
Breastfeeding Your Preterm Baby

Breastfeeding a baby that is born early presents unique challenges and special rewards. Getting a good start with pumping can make the process easier. The following are some tips to help you get that good start.

Depending on how premature your baby is at the time s/he is born, feeding is often delayed for a period of time while the doctors and nurses monitor him/her and provide the medical care that s/he requires. Your role in breastfeeding him/her begins now!

Breast Pumping Milk for Your Preterm Baby

- Begin pumping your breasts with a **double** electric breast pump as soon after delivery as you are able, and aim to pump every 2-3 hours, or 8 times in 24 hours for 15-20 minutes with the double pump. **Avoid being discouraged if you get nothing or a few drops the first day, this is normal. It all takes time.**
- Early pumping helps to bring the milk in and can stop engorgement (when the breasts become over full, painful and hard).
- Double pumping **is recommended to establish and maintain a long term milk supply. Single pumping with a manual or single electric pump will not establish and maintain a long term milk supply.**
- To begin pumping your breasts, set the “*suction control*” (“vacuum regulator”) at the minimum (“MIN”) setting and increase the setting to the highest level **that is most comfortable for you**. If pumping is painful then your setting on the “*suction control*” may be too high.
- Set the “*number dial*” at **6-7** for a few minutes. When the milk starts dripping (“letdown”) turn the dial to **4-5**. These speeds are similar to a baby’s sucking pattern. When the milk flow stops the dial can be raised to **6-7** again to see if another “letdown” can be stimulated. **The dial only controls the speed of the suction.**
- It’s a good idea to talk to the NICU Lactation Consultant after the first few days of pumping to discuss how much milk you are getting and to see if there are any concerns.
- Your first milk, colostrum, has antibodies, which can help protect your baby from infection. Even if your baby is still unable to eat, this milk should be saved for baby’s first feeding.

- Save any milk that you pump and give it to your baby's nurse. A baby's first feeding can be as little as 1ml (one fifth of a teaspoon!) every 12 hours.
- Spend time touching and holding your baby as soon as you are able. This will help to increase your milk supply as well as being a positive experience for you and your baby. It's a good idea to breast pump after you spend time with your baby.
- Using your pump properly will help to ensure a good milk supply. Review proper pump settings with the lactation consultant or your nurse. Refer to the page titled ". **'Tips for pumping and increasing your milk supply.'**
- Frequent pumping may be causing your nipples to become tender. Express some of your breast milk on to your nipples after pumping and allow to air dry for several minutes. Be sure the suction control is on minimum, and only increase the pressure if it is comfortable.
- Try to stick to your pumping schedule of every 2-3 hours but be flexible with your pumping times especially during the day. The most important thing is that you get 8 pumpings in 24 hours. Pump at night and be sure to go no longer than 4 hours between pumping sessions at night.
- When timing pumping sessions, it is similar to breastfeeding sessions, therefore time your pumping session from the beginning of one session to the beginning of the next session.
- Pumping sessions should last 15-20 minutes when you are double pumping.
- The team in the NICU/Level II Nursery (Lactation Consultant, nurse, dietitian, and doctor) will help you to develop a feeding plan (kangaroo care, non-nutritive sucking, and practice breastfeeding/breastfeeding) for your baby.

Which breast pump is best for me?

There are a variety of breast pumps available on the market today, so it is important to think carefully before you rent or buy a breast pump, as they are different. A good pump can make all the difference. Because your baby was born early, long-term frequent pumping is necessary to maintain your milk supply until your baby is ready to feed totally from the breast.

We suggest that you rent a hospital grade double electric breast pump. For more information, please contact the Breastfeeding Centre at 416-586-4543, press 2 or NICU/Level 2 Lactation Consultant at 416-586-4800, ext. 6373.

Is reimbursement for pumps possible?

It may be possible for some or all of your pump rental expenses to be covered by your personal insurance. A form letter that can be signed by your baby's doctor and submitted to your insurance company is available inside the front cover of this binder.

How do I use the Medela Lactina pump effectively?

The *Lactina* pump made by Medela is the pump used in the NICU and Level 2 nurseries and is the breast pump available for rental in the Breastfeeding Centre, 7th Floor. They will show you how to use the breast pump. There are some important points to remember for successful pumping. See "Breast pumping milk for your preterm baby" Pg. 12.

How many times should I pump a day?

An ideal pumping schedule should begin within a few hours after your baby is born and pumping should be done at least 8 times per day, pumping every 2-3 hours.

Here are a few points to remember:

- You can be flexible with your pumping schedule. You should pump every 2-3 hours in your waking hours and pumping at night is recommended.
- It is important to pump a **minimum of 7 times/day**, but you should increase this to 8-10 times in 24 hours if your milk supply is decreasing.
- Pumping 5-10 minutes is better than missing a pumping session altogether.

What is normal milk supply development?

Many women are discouraged when they begin pumping because they may get very little milk, if any, for all their effort. It is important to remember that this is very normal. It takes several days for the milk supply to be established.

It is important that you continue to keep up with your pumping schedule, as this early and frequent pumping will help you to develop a good milk supply. Pump for the entire length of time, (15 to 20 minutes) even when your milk stops flowing as this will continue to tell your body to produce more milk.

Pump every 2-3 hours to make up 8 times in 24 hours. Remember that any milk you are able to pump is good for your baby! Talk to the NICU Lactation Consultant if you have any concerns about how much milk you are getting when you pump.

What does breast milk look like?

Colostrum is the first milk that you will produce. It is thicker and more yellow in colour than mature breast milk, which is bluish white.

What resources are there for me in the hospital?

- Lactation Consultant 416-586-4800, ext. 6373
- Your baby's nurse
- Breastfeeding Centre, 7th Floor, 416-586-4543 press 2
- Hours for the Breastfeeding Centre: Monday to Friday 10:00 a.m.-1:00 p.m. and 2:00 p.m. – 5:00 p.m. Saturday and Sunday 10:00 a.m-4:00 p.m.

Welcome to the Breast Pump Room

- After your discharge from the hospital, mothers who have infants in NICU or Level II Nursery are welcome to use our Breast Pump Room. Please ask your baby's nurse for the location of this room. **Room 704, code 1254**
- For your privacy, please ensure the door is closed tightly after you enter and leave the room.
- If you have bought a "Pump in Style" please bring it with you when you visit your baby and you can use it in the pump room.
- If you have rented a "Medela" double electric pump you will need to bring your own **Medela tubing, piston, bottles, flanges, valves and white flaps** to use when you visit your baby as you can use the breast pump in the pump room.
- Please transfer your pumped milk into pink-topped collection bottles. Please ask the nurse caring for your baby for more bottles when you run out. Label the bottle with your baby's name, date and time you pumped.
- Soap for cleaning your breast pump kit is available by the sink in this room.
- Please also wipe off the hospital pump after use and ensure the room is tidy after you have finished pumping.
- To ensure the privacy only women are allowed in the breast pump room.
- A telephone is provided for your convenience for local calls only.
- Please contact the NICU/Level 2 or the Lactation Consultant if the breast pump is not working satisfactorily or there are any other problems with this room. 416-586-4800, ext. 6373.
- **If you have any questions or concerns about breastfeeding or breast pumping, please contact your baby's nurse or the lactation nurse.**

Handling/Storage/Transportation of Breast Milk

How do I handle expressed breast milk (EBM)?

- It is important to wash your hands carefully with soap and water. Rinse and dry your hands well before expressing and handling your EBM.
- Each time you express milk use clean breast pump equipment and sterile containers (preferably plastic) for milk collection and storage.
- Collect milk in a new container each time you pump your breasts.
- Label the container with your baby's first and last name, the date and time of expression so that the oldest milk can be used first.
- **Avoid filling the container to the top.** Ask your nurse how much would be best to put into each container. Leave about 1 cm (1/2 inch) air space to allow milk to expand during freezing. Make sure the lid is on tight.

How do I store my expressed breast milk?

Milk can be stored as follows:

- EBM should be frozen immediately if you are pumping at home.
- EBM can be stored for 24 hours in a refrigerator, the temperature must be 4°C (35 - 40°F).
- For 2 weeks in a freezer compartment within a single door refrigerator.
- Up to 3-4 months in a freezer, which has a separate door from that of the refrigerator (i.e., a 2 door unit)?
- Up to 6 months in a deep freezer at 18°C (0°F).
- Frozen milk can be thawed in the refrigerator or can be set in a pan of luke warm water. Milk cannot be refrozen. Avoid leaving EBM to thaw at room temperature.
- Before feeding, shake the milk to mix the cream that has risen to the top.

How do I bring my expressed breast milk to the hospital?

- Only bring in a 2-3 day supply of EBM at a time if possible. Be sure to give the milk to your nurse as soon as you get to the NICU. Please check with your baby's nurse to see if there is enough milk to last until your next visit.
- EBM that you bring in from home should be kept frozen. Suggestions to keep it frozen during transport include:
 - a. cooler or container with ice cubes around the bottles;
 - b. freezer packs; or
 - c. insulated bag with ice cubes or freezer packs.

Any milk that is thawed must be used within 24 hours or discarded.



Tips for Pumping and Increasing Milk Supply

- Before starting to pump you can help your milk to “let down” (begin to flow) by placing warm wet washcloths over your breasts. After 10 minutes of warmth, gently massage your breasts using your fingertips in circular motion, working downwards toward the nipple. After massaging, gently place a breast in both your hands and stroke the milk down the ducts, using the base of your hands. Repeat on the other breast. You are now ready to start pumping.
- Try to eat a balanced diet and drink for thirst. You don’t need to drink extra fluids to produce more milk. Have a glass of juice or water to sip while pumping.
- At home have a pumping routine. Set up a comfortable area where you can relax in a well-supported chair. Place a picture of your baby near by or have one your baby’s toys/blanket beside you to help you think of your baby.
- As soon as you can, hold your baby out of the incubator, place your baby’s body close to your chest, skin to skin. This closeness can lead to increased milk production and letdown. Bring your pumping kit to the hospital and use the pump in the pumping room or at your baby’s bedside after holding your baby.
- When your baby is ready to start breastfeeding set up a feeding time with your nurse or the Lactation Consultant. Continue to pump your breasts after each breastfeeding.

Effective Positioning and Latching

How do I latch my baby onto my breast?

It is very important to help your baby learn to latch on to both the nipple and areola of your breast to encourage effective sucking and to prevent sore nipples. It is difficult for a baby to get milk by taking only the nipple into his/her mouth and sucking.

The size of your nipple may sometimes seem too large for your preterm baby when breastfeeding. With time and growth your baby will be able to latch effectively.

Effective sucking occurs when the **nipple and a portion of the areola** are in your baby's mouth, and your baby's gums squeeze the milk out to the sinuses and squirt it into the baby's mouth.

The sucking action of your baby's tongue helps to keep the areola well back in your baby's mouth and massages more milk out of the ducts into the mouth. As your baby draws some milk out, more flows down to fill the sinuses.

If only the nipple is in your baby's mouth, your baby gets very little milk and you will feel a pinching sensation on your nipple instead of pulling/tugging. The pinching will cause your nipple to get sore. A baby who is only latched onto the nipple should be taken off the breast and helped to latch onto both the nipple and the areola. If you are having difficulty please ask your nurse for assistance.

The sucking behaviours of a preterm infant are different than those of a full term baby. Babies that are less than 36 weeks of age may have a "burst -pause" sucking pattern. They suck continuously for several seconds before pausing to rest and may have more rapid breathing in the resting phase.

This is normal for the preterm infant. As your baby gets older you will notice that your baby is able to suck for longer periods and has shorter rest periods between sucking.

Please note: During the early days of breastfeeding a premature infant, the baby may lick and nuzzle at the breast before latching on. This is an important part of learning to breastfeed. It helps them to remember mother's taste and smell.

What are the best positions for feeding my baby?

Make sure you are in a comfortable position before you start to feed your baby. There are two positions that work best for breastfeeding a preterm infant. These are the **cross cradle hold** and the **football hold**.

It is a good idea to try both positions to find out which position is more comfortable for you and your baby. In either position it is important to provide extra support to your baby's head and neck. Preterm babies often seem to have a "heavy head" and need to be well supported to avoid affecting the airway , this will also make breastfeeding easier.

Modified Cradle Hold



Sit in a chair with pillows to support your shoulder and back, or in an armchair with your feet slightly elevated on a stool. Put a pillow on your hip to support your baby.

Hold your baby's head and upper back firmly with the hand opposite of the feeding breast, and your arm to hold your baby's body close to you.

Use your other hand (same side as the breast) to support your breast by cupping your breast with your finger and your thumb behind the areola.

Compress your breast (like a sandwich) and gently stroke your baby's upper lip with the nipple.

When your baby's mouth opens wide, pull your baby to the breast so s/he can get the nipple and as much of the areola in his/her mouth as possible. Try to bring your baby to you instead of moving yourself toward your baby. You will find this more comfortable.

The Football Hold



If possible sit in chair with pillows to support your shoulders and back, or in armchair. Place an additional pillow on the arm of the chair, or on the bed beside you to rest your arm on.

Holding your baby's head firmly in your hand, tuck your baby under your arms so that his feet are at your back.

Use your other hand to support your breast by placing your fingers under your breast and your thumb on top of your breast behind the areola.

Express a small amount of milk and tickle your baby's upper lip with the nipple. When your baby opens his mouth wide, pull the baby onto the breast and tuck him in closely so that he can get as much of the nipple as possible.

These positions give you good control of your baby's head. When positioning your baby make sure his arms are held forward.

Is My Baby Getting Enough From the Breast?

When placing your baby to your breast, you and the nurse will be watching for non-nutritive sucking versus nutritive sucking.

What are the characteristics of non-nutritive sucking (NNS) at the breast?

- no intake of breast milk
- rapid, irregular sucking
- baby may latch onto the breast, "lick and sniff", suck, and then fall off
- this may be repeated several times
- full volumes of tube feeding are required

What are the benefits of non-nutritive sucking?

- aids in digestion
- promotes self-soothing, calmness, longer periods of quiet sleep
- provides pleasant experience around mouth to support successful breast feeding in the future
- aids in milk production

What are the characteristics of nutritive sucking (swallowing)?

- intake of breast milk as demonstrated by swallowing
- slower sucking pattern with more regular rhythm
- visible and/or audible swallowing movements
- bursts of sucks followed by self-regulated pauses
- may range from 10 to 45 minutes

How will I know if my baby is taking any milk?

You and your baby's nurse will be watching for the following:

- swallowing
- the presence and timing of letdown
- milk visible at corners of baby's mouth
- visible pulling of breast tissue
- your feelings of difference in fullness of breasts before and after the feedings
- latching ability
- organization and strength of infant sucking
- infant behaviour after feeding (asleep, won't eat any more, crying)

- weight gain over time (over a week)
- wet diapers (6 times a day)

How do I know if my baby needs a supplement?

The decision of how much to supplement your baby after a breastfeeding session is determined by:

- the length of time your baby breastfed nutritively
- how well your baby is swallowing
- how good your milk supply is.

Note: Your baby may be at your breast for longer than he is sucking nutritively.

There will be a transition from full feeds through the nasogastric tube (NG) tube to full feeds at the breast as your baby grows and learns how to breastfeed.

Your Nurse, Lactation Consultant and Doctor will help you to develop a feeding plan that will help your baby to breastfeed.

Breastfeeding Your Preterm Baby at Home

How will I know my baby is getting enough breast milk when I am home?

Premature babies who are getting enough to eat have frequent, wet diapers, pale urine that does not have a strong smell (6-8 in 24 hours), and regular bowel movements. All babies have different stooling patterns; however the stool should be soft, yellow and seedy looking. Your baby will seem content and happy after nursing and will grow steadily.

Your baby should be fed every 2-3 hours and on cue, (see below) or about 8-12 times a day (24 hours). If your baby is sleepy, you will need to wake your baby regularly (at least 8 times in 24 hours) to feed.

Remember crying is a late hunger cue.

How will I know if My Baby is Hungry?

Look for your baby's hunger cues and watch for:

- **Rooting**
 - **Hand to mouth movements**
 - **Sucking movements**
 - **Sucking on fingers and hand**
 - **Opening of mouth in response to touch (tactile stimulation)**
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- The key is listening to your baby. If she/he gives you hunger cues, start feeding your baby. If you offer the breast and your baby starts to feed then she/he is hungry.
 - Be sure to watch closely as your baby feeds, to be sure she/he is swallowing and therefore eating well. You may have to keep stimulating your baby to keep her/him actively sucking and swallowing.
 - Call the NICU Lactation Consultant (416-586-4800 x6373), if you have any questions or if your discharge feeding plan needs to be changed.

Do I Still Need to Breast pump after my Baby is Discharged?

That will depend on your milk supply and how well your baby is feeding. This should be reviewed with the Lactation Consultant before discharge.

Sometimes pumping is needed for comfort if you are making more milk than your baby needs, and sometimes pumping is needed to increase milk supply.

Remember if you give some of your previously pumped breast milk, or formula, you will need to continue pumping to maintain your milk supply.

Keep in mind the supply and demand concept, the more milk you remove, the more you make, and the opposite.

What should I do if I am breastfeeding and I am not sure things are going well?

- Call the Breastfeeding Centre, (416-586-4543, press 2) or public health nurse to set up an appointment to assess the breastfeeding, and help you to set up a feeding plan. Sometimes you just need to hear that everything is going well.
- Be sure to take your baby to your family doctor for regular visits and weight checks

What should I do if I am breastfeeding but my baby does not want to nurse?

- Be patient and keep trying.
- Be sure your baby is positioned well on your nipple, (refer to section on latching).
- Offer a bottle as a last resort.
- Continue to pump. Give this milk to your baby. If your baby nurses for 5-10 minutes frequently and your breasts remain full after feeding sessions, please call your doctor or Breastfeeding Centre (416-586-4543, press 2) for help.

How fast should my baby grow?

- Please take your baby to your doctor within the first week after discharge from the hospital. This helps your doctor get to know your baby. It's good to plan for regular appointments and weight checks for the first few weeks home.
- Your baby should be gaining about 4-8 ounces (120-240 grams) per week after discharge.
- Your baby's weight is always checked when you go to the doctor. Ask for your baby's weight. Your baby's weight gain is one of the best ways to be sure s/he is getting enough to eat.

Medication Use and Breastfeeding Your Baby

As a new mother you may sometimes need to take medications. You may already have a health condition that requires taking medication or you may need an “over the counter” medication to help ease symptoms such as back pain, a stuffy nose or a headache.

If you are breastfeeding, you may be concerned about the effect that medication may have on your baby. This concern is normal. The following information will help you make the best choice about medications for you and your baby.

What should I do if I am taking medications and I am or I want to breastfeed?

- Always tell your baby’s nurse or doctor if you are taking any medicine and are breastfeeding.
- Your doctor, pharmacist and/or lactation consultant can help you make the best choices.

Are medications dangerous/harmful for my breastfeeding baby?

- Most medications are OK to take during breastfeeding. There are very few that actually cause harm to the nursing baby. **Check with your doctor, pharmacist, or Motherisk at 416-813-6780.**
- If you are taking a medication that is considered unsafe for breastfeeding, there is often another choice of medication in the same class that can be used safely. Ask your pharmacist.
- Some medications are OK to take as long as the nursing infant is closely monitored for signs of side effects.

What if the medication gets into the breast milk?

- Most medications do pass into breast milk; however the amount of medication that is transferred to your nursing baby is usually too low to cause any harmful effects.
- With some medications, you can minimize the amount of drug your baby is exposed to by taking the medication at certain times, for example right after you breastfeed your baby. Your doctor or pharmacist can help set up a feeding and medication schedule.

Are “over the counter” medications safe while I am breastfeeding?

- Most “over the counter” medications such as laxatives, pain relievers, cough and cold medicines are safe while breastfeeding. However, it's a good idea to check with your doctor, pharmacist or lactation consultant before starting any medication while breastfeeding.

Can I take herbal medicine while I am breastfeeding?

- There is very little information about the safety of herbal products during breastfeeding. It's best to avoid these products during the months when you are nursing your baby. Some caffeine free herbal fruit teas are now considered safe. Ask your pharmacist.

Is it safe to have alcoholic beverages while I am breastfeeding?

- Alcohol passes freely into breast milk. Side effects have been reported in the baby even after only moderate amounts of alcohol taken by the mother. Occasional use of alcohol, such as wine with dinner, does not mean you have to stop breastfeeding. However, you should time breastfeeding your baby so that most of the alcohol is cleared from your breast milk. It generally takes two to three hours per drink for breast milk to be clear of alcohol. Drinking beer will not increase milk supply.

Can I smoke while I am breastfeeding?

- Avoid cigarette smoking while you are nursing. The nicotine in cigarettes passes into milk and may cause infant colic and decrease your milk production. Exposure of children to cigarette smoke before and after birth has been shown to increase the risk for respiratory illnesses such as lung infections and asthma and sudden infant death syndrome (SIDS).
- Breastfeeding mothers are strongly encouraged to stop or to limit their smoking. If this is not possible, avoid smoking two to three hours before and during breastfeeding, and do not smoke while in the same room with the infant. If you are trying to quit smoking, certain products such as the nicotine patch or nicotine gum can be used during breastfeeding. Ask your doctor or pharmacist.

Is it safe to drink coffee while breastfeeding?

- Drinking moderate amounts of coffee (i.e. 1-2 cups per day) during breastfeeding is considered safe. Breastfeeding mothers need to consider the amount of caffeine they take from all sources. Caffeine is found in many food

sources other than coffee including tea, soft drinks, chocolate and in some “over the counter” and prescription medications. A large caffeine intake (i.e. more than 3 cups of coffee per day) while breastfeeding may lead to the baby becoming jittery, colicky, and constipated. Caffeine may also decrease your milk supply.

Can I use street drugs while I am breastfeeding?

- Illegal street drugs such as marijuana, cocaine, heroin and LSD should be avoided while breastfeeding. Toxic effects have been reported among breastfed infants whose mothers abused cocaine. Exposure to marijuana through breast milk may delay nerve development of infants. The use of methadone as part of the treatment of addiction is OK during breastfeeding but must be monitored by a doctor.

Where can I get more information?

- Motherisk Program, The Hospital for Sick Children 416-813-6780
- Perinatal Pharmacy, Mount Sinai Hospital 416-586-8303
- Breastfeeding Centre 416-586-4543(option 2)
- NICU Lactation Consultant 416-586-4800 x6373, ask your baby's nurse
- Your baby's doctor, your Public health nurse or a lactation consultant.

Nutrition, Your Baby, Breastfeeding and You

You truly are eating for two (or more!) – not quite, but almost. When you are breastfeeding, taking care of yourself and your baby means, getting as much rest as possible, drinking to thirst and eating well. Eating a variety of foods, in moderate amounts, chosen from the four food groups of Canada's Food Guide is a great place to start. Canada's Food Guide is also a good place to review the balance of food's you usually eat. Whatever your needs, the food groups are a guide that help you get important nutrients.

What are the four food groups?

- Grain Products
- Vegetables and Fruit
- Milk Products
- Meat and Alternatives

I'm so tired and don't have time to make big meals. How can I still eat well?

- Some examples of quick nutritious foods are: cheese, yoghurt, whole grain bread or crackers, eggs, raw vegetables, fruits, nuts, cold sliced meats, vegetable juices, pasta, rice or legume salads, milkshakes.

I have been told to drink a lot of fluids when I breastfeed. How much do I need to drink?

- Drink when you are thirsty.
- If your urine is pale yellow, you are drinking enough. If your urine is dark with a strong smell and you have hard, dry stools, you need to drink more. Be sure to drink when you are thirsty as these are late signs of needing more fluids.
- The best choices of fluids are: water, fruit or vegetable juices, milk, or soup

Do I need to take any vitamin or mineral supplements?

- If you are eating a well-balanced diet the use of supplements is not necessary. You may finish your prenatal vitamin/mineral supplements if you want.

What about my weight while I breastfeed?

- Avoid dieting while you are breastfeeding. This includes liquid diets and weight loss medication.

- It is normal to lose weight during the first 6 months of breastfeeding. The average rate of weight loss is 0.5 to 1.0 kg, (1-2 lbs.) per month after the first month postpartum.
- If you have gained more weight than recommended, losing up to 2 kg. (~ 4.5 lbs.) per month is unlikely to affect your volume of milk. Watch for signs that your baby's appetite is not being satisfied – if this happens, you need to eat more.
- If you are losing more than 2 kg. (~ 4.5 lbs) per month after the first month postpartum, you need to eat more.

I don't like milk and I'm sure I don't drink enough. What do I do?

Milk is an excellent source of calcium. If you dislike drinking milk choose foods with milk in other forms or other foods such as:

High Sources	Medium Sources	Low Sources
Yoghurt	Baked beans	Parmesan cheese
Cheese	Soy, white beans	Bread
Milk	Pudding/custard (made with milk)	Broccoli, kale
Buttermilk	Frozen yoghurt	Almonds
Skim milk powder	Ice milk	Ice cream
Salmon with bones	Tofu	Oranges
Processed cheese slices	Feta cheese	Chick peas
		Cottage cheese

Is caffeine bad for my baby?

- A very small amount of caffeine crosses into breast milk. One to two cups of coffee a day is unlikely to cause a problem for you or your baby. Some babies are sensitive, so if your baby is fussy and wakeful, try cutting back on caffeine to see if the baby settles.
- Caffeine is found in coffee, tea, colas, chocolate and many over the counter medications.

I've heard that drinking a beer helps you make more breast milk. Is this true?

There is no clear evidence to suggest that beer increases your milk supply. Alcohol crosses into breast milk, which is harmful for your baby.

I follow a vegetarian diet. How can I best meet my breastfeeding baby's nutritional needs?

Follow Canada's Food Guide, getting protein from meat alternatives. Your needs will depend on the type of vegetarian diet you follow. With careful planning, following Canada's Food Guide, vegetarian diets can meet your nutrition needs during breastfeeding. If you follow a strict vegetarian or vegan diet, speak to your doctor and/or dietitian. You will have to choose foods that provide adequate iron and will have to consider a source of vitamin B₁₂.

Can I eat peanuts or peanut butter while I am breastfeeding?

Pregnant/breastfeeding mothers should avoid eating peanuts or peanut butter if there is a history of allergy or asthma in either your or the baby's father's family, including in your other children.

Key Points

1. Compare the foods you eat to Canada's Food Guide.
2. Drink when you are thirsty.
3. Vitamins are unnessesary if you eat a balanced diet.
4. Reduce your intake of caffeine containing foods and beverages.
5. Avoid alcohol.
6. Avoid dieting and trying to lose weight, too fast.
7. Eat many small snacks if you are too tired or have little time to prepare a big meal.
8. If you are a **strict** vegetarian, you may need vitamin B₁₂ supplements. Ask your doctor or dietician.

Please speak to the lactation consultant or dietician if you would like more information.

Publications Available

- "Canada's Food Guide", 1992. – Health & Welfare Canada
- "Iron" Essential For Good Health, - Beef Information Centre
- "Iron" – Beef Information Centre

- “Calcium Calculator”, 1999, - B.C. Dairy Foundation and the Dairy Farmers of Ontario
- “Calcium” – Dairy Bureau of Canada, 1990
- “Fibre Facts” – 1985, Nutrition Communications, - Kellogg, Canada
- “Peanut Allergy” – Committee on Toxicity of Chemicals in Food, Consumer Products and The Environment. Department of Health, UK, 2000

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- Health and Welfare Canada, Feeding Babies, 1986.
- Health and Welfare Canada, Canada's Food Guide, 1992.
- Nutrition during Lactation; Summary, Conclusions and Recommendations, National Academy of Sciences Press, Washington D.C. 1991.
- Mohrbacher, N. and Stock, J. (1991). LaLeche League International.
- The Breast Feeding Answer Book. LaLeche League International Inc.
- Lauwers, J. and Woessner, C. (1990). Counseling the Nursing Mother.
- Avery Publishing Group, Inc. New York.

Resources for Breastfeeding Mothers

Breastfeeding, Renfru, M., Fisher, C., & Arms, S. California, 1990

The Complete Book of Breastfeeding, Eiger, M., and Olds, S., Workman, New York, 1987

Nursing Your Premature Baby Pamphlet, LaLeche League International, Inc.
(416) 486-3368

The Womanly Art of Breastfeeding, Dana, N. and Price, A., Meadowbrook, Egan Mn., 1987

Breastfeeding Twins, Triplets and Quadruplets, Keith, D.M., McInnes, S. and Keith, L.G., Centre for Study of Multiple Births and Parents of Multiple Births Association of Canada, Chicago, 1982

Your local library has many of these books as well as a wide variety of other books available for loan.

WEB Sites you may find helpful

- www.breastfeeding.com
- www.breastfeedingonline.com (this site includes Dr. Jack Newman's handouts)
- www.lalecheleague.org
- www.motherisk.org

Who should I speak to for more information on breastfeeding?

- Your Lactation Consultant in the NICU, or your baby's nurse in the hospital
 - Mount Sinai Hospital Maternal Infant Program/Breastfeeding Centre.
7th floor: Monday – Friday 10:00 a.m. - 5:00 p.m. 416-586-4543 (2)
Saturday & Sunday 10:00 a.m. - 4:00 p.m.
 - Mother Risk, Hospital For Sick Children 416-813-6780
 - LaLeche League - 24 hours support 416-483-3368
 - Public Health Nurses: Toronto, you can arrange for a home visit or find out
the nearest Breastfeeding Clinic to you 416-338-7600
- Lactation Consultants: Association of Southern Ontario 416-223-4040