

Welcoming Baby
and Sharing a
Fulfilling Breastfeeding Relationship

A GUIDE FOR PARENTS



Realized in 2014 by the Agence de la santé et des services sociaux de l'Estrie and updated in 2017 by the CIUSSS de l'Estrie – CHUS

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Introduction

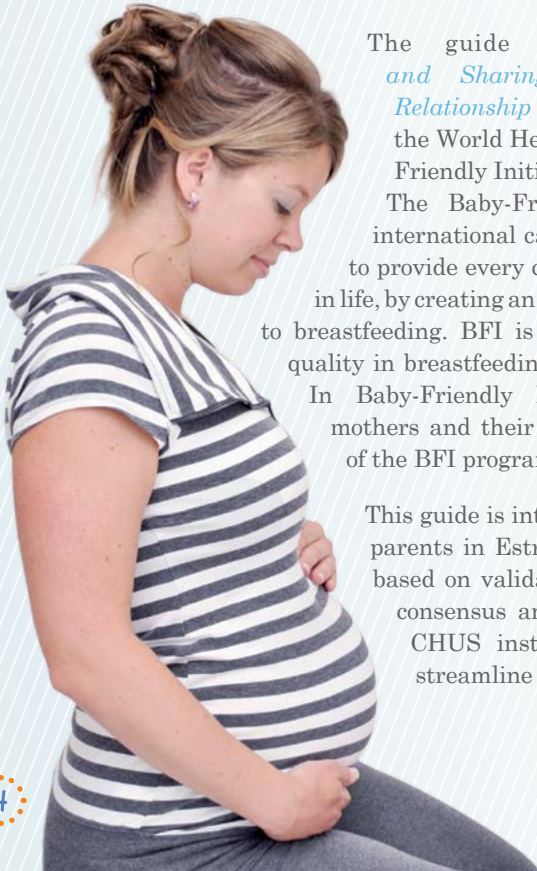
You will soon be bringing your newborn home to enjoy his first weeks of life.

This guide will prepare you for this special time by providing complementary information to the guide *From Tiny Tot to Toddler*, given to all parents in Quebec at the mother's first pregnancy appointment with a health professional.

This valuable resource is well worth reading.

The guide entitled *Welcoming Baby and Sharing a Fulfilling Breastfeeding Relationship* covers topics recommended by the World Health Organization (WHO) Baby-Friendly Initiative (BFI) program and Unicef. The Baby-Friendly Initiative (BFI) is an international care quality program which aims to provide every child with the best possible start in life, by creating an environment which is favourable to breastfeeding. BFI is the international standard for quality in breastfeeding, recognized around the world. In Baby-Friendly Initiative-certified institutions, mothers and their babies enjoy all of the benefits of the BFI program, whether breastfeeding or not.

This guide is intended for all present and future parents in Estrie. The information provided is based on validated data and is the object of a consensus among the CIUSSS de l'Estrie – CHUS installations. This guide helps to streamline information given to parents.



1.

Welcoming Baby and Support for Parents

Welcoming a baby implies developing a relationship with one's newborn by giving him attention and lovingly responding to his needs. Touching, carrying, rocking, feeding, speaking to and caring for baby are all part of this relationship. The art of parenting is learned day to day. Becoming a parent brings joy, but also raises questions and requires flexibility and adaptability.

In Quebec, parents on maternity or paternity leave may find it challenging to ask for help, whereas, in other parts of the world, it is perfectly natural to support new parents. An African proverb says that *it requires an entire village to raise a child*. Parents should therefore not hesitate to ask for help.



It takes a
village to raise
a child.

A support network to welcome the baby

- Support from friends and family, when efficiently organized and adapted to the parent's needs, is important during the first weeks of baby's life.
- Friends and family play a significant supportive role. Support from the father or from another important person is essential.
- Various types of support from friends and family can be helpful and may even be offered as a birth gift : prepared meals, baby-sitting, housecleaning, shopping for groceries, and so on.

Resources to support parents

- Health care professionals accompany parents throughout the pregnancy, at birth and, subsequently, in the maternity ward or birthing home and after the family returns home.
- A perinatal nurse from the CLSC will then provide continuity of care once the family returns home.
- Community organizations work with families and provide breastfeeding support.
- Breastfeeding drop-in centres (*haltes-allaitement*) and information workshops on infants and breastfeeding are also offered to parents.
- For further information, consult the *Bottin des ressources en allaitement de l'Estrie* (breastfeeding resources directory for the Estrie region) received at your first medical consultation for your pregnancy.

Remember

It is important to plan your support network ahead of time, and to be familiar with the local resources available to help parents welcome baby.

My questions: _____

2

Getting to Know Baby

In the womb

- Baby hears his mother's heartbeat, recognizes her voice and the voices of her close ones, as well as the flavours and odours of the amniotic fluid.
- He discovers touch and motion.

Once born, baby feels new sensations

- He breathes for the first time.
- Sounds and odours are more varied.
- He perceives intense light.

Skin-to-skin contact and rooming-in

Skin-to-skin contact and rooming-in help baby adapt to life outside mother's womb and to develop mother-infant bonding.

- Skin-to-skin contact
 - As soon as baby is born, he is placed naked on mother's bare breast.
 - Thereafter, skin-to-skin contact is encouraged by both mother and father, throughout the newborn period and beyond.
- Rooming-in
 - In the birthplace, rooming-in means living in the same room with the baby 24 hours a day.



Remember

It is important to establish skin-to-skin contact and to room-in with baby.

Benefits for baby

- Helps baby stay warm and conserve energy.
- Reassures baby by reproducing familiar intrauterine sensations such as voices, odours, rocking, etc.
- Encourages interactions with baby's parents.
 - Promotes breastfeeding as soon as baby is ready to feed.
 - Calms the baby and reduces crying.

Benefits for parents

- Helps parents become familiar with baby's personality and behavior.
- Helps parents respond more rapidly to baby's needs.
- Allows parents to better identify periods of arousal and signs that baby is ready to feed.



My questions: _____

3.

States of arousal, Behaviour and Needs of the Baby

Characteristics	In practice
<i>Before birth</i>	
<p>The fetus receives nourishment from the placenta through the umbilical cord.</p>	<ul style="list-style-type: none"> • The mother's body undergoes tremendous changes to adapt to the baby's development. • The mother's breasts begin to produce colostrum - the first milk - midway throughout the pregnancy.
<i>Following the full term birth of a healthy baby</i>	
<i>The first hours of life</i>	
<p>Immediately following birth, baby is placed in skin-to-skin contact on his mother for the first 2 hours.</p>	<ul style="list-style-type: none"> • Health care professionals will dry baby, put a cap on his head and a blanket on his back, while making sure he is well.
<p>Innate behaviour can then be observed among most babies who will :</p> <ul style="list-style-type: none"> - <i>make small sounds or cries;</i> - <i>rest;</i> - <i>wake up;</i> - <i>raise their hands to their mouth;</i> - <i>move their head, mouth and tongue;</i> - <i>raise their head to observe;</i> - <i>crawl towards their mother's breasts;</i> - <i>self-latch onto a breast;</i> - <i>and finally suckle.</i> 	<ul style="list-style-type: none"> • This is baby's first encounter with his parents : • <i>- mother's first skin-to-skin contact with baby allows her to touch him, observe him, catch his eyes and talk to him;</i> • <i>- father sees to the mother and newborn's wellbeing.</i> • Baby benefits from mother's body warmth and experiences sensations similar to those in the womb, which help to establish the first breastfeed.
<p>Each baby discovers at his own pace, marked by repeated pauses.</p>	<ul style="list-style-type: none"> • Skin-to-skin contact is beneficial to all babies.

The first hours of life (cont'd.)

Mother and baby learn to manage breastfeeding on demand.

- **Breastfeeding on demand :**
- means offering the breast to baby
- as soon as he is waking and he is
- showing signs that he is ready to
- feed. Baby will feed on average 8
- times or more every 24 hours.

• **Signs that baby is ready to feed :**

- - *his breathing changes;*
- - *his eyes move beneath the eyelids;*
- - *he moves his arms and legs and stretches out;*
- - *he raises his hands to his face or mouth;*
- - *he makes suckling movements.*

• Do not wait until baby cries to offer the breast.

The frequency and duration of baby's periods of arousal and his behaviour depend on baby's age, personality and health condition. Baby's gestational age influences his sleep-wake cycles.

• Whether baby is born full term or before term, he receives the care required by his gestational age (time elapsed since the beginning of pregnancy) and health condition.

• Parents always receive guidance so they can fully enjoy their first moments with their newborn.

Between 2 and 24 hours after birth: the postnatal recovery phase

Mother begins the postpartum period.

• Mother and baby recover from the delivery and birth, and get to know one another.

• Skin-to-skin contact allows mother to feel and see baby once he starts moving. She can then place baby near her breast to seize every opportunity when he shows signs of being ready to feed.

Characteristics

In practice

Baby may not be alert enough to suckle.

Baby sleeps a lot, anywhere from three to six hours consecutively.

Mother may spoon feed her sleeping baby colostrum which she has previously expressed manually.

Baby has sleep-wake cycles that parents come to recognize.

The attending team helps the parents to observe and understand their baby's behaviour.

Parents learn to:

- *offer the breast at a favourable time in baby's arousal;*

- *identify the moment when baby transitions from light to deepsleep, which is the appropriate timing to put baby in his crib, if so desired.*

The attending team encourages the mother to seize every occasion to rest while her baby is sleeping.

Rooming-in enables parents to observe baby closely and to quickly respond to his needs (e.g.: feeding, holding him, changing his diaper, etc.).

The 2nd and 3rd days of life: post-recovery

Baby wakes up more often and feeds frequently.

Cluster feedings comfort baby and increase milk production.

Cluster feedings are usually followed by a period of deep sleep.

This period of intense and demanding adaptation for both mother and newborn is temporary.

In summary, baby goes through three stages during his first days of life.

1. During the first hours of life, the newborn meets and bonds with his parents and is breastfed for the first time.
2. During the post-natal recovery period, 2 to 24 hours after birth, baby's periods of arousal are few and brief.
3. During the 2nd and 3rd days of life, baby's periods of arousal are more frequent and therefore feedings are closely spaced.

The mother needs support and encouragement throughout these periods.

Remember

It is important to initiate skin-to-skin contact immediately after the birth and during the next two hours; this allows baby to suckle as soon as he is ready.

Benefits for baby

- Helps baby stay warm and conserve energy.
- Reassures baby with familiar sensations. He is calmer and cries less.
- Allows him to meet his parents and to exchange gazes with them.
- Facilitates his instinctive search for the breast, then to latch and suckle.

Benefits for mother

- Allows her to admire her baby.
- Promotes initiation of breastfeeding.

Benefits for parents

- Gives them a special time with their baby.
- Allows them to bond with the newborn.

When baby cries

Baby experiences many new sensations and needs reassurance :

- *he needs his parents to hold him tenderly;*
- *he needs to interact with his parents for his development. This does not spoil him;*
- *a baby whose needs are rapidly addressed will cry less.*

Sometimes baby will continue to cry despite receiving good parental care and attention.

- To soothe a crying baby:
 - *hold him in your arms and rock him gently;*
 - *place him in skin-to-skin contact;*
 - *offer him the breast;*
 - *speak to him, sing him a song, give him a massage or carry him;*
 - *play soothing music;*
 - *move around with him or go outdoors and take him for a stroll;*
 - *give him a bath (some babies love water);*
 - *wrap baby in a blanket;*
 - *hold baby in the “anti-colic” position;*
 - *change baby’s clothes if they seem to cause discomfort.*
- If baby’s crying persists, have a trustworthy person give you a hand or take over baby’s care for a time. The intervention of a health care professional may be warranted under certain circumstances.



“Anti-colic”
position

The first weeks of life

Baby's sleep-wake cycles are irregular and unpredictable. There are periods when baby wakes up several times in a row and others when he sleeps longer.

Baby will feed on average 8 times or more every 24 hours. The number of feedings may vary from one day to the next.

- Skin-to-skin contact and close proximity with his parents helps the newborn adapt and facilitates breastfeeding.

- Feedings are more frequent or closely spaced at certain times of the day (cluster feedings) than at other times.

- Mother nurses on demand.

Over the following weeks

Baby continues to adapt to his family and to his environment.

- Parents become familiar with their baby, his moods and behaviour, for example, his tendency to :

- *wake up suddenly or gradually;*

- *require to be breastfed immediately or only after some cuddling.*

- Parents recognize the best moment to :

- *offer the breast to baby;*

- *hold him;*

- *change his position or his diaper.*

- Parents recognize signs that baby is tired.

- No two babies are alike, even those born within the same family.

4

Feeding

When baby shows signs that he is ready to breastfeed, mother needs to make herself comfortable.

- She assumes a breastfeeding posture adapted to the circumstances.
- She makes sure that her back and arms are relaxed.
- She must cuddle baby's length against her body.



Cross-cradle position

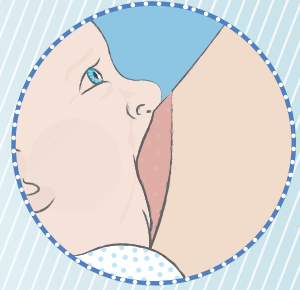


Lying-down position



How to recognize a good latch?

- Baby's mouth is wide open.
- His mouth covers the nipple along with a large section of the areola.
- His lower lip covers a larger portion of the areola than the upper lip.
- His chin touches the breast and his nose is free.
- Mother should not feel any pain.



For further information, read the “Breast-feeding, step by step” section in the guide *From Tiny Tot to Toddler*.

How to recognize efficient suckling?

To recognize efficient suckling look at baby's jaw to observe sucking motions.

- When he begins to feed, baby's sucking motions are quick and light.
- As milk starts flowing into his mouth, his movements become slower and deeper. We can then see and hear baby swallowing.

How to determine if baby drank enough breast milk?

- A full-term baby will wake up often and may experience clustered periods of arousal.
- A vigorous baby will seek to interact with his mother and will feed effectively, on average 8 times or more every 24 hours.
- At his 5th day of life, baby will wet at least six diapers with clear urine and eliminate at least three yellow grainy stools every 24 hours.
- During the first days after birth, baby may lose some weight. He will gradually regain it to achieve his initial birth weight between the 10th and 14th day.
- With time, parents notice that baby's first pyjamas become too tight.

A healthy baby usually shows signs of satisfaction at the end of his feed. He is calm and relaxed but does not necessarily fall asleep. The older he gets, the longer he can stay awake.

Conditions for Successful Breastfeeding

Several conditions ensure breastfeeding success

- Skin-to-skin contact with mother during the first two hours immediately following birth.
- Early initiation of breastfeeding.
- Continuous rooming-in 24 hours/24 at the birth site.
- Breastfeeding on demand: frequent nursing when baby shows signs of arousal and of being ready to suck (8 times or more every 24 hours on average), helps to stimulate sufficient milk production.
- A comfortable position for mother and child with an adequate latch during feedings.
- Exclusive breastfeeding : feeding baby with mother's milk only, with no other foods or beverages - even water. Vitamins, minerals and medications can be given when recommended by a health care professional.
- Avoiding pacifiers and bottle feeding until breastfeeding has settled into a pattern. Even when a breastfeeding pattern is well established, bottle feeding can result in premature weaning.
- Support from spouse, relatives, professionals and community groups..

Practices which can undermine breastfeeding

- Nursing baby according to a schedule, timing feeds, or limiting the number or duration of feedings :
 - can reduce the number of effective feedings and milk production because baby's signs of arousal and readiness to feed are not respected.
- Using a pacifier or bottle feeding before a breastfeeding pattern is well established (first 4 to 6 weeks).
 - Pacifiers mask the signs that baby is ready to feed and lengthen time between feedings, which may contribute to :
 - reducing the total amount of milk ingested by baby;
 - reducing stimulation of the breasts and consequently milk production.
 - Bottle feeding decreases breast stimulation.

Practices which can undermine breastfeeding

- Formula-feeding a breastfed baby on an occasional or regular basis :
 - can lower milk production because the breasts are less stimulated;
 - can affect the mother's confidence in her ability to nurse her baby;
 - can lead to premature weaning;
 - can reduce the health benefits of exclusive breastfeeding for the baby (lower iron absorption, change in gut flora, etc.).
- In addition to breastfeeding the baby, it may be necessary for an undetermined period to formula-feed him as well.
- It is possible to resume breastfeeding, even a few weeks after stopping.

Remember

To generate sufficient milk production, it is important to nurse baby frequently, on average 8 times or more every 24 hours, while being alert to baby's signs of arousal and of being ready to feed.

It is important to avoid giving the breastfed baby a pacifier or a bottle during the first weeks of life.





Health Benefits of Breastfeeding

The breast milk a mother produces is specially tailored to feed her baby. It is the only milk truly adapted to baby's needs.

Breast milk contains more than 200 components which evolve in relation to baby's age and specific requirements. The longer the breastfeeding duration, the greater the protection. Even a small amount of breast milk makes a great difference.

Specific effects of colostrum, the first milk (thick yellowish fluid)

- Colostrum is just what newborns need, being very rich in proteins, vitamins and minerals.
- It develops appropriate intestinal flora.
- It provides large quantities of antibodies and thereby confers early protection against many diseases.

Effects of breast milk on the child

- Ensures optimal growth and development of the infant and young child.
- Reduces the risk of suffering from infectious diseases, such as otitis, gastroenteritis and respiratory infections.
- Particularly reduces the risk of childhood cancers such as leukemia, as well as the risk of childhood obesity, diabetes and sudden infant death syndrome (SIDS).

Benefits of breastfeeding for the mother

- Reduces the risk of post-partum hemorrhage.
- Delays the return of menstrual periods (less likelihood of anemia).
- Particularly reduces the risk of breast and ovarian cancers and of diabetes.

Other benefits of breastfeeding

- The possibility of feeding baby at any time wherever they are.
- The constant availability of breast milk, easily conserved at the optimal temperature.
- Fewer consultations with physicians and nights at the hospital for baby.
- Fewer absences from work for mother.

Remember

It is recommended to :

- exclusively breastfeed baby during his first six months of life;
- then continue breastfeeding while adding complementary foods until two years of age and older.





Potential Effects of Not Breastfeeding

Formula-fed babies and their mothers do not avail themselves of the health benefits associated with breastfeeding.

Commercial infant formulas are not equivalent to breast milk

- They are not made with human milk but, most commonly, with cow's milk, to which vitamins, minerals and other nutrients have been added in a laboratory.
- Infant formulas contain substances which are harder to digest.
- They provide neither antibodies nor protection from bacteria, viruses and parasites. They do not contain growth factors or white blood cells which the baby needs to grow and to protect himself from diseases.

Using commercial infant formulas

- Involves considerable expense; depending on the product purchased, the cost may vary from \$1,500 to \$5,000 annually to feed one baby.
- Presents a potential risk of contamination or of errors during the manufacturing process or the preparation routine.
- Requires time and effort to prepare and conserve the formula as well as to clean and sterilize bottles and nipples.

My questions: _____



Breastfeeding in Special Circumstances

Sensitivity and nipple pain

- During the first week after delivery, nipples may be sensitive at the beginning of feeds. Breastfeeding however should not provoke pain.
- The most common cause of nipple pain during feeding is incorrect latch or positioning.
- To prevent nipple pain, break suction before removing baby from the breast by gently inserting a finger into the corner of his mouth.

When the milk “comes in”

Colostrum becomes transitional milk between the second and fifth day after delivery. Discomfort caused by slight engorgement of the breasts usually lasts between 24 and 48 hours. If excessive engorgement persists (heavy, tight, painful breasts), obtain help.

- Breastfeed frequently day and night, on average 8 times or more every 24 hours.
- Make sure feedings are effective and transferring milk to baby.
- Soften the areolas by expressing a little milk before feedings as this favors a better latch.
- Apply cold compresses to the breasts for 10 minutes after the feed.
- Take acetaminophen whenever necessary (e.g., Atasol™, Tylenol™) or ibuprofen (e.g., Advil™, Motrin™).
- Express milk after feedings if necessary to relieve congested breasts.

In the event of mother-baby separation or when baby cannot come to the breast

Mother can initiate and maintain her milk production and give her own milk to baby.

- Manual expression makes it possible to obtain colostrum or milk.
- Start expressing breast milk as soon as possible after delivery. Express milk about 8 times every 24 hours.
- The mother can combine a variety of methods to increase milk production, including manually expressing her milk and using a reliable, hospital-grade breast pump. For more information, consult a health care professional.

Manual Expression of Breast Milk

Manual expression of breast milk is useful throughout the duration of breastfeeding in various circumstances to :

- encourage baby to latch. Stimulate arousal during the first days of life by putting some colostrum or milk on baby's lips;
- relieve engorged breasts (overfilled breasts);
- have a reserve of milk available if needed;
- add expressed milk to mashed foods;
- etc.

Milk can be expressed manually anywhere at any time. It requires no special equipment or devices.

How to express, and conserve colostrum or milk

- Ask a nurse, physician, midwife or other breastfeeding resource person. For further information, read the guide *From Tiny Tot to Toddler*.

Remember

It is important to know how to express breast milk manually.

Benefits for baby

- If the baby is unable to suckle, giving him expressed colostrum or breast milk will allow him to receive all of the nutritional and health benefits he needs.

Benefits for mother

- Knowing how to express breast milk is a useful skill to possess in unforeseen circumstances.

My questions: _____



Useful links

From Tiny Tot to Toddler
www.inspq.qc.ca/tinytot

Ministère de la Santé et des Services sociaux - santé publique - allaitement
www.sante.gouv.qc.ca/conseils-et-prevention/alimentation-des-bebes-et-des-nourrissons

Public Health Agency of Canada
www.publichealth.gc.ca/breastfeeding

J'allaité.ca (reference site on breastfeeding)
www.jallaité.ca

BreastFeeding Inc (information and videos on breastfeeding in English, French and Spanish – see Ressources tab)
www.breastfeedinginc.ca

Association québécoise des consultantes en lactation diplômées de l'IBLCE
www.ibclc.qc.ca

La Leche League Canada
www.lllc.ca

La Leche League International (information available in various languages)
www.lalecheleague.org

Fédération Nourri-Source
www.nourri-source.org

Naître et grandir (development and health of the children)
www.naitreetgrandir.com

11.

Follow-up Guide for Parents

Here is the list of topics covered in your guide *Welcoming Baby and Sharing a Fulfilling Breastfeeding Relationship*. Check the subjects you have read or which were discussed during your follow-up with your health care professional.

Title	Subject	Before birth	Post-partum	Notes
1. WELCOMING BABY AND SUPPORT FOR PARENTS	A support network to welcome baby	<input type="checkbox"/>	<input type="checkbox"/>	
	Resources to support parents	<input type="checkbox"/>	<input type="checkbox"/>	
2. GETTING TO KNOW BABY	Skin-to-skin contact and rooming-in	<input type="checkbox"/>	<input type="checkbox"/>	
	The first hours of life	<input type="checkbox"/>	<input type="checkbox"/>	
3. STATES OF AROUSAL, BEHAVIOUR AND NEEDS OF THE BABY	Between 2 and 24 hours after birth	<input type="checkbox"/>	<input type="checkbox"/>	
	The 2 nd and 3 rd days of life	<input type="checkbox"/>	<input type="checkbox"/>	
	The first weeks of life	<input type="checkbox"/>	<input type="checkbox"/>	
	The following weeks	<input type="checkbox"/>	<input type="checkbox"/>	

4. FEEDING	<p>How to recognize a good latch?</p> <p>.....</p> <p>How to recognize efficient suckling?</p> <p>.....</p> <p>How to determine if baby drank enough breast milk?</p>	<p>■</p> <p>■</p> <p>■</p>	<p>_____</p> <p>_____</p> <p>_____</p>
5. CONDITIONS FOR SUCCESSFUL BREASTFEEDING	<p>Several conditions ensure breastfeeding success</p> <p>.....</p> <p>Practices which can undermine breastfeeding</p>	<p>■</p> <p>■</p>	<p>_____</p> <p>_____</p>
6. HEALTH BENEFITS OF BREASTFEEDING	<p>Specific benefits of colostrum</p> <p>.....</p> <p>Effects of breast milk on the child</p> <p>.....</p> <p>Benefits of breastfeeding for the mother</p>	<p>■</p> <p>■</p> <p>■</p>	<p>_____</p> <p>_____</p> <p>_____</p>
7. POTENTIAL EFFECTS OF NOT BREASTFEEDING	<p>Commercial infant formulas are not equivalent to breast milk</p>	<p>■</p>	<p>_____</p>
8. BREASTFEEDING IN SPECIFIC CIRCUMSTANCES	<p>Sensitivity and nipple pain</p> <p>.....</p> <p>When the milk “comes in”</p> <p>.....</p> <p>Mother-baby separation or when baby cannot come to the breast</p>	<p>■</p> <p>■</p> <p>■</p>	<p>_____</p> <p>_____</p> <p>_____</p>
9. MANUAL EXPRESSION OF BREAST MILK	<p>The utility of manually expressing breast milk in various circumstances</p> <p>.....</p> <p>How to express colostrum or milk</p>	<p>■</p> <p>■</p>	<p>_____</p> <p>_____</p>



*Consult the
Bottin des ressources en allaitement de l'Estrie
at www.jallaite.ca
or www.santeestrie.qc.ca*

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universitaire de santé
et de services sociaux
de l'Estrie – Centre
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