ALLISTON MIDWIVES
CARING HANDS MIDWIFERY SERVICES (EST. 1994)

Congratulations on the birth of your baby!!!

For your postpartum recovery and establishment of infant feeding, it is important for you to rest and spend time with your baby. In order to help you do this and get off to a great start together, we will be coming to see you every 2 days for the first 5-7 days after your baby's birth so that you don't have to leave your home. (If you are still in hospital, we will come to see you at the hospital). *Scheduling may differ for extenuating circumstances*.

We try to do our home visits between 10am-2pm. You will be told in advance which day(s) a midwife will be coming to see you. Due to the unpredictability of other births, labours, and urgent assessments, we sometimes cannot see everyone within that 10am-2pm time frame. Generally, the on-call midwife will call you in the morning to give you an approximate time that she will be arriving to see you. If you haven't heard from the on-call midwife by noon, please call the on-call pager service and a midwife will connect with you to arrange an appointment time.

We wish you and your baby the very best start together. As such, **we *strongly recommend* that you to use the first week to rest and recover**. Should you choose not to follow this recommendation and you are unavailable for a home visit for personal reasons, (shopping, visiting family and friends, attending Church, etc.) you are welcome to schedule an appointment in the clinic instead during regularly scheduled clinic hours.

T. 705-435-2406 | F. 705-435-1993
www.allistonmidwives.ca | info@allistonmidwives.ca
35 Victoria Street East, Unit 7, P.O. Box 602, Alliston, Ontario L9R 1V8

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HOMEBIRTH SUPPLIES

- Portable space heater unless you have a good room to room temperature
- 2 Large garbage bags: one for dirty linen, one for garbage. Please have them open inside of box or laundry basket.
- Gooseneck lamp or desk lamp with extension cord Flashlight with new batteries
- 2 sets of bed sheets
- 6 bath towels (preferably not your best ones)
- Container for the placenta (ice cream containers or large zip lock bags)
- Crock-Pot or kettle for hot compresses and a Large cookie sheet
- 2 Flannel backed vinyl tablecloths or painters drop sheet (to protect floor and your bed)
- 4-6 pillows (you may wish to protect with garbage bags under the pillow slips)
- Roll of paper towels
- 12-15 clean wash/face cloths for hot compresses (old towels cut up into cloths.)
- 8-12 receiving blankets and 2 cotton baby hats
- Food and drink for labouring woman and support people (i.e. juice, Gatorade, toast, convenience foods)
- Well-functioning car, filled with gas

OPTIONAL ITEMS

- Large T-shirt/nightgown for labour
- Chapstick or Vaseline and a Box of facial tissues
- Mirror for viewing the birth (10′x12′ is ideal)
- Unopened bottle of pure oil for perineal massage (i.e. Vegetable or almond) or K-Y Gel.

Instructions

Supplies should be gathered a month before your due date and ready for your home visit. The phone list and Back-up Plan sheet should be posted by your telephone. A hospital bag should be packed for woman and baby (see hospital birth supplies). Store all clean linens and supplies in covered boxes away from children and pets to maintain cleanliness until the time of labour.

Your Bed firm mattress or futon (no water beds please). On the day you go into labour, make the bed with a set of sheets as usual, cover with plastic (flannel backed vinyl tablecloths), and cover with another set of linens (preferably old sheets). After birth, soak the soiled top sheets in cold water, and the fresh sheets are waiting.

***Please Note** the following are very effective for getting blood out of linen and clothing: Hydrox –available at Home Hardware, President's Choice Colour Safe Chlorine Free Bleach-available at Zehrs, and Hydrogen Peroxide

ALLISTON MIDWIVES
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Hospital Supply List

- Health Card
- 2 Pillows in coloured pillow cases
- Vaseline/Chapstick for lips
- Soap and other toiletries
- Drinks and Food (e.g. juices, Gatorade)
- 1 Package of "overnight sanitary pads", socks, slippers, bathrobe
- Change of clothes
- Well-functioning car filled with gas

Optional Items

- Large T-shirt or nightgown for labour
- 1 Large towel
- Camera
- Disposable underwear and facial tissues
- Change for vending machine
- phone numbers
- Arnica 200c (Homeopathic Remedy)

Baby's Bag

- Diapers
- 2 Undershirts
- 2 sleepers or gowns
- 2 Receiving blankets
- 2 sweaters
- 1 Warm Blanket
- 2 Hats
- Approved Car Seat

Packing Instructions

It may be useful when packing for the hospital to organize things into two bags, one with items for mother to use in labour and the other for things to use after the birth (i.e. baby items). You can leave the second bag in the car with the car seat. After the birth, the second bag and the car seat can be brought in.

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PERINEAL MASSAGE

Perineal massage is a technique used to increase the possibility of delivering a baby without an episiotomy or tear. It stretches the perineal tissues, resulting in less resistance to the birth of a baby, and less need to cut into the tissues to make room for the delivery. If the muscles of the pelvic floor are relaxed, there will also be less resistance. Doing the massage helps a woman identify those muscles and learn to relax them in response to pressure. Massaging the oil into the perineum may also soften the tissue and nourish it, increasing its elasticity and suppleness and again reducing resistance and the need of an episiotomy or possibility of tearing.

INSTRUCTIONS:
1. The massage should be done with some type of Vitamin E. Oil. Good sources are wheat germ oil, olive oil or almond oil. Pure vitamin E oil is excellent, but expensive.

2. In early pregnancy the massage can be done after bathing when the tissue is very warm and relaxed. At this time in your pregnancy, you can do the massage yourself. By placing one foot on the toilet, the vaginal tissues are easily reached and can be massaged and gently stretched. The idea is to become familiar with the area and to keep the tissue soft and supple. In addition to the perineal massage, the oil should also be rubbed into the labial tissue.

3. Beginning about 4 to 6 weeks before your due date, the massage should be done daily for at least 5 minutes. Again, after bathing is a good time. Either you or your partner can do the massage. Make yourself comfortable, lying in a semi-seated position against some pillows. The first few times you do this, you may want to take a mirror and look at your perineum so you know what you are doing. Dip your fingers into the oil and rub it into the perineum and lower vaginal walls. Locate any scar tissues (if you have previously had a tear or episiotomy) and concentrate on massaging and working oil into this area to soften it.

4. Doing the massage: If you are doing the massage yourself, it is probably easiest to use your thumbs. Your partner can use his index fingers. Put your fingers three inches into the vagina, moving them in a rhythmic U or sling type movement. This movement will stretch the vaginal tissue and the skin of the perineum. In the beginning, you will feel tight, but with time and practice, the tissues will relax and stretch. Concentrate on relaxing your muscles as you apply pressure.

5. As you become comfortable massaging (especially the last 2 weeks before delivery), use enough pressure until the perineum just begins to sting or burn form the tension you apply. This stinging sensation is the same feeling you will get as the baby's head is being born and the perineum stretches around it. Try to associate a pattern of breathing (blowing or panting - NOT pushing) with this feeling. Concentrate on relaxing, releasing and blowing out as your partner stretches the vaginal opening to the point of burning. Practicing this will help prepare you for crowning of the baby's head. By being relaxed and not tensing against the pressure and stinging of the crowning head will further help to prevent a tear/episiotomy at the birth time.

6. Additional measures to aid in preventing a tear/episiotomy: Squat, Taylor sit and Kegel's exercises EVERY day, good nutrition helps promote elasticity of skin. Get adequate amounts of vitamins A, C and E in your diet every day. These vitamins function in the body to preserve the structural and functional properties of cells. Extra vitamin E may be taken 200 - 300 I.U. every day (not to be taken within 8 hours of iron as this impairs absorption of and destroys vitamin E). Extra vitamin C may also be added each day. About 250 - 500 mg. is adequate but never more than 1000 mg. Adequate amounts of vitamin A are present in most prenatal supplements. Keep in mind we are concerned with the healthiness of the muscle tissues and skin of the perineal area.

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POSTPARTUM INSTRUCTIONS

Health Canada recommends that all breastfed, healthy term infants in Canada receive a daily Vitamin D supplement of 400IU

The sensation of a gush of blood upon arising is normal, or you may pass small clots. The blood (lochia) pools in the vagina while you are lying down. As long as you do not continue to bleed heavily, there is no cause for alarm

Tell us if you notice a bad odour to your lochia. The flow should smell like your period

Change your pads frequently and resume Kegel exercises on the first day

Always empty your bladder before going to sleep. It may take a while before for you to re-experience a normal sensation of fullness. A fairly full bladder can interfere with efficient contractions and cause increased bleeding

If your perineum is healing from stitches or small tears, use the peri-bottle to clean yourself with water from front to back after using the toilet. Keep your legs together – do not sit cross-legged. Kegels are important to help you heal

Drink lots, including plenty of plain water, to establish milk flow. Have a jug of water next to your bed

It is not necessary to use anything on the umbilical cord but it is essential to keep the area clean and dry. Make sure the diaper is folded down and not covering the cord. Some exposure to air each day is helpful

Remember that some jaundice is common. However, if the baby seems suddenly very yellow not just in the face, call us

Postpartum Blues are quite common. You may feel weepy for a few days or up to a week. Be sure to talk to us if the blues do not seem to be passing

Get lots of rest, eat lots of good food with plenty of iron, and limit visitors as well as length of visits. Ask for real help from visitors like a real meal, dishes, or the laundry

Work back into activity slowly. Take any increase in flow as a signal that you may be overdoing it and you need more rest

Do not hesitate to call us if you are worried about anything

The absolute golden rule for postpartum recovery is:
SLEEP WHEN THE BABY SLEEPS!!

ALLISTON MIDWIVES

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A NOTE TO POSTPARTUM GUESTS FROM THE MIDWIVES

Since this mother and newborn are spending their first few precious days at home together instead of in the hospital, there are no hospital rules to prevent excessive or inappropriate visits. We outline here some fairly common sense guidelines for postpartum guests. Though we present them with good humour – please take them seriously! Help to make this postpartum recovery as smooth as possible.

DO

DO call before you come by. Arrange to visit at a time convenient for the parents. Evenings, which may be the best time for you, are usually the worst time for parents

DO keep your visits short. 15-20 minutes is good

DO bring food offerings. Dinners, particularly, come in handy. You may bring frozen dishes or plan in advance to serve an entire dinner

DO praise the new parents about their growing parenting skills

DO offer your opinion when it is asked for

DO offer to wash some dishes, take home some laundry, or run the vacuum

DO offer to look after older siblings

DO respect the needs of the parents to do their own thing, their own way, in their own time

DO listen raptly to the birth story

DO NOT

DO NOT bring the whole family and settle in for the afternoon

DO NOT accept offers of tea or coffee unless you make it and clean up afterward

DO NOT tell the parents that you *hate* the name they have chosen for their baby

DO NOT smoke

DO NOT give unsolicited advice

DO NOT expect the new mother to leave the room to nurse her baby

DO NOT ask to hold the baby. Wait for an offer

DO NOT visit if you are feeling even a tiny bit under the weather

CCHD

CRITICAL CONGENITAL HEART DEFECT SCREENING

Congenital Heart Disease is a condition that occurs when a baby's heart or major blood vessels have not formed properly. "Critical" Congenital Heart Disease (CCHD) often requires surgery or intervention in the first year of life.

Some babies with CCHD are not identified by prenatal ultrasound or by physical examination after birth. The baby can appear to be healthy with no symptoms. These babies are at risk for having serious complications within the first few days or weeks of life and require emergency care.

CCHD screening is quick and painless. It is done between 24-48 hours after birth. It can be done in hospital, or by your midwives at home. The monitor that is used is placed on your baby's hand and then foot and can detect low oxygen levels that are a common sign of CCHD.

For more information, please see the Ontario Newborn Screening Website:

www.newbornscreening.on.ca

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ONS

ONTARIO NEWBORN SCREENING

Most babies look healthy at birth. However, some may be at risk of having serious long-term health problems if they have a disease that is not detected and treated early.

Newborn screening can be done in hospital between 24-48 hours after birth, or at home by your midwife by pricking your baby's heel and placing the blood on a special paper card. The sample is then sent to Newborn Screening Ontario.

The sample is tested for 5 groups of rare diseases including metabolic diseases, endocrine diseases, sickle cell disease, cystic fibrosis, and severe combined immune deficiency (SCID).

For a complete list of diseases tested for, please see the Ontario Newborn Screening Website: www.newbornscreening.on.ca

Recommended Tests For All Babies

BILIRUBIN

(A MEASUREMENT FOR JAUNDICE)

Jaundice is very common in newborn babies. It makes the baby's skin and the whites of the eyes turn a yellow colour. It often appears first on the baby's face and chest between day 1 and 4 after birth. Most jaundice is not harmful to your baby and disappears when your baby's body learns to deal with bilirubin. Sometimes, there is so much bilirubin that it can be harmful and lead to seizures, deafness, cerebral palsy, developmental delay, or permanent brain injury.

Testing for bilirubin involves pricking your baby's heel and collecting a blood sample. The Canadian Pediatric Society recommends ALL babies be tested between 24-72 hours of age. It can be done at the same time as the ONS collection. It can be done in hospital or in some cases, be done at home by your midwives.

For more information from the Canadian Pediatric Society, visit:
https://www.caringforkids.cps.ca/handouts/jaundice_in_newborns

Normal Newborn Behaviour

Newborns look and act differently than older babies and children, as they are adjusting to life outside the womb. This handout is to help you figure out what is normal and what to do if signs arise that may indicate illness.

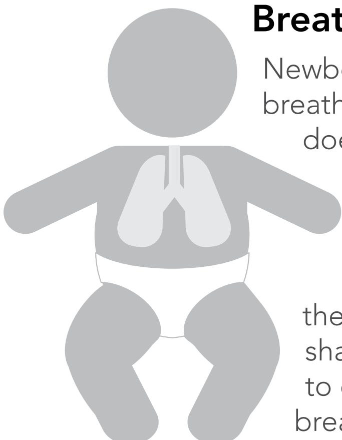
What to expect in the first few days	
Breathing	• Your baby may breathe in clusters—there may be times when your baby's breathing seems shallow and rapid. At other times your baby's breathing may seem deep or slow. • Your baby's breathing may be irregular.
Colour	Your baby may get: • blue/purple feet and hands in the first 24 hours. • blotchy and red when cold or crying. • mild jaundice (yellow face) after 24 hours.
Temperature	Normal temperature range: Armpit 36.5°C to 37.5°C (97.7°F to 99.5°F)
Feeding	• After the first 24 hours, your baby should eat every two to four hours, eight to 12 times per day. • Your baby will usually feed for a minimum of 20 minutes, though longer is very common. A satisfied baby will detach from the nipple after finishing a feed. • Your baby may cluster feed (feed many times in a row) and then have a longer stretch without feeding.
Diapers	• Day 1 = 1 wet diaper • Day 2 = 2 wet diapers • Day 3 = 3 wet diapers • Your baby's stool will appear black-greenish (meconium) for the first couple of days, until your colostrum (thick, sticky and yellowish first milk) transitions to mature milk. • Once mature milk comes in (between third and fifth day), expect six to eight wet diapers a day and two or more stools that are liquid yellow, green or brown. Stools that look 'seedy' are normal.

It is important to watch your newborn for any unusual behaviour during the first hours and days of his or her life. In very rare circumstances, babies can develop an infection from bacteria such as Group B Streptococcus (also called GBS), which can cause serious illness. The signs of illness from GBS are most likely to occur within the first 24 hours, but sometimes occur later. It is important for all parents to know what is within the range of normal newborn behavior and when you should contact your midwife or 911.

This document provides client-friendly information based on the Association of Ontario Midwives' *Clinical Practice Guideline No. 16: Group B Streptococcus: Postpartum Management of the Neonate*. It is designed to help you better understand some of the considerations and choices you may face while receiving care from your midwife. It is not intended to replace the informed choice discussions that you and your midwife will have. If you have any questions, concerns or ideas after reading over this document, please share them with your midwife.

Behaviour

Your baby will spend his or her early days and weeks in different states: deep sleep, light sleep, drowsy, quiet alert, active alert, crying. While newborns sleep about 16 hours out of every day, their sleep patterns are unpredictable; they may sleep for a few minutes or a few hours at a time. Babies should always be put to sleep on their backs. Because your baby's stomach is so tiny at this age, he or she needs to wake to feed often. In the first days and weeks, your baby should sleep for stretches no longer than four to six hours in a 24-hour period without waking to feed. If your baby is sleeping for a long period, wake your baby up and try to feed him or her. Some babies are difficult to wake; if they don't wake up with your first attempt, try again in half an hour. An effective way to wake your baby is to undress him or her, change their diaper and talk to them. It is normal for it to take a while for babies to latch. Be patient! If your baby seems unusually sleepy and uninterested in feeding upon waking, try again in 30 minutes or wipe a cool cloth on their face to help wake them up.



Breathing

Newborns often have irregular breathing patterns. Their breathing does not look or sound like an adult's. At times, newborn babies will breathe progressively faster and deeper, and at other times their breathing is more slow and shallow. It is normal for babies to occasionally pause their breathing for 10 seconds and then start up with a deep breath. It is not normal for a baby to gasp for breaths or pant (quickly breathe) for 10 minutes or more. Babies make lots of different strange sounds and faces, and it can be difficult to know what is charming and normal and what should be concerning. It is normal for newborns to sound like a cat coughing up a hairball as they try to bring up mucous; they may also have bubbles at their mouths.

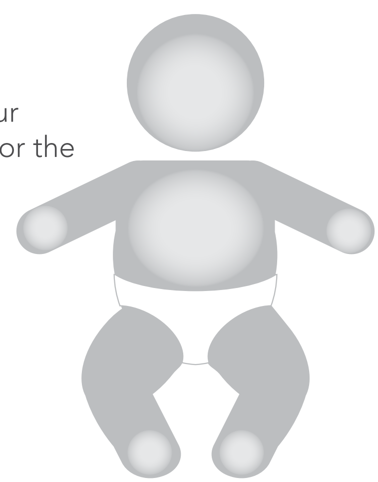
Contact your midwife if you notice any of these signs that your baby is having difficulty breathing:

- ***Your baby's nostrils widen as he or she breathes (nasal flaring) for longer than a few minutes.***
- ***Your baby makes grunting sounds with each breath; this lasts longer than a few minutes.***
- ***The skin around your baby's ribs or at the base of the throat pulls in sharply with each breath.***
- ***Your baby's breathing stops for more than 10 seconds.***

Colour

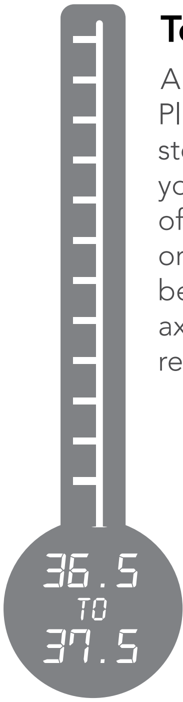
A pink chest and face shows that your baby is getting enough oxygen. Your baby's hands and feet may be blue, purple or grey and cool to the touch for the first few days – this is normal. Your baby's skin may get blotchy and red after crying or when cold.

If the skin on your baby's face or chest becomes blue or grey please call 911 and contact your midwife immediately.



Temperature

A newborn should be dressed in one layer more than you are comfortable wearing. Placing your baby skin-to-skin (holding your bare baby against your bare chest or stomach), covered by a light blanket, will help them to regulate their temperature. If you want to know if your baby is too hot or too cold, feeling their chest or the back of their neck will give you a more accurate idea of their temperature than their hands or feet. It is normal for a baby's hands and feet to be cool for the first few days. The best way to take your baby's temperature is under the armpit (this is also known as an axillary temperature). Ear thermometers are not accurate for newborns and are not recommended. Normal armpit temperature is 36.5°C to 37.5°C (97.7°F to 99.5°F).



Normal temperature in °C

- If your baby's temperature is over 38.0°C (100.4°F), please contact your midwife.
- If your baby's temperature is over 37.5°C (99.5°F), remove a layer of clothing and take his or her temperature again after 30 minutes have passed.
- If your baby's temperature is over 37.5°C (99.5°F), and you have taken the above actions, please contact your midwife.
- If your baby seems cold or his or her temperature is less than 36.5°C (97.7°F), place your baby skin-to-skin and cover you and your baby with a blanket. Take his or her temperature again after 30 minutes have passed.

Feeding

If you are nursing, putting your baby to the nipple often gives your baby valuable nutrient-rich colostrum (thick, sticky and yellowish first milk), helps establish your milk supply, and helps both you and your baby learn how chest or breastfeeding works. Your baby will need to eat at least every two to four hours (sometimes much more often), usually for a minimum of 20 minutes at a time. It can sometimes take time for you and your baby to learn how to nurse. Spending time together skin-to-skin will help encourage your baby to latch and feed. Your baby may spit up after eating, usually small amounts of milk come out and dribble down his or her chin.

A good online resource is: www.breastfeedinginc.ca

Diapers

Your midwife may ask you to keep track of the number of wet and soiled diapers your baby produces. A disposable diaper feels heavier if it's wet. Many diaper brands today have a urine indicator that turns blue in the presence of a certain amount of urine. Not all diapers do, and some pees in the first few days may be too small to make this happen. If you have trouble telling when the diaper is wet, put a tissue in the bottom of the clean diaper. Sometimes babies will have what looks like "brick dust" in their diapers in the first few days, a pinkish or orange coloured spot. These are called urate crystals, and they are normal. A baby girl may have a small amount of bloody discharge from her vagina, this is a response to mother's hormones and it is normal.

Muscle Tone

A newborn needs to be supported when held, but newborn babies should not feel completely limp in your arms. A newborn should display strong, well-flexed movements of his or her arms and legs.

Umbilical Cord

As your baby's cord begins to fall off (anytime in the first 14 days) it may begin to look "goopy" and a small amount of blood or discharge may come off on your baby's diaper or clothing. Your baby's cord may also have a strong smell; this is normal. It is not normal for the skin around the base of the umbilical cord (on your baby's stomach) to become red and infected-looking. If it does, contact your midwife.

Contact your midwife if:

- Your baby is not feeding and seems lethargic (having trouble waking up) and you can't wake your baby to feed. One long sleep (4-6 hours) in every 24 hour period is ok.
- Your baby's armpit temperature is above 37.5°C (99.5°F) or below 36.5°C (97.7°F) and your baby is not wearing too much or too little clothing.
- Your baby breathes rapidly (more than 60 breaths every minute) for longer than 10 minutes (and your baby is not crying, being active or overdressed).
- Your baby has difficulty breathing, which may look like this:
  - » nasal flaring and grunting that lasts longer than a few minutes;
  - » your baby's skin seems to be pulling in sharply around the ribs or base of the throat when he or she breathes.
- Your baby is very irritable.
- Your baby is crying almost all the time and the crying is high-pitched.
- Your baby is limp and not interacting when awake.
- Your baby has repeated, projectile vomiting (more forceful than spitting up).
- You see a brick dust colour in your baby's diaper beyond the third day of life.
- Your baby has not had a wet diaper in a 24 hour period.
- You are worried about your baby for any other reason.

Call 911 and your midwife if:

- Your baby's skin colour changes to blue, grey or pale (blue hands and/or feet are normal in the initial days).
- Your baby's breathing stops for more than 10 seconds.

The development of this document was generously
supported by the Ministry of Health and Long-Term Care

Association of Ontario Midwives
Delivering what matters.

Ontario

ALLISTON MIDWIVES
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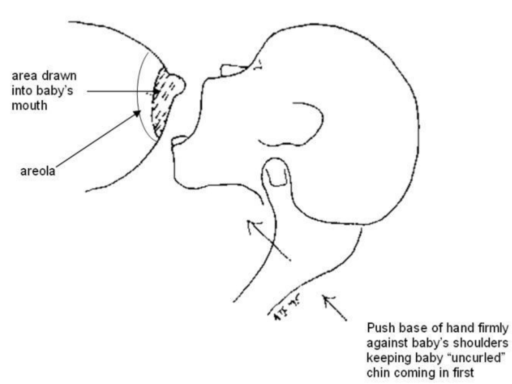
When Latching

Cross Cradle Position for Left Breast:

- Align baby’s nose so that it does not go past your nipple, or go to the left of your nipple, in other words, your nipple should not be aligned with his chin
- Place your right hand under baby’s face so your four fingers make a pillow for baby’s cheek (keep your four fingers tightly together as if they were stuck together with glue)
- You are now supporting the weight of baby’s head with your hand
- You may want to sit baby’s bottom on your arm as though it were a shelf (this will work in the beginning with a newborn)
- Or you may want to let baby’s bottom fall diagonally a bit and squeeze it against your rib cage with your elbow
- Baby’s body and legs should be wrapped around mother.
- Pull baby’s bottom into your body with the inside/underside of your forearm as if serving baby to you on a platter
- This will bring him toward your breast with the nipple pointing to the roof of his mouth
- Head supported but NOT pushed in against your breast.
- In fact, try to think of it not as bringing baby’s head into or near your breast at all—instead, bring baby’s body into your body and the head will follow, as if serving baby to you on a platter.
- Head should be tilted back slightly so the nose is up and the baby’s chin is coming into the breast while the nose never touches the breast.
- Use your whole arm to bring the baby onto the breast, when baby’s ***mouth is wide***.
- Baby’s chin should be far away from Baby’s chest.

WATCH LOWER LIP, ***aim it as far from base of nipple as possible***, so tongue draws ***lots of breast*** into mouth. Move baby’s body and head together – keep baby uncurled. If you keep your wrist straight, with baby’s cheek resting on your fingers, then baby’s chin will not bend down toward his chest. Once latched, baby’s top lip will be close to nipple, areola shows above lip. Keep baby’s chin close against your breast.

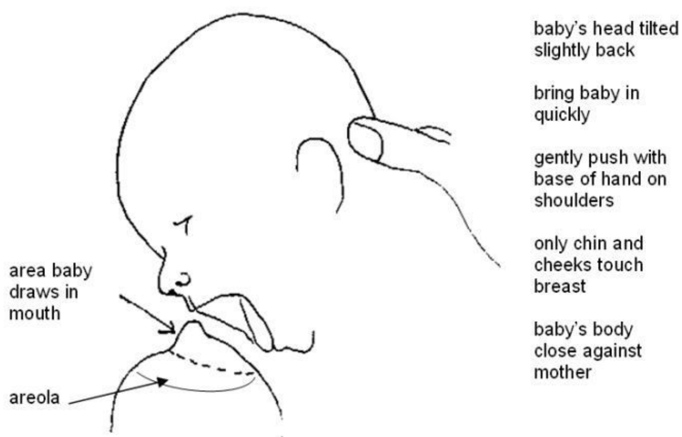


WIDE MOUTH / GAPE

Need ***mouth wide before*** baby moved onto breast. Teach baby to open wide/gape.

- Avoid placing baby down in a feeding position until you are completely ready to latch baby. The longer baby waits while you get ready (undoing your breast, etc) the more frustrated baby gets and the less open baby's mouth will go.
- move baby toward breast, touch top lip against nipple
- move mouth away SLIGHTLY
- touch top lip against nipple again, move away again
- ***repeat until baby opens wide*** and has tongue forward
- **Or**, better yet, run nipple along the baby's ***upper*** lip, from one corner to the other, lightly, until baby opens wide

MOTHER'S VIEW WHILE LATCHING BABY



Move baby not breast

MOTHER'S VIEW OF NURSING BABY

ALLISTON MIDWIVES
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RECOMMENDATIONS FOR THE MOTHER
Mother's Posture

- Sit with straight, well-supported back
- Trunk facing forwards, lap flat

Baby's Position Before Feed Begins

- Nipple points to the baby's upper lip or nostril

Baby's Body

- Placed not quite tummy to tummy, but so that baby comes up to breast from below and baby's eyes make contact with mother's Support Breast
- Firm inner breast tissue by raising breast slightly with fingers placed flat on chest wall and thumb pointing up (if helpful, also use sling or tensor bandage around breast)

Move Baby Quickly On To Breast

- Head tilted back slightly, pushing in across shoulders so chin and lower jaw make contact (not nose) while mouth still wide open, keep baby uncurled (means tongue nearer breast) lower lip is aimed as far from nipple as possible so baby's tongue draws in maximum amount of breast tissue

Cautions

Mother needs to AVOID

- pushing her breast across her body
- chasing the baby with her breast
- flapping the breast up and down
- holding breast with scissor grip
- not supporting breast
- twisting her body towards the baby instead of slightly away
- aiming nipple to centre of baby's mouth
- pulling baby's chin down to open mouth
- flexing baby's head when bringing to breast
- moving breast into baby's mouth instead of bringing baby to breast
- moving baby onto breast without a proper gape
- not moving baby onto breast quickly enough at height of gape
- having baby's nose touch breast and not the chin
- holding breast away from baby's nose (not necessary if the baby is well latched on, as the nose will be away from the breast anyway)

GUIDELINES FOR NURSING MOTHERS

Your Baby's Age	1 WEEK: 1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS	2 WEEKS	3 WEEKS
How Often Should You Breastfeed? Per day, on average over 24 hours	At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.								
Your Baby's Tummy Size	Size of a cherry		Size of a walnut		Size of an apricot		Size of an egg		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	At least 1 WET	At least 2 WET	At least 3 WET	At least 4 WET	At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE				
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	At least 1 to 2 BLACK OR DARK GREEN		At least 3 BROWN, GREEN, OR YELLOW		At least 3 large, soft and seedy YELLOW				
Your Baby's Weight	Babies lose an average of 7% of their birth weight in the first 3 days after birth.			From Day 4 onward your baby should gain 20 to 35g per day (⅔ to 1⅓ oz) and regain his or her birth weight by 10 to14 days.					
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

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Breast milk is all the food a baby needs for the first six months — At six months of age begin introducing solid foods while continuing to breastfeed until age two or older. (WHO, UNICEF, Canadian Pediatric Society)

If you need help ask your doctor, nurse, or midwife. To find the health department nearest you, call INFO line: 1-800-268-1154. For peer breastfeeding support call La Leche League Canada Referral Service 1-800-665-4324.

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