the nipple. Baby's response is to crawl, make sucking motions, and open mouth wide.

*Follow baby's lead and gently guide baby to latch
You're on your way!*

Baby needs time - *an hour or more* - to progress through stages to find the nipple and coordinate the suck and swallow of feeding.

Baby's first feed is usually a good connection. Watch for long, slower sucks, this shows baby is getting milk. Often swallows are silent. This is a good time to ask for coaching.

After this first feed, baby may have a recovery sleep... Rest!

This precious first hour of skin-to-skin care needs to be protected from interruptions

A support person can play an important role here

Does baby need more time? You're both in the right place!



SKIN TO SKIN

Holding baby skin-to-skin is the best way for baby to transition into the world. Skin-to-skin keeps baby's body temperature stable and lowers stress hormones so baby's instincts will rise, allowing baby to search for the breast. Skin-to-skin introduces baby to healthy bacteria and is important to building baby's immune system.

Safe positioning is important to maintain baby's airway:

- Nose & mouth are not covered
- Face can be seen and head can move freely
- Shoulders flat against you; chest to chest
- Back covered with a light blanket (*NO BUNDLING*)
- If you are sleepy, wrap baby loosely in a blanket and put baby on their back to sleep in a bassinet near you



YOU ARE BABY'S HERO!

You may notice white paste on your baby's skin folds or even all over if baby is premature. This is called *vernix*. It was baby's '*coat of armor*' protecting from infection while growing inside the womb. Your first milk, colostrum, has the same properties as vernix which will now protect baby's gut. *AMAZING!*

*The familiar taste and smell of colostrum draws baby to your nipple!
It is helpful to delay the first bath or washing your nipples*



LIQUID GOLD

Colostrum is the thick gold fluid produced during pregnancy and is the early milk baby receives. Colostrum is high in protective antibodies and promotes healthy bacterial growth, which boost baby's young immune system. Colostrum helps seal the newborn gut and helps baby have their first sticky black poo called meconium.

*Labor contractions tell the breasts to
"Get ready to let the milk down!"
When baby is born, your breasts get the message
"It's time to start building your milk supply!"*



BABY EASING INTO THE WORLD

Baby will soon show signs of readiness to feed. Baby has never had to 'feed' before and this new learning is a process! Some babies just need time, or may regurgitate some mucous that was interfering with appetite, or pass that first big poo.

*Offering your very clean finger can encourage the suck
response that helps wake up sucking instincts
and get the gut moving...*

Give baby drops of your colostrum often & keep skin-to-skin!

*It can be challenging when baby starts to want to nurse
very often. Be reassured baby is 'doing the job' of
building your milk supply. Follow your baby's cues.*



WHAT IF...

Sometimes, breastfeeding is not possible soon after birth. Baby can receive colostrum that was hand expressed during the last few weeks of pregnancy, while in labor, or as soon as possible after birth. Baby can lick drops of colostrum off the nipple, finger, teaspoon or feeding syringe.

*Hold baby skin-to-skin and offer colostrum often.
This helps baby ease into their new world...
When baby starts to show signs of interest,
baby is ready to breastfeed!*



SPECIAL CARE NURSERY

If baby is in the Neonatal Intensive Care Unit (NICU), tell the nurses that you are expressing colostrum and want to breastfeed as soon as your baby is able. Take all the colostrum/milk you have available to the NICU so that it can be given to baby. *Even if it's only drops of colostrum.*

*If baby does not nurse easily or is in NICU, hand express
and/or pump milk about every 2-3 hours
(8 or more times in 24 hours)*

It is normal to express only drops at first!

*The 'hands on pumping' method, will help you
develop a good milk supply... see page 8*

*This is a learning time... go ahead and practice the positioning tips described on the next page...
When baby's ready, you'll be ready too!*



MAKING CONNECTIONS

Making a good connection means less nipple soreness and more milk for baby!

We'll describe a good 'beginner' position that helps your newborn make the best connection. Soon, you'll be feeding like pros and can ease up on 'helping' baby so much.

While skin-to-skin, baby may start to show signs of readiness (drooling, head bobbing, etc). *This is the best time to offer the breast!* 'Wake up the breast'... very gentle nipple rolling helps your nipple firm and sends the message that baby needs milk. Baby's gentle touch on your nipple is a wonderful trigger for your milk to 'let down'.

Express a few drops of colostrum if you can, this gets easier as your body learns to respond. See page 8



TIPS FOR A GREAT LATCH!

Ask yourself... "How can I make it easy for baby?"

Easy = comfort and more milk!

- Follow cues: stretch, yawn, drool, search, head bob
- 'Wake breasts up' with stimulation, hand express a drop
- Tummy to tummy, baby facing you, head not turned to side
- Chin up, nose to nipple, head tipped back, 'sniffing breast'
- Support baby, *but keep your hand off back of baby's head*
- When baby opens mouth wide, lead baby in, chin first
- Avoid lifting & pushing breast into baby's mouth or nose-diving baby into the breast

Everything goes better when we're not stressed, uncomfortable, hungry, thirsty...look after mom too! Sitting up, reclining or side lying using pillows for support and a footstool can be helpful



POSITIONING BASICS

Gently guide baby to be tummy to tummy facing you. Baby is in a 'sniffing' position (chin up) with nose in line with your nipple. Your breast is resting naturally. Your thumb and fingers in good control at base of baby's head (*not pressing on back of the head*). Your wrist is between baby's shoulders and your arm is supporting baby's back. The hand closest to the breast supports by sandwiching the breast to make a smaller mouthful for baby.

Make sure you gently sandwich the breast the same way baby's mouth opens! Your thumb will be opposite the nose and your fingers will be by baby's chin.

Be careful not to crowd baby's space with your fingers. Try to keep the weight of the breast off baby's chin so baby can maintain a nice deep latch and get more milk!

A light touch is all that is needed



DOES THE LATCH HURT?

A small adjustment may be all that's needed...

- Soften your grasp on the breast, you may be creating a tight balloon baby can't hold
- Avoid pushing breast into baby's mouth
- Are your fingers gently supporting your breast near baby's chin to make a 'shelf' so baby can latch deeply?
- Is baby's nose buried in the breast, is chin down? Press your wrist into baby's shoulders to open up baby's chest so baby's chin will rise. Allow baby's head to tilt back a little. Now the more open mouth can take more breast.

Feel better?

Still uncomfortable? Break the suction with your finger.

Ask for assistance & coaching to help you learn this new skill



GET COMFORTABLE

Try different ways to hold your baby across your body. Baby may want to be in a position that is familiar to being in the womb. Find what's comfortable for both of you.

Remember... get comfortable, make it easy & adjust for comfort. If you can't get a comfortable connection, or if you or baby seem to be frustrated or getting tired from trying to latch...

Give baby your hand expressed colostrum. Take a rest. Ask for assistance and coaching before next feeding.



BASIC POSITIONS

Cross-cradle, side-lying, side-clutch ('football') and laid-back positions are all great ways to feed baby. Changing positions at feeds can help you find what works well for you and baby. If you're nipples are tender, changing positions can give you some relief while you're working on good connections.



LAID-BACK-NURSING

Laid-back-nursing (leaning back like in the photo) creates a secure 'nest' where baby feels supported and can relax into breastfeeding. This position can be a way of helping baby use more of his natural feeding instincts. Once your baby is attached, your hands are free to interact with your baby.

'Laid-back-nursing' is also called 'biological nurturing'

For more great 'How to...' positioning details and videos...





BABY'S CONNECTED! NOW WHAT??

When baby settles in, the sucks are usually fast at first. As milk starts flowing, baby's eyes may pop open. The sucks become longer, slower, and may be silent or sound like 'kahhh'. You may see a pause when the jaw drops as baby's mouth fills with milk.

The longer the pause, the more the milk!

You may notice baby's hands are closed and toes stretched out as baby's focus is on the new tasks of sucking, swallowing and breathing all at once! Baby will relax more as they become satisfied.



KEEP GOING...

Baby takes little rests, as we all do when we eat... mom can prompt baby to continue by gently '*moving the milk*' with her hand that's supporting the breast or by softening her hold and simply giving the breast a little '*milk shake*'. Watch and see what happens! Often, baby says "*thank you*" and the drinking resumes. With mom's help, baby has more energy to nurse well and receive more milk in less time.

That means shorter, effective feeds!

*Feeding times can vary... Watch your baby for cues...
switch sides when no long draws or baby is restless, lets go or falls asleep*



WHEN TO SWITCH SIDES?

When mom *moves the milk* as described under '*KEEP GOING*' and baby doesn't pick up the long draws or baby gets restless, lets go or falls asleep... it's time to switch sides (*break the suction first!*)... there's more milk on the other side!

Try gently burping baby and go ahead and linger on the 2nd side while supporting the breast and *moving the milk* as needed. Baby will relax as feed goes on and may let go.

Lengthy feeds can be tiring for mom and baby. Mom can decide a feed is finished when baby not drinking anymore.

At the next feed, start with the side you fed last

Feeds that last for an hour or more may mean that your baby is not feeding well. Ask for some coaching and guidance!



A LITTLE INSURANCE...

Sometimes, baby tires before making a great connection or is still recovering from the birth experience. These babies can use a little *insurance*. A good practice in the early days is to hand express a little breastmilk after offering the breast and give to baby by teaspoon or small cup. *Video link on page 8.*

Baby is doing the best they can do and will become stronger soon. As baby makes better connections, there will be less need for the extra milk



WHAT CAN I EXPECT... FIRST 24HRS?

Years of observing newborns and experienced moms tell us babies usually sleep a lot the first day, then 'wake up' and want to feed all the time! It helps to know this is **NORMAL!** Baby is now ready to 'do the job' of bringing your milk in. Try to roll with baby's cues. This is **NOT** the time to put off feeds as "I just fed you" or worry, "I don't have enough milk, do I need a supplement?"

Help baby, make it easy, adjust for comfort, move the milk, switch sides when no more drinking... rest...repeat.

It won't be long, you'll notice much more drinking at the breast (long slow draws) and your baby will seem more content as baby is reassured the milk supply is secure.



IS BABY GETTING ENOUGH?

Diaper changes are a good way for parents to monitor their baby's day-to-day intake. You can expect at least:

- 1 wet diaper day 1, 2 wet diapers day 2
- 3 wet diapers day 3, 6 wet diapers day 6

Pale yellow urine & poos of varying size and color are normal

You can expect at least 1 dark tarry poo baby's first day that change to yellow breastmilk fed poos by day 5. Amount and color can vary. Babies usually have frequent poos the first 6 weeks. It can be normal for breastfed babies to poo only once a day or once every few days *after 6 weeks.*

Regular well-baby weight checks at your Public Health Office and Doctor's Clinic give reassurance when all is well and opportunity for support if needed

HOW OFTEN WILL BABY FEED?

8 or more feeds per 24 hours can be expected. Feeding often will support your new baby and your growing milk supply.

These small, frequent feeds tell the breasts to "Make Milk" and soon your supply will grow!

Keep baby close so you can respond to your baby's cues such as... *stirring, stretching, moving hands to mouth, sucking, licking, rooting, rapid eye movement and waking.* Baby may show signs of readiness to feed often. *If baby doesn't cue by 3 hours, mom should offer breast and/or expressed colostrum.*

Your body goes into 'milk-making mode' in the early days. Feeding often helps keep your breasts from becoming engorged and uncomfortable.

If your breasts become tight and the nipple doesn't become firm for baby to easily latch, take time to prepare the breast for baby...

- A cold compress calms the swollen tissue and helps your nipple become firm and milk flow
- Gently express milk close to base of the nipple
- Support breast to help baby keep comfortable latch



If you have concerns about feedings or baby not peeing/pooing enough call your nearest Public Health Office for a weight check and guidance

HAND EXPRESSING

Hand expressing is an important skill to learn and can be more convenient than a pump as there are only your hands to wash!

In the first days, expect only drops...

With time and practice, the volume will increase.

The amount expressed by hand (or electric pump) is *not* a good measure of how much milk is in your breast!

WHEN TO HAND EXPRESS

Start hand expressing as soon as possible if your baby is not latching, is premature, near term, or separated from you for medical reasons

- To soften the area around your nipple to help baby latch
- If you are away from baby at feeding time or anytime your breasts feel too full
- To restart a milk supply if baby has not been nursing or has weaned

Did you know? Labor contractions 'prime the breast' for baby! Your breast is designed to provide colostrum for baby moments after birth.

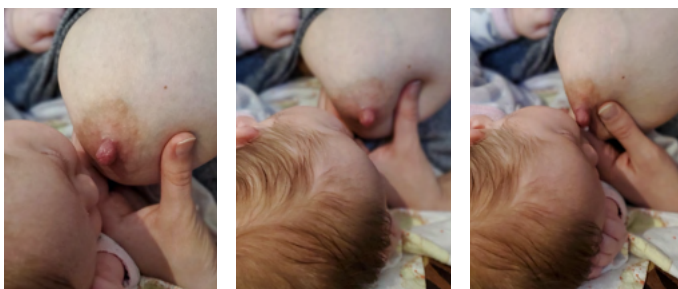
If baby is not latching within the 1st hour... hand express and give colostrum to baby

HOW DOES IT WORK?

Your breasts are just waiting for the message to let milk down!

- *'Wake the breast'* with gentle massage & light strokes like baby's touch to breast and nipples. Sending this message before you begin is worth the small effort
- Place thumb and finger pads opposite the nipple, just like baby's nose & chin would be, about an inch from the nipple
- Press toward your chest wall, then compress the breast between your thumb and finger pads as you roll your thumb... like the wave of baby's tongue!

Start with a faster rhythm then slow it down... these motions imitate what baby does to bring the milk down and when the milk is flowing and baby drinking



WILL I NEED A BREAST PUMP?

If baby isn't ready to *'do the job'* of breastfeeding, mom *'does the job'* by hand expressing often and gives colostrum to baby by teaspoon or little cup. Keep baby *skin-to-skin* as much as possible.

Start 'hands-on-pumping' if your full term baby is not showing signs of readiness within 24 hours.

Start as soon as possible if your baby is premature, or is in NICU *'Hands on Pumping'* combines hand expressing before, during and after pumping to help increase the amount and the fat content of milk mom can express.

See page 9 to learn more about 'hands-on-pumping'!

SAFE STORAGE OF BREASTMILK

Expressed milk has ingredients that help keep it fresh and safe. In the beginning, when expressing small amounts, milk can be chilled in the fridge then pooled together for use or frozen in glass, hard plastic or breastmilk freezer bags with the date marked.

If used within 4 days, fresh milk should be refrigerated instead of frozen

Expressed milk can be safely stored:

On your Counter: 16-29°C: up to 4 hours
Insulated cooler with ice packs: -15 to 4°C: up to 24 hrs
In back of fridge: 4°C: 4 days
In your Freezer:
 Freezer door inside the fridge: temp varies: 2 weeks
 Separate freezer section of fridge: -18 C: 3-6 months
 Chest type freezer: -20°C: 6-12 months
Thawed milk in fridge: 24 hours after completely thawed
 Thaw frozen breastmilk in the fridge for 24 hours or hold the container under warm running water
 Gently shake to mix



*Never use the microwave!
Do not refreeze thawed milk*



BABY NEEDS ME TO START PUMPING

- My day-old full term baby hasn't made good connections
- My baby is a little 'early' and appears to be trying hard but may not be strong enough yet to get the milk needed
- My baby is in NICU and not yet ready to breastfeed

Using the breast pump & hand expressing is the greatest gift you can give baby at this time... Your body needs this message to build the milk supply that will be there when your baby is ready to breastfeed

FOLLOW THESE STEPS...

- Take a minute to have a drink & snack, use the bathroom
- Wash your hands
- You will be shown how to use the pump when starting out

*The 1st secret to success is to breathe and relax
(a relaxed mama will let down more milk)*

- Be close to baby or look at a picture; smell one of baby's blankets; close your eyes and think of baby drinking at your breast
- Gentle massage and a light touch to the breast and nipple helps send the message to 'let milk down'
- Hand express a drop; now breasts are ready for the pump
- Warm the pump flange with a warm cloth
- Center your nipple into the pump flange

The 2nd secret to success is to try to imitate the rhythm and strength of sucking as baby would do at the breast

- Start the pump at a fast, speed and gentle suction. This is like what baby would do to get the milk flowing
- After a minute or so, slow the speed down and increase the suction to the highest level *that is comfortable for you*
- Massage and compress your breast while pumping to remove more milk! This is 'hands-on-pumping'
- **Single pumping:** Pump one side until milk stops dripping or about 10 minutes. Then, turn pump off, break the suction, hand express remaining milk and switch sides.
- **Double pumping:** Pump both breasts together until milk stops dripping or about 10 minutes. This method boosts your milk-making hormones! Your partner can help massage and compress your breasts too
- A moment to hand express after pumping helps to remove *more milk!* Your hand can compress just like baby's mouth

If nipple rubs against the sides of the pump flange, or if you have pain, you may need to change flange size and/or reduce the suction setting. Ask for help.



PRO PUMPING TIPS!

Your body has the capacity to continue to nourish your baby just as it nourished baby in your womb!

- Baby takes very small amounts the first 24 hours. Each day, baby will take a bit more and your body will make more. This is how your supply grows
 - You will probably make more milk than the pump will get out! When baby nurses well, more milk can be removed
- Help the pump express more with 'hands-on-pumping'*
- Hand express before, during, and after pumping to help express more milk

Vary the stimulation just like baby would do

- Try briefly going back to a reduced suction and increased speed, then return to slower and stronger pump settings
 - Break the suction (like baby coming off), come back
- Frequent breast stimulation and milk removal is key!*
- Pump every 3 hours best you can. *5 minutes pumping or hand expressing is better than not expressing at all for 6 hours.* If you miss a pumping, try to add another later. 8 times/day is a great goal. Similar to baby feedings
 - Pump at least once at night, this is when your *milk making hormone* is highest

CLEANING YOUR PUMP KIT

- After every use, pump pieces that come in contact with breastmilk must be cleaned
- Use a clean basin and rinse pump parts in cool water, wash in warm soapy water, rinse well. Let washed pieces air dry on a clean towel
- Hospital pump kits should be exchanged every 72 hours
- Continue pump parts cleaning at home after each use as well as a sanitation method once/day ie: top rack of dishwasher or boiling pump parts X 5 minutes
Let water cool, move parts to air dry on a clean towel
- see page 8 for safe storage of expressed breastmilk

*It can take a few pumping sessions in the beginning before you start seeing more than a few drops
Your body will quickly learn to respond to the pump!*



WHEN BABY CRIES

It can be upsetting when baby cries. Sometimes, you may not be able to find the reason. It is natural to search for the cause and want to comfort your baby.

Here are some common reasons babies cry...

- Baby is very likely saying "I'm HUNGRY"
Crying is a late feeding cue
- Baby may need burping, a diaper change, or may be hot or cold, over stimulated, or just needs to be held
- Maybe something is irritating baby such as a scratchy tag

Offer to feed baby, burp, bundle, walk, gently bounce, rock, sing. Try carrying baby with tummy resting on your forearm with hand supporting baby's chest, carry baby in a sling, skin-to-skin, or take a tub bath together.

If you become frustrated, put baby in a safe place, step away and calm down. Never, never shake your baby!

Reach out for skilled breastfeeding help if baby cries at breast, if you don't observe drinking (long slow draws), or if baby falls asleep quickly at the breast

Call an experienced family member or supportive friend who has breastfed, your Public Health Nurse, or a Lactation Consultant for support with feeding challenges

WHEN MOM CRIES

This is a sensitive time when moms need extra care too. Protect your sleep, manage your pain, drink to thirst and eat small amounts of healthy foods often. Seek help for breastfeeding challenges. This can protect your mental health and well-being. Surround yourself with helpful supports.

*If BIG emotions (anxiety, rage) or low mood are robbing your joy, please reach out to your Health Care Provider or simply call 811
1 in 5 parents need more support*



NEWBORN JAUNDICE... SLEEPY BABY

Your baby will be checked the first few days for *newborn jaundice*. If you notice the color of baby's skin, or the whites of baby's eyes look yellow, and baby won't wake for feeds or seems too tired to feed, call baby's Doctor for a jaundice check.

Jaundice can happen if...

- baby not making good connections at breast, sleeping through feeds/not getting enough expressed breastmilk
- baby not pooing often enough in the first days
- bruised head from delivery
- birthing parent and baby's blood types differ

Help baby get rid of jaundice by...

- good positioning at breast, feeding often
- skin-to-skin care
- give expressed breastmilk every two hours if baby not waking or feeding well (express by hand or pump)

As jaundice goes away, you will notice baby has more energy



MORE OF THE BASICS...

Click or scan the links below for answers to to your most common questions and concerns... mom's c-section recovery, newborn jaundice, bath & cord care, sleep, breastfeeding, pumping, contraception, how your partner can support you and much much more...





ROOM SHARING

Sharing a room with your baby for the first six months to a year helps you respond to baby's feeding cues and feed often. Parents say that they rest better when baby is close. While there is no sleep environment that is completely risk free...

The safest place for baby to sleep is on their back, near you, in their cot or crib



TUMMY TIME

Spacial awareness, balance, neck and shoulder muscles develop for head control. A minute or two of tummy time several times a day on a safe, flat surface such as a blanket on the floor, at diaper changes or simply on your chest!

CAR SEAT SAFETY

All infants must ride in appropriate, properly installed rear facing car seats that will cushion baby's head and neck in the event of a collision. Rear facing car seats are used until your child is at least 1 year of age and 10kg.

You can book an appointment with an SGI Technician near you for a car seat safety check and coaching



SLEEPING SAFELY...

Sometimes, sleeping with baby in the same sleep space happens. Intentional or not, be mindful of the conditions that are needed for safe sleep:

- Baby is on a firm surface (lying on back) in protected space next to you
- Do not swaddle as baby may overheat and cannot move arms to communicate distress
- Use tight-fitting sheets on the bed and no gaps between mattress and wall or headboard
- No loose pillows, stuffed animals or soft blankets near baby's face
- Your partner is aware of baby
- No alcohol, smoking or drugs that make you or your partner more sleepy or less aware of baby
- No pets or other children



CHILD & FAMILY SAFETY & WELL-BEING



Saskatchewan Prevention Institute is your resource for child & family safety & well-being

- Infant & child development & safety
- Safe sleep & sleep skills, car seat safety, immunizations
- Newborn hearing, preventing flat spots on baby's head
- Parenting, fatherhood, mental health and more...

*Check out their new Pregnancy app too!
Designed for Saskatchewan parents-to-be!*



well hello mama...

It's so nice to finally see your face! Thank you for sharing your body with me! I felt so warm and safe and loved. Everything is new to me but I know I'll be OK because I feel safe in your arms.

Why do I like sucking so much?! It comforts me, and I'm drinking a little more every time we breastfeed. Thank you for sharing your body with me even after coming into this new world! I will do my best to learn to breastfeed and grow. We will learn together.

Can you tell me what it was like to carry me inside, to bring me into the world, what I looked like? I think these first days will go very fast. I'm happy to be here with you!

welcome baby!

your name is...

our birth story...

birthday

time

birth weight

length

head circumference

doctor

i'm wondering about...

questions for my Doctor, Midwife or Nurse

Will my baby & I need vitamins?

- Yes, babies need vitamin D to help them build strong bones and support brain, immune and nervous system health.
- Start giving vitamin D within baby's first month. Give every day. Ask baby's Doctor about the dosage your baby will need. (400-800iu)
- Moms need vitamin D too and a good multivitamin with iron. *Finish those prenatal vitamins!*

Why did my baby lose weight after birth?

- All babies lose some weight the first day or two. This is normal. If you notice your baby peeing more than once the first day, this may be from extra fluids baby absorbed from mom if she had extra fluids while in labor, such as from an IV. This fluid loss may look like extra weight loss, but it's *not*.
- Feed baby often and baby will start to gain by day 5 and regain birthweight by around 2 weeks.
- Ask for help with feeding if baby not latching comfortably, cries or falls asleep at the breast.

Does my baby need more than my breastmilk?

- Health Canada & The Canadian Paediatric Society recommend exclusive breastfeeding for the 1st 6 months, with the addition of appropriate complementary foods at 6 months and continued breastfeeding for 2 years and beyond as suits mom and baby.
- Do not give your new baby sugar water, traditional newborn foods, formula baby food or infant cereal. These will interfere with your milk supply and also keep your baby from getting all the benefits of your milk.



What if my baby requires formula supplementation?

- If baby is very low birthweight, has low blood sugar, or mom or baby are not ready to breastfeed, and donor or expressed breastmilk is unavailable, infant formula may be recommended. This resource provides information to consider with formula feeding, including safe preparation, storage and feeding. Following baby's cues helps determine amount to feed and maintain baby's breastfeeding instincts.
- FREE DOWNLOAD CLICK HERE: [Best Start Infant Formula Feeding Guide](#) or use QR Code above.

Do I need a special diet to breastfeed?

- Eat small amounts of healthy foods often. You may notice that you're hungry! Your body is busy making milk!
- You don't need to drink milk to make milk. It's just easier to get calcium and vitamin D if you drink milk or eat milk products. Listen to your body, drink to thirst. Water, juice, soup, dairy, nut and oat milks are healthy choices.
- The taste of your milk is changed by the foods you eat. What a great introduction to different flavors for your baby!
- Sometimes, moms discover that some foods in their diets affect their nursing infants. For example, too much caffeine may make baby wakeful or irritable. If baby develops gastric problems (excessive gas and spitting up after feeds, mucous in poos, poos that go back to green color), skin rash, unhappy baby, there may be a sensitivity to dairy, wheat, or other food. Talk to your Doctor or Public Health Nutritionist for guidance on trying to sort out the cause of the food reaction. Continue breastfeeding.

Does my baby need a bath every day?

- Bathing every day is not necessary and can be drying to baby's skin. 2 or 3 times per week is fine.
- Have fun at bath time. Talk to baby, sing & smile. Bath-time may become one of your and baby's favorite routines.
- Fill a basin, baby tub or sink lined with a small towel with 2 or 3 inches of warm water (test with your wrist or elbow, shouldn't feel hot). Use your arm behind baby's back with hand holding baby's arm. Wash from clean to dirty. Wipe eyes gently from the inside corners outward, work your way down, pay attention to the neck area, behind the ears and skin folds. Use a small amount of mild soap for hair and rinse well. Wash the diaper area last. Gentle stimulation to the scalp with a wash cloth or baby comb helps prevent the build up of oil and skin on baby's head. Wrap baby in a soft towel and gently dry baby.
- Baby's umbilical cord can get wet in the tub, Gently dry the cord stump and surrounding skin with cotton swabs. Expose the cord stump to air as much as possible. The cord stump will fall off on its own in 5 - 15 days.
- Washing baby's face, neck, hands and diaper area with attention to the skin folds can be done daily. Changing diapers promptly when wet or dirty and letting diaper area air dry helps keep skin healthy. A barrier ointment such as vaseline or a zinc based cream can be applied to protect baby's skin inside the diaper.

BATH SAFETY:

- Never, never leave baby alone in the bath.
- Do not run the hot water while baby is in the bath. Turn down the hot water tank to below 49C.
- Always check water temperature with your wrist, elbow or a thermometer (37C).

CALL YOUR HEALTH CARE PROVIDER IF:

- The skin around baby's umbilical cord is warm, red, swollen, if there is a bad smell or discharge from the cord or if the cord is very wet and doesn't dry with exposure to air.

I had a cesarean birth... I had a vaginal birth...

- Some cesarean births are planned, others are unexpected. Vaginal or by C-Section, your birth story is your own.
- Caring for yourself and your newborn can be a challenge in the early days. Be patient with yourself. Allow your loved ones and friends to help with meals and chores.
- Rest often, manage your discomfort as prescribed by your doctor, avoid strenuous lifting and activity for the first 6 weeks, while your body heals. Listen to your body. Let someone else do the driving until you are totally pain free.
- Following C-Section, shower instead of bath until incision is healed. After vaginal birth, bathing more than once/day may be comforting and healing if the perineum has a tear or stitches. Avoid soap to incision/perineum. Gently pat incision/perineum dry.
- When incision/perineum is well healed, gentle massage around incision/perineum helps increase blood flow and may reduce numbness along the incision and reduce the risk of adhesions under the scar.
- Call your doctor if you have concerns such as persistent or worsening pain, fever, your flow becomes bright red and heavy again, incision/perineal stitches opening/leaking, if your breasts have a warm/red/sore lump or red streaks, if you develop stiffness/pain in your calf muscle, or shortness of breath.
- if you're struggling emotionally or have concerns for yourself and baby call 811 for support and direction.



AFTER HOSPITAL FOLLOW-UP CARE & SUPPORT

Saskatchewan families are supported by Maternal Visiting Program Nurses and Public Health Nurses who will:

- Contact you by telephone within 72 hours after discharge
- Depending on your need, follow-up will be offered by telephone, clinic appointment, or a home visit
- Assess your recovery
- Assess baby's health & weight
- Assist with infant feeding
- Provide health information and answer questions
- Make referrals as needed

if you have not been contacted within 72 hours or have questions, call the office nearest you from the list below...

Maternity Visiting Programs Telephone help available 7 days a week

Saskatoon:	8:30 - 4:00 PM	306-655-4860
Regina:	8:00 - 4:45 PM	306-766-3700
Prince Albert:	8:00 - 5:00 PM	306-765-6520

Rural Public Health Offices

Buffalo Narrows	306-235-2220
La Ronge	306-425-8512
Melfort	306-752-6310
Moose Jaw	306-691-2300
North Battleford	306-446-6400
Rosetown	306-882-2672
Stony Rapids	306-439-2200
Swift Current	1-866-786-2510
Weyburn	306-842-8618
Yorkton	306-786-0600

If you don't see your community listed, contact the nearest office and your request will be redirected

CALL 811 OR GO TO NEAREST MEDICAL FACILITY IF...

Mom:

- Has fever 38C, undue pain, redness, swelling, foul discharge from cesarean incision or vaginal area
- Flow becomes bright red/soaking a pad in less than 1 hour
- Feel faint or short of breath, extreme headache
- Pain or burning while you pee

Baby:

- Fever 38C or rectal temperature 35C or less
- Cough, wheeze, breathes >60 times/minute, blue lips
- Diarrhea poos (more frequent, watery/mucous/foul smelling), unusual rash, not peeing or pooing (see Page 7)
- Baby too sleepy to feed at least 8 times/day



A LITTLE REVIEW...

- *Keep your baby close to you. Skin-to-skin helps baby feel warm, happy, safe and encourages feeding instincts*
- *Watch for feeding cues: stretching, yawning, head bobs, searching, hands to mouth, smacking etc.*
Crying is a late hunger cue
- *Feed baby often, at least 8 times a day. Reach out for skilled help if baby not latching or latch is painful*
- *Surround yourself with helpful supporters*
- *Wash hands with soap and water often. Encourage your family and visitors to do the same*
- *Do not lay baby on their tummy to sleep. Put baby on their back to sleep, in a loose wrap on a safe sleep surface*
- *Never leave baby unattended on the change table, or any surface they can roll off*
- *If you're feeling frustrated, put the baby in a safe place and step away to calm down. Call for help. Never shake your baby.*



After discharge from your City or Rural maternal follow-up program, you are advised to contact your Family Doctor for on-going care

SUPPORT

Mom & newborn care and resources: [Moms & Kids Sask](#) and [Best Start Parent Health Guide](#)

Breastfeeding Fact Sheets: [Breastfeeding Committee for Sask](#)

Breastfeeding Support: [La Leche League](#)

Postpartum Anxiety & Depression Support: Call your PHO or 811

If feel unsafe or medical emergency and need help now: call 911

Drug Information Line: 1-800-665-3784

List of Parent Resources: [Saskatoon Breastfeeding Matters](#)

Date:	Time:	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																						
Latch? Drinking?																									
Hand Express for Baby																									
Hands on Pumping																									
Wet / Dirty Diaper																									

Date:	Time:	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07
Latch? Drinking?																									
Hand Express for Baby																									
Hands on Pumping																									
Wet / Dirty Diaper																									

Date:	Time:	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07
Latch? Drinking?																									
Hand Express for Baby																									
Hands on Pumping																									
Wet / Dirty Diaper																									

Date:	Time:	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07
Latch? Drinking?																									
Hand Express for Baby																									
Hands on Pumping																									
Wet / Dirty Diaper																									

Date:	Time:	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07
Latch? Drinking?																									
Hand Express for Baby																									
Hands on Pumping																									
Wet / Dirty Diaper																									

As milk is removed from the breast, more milk is produced. This is how to build your supply. If baby is not yet connecting and removing milk, hand expresses and/or pump to help build milk supply and feed baby.

Early Days: **Keep skin-to-skin as much as possible.** Offer breast when baby cues to feed (rooting, searching, drooling, waking, open mouth). If baby doesn't cue, offer breast every 2-3 hours **Give hand expressed milk offered by teaspoon or little cup after feeds until baby consistently cueing and latching well.** Use the record below to help you keep track of feeds. Each day, baby should feed 8 or more times. Keep track of wet and dirty diapers. Urine should be pale in colour and poos will change from dark to yellow by day 5. See pages 6 & 7.

If baby not latching within 24 hours or if baby is preterm or in NICU: Start 'hands-on-pumping' at least 8 times a day, including a night pumping. (Use hands to express before/during/after pumping sessions)

This helps produce and express more milk with higher fat content. Ask for a pump kit and guidance!

If you are pumping, keep track of pumping sessions. It takes time for the body to learn to respond to the pump.

Your first few sessions may produce only drops... Using 'hands-on-pumping' will build more milk sooner! See page 9 for more information.

Date:	Time:	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07
	<input checked="" type="checkbox"/> <input type="checkbox"/>																								
Latch? Drinking?																									
Hand Express for Baby																									
Hands on Pumping																									
Wet / Dirty Diaper																									

Date:	Time:	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07
Latch? Drinking?																									
Hand Express for Baby																									
Hands on Pumping																									
Wet / Dirty Diaper																									

Date:	Time:	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07
Latch? Drinking?																									
Hand Express for Baby																									
Hands on Pumping																									
Wet / Dirty Diaper																									

Date:	Time:	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06	07
Latch? Drinking?																									
Hand Express for Baby																									
Hands on Pumping																									
Wet / Dirty Diaper																									

*Baby drinks very small amounts the first 24 hours.
 Each day baby takes a bit more and your body will make more.
 When baby cues often, this is a very good sign...
 it means baby is ready to nurse often and bring the milk supply in!*

