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Health**

**Mount Sinai Hospital**  
Joseph & Wolf Lebovic Health Complex

# **In Patient Virtual Breastfeeding Class**

Welcome Parents and Babies!



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This will take approximately 60 minutes to complete.

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# Instructions for using this presentation to its full advantage:

- Open up this link [www.mountsinai.on.ca/patients/having-a-baby-at-mount-sinai/care-after-birth/infant-feeding/](http://www.mountsinai.on.ca/patients/having-a-baby-at-mount-sinai/care-after-birth/infant-feeding/) on your own personal device. (Visit the Mount Sinai Hospital website, go to the Having A Baby section, follow steps 1 & 2 on the images to the right).
- During the presentation you will be prompted to access additional content online that will add to your learning experience.
- Look for this icon  throughout this presentation as a reminder to access supplemental information and videos online.



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## Having a Baby at Mount Sinai

As the COVID-19 situation evolves, our policies are subject to change at any time. Please check here for information about prenatal appointments, access for support people during birth, what to do if you have COVID-19, postpartum information and going home with baby.

Pregnancy is a very special time in the life of a woman and her family. Whether you are being cared for throughout your Obstetrician, midwife or your Family Practice Team, we want to ensure that you are well supported with resources and expect throughout your pregnancy and care.

We will always encourage you to make decisions for your care or your infant's care, based on all of the available evidence, pregnancy and during your hospital stay, the healthcare team will discuss your plan for care, in the context of the available information and resources. We welcome your input into your care and will respect the informed decisions you make.

Mount Sinai Hospital's Position Statement on Normal Physiologic Birth 2017

### Your Pregnancy

- Information Guide for Expectant Families
- Room Choices
- Prenatal Classes
- Prenatal Screening
- Birth Plan
- Infant Feeding
- The Sinai Shop
- Frequently Called Numbers
- Video: Prenatal Hospital Tour
- Where Are We Located

### Labour and Birth

### Care After Birth

### What to Expect

- Your Prenatal Appointments
- Care During Early Pregnancy
- Care During Mid to Late Pregnancy
- Care in Late Pregnancy

### Staying Healthy

- Nutrition & Weight Gain
- Eating Well with Canada's Food Guide
- What Medications Are Safe to Take During Pregnancy?
- Constipation
- Exercises to Strengthen Pelvic Floor
- Video Library of Common Questions and Concerns During Pregnancy

**Look for "Infant Feeding"**



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# **1. Infant Feeding Facts & Recommendations**

# Infant Feeding Recommendations

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- The **World Health Organization (WHO) (2003)** and the **Canadian Pediatric Society (2009)** recommend that babies are breastfed exclusively for 6 months, and continue breastfeeding to 2 years of age and beyond along with complementary foods
- Deciding how to feed your baby is a **very important decision** and there are many things to consider.
- We encourage you to learn the **facts about breastfeeding and infant formula** so that your decision is informed. We also encourage you to discuss your thoughts, feelings, concerns and questions with your family and your health care providers.
- The Mount Sinai team seeks to make sure you have access to **infant feeding information that is up-to-date, accurate, and evidence-based**. We will also support your decision by educating you and assisting you as much as possible.



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# Infant Feeding Facts

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- Breastfeeding fully and completely supports a baby's growth and development for the first 6 months of baby's life.
- Breast milk provides the perfect nutrients for your baby and protects from illness.
- Breast milk changes according to a baby's nutritional needs.
- Breast milk is the only food babies need for the first six months of life.
- Breastfeeding decreases a baby's response to pain (e.g., during bloodwork, immunizations).
- Breastfeeding provides an additional way to connect emotionally.
- Breastfeeding up to two years and beyond provides the older baby with important nutrients and immune protection.
- Breast milk is different than infant formula.



# Infant Feeding Facts

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- Not breastfeeding is associated with an increased risk of diarrhea, ear infections, chest infections, obesity, diabetes, and SIDS for babies.
- Not breastfeeding is associated with an increased risk of health concerns such as postpartum bleeding, type 2 diabetes, breast cancer, and ovarian cancer for mothers.
- Speak to your healthcare provider about other risks, and how to minimize these risks if you make an informed decision to formula feed. It is important to know that:
  - Infant formula is a commercial product, usually cow-milk based.
  - Powdered formula is not a sterile product. Powdered formula is not recommended for use with your baby until four months of age

# Where to get 'hands-on' help while you are in hospital:

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- **Your primary nurse** is your main source of breastfeeding information and support while you are in hospital. All of your nurses have special training and expertise in supporting you and your breastfeeding baby.
- There are specific reasons to involve a **Lactation Consultant** in your care. Your primary nurse will inform the Lactation Consultant when this is required.



# Our Promise

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- Mount Sinai's Women's and Infants' Program supports all families in their infant feeding choices. We proudly encourage our families to breastfeed by committing to the World Health Organization's Baby Friendly "10 Steps to Successful Breastfeeding."
- We promise our breastfeeding families that:
  - Our team will follow a breastfeeding policy which will inform you, and support all of your feeding decisions.
  - We will help you to hold your baby skin-to-skin as soon as possible and uninterrupted for one hour after birth.
  - You will be encouraged to breastfeed whenever your baby wants.
  - Your baby will always stay with you unless you or your baby requires extra medical support.
  - Our staff will be educated in how to assist you with breastfeeding and hand expression.
  - We will help you and your baby learn to breastfeed.
  - Breastmilk substitutes will only be given with your informed consent.
  - You will be given a list of community support groups and breastfeeding clinics when you are discharged.



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## **2. The Baby Feeding Timeline, Feeding Cues & Skin-to-skin**

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# The Baby Feeding Timeline


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- The **baby feeding timeline** posted on your wall and in the next slide was created to help you navigate feeding in the first 48 hours after birth. This timeline is a tool used for Baby Feeding **education** and it serves as a reminder about what is considered **normal baby feeding behaviours and patterns**. It will help you recognize your **baby's cues** and will give you **tips for what to do to support your baby's feeding** during each segment of time, after the birth of your baby.
- If you do not have a timeline on your wall, ask your nurse to provide you with a handout
- Ask your nurse to help you understand your baby's feeding behaviours and feeding patterns during your hospital stay.


# Baby Feeding Timeline – Birth to 48 Hours

## Cues for feeding


**Early cues: "I'm hungry"**  
Stirring    Mouth Open




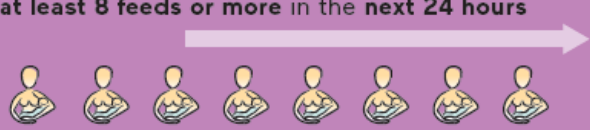









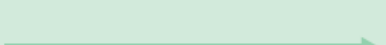



**Mid cues: "I'm really hungry"**  
Stretching    Hand to Mouth



**Late cues: "Calm me first"**  
Really Upset    Crying




Your Baby's Age	0 to 6 Hours	6 to 12 Hours	12 to 24 Hours	24 to 36 Hours (clusterfeeding)	36 to 48 Hours
<b>Frequency of feeds:</b> Colostrum is immediately available for your baby. Over the next few days colostrum will change to transitional milk and then more matured breast milk.	<b>at least 1 feed</b> 	<b>an additional 2 feeds</b>  a total of at least <b>3 feeds</b> in the <b>first 12 hours</b>	<b>an additional 3 feeds</b>  a total of at least <b>6 feeds</b> in the <b>first 24 hours</b>	<b>at least 8 feeds or more in the next 24 hours</b> 	
<b>What to do:</b>	<ul style="list-style-type: none"> <li>• skin to skin</li> <li>• latch</li> <li>• hand express</li> </ul>	<ul style="list-style-type: none"> <li>• skin to skin</li> <li>• latch</li> <li>• hand express</li> </ul>	<ul style="list-style-type: none"> <li>• skin to skin</li> <li>• latch</li> <li>• hand express</li> </ul>	<ul style="list-style-type: none"> <li>• skin to skin</li> <li>• latch</li> <li>• hand express</li> </ul>	<b>Pump if:</b> <ul style="list-style-type: none"> <li>• baby is not latching</li> <li>• supplementing with formula</li> <li>• baby is under phototherapy</li> </ul>
<b>Tummy volumes:</b>	size of a cherry 	size of a cherry 	size of a cherry 	size of a cherry 	size of a walnut 
<b>Wet diapers:</b>	<b>at least 1 wet diaper</b> in the <b>first 24 hours</b> 			<b>at least 1 additional wet diaper</b> for a total of <b>2 wet diapers</b> between <b>24 to 48 hours</b> 	
<b>Soiled diapers:</b> Number and colour of stools	<b>at least 1 black meconium</b> in the <b>first 24 hours</b> 			<b>at least 1 additional black meconium</b> for a total of <b>2 soiled diapers</b> between <b>24 to 48 hours</b> 	
<b>Getting help:</b> If latching is difficult, or you are separated from your baby, this section offers tips to protect your milk supply and to assist you in offering breast milk as a supplement until you are able to latch.	<ul style="list-style-type: none"> <li>• If your baby is at SickKids or in the NICU, hand expression and/or pumping should be started</li> <li>• Your nurse will help you</li> </ul>	<ul style="list-style-type: none"> <li>• Your nurse will help you</li> </ul>	<ul style="list-style-type: none"> <li>• Attend a breastfeeding class</li> <li>• Meet the Lactation Consultant during the class if you are having breastfeeding challenges</li> <li>• Your nurse will assess your feeding and get you extra help if needed</li> </ul>	<b>At discharge:</b> <ul style="list-style-type: none"> <li>• Your nurse will assess your feeding and speak to you about a Lactation Consultant referral, if needed, and a Public Health referral after discharge</li> </ul>	<b>For extra support:</b> <ul style="list-style-type: none"> <li>• Mount Sinai Post Natal Ambulatory Clinic (PNAC) 416-586-4800 x7409</li> <li>• For local services: <a href="http://ontario.ca/page/breastfeeding">ontario.ca/page/breastfeeding</a> <a href="http://ontariobreastfeeds.ca/services">ontariobreastfeeds.ca/services</a></li> </ul>

## Skin to skin



### How to latch

- Baby's body is close, skin to skin
- Baby's head tilts back slightly
- Baby's ear, shoulder and hip are in a straight line
- Use the base of your hand behind the shoulders to bring baby to the breast
- Baby's mouth will be wide open with lips flanged



### How to hand express



Reproduced and adapted with permission from the Best Start Resource Centre



## Skin-to-skin care

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- Skin-to-skin care involves the placement of your baby in an upright position, on you or your partner's chest with no clothing or blankets, just diaper, placed between the baby and the parent.
- Skin-to-skin care with the breastfeeding parent promotes increased breast milk production by stimulating the hormones associated with producing breast milk.
- In this way, skin-to-skin care leads to more exclusive breastfeeding and longer duration of breastfeeding.

# Feeding Cues & Skin-to-skin

- Watch for **feeding cues** that your baby is getting ready to feed:
  - Baby wiggling movements, soft noises, hands to mouth, sucking on hands/fingers, rooting, tongue movements, rapid eye movement.
  - Crying is a late sign of hunger.
- If your baby is not cueing for feeds at least every 3 hours then undress baby, change diaper and place your baby **skin-to-skin**. Your baby will likely start cueing within 10-20 minutes when you cuddle skin-to-skin.
- Feed your baby based on feeding cues at least every 2-3 hours from start of previous feed, **or sooner** (8-12 times in 24 hours), until your baby is above birth weight and gaining weight well. This normally occurs at 10-14 days.

## Cues for feeding

Early cues: "I'm hungry"

Stirring

Mouth Open



Mid cues: "I'm really hungry"

Stretching

Hand to Mouth



Late cues: "Calm me first"

Really Upset

Crying





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# **3. Positioning, Latching & Tips**

# Principles of Positioning



1. Choose a relaxed & comfortable position. For example, sitting upright in a comfortable chair with back & arms well supported. Using a breastfeeding pillow & foot stool may also be helpful.
2. Relax your shoulders.
3. Bring baby to breast, not breast to baby.
4. Parent's arm is along length of baby's back.
5. Baby's tummy to parent's tummy with baby's bottom tucked in firmly.
6. Hands supporting baby's shoulders and back of neck (do not push on back of baby's head as this action can push baby's nose into the breast).
7. Bring baby onto breast when baby opens mouth wide.



# Different positions to try with the help of your nurse



There is no wrong way to breastfeed, as long as parent and baby are reasonably comfortable and baby is able to transfer colostrum/milk.

Principles of positioning are all the same for each of these positions:

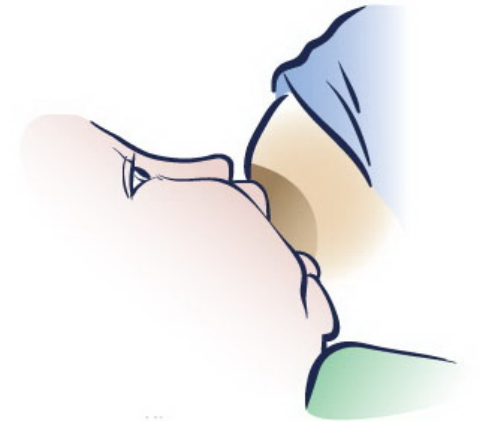
- Cross cradle
- Cradle hold
- Football/clutch
- Side lying
- Laid back



# How to encourage baby to latch



- Baby and parent skin to skin triggers baby's feeding reflexes.
- Babies learn by sense of touch and smell.
- Allow baby to sniff, feel areola, and nipple (smell and taste), as you hand express a few drops of colostrum.
- Use a “**breast sandwich**” hold on your breast.
- Wait for baby to **open mouth wide**.
- **Bring baby to your breast as mouth is open wide** by guiding baby through the shoulders/back of neck ensuring baby's bottom lip and chin attach first to outer part of areola as you bring baby to breast.



# If you are able to achieve a good latch it will...

- Feel like a pull or tug when the baby is sucking
- Baby will be satisfied (will not fuss) *and* will actively suck and swallow
- Result in a milk supply that meets your baby's needs as your baby grows
- Leave the nipple with a nice rounded shape when baby self-removes from the breast
- Not be painful
- Prevent any pinching pain or tissue damage
- Avoid crease lines on the nipple at the end of the feed



# Having difficulty latching?

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- Is your baby **sleepy**?
  - Unwrap / undress / change diaper / hold skin-to-skin
  - Express drops of colostrum for baby to taste
- Is your baby **crying**?
  - Offer breast before baby is crying (watch for cues)
  - You do not need to change diaper before the feed if it makes baby upset
  - Calm your baby skin-to-skin. Calming baby may take a few minutes
  - Offer expressed breast milk by finger, spoon or cup to calm your baby

# Still not latching?

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Remember:

- Positioning and alignment of baby
- Hands off baby's head
- Tuck baby against your body, tummy to tummy
- Ask your nurse to assist

Still not latching...

- Hand express or pump
- Feed expressed breast milk by spoon or cup to your baby
- Your nurse will help decide if you need to see a Lactation Consultant




# Breastfeeding Checklist

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- ✓ Mom is comfortable
- ✓ Baby's body is tummy to tummy and skin-to-skin with parent
- ✓ Baby's ear, shoulder, hip are in a straight line
- ✓ Baby's head tilts back slightly (sniff position)
- ✓ Parent places base of hand behind baby's shoulders to bring baby to your breast
- ✓ Baby's mouth is open wide with lips flanged

Video available at: [www.nancymohrbacher.com/breastfeeding-resources-1/2016/6/5/creating-deeper-latching](http://www.nancymohrbacher.com/breastfeeding-resources-1/2016/6/5/creating-deeper-latching)

# Improving transfer of colostrum

- Feed skin-to-skin as this helps keep baby active at your breast.
- Stimulate your baby while feeding by stroking your baby's ribcage area, moving your baby's arm up and down, talking to your baby and rubbing your baby's feet.
- Massage and compress breast to increase flow of colostrum.
- Offer alternate breast when your baby becomes sleepy or fussy.
- Have a look at the videos under Latch / Positioning on the website to see and understand your baby's swallows 

### Latching / Positioning

Learning to position and latch your infant takes time, for you and your baby.

The following tips might be helpful:

- Have your baby skin to skin, close to your body.
- Position your baby so the nose is at the nipple.
- Allow your baby to reach up towards the nipple with an open mouth, so the head is slightly extended or tilted back.
- Use the base of your hand behind the shoulders to direct the baby up to the breast.
- Support the head with your fingers.
- Make sure your baby's ear, shoulder and hip are in a straight line.
- Baby's mouth will be wide open with lips flanged.

These resources might be helpful to review before baby is born, and then again after baby is born.

- Video: [Breastfeeding in the First Hours \(Stanford University\)](#)
- Videos: [Latch, Swallows, Compressions \(International Breastfeeding Centre\)](#)
- Video: [A Video on Breastfeeding Positions \(HealthyFamiliesBC\)](#)
- [Toronto Public Health: Learning to Breastfeed](#)



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# 4. Hand Expression & Pumping

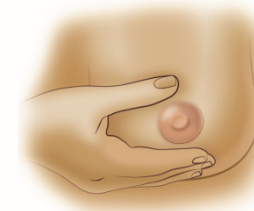


# Hand expression

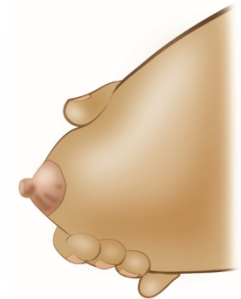
- Hand expression of colostrum is most effective in the first few days
- You will not see large volumes of milk in the first days
- Steps to hand express:
  1. Wash your hands with soap & water.
  2. Get a clean spoon or cup.
  3. Apply heat to your breast with a wet washcloth & gently massage breasts.
  4. Place thumb and first finger approximately two finger-widths away from the nipple on each side. **See Image 1.**
  5. Press back into your chest. **See Image 2.**
  6. Compress breast, relax fingers. **See Image 3.**
  7. Repeat steps 4 to 6.



**Image 1**  
“Press”



**Image 2**  
“Compress”



**Image 3**  
“Relax”



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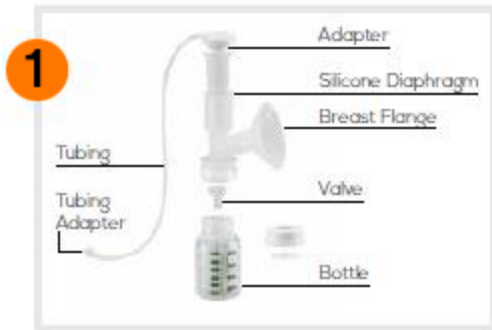
# Pumping



- If your baby is not latching or if you are separated from your baby – double pump (pumping both breasts at the same time) every 2-3 hours for 15-20 minutes on each breast, day and night (8x in 24 hours).
- If you are pumping for additional stimulation, to increase milk supply or to supplement your baby's feeds – double pump after each breastfeeding for 10-15 minutes on each breast.



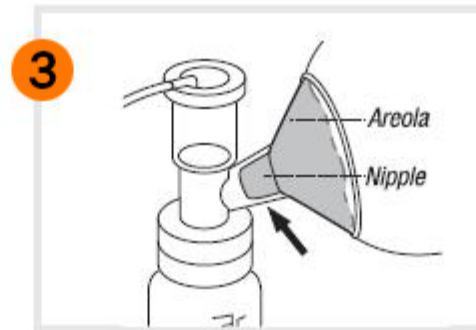
# Setting Up Your Pump



- If sterile, use immediately (kit is preassembled)
- If not sterile, clean and assemble the kit. (\*Kits purchased at the Baby Shop at Mount Sinai Hospital (sinaishop.ca) are sterile. Kits purchased at other pharmacies do not come sterilized.



- Insert tubing adapter.



- Centre flange on breast to create seal.



- Push 'On' button
- Speed starts automatically at 80 cycles per minute.
- Suction starts at its lowest setting.

# Setting Up Your Pump

## To Simulate Let-Down

5



**To mimic a baby's sucking to start milk flow:**

- Push suction button to change level
- Increase suction to maximum comfort

**IMPORTANT:** Only use on Ameda HygeniKit Milk Collection Kit. Consult your healthcare provider on pumping session time.

## Expressing Milk

6



**To mimic a baby's changing pattern to slow, deep draws or sucks:**

- Once milk flows:
  - Push speed button down to a slower speed to help drain milk.
  - Try speed 50\* cycles per minute Adjust speed as needed to your comfort to drain milk
- Increase suction but only to highest Comfortable suction level.

## Multiple Let-Downs

7



**When milk flow slows, try for another let-down:**

- Increase speed back to 80\* cycles per minute.
- Once milk flows again, lower speed to help drain milk.

\*Larkin, et al, Examining the Use and Outcomes of a New Hospital-Grade Breast Pump in Exclusively Pumping NICU Mothers. Adv. Neo Care 2013;13(1):75-82.

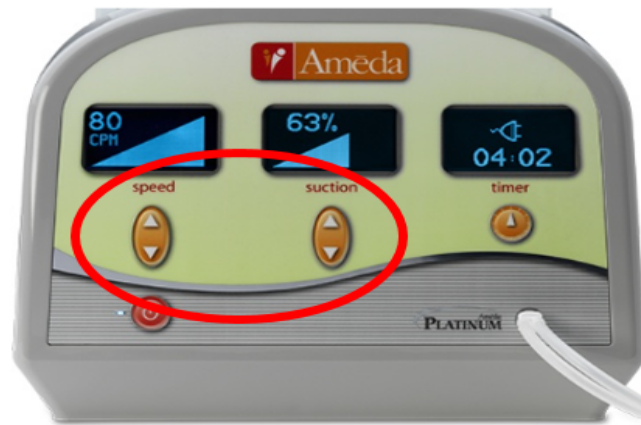
# Safe Pumping Tips

If you have any questions about your pump or set-up, contact your Primary Nurse.

## Stimulating Let-Down

To start milk flow:

Turn **↑ SPEED to 80** with **SUCTION** only as high as *comfortably managed* by mom



## Expressing Milk

Once milk flows or at 2 minutes:

Turn **↓ SPEED to 50** with **SUCTION** only as high as *comfortably managed* by mom



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# 5. Supplementation

# Supplementation



**Definition of supplementation:** extra breast milk (or formula) fed to your baby after your baby has fed at your breast

**Medical reasons for supplementation** may be required to support your baby's health and well-being. These medical reasons include: low blood sugar, weight loss greater than 10%, poor milk transfer, late preterm baby, and small babies

- First choice of supplement: **mother's own expressed milk**
- Second choice of supplementation: pasteurized\* human donated milk
- Third choice of supplementation: cow's milk based formula

\*Mount Sinai does not endorse the use of unpasteurized donated breast milk and cautions against the use of such milk to supplement or feed a baby

# How to Supplement

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- Supplementation volumes change based on your baby's age and needs.
- Supplement via spoon, cup or lactation aid – a bottle is used as a last resort or for specific indications.
- Ask your nurse for some help the first time you supplement.



# How much to Supplement

## Recommended supplementation volumes: (from our website)






0 to 24 hours of age: 5-10cc

24 to 48 hours of age: 10-15mL

48 to 72 hours of age: 15-30mL

Over 72 hours of age: 30 to 50mL or more

*Below: Image of your baby's tummy size in the first 48 hours of life.*

Your Baby's Age	0 to 6 hours	6 to 12 hours	12 to 24 hours	24 to 36 hours	36 to 48 hours
Tummy volumes:	size of a cherry 	size of a cherry 	size of a cherry 	size of a cherry 	size of a walnut 




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## **6. Signs of Breastfeeding Success**

# How to know Breastfeeding is going well?

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- Minimal discomfort of breastfeeding parent
- Baby is sucking with intermittent swallows (refer to Latch, Swallows, Compressions video that you saw earlier in the presentation) 
- Feed will last between 10 to 40 minutes - watch your baby's activity and switch breasts when baby loses interest or becomes fussy
- Baby is content after feeds and is able to settle for 1-2 hours
- Baby has 8-12 feeds in 24 hours
- Baby has pees and poops for days of age (look at baby feeding timeline)
- Weight loss is less than 10% at discharge. Your baby will usually gain to birth weight by 2 weeks of age

## What to expect when feeding

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- Your baby will **feed frequently every 2-3 hours (8-12 times in 24 hours)**
- Your baby may **cluster feed** or marathon feed – to stimulate more milk supply
- The more often and longer your baby breastfeeds, the more milk you will make (**supply and demand**)
- Baby will have increasing number of pees (6-8 by day 6) and poops will change colour to seedy, mustard yellow (by day 3-5)
- Your breasts will become fuller & may leak milk when your “milk comes in”
- **If your breasts become uncomfortably full (engorged or over full)** - increase the number of feedings and hand express to soften areola before latching, apply cool compresses post feed, and wear a supportive bra.



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# 7. Breast Milk Storage

# Breast Milk Storage

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- Breast milk can be safely stored in a glass or rigid BPA-free plastic container or in breast milk storage bags
- If your baby is **healthy and full term**, your breast milk can be stored at room temperature for 6 hours, in the refrigerator 6 days, and frozen for 6 months in freezer (12 months in chest freezer)
- Always thaw breast milk in fridge overnight, or in warm water (never in microwave)
- Store thawed breast milk in refrigerator and use within 24 hours





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# 8. Breast Care

# Nipple Care

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## If your nipples are sore:

- Good positioning and latch is key to preventing sore nipples 
- Apply your own breast milk to moisturize nipples and air dry (There is no evidence that creams are as effective as your own breast milk)
- Get help to support a good latch with breastfeeding.



# Engorgement

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**If your breasts are hard and your baby is having difficulty latching or is unable to latch:**

- Soften your areola with hand expression or a pump before latching
- Ensure frequent breast emptying by your baby or by expressing milk
- Apply cold compresses (cabbage leaves, ice packs) on your breasts for 10-15 minutes post feeds for comfort. Wear a supportive bra



# Blocked Ducts

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**If your breasts have a red, hard painful lump which softens after feeding:**

- Apply gentle circular massage to the lump and warm compresses
- Try different latching positions
- Watch for signs of fever, chills and feeling unwell (signs of breast infection-*mastitis* would require you to seek medical attention from your primary care provider)

# Drink / Food / Medication

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- **Alcohol:** It is best to avoid, but one single drink **after breastfeeding** (12 oz beer, 5 oz wine, 1.5 oz spirits) is considered safe. Use your good judgement in determining whether you are able to manage a single drink.
- **Canada's food guide** - eat a variety of healthy foods! Babies taste a variation in the flavour of your breast milk from a variety of foods. Some foods may help with milk supply: oatmeal, barley, fenugreek, blessed thistle.
  - Note: Some herbs may decrease milk supply - mint, parsley, basil, sage
- **Medications:** Always ask your health care provider about any medications you may be taking while breastfeeding. It is not safe to breastfeed if you are taking recreational drugs. Marijuana is not considered safe.


















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# 9. After Discharge

# After Discharge - How to know if your baby is feeding well

Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	 <p>At least 8 feeds per day. Your baby is sucking strongly, slowly, steadily and swallowing often.</p>								
Your Baby's Tummy Size	 <p>Size of a cherry</p>		 <p>Size of a walnut</p>		 <p>Size of an apricot</p>		 <p>Size of an egg</p>		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	 <p>At least 1 WET</p>	 <p>At least 2 WET</p>	 <p>At least 3 WET</p>	 <p>At least 4 WET</p>	 <p>At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE</p>				
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	 <p>At least 1 to 2 BLACK OR DARK GREEN</p>		 <p>At least 3 BROWN, GREEN, OR YELLOW</p>		 <p>At least 3 large, soft and seedy YELLOW</p>				
Your Baby's Weight	Most babies lose a bit of weight in the first 3 days after birth.				From day 4 onward, most babies gain weight regularly.				
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

# After Discharge - When to get help



- If you are **supplementing** your breastfeeding baby with formula
- If you have **sore nipples**
- If you have **blocked ducts** that are not relieved by frequent feeding and/or by hand expression and pumping
- If you have a **fever** or you are generally not feeling well
- If you are **using a lactation device or nipple shield**
- If your **baby is sleeping through feeds, not peeing/pooping enough, jaundiced** (refer to 'Taking Care' booklet) or **not gaining appropriate weight**



## After Discharge - Where to get help

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- **With breastfeeding there may be other circumstances that influence breastfeeding success. It is important to be patient with your body and it is ok to ask for help.**
- **Postnatal Ambulatory Clinic (PNAC) breastfeeding appointment** can be arranged by your primary nurse for after discharge.
- You may also call for an **in-person or virtual PNAC appointment** with a lactation consultant at: **416 586-4800 X7409**
- Check out the resources on the **Mount Sinai** website under **‘Having a Baby’** and in the **search bar by entering ‘Infant Feeding’**

# Supporting your Infant Feeding

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- We would like to support you in your breastfeeding goals but we admit that these goals can change over time because so many things impact infant feeding.
- Please seek help if you have troubles breastfeeding.
- AND Remember to be kind to yourself in this infant feeding journey!