

Goal

To increase awareness about the benefits of breastfeeding, position and latch, as well as where to get help.

Objectives

By the end of the module, participants will be able to describe:

- Importance of breastfeeding, skin-to-skin, and colostrum.
- Risks of not breastfeeding for mother and baby.
- Current recommendation for breastfeeding duration.
- Baby-led latching and cue-based feeding.
- Steps for hand expression of breastmilk.
- Proper position and latch and signs of adequate milk intake.
- Partner support and community resources.

Breastfeeding Basics Outline (1.5 – 2 hours; may be divided into two 1-hour sessions)

- 1) Introductions and housekeeping
- 2) Case scenario: Sonya and Kevin
- 3) True and False Game
- 4) Importance of breastfeeding and risks of not breastfeeding
- 5) Substances and mother's milk
- 6) Current recommendations
- 7) Partner support
- 8) Skin-to-skin and colostrum
- 9) Hand expression
- 10) Position and latch
- 11) Breastfeeding video
- 12) Is baby getting enough milk?
- 13) For more information

Materials

- Laptop/computer and projector
- Cloth breast
- Dolls
- Pillows
- Footstools
- Breastfeeding posters
- *Breastfeeding Your Baby: Guidelines for Nursing Mothers* poster, Best Start Resource Centre
- Stool samples (recipes included in this outline) and newborn diapers
- Breastfeeding True or False cards and Facilitator Answers, from Wellington-Dufferin-Guelph Health Unit (at the end of this module outline)

Revised 2017

Video Suggestions

- Best Beginnings UK. (n.d). *From Bump to Breastfeeding: Graphic of a Baby Attaching on the Breast*. Available at <https://vimeo.com/11692547> .
- Glover, R., RM IBCLC. A Tapestry Films Production (2000, Revised Edition.). *Follow Me Mum. The Key to Successful Breastfeeding*. Available at www.rebeccaglover.com.au.
- Méthot, M., Pilote, N., IBCLC, production (2007). *Breastfeeding: Bringing baby to the breast*. Available at www.videoallaitement.org/english.html
- Morton, J.. MD, Breastmilk Solutions (2008). *Making Enough Milk, The Key to Successful Breastfeeding.... Planning for Day One*. Available at www.breastmilk solutions.com/making_enough.html
- Newman, J. MD., Breastfeeding Inc. (2005). *Dr. Jack Newman's Visual Guide to Breastfeeding*.
- Newman, J. MD. (n.d.). Online breastfeeding videos available at www.breastfeedinginc.ca.
- Righard, L., MD., Geddes Productions (1995/2006). *Delivery Self-Attachment*
- Smillie, C.M., MD, FAAP, IBCLC, FABM, Geddes Productions (2007). *Baby-Led Breastfeeding... The Mother-Baby Dance*.

Handouts

- Best Start Resource Centre. *Healthy Beginnings* (5th Edition when available) or *A Healthy Start for Baby and Me* (2016)*
- Best Start Resource Centre (2014, 2015). *Breastfeeding Matters*, or *My Breastfeeding Guide*, (lower literacy level).
- OPHA Breastfeeding Promotion Workgroup (2009). *Eating Patterns Game worksheet*, from A Breastfeeding Information and Activity Kit for Secondary School Teachers, (included in outline).

References

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www.beststart.org/resources/breastfeeding/breastfeeding_matters_EN_LR.pdf

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www.beststart.org/resources/breastfeeding/pdf/magneng.pdf

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* Unless provided previously to participants

www.breastfeedingcanada.ca/documents/2012-05-14_BCC_BFI_Ten_Steps_Integrated_Indicators_Summary.pdf

California Department of Public Health. (2010). *Formula and its disadvantages: California WIC breastfeeding peer counselor handbook*. Retrieved from www.cdph.ca.gov/programs/wicworks/Documents/BF/WIC-BF-PCHandbook.pdf

California Department of Public Health. (2010). *Recognizing Baby's Cues : California WIC Breastfeeding Peer Counselor Handbook*. Retrieved from www.cdph.ca.gov/programs/wicworks/Documents/BF/WIC-BF-PCHandbook.pdf

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INFACT Canada. (2010). *Baby feeding quiz*. Retrieved from <http://infactsecure.com/wbwresources/2010/fact-sheets/baby-feeding-quiz.pdf>

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INFACT Canada. (2010). *From birth to breast*. Retrieved from <http://infactsecure.com/wbwresources/2010/fact-sheets/birth-breast.pdf>

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Ontario Public Health Association. (2009). *A breastfeeding information and activity kit for secondary school teachers - Eating patterns game*. Retrieved from www.opha.on.ca/getmedia/5725dc8f-bc93-47da-8d61-6c23561e4e41/BF_Info-ActivityKit-May2009.aspx

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Breastfeeding Lunchbox Activity

Goal

Parents will gain knowledge of the importance of breastfeeding.

Supplies:

School lunchbox containing items to represent benefits of breastfeeding: clock, diaper, diploma, garbage bag, heart, money, measuring spoons, pad, tape measure, thermometer, toothbrush, receiving blanket.

Time: 15 - 20 minutes

Method:

Place one item from bag under each chair or have each participant/couple choose an item from the bag and tell the group what the item represents.

Identify and discuss some of the corresponding risks of formula feeding for each benefit.

Content:

- Clock - Convenient and time saving.
- Diaper - Easy to digest, incidence of diarrhea is decreased.
- Diploma - Promotes healthy brain development.
- Garbage Bag - Environmentally friendly.
- Heart - Bonding.
- Measuring spoons - Promotes good eating habits.
- Money - Inexpensive.
- Pad - Restores iron stores and delays fertility.
- Tape measure – Helps mother's body return to normal.
- Thermometer - Less infections and better immunity for baby. Better health for mom.
- Toothbrush - Good teeth, jaw, facial muscle development.
- Receiving Blanket - To use when doing skin-to-skin after birth.

Source: Elgin St. Thomas Public Health, with permission.

Simulated Stool Recipes

Baby Stool Samples

Supplies:

Vaseline, molasses, red and green food colouring, mustard, caraway seeds.

Meconium

Add equal parts of Vaseline and molasses. Slowly add drops of green and red food colouring until mixture becomes a green/black colour.

Breastfeeding Stool

Add caraway seeds to mustard and a small amount of water until mixture has the appearance of the liquid yellow stool of the newborn at one week of age.

Source: Peterborough County-City Health Unit, with permission

Eating Patterns Game

Time: 15 - 20 minutes

Materials:

- Eating Patterns Game worksheets
- Pens or pencils
- Flip chart or dry erase board and marker

Background Information:

The size of the newborn's stomach is a key learning point as it helps parents to understand the need for smaller, more frequent feedings and that the time between feedings will increase as baby grows.

A young baby's stomach capacity is small and human milk is digested quickly. These two physiological facts suggest that newborn babies will be more content with small, frequent feedings as compared to scheduled feedings spaced three or four hours apart. In the first two or three days after birth, mothers' breasts produce only small amounts of colostrum, an easily digested, high-protein secret on filled with immune factors that prepare babies' digestive system for the more substantial feedings to come.

So here is another biological fact that suggests that newborns do best with small frequent feedings. It's probably no coincidence that frequent feedings also ensure that babies get plenty of holding and skin-to-skin contact. These side-effects of frequent breastfeeding fulfill the baby's need for human interaction and protection. Frequent, early feedings also give newborns opportunities to practice their sucking skills on a relatively empty breast, preparing them for the more plentiful milk supply to come. On the mothers' side, early, frequent breastfeeding is associated with a better, more stable milk supply in the months to come. Also, mothers who spend more time with their babies in their arms learn to understand babies' cues more quickly.

Information retrieved from La Leche League International's *Feeding on Cue*. Retrieved March 19, 2007 from <http://www.llli.org/NB/NBJuAug03p126.html>

Instructions:

1. Distribute "Eating Patterns Game" sheets and pencils to all participants.
2. Provide the class with 5-10 minutes to complete the "Eating Patterns Game" worksheet.
3. Ask the class the following questions and discuss responses, relating them to breastfeeding

(You may wish to write these questions on a flip chart):

- a) How often did you eat, drink or have a snack?
- b) What utensil did you use to eat?
- c) How long did the meals take?
- d) Why would you ever want to take longer than this to eat a meal?
- e) How do you feel if you are truly hungry or thirsty and can't get food or water?
- f) If you were trying to double your weight, what would you do?

Responses to the previous questions and how they relate to breastfeeding:

1. Eating every 1-3 hours. Emphasize frequent feedings at breast for newborn, 8 or more times in 24 hours.
2. Utensils used include forks, spoons, etc. Using chopsticks or your non-dominant hand to eat could lead to frustration and confusion - emphasize that using artificial nipples (bottles or pacifiers) can lead to nipple preference and difficulty with latching baby to breast.
3. Meals generally take around 30 minutes to eat. Emphasize that breastfeeding sessions often last up to an hour.
4. Taking longer than 20-30 minutes to eat a meal allows for conversation, social time, and relaxation at meal time. Emphasize that newborns enjoy being close to you, feel comforted and relaxed in your arms, and like hearing the sound of your voice. Don't rush breastfeeding – enjoy it with your baby. Watch your baby and not the clock.
5. Adults often feel grumpy, tired and irritable if they don't eat when they are hungry or drink when they are thirsty. Emphasize that newborns also can be irritable if they are hungry and are not fed, and can become very tired if they don't receive the calories they need through breastmilk. Feed your baby on demand, whenever he/she is hungry and never postpone feedings.
6. To double weight, adults would eat more often, eat during the night, and eat higher calorie foods. Emphasize that newborns grow very quickly and double their birth weight in the first 5-6 months. Because their stomachs are small (the size of a golf ball), and because breastmilk is custom-made and so easily digestible, they will breastfeed frequently, at least 8 times in 24 hours), around the clock. They will space their feeds and sleep according to their needs. Remember the growth spurts at 2-3 weeks, 6 weeks, 3 months and 6 months, during which babies may breastfeed even more frequently.

Predicted Outcomes:

An appreciation for the nutritional needs of an infant and the need for frequent feedings.

Eating Patterns Game Worksheet

Write down every time you had something to eat or drink today. Include all meals, snacks, drinks (including water with brushing teeth or from water fountains), coffee breaks, etc. Put a star beside the meals, and indicate the length of time the meals took.

TIME (e.g. 7:00am)	FOOD OR DRINK (e.g. snack, drink, meal)	* FOR MEALS, INDICATE THE LENGTH OF TIME IT TOOK TO EAT THE MEAL

Average time between eating or drinking: _____

Utensils used to eat (fork, spoon, etc.): _____

Average length of meals: _____

Draw a diagram of the size of a newborn's stomach (size of a cherry or a shooter marble):

Write down several words that describe how you feel when you are truly hungry or thirsty and you do not have access to food or drink: _____

Calculate what your weight would be, doubled (e.g. 160lbs. x 2 = 320 lbs.): _____

Source: A Breastfeeding Information and Activity Kit for Secondary School Teachers, used with permission from the OPHA Breastfeeding Promotion Workgroup.

Breastfeeding: True or False Cards

BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
1. Breastfeeding is the easiest way to feed your baby.	2. Breastfeeding makes it hard to go out with your baby.
BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
3. Mothers have the legal right to breastfeed in any public area such as malls and restaurants.	4. A breastfeeding mother cannot eat everything she wants.
BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
5. Mothers who smoke cigarettes should not breastfeed.	6. Mothers who have a cold can still breastfeed.
BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
7. Mothers who take medicine can continue to breastfeed.	8. The amount of breast milk you make depends on the size of your breast.
BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
9. A breastfeeding baby needs to be given water, especially in hot weather.	10. Women with flat or inverted nipples can breastfeed.
BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
11. You can breastfeed after a Caesarean section.	12. If you are breastfeeding, you cannot get pregnant.
BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
13. It is normal for breastfeeding to hurt.	14. Research suggest that breastfeeding reduces the risk of SIDS.
BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
15. It is normal for babies to lose some weight in the first 3-4 days of life.	16. Microwaves are a safe way to warm breastmilk.

BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
17. Leaking breastmilk during pregnancy means you will have less breastmilk to feed your baby.	18. A mother should wash her nipples each time before feeding the baby.
BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
19. Breastfeeding women cannot take the birth control pill.	20. If the baby has diarrhea or vomits, the mother should stop breastfeeding.
BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
21. There is no way to know how much breastmilk the baby is getting.	22. Many women do not produce enough milk.
BREASTFEEDING: TRUE OR FALSE	BREASTFEEDING: TRUE OR FALSE
23. You may continue breastfeeding while working or after your return to school.	24. A baby's stomach can only hold less than 1/4 oz at a time on day 1.
BREASTFEEDING: TRUE OR FALSE	
25. To increase and maintain breastmilk supply, it is important to breastfeed frequently and on demand.	

Breastfeeding: True or False Cards Facilitator's set**1. Breastfeeding is the easiest way to feed your baby.****TRUE**

There is no shopping, bottle sterilization or formula involved. Breastmilk is always fresh and ready anywhere, anytime.

2. Breastfeeding makes It hard to go out with your baby.**FALSE**

Breastfeeding actually makes it easier for you to go out. There are no bottles and formula to prepare and transport, or concerns for finding a place to warm the formula. Breastfeeding can take place anywhere, anytime. A mother who wants to breastfeed discreetly in public can look for a seat by a large plant or in an area with less traffic. She can also place a receiving blanket over her shoulder when breastfeeding. Many malls and department stores offer "breastfeeding, family or baby" rooms where mothers can breastfeed in private. Mothers have also used change rooms to breastfeed.

3. Mothers have the legal right to breastfeed in any public area such as malls and restaurants.**TRUE**

Breastfeeding is a basic human right that is protected under the law. A mother can file a complaint against any business or individual that discriminates against her because of breastfeeding. The complaint can be filed at the "Human Rights Commission of Ontario."

4. A breastfeeding mother cannot eat everything she wants.**FALSE**

Breastfeeding mothers can continue to eat a variety of foods and enjoy an extra 200 - 500 calories a day to support breastfeeding. It is rare that a food eaten by the mother will cause the baby to be fussy. This is more likely to occur if there is a history of family allergies. There is no known safe limit for alcohol intake when breastfeeding, however, a breastfeeding mother can have an occasional alcoholic drink without causing harm to the baby.

5. Mothers who smoke cigarettes should not breastfeed.**FALSE**

It is best if the mother quits smoking; however, breastfeeding is still the best way to feed her baby even if she continues to smoke. If the mother continues to smoke, it is better if she reduces the number of cigarettes and smokes immediately after breastfeeding.

6. Mothers who have a cold can still breastfeed.**TRUE**

The mother has already exposed her baby to her cold for several days before she even knew she was sick. The best way to protect the baby from getting the cold is to continue breastfeeding because breastmilk contain antibodies. It is rare that an illness will require that breastfeeding be stopped.

7. Mothers who take medicine can continue to breastfeed.**TRUE**

In a most all cases, a mother can continue to breastfeed when taking medicine. If a medicine is contraindicated, there is usually an alternative medicine that is safe with breastfeeding. Talk to your Health Care Provider or contact Motherisk.

8. The amount of breastmilk you make depends on the size of your breast.**FALSE**

The amount of fat in the breast is not an indication of how many milk-producing cells there are. Breasts of all sizes are capable of producing enough milk. It is rare that a mother is not able to produce enough milk for her baby. The usual reason that the baby does not get the milk that is available is that he is poorly latched onto the breast. This is why it is so important that the mother be shown, on the first day, how to latch a baby properly.

9. A breastfeeding baby needs to be given water, especially in hot weather.**FALSE**

Breastmilk contains all the water a baby needs. A healthy baby should be given only breastmilk in the first 6 months of life.

10. Women with flat or inverted nipples can breastfeed.**TRUE**

A protruding nipple may be easier for a baby to latch, but it is not necessary. The best preparation prenatally is to learn about proper positioning and latching. Get help right away if you are having problems with breastfeeding.

11. You can breastfeed after a caesarean birth.**TRUE**

You will need help to learn how to position your baby for breastfeeding after having a caesarean birth. Ask your health care provider about providing skin-to-skin right after a caesarean birth.

12. If you are breastfeeding, you cannot get pregnant.**FALSE**

Discuss the risk of becoming pregnant while breastfeeding. Explain Lactational Amenorrhea Method (LAM) which prevents 98.5% of pregnancies **if** done correctly.

13. It is normal for breastfeeding to hurt.**FALSE**

Not true! Though some tenderness during the first few days is relatively common, this should be a temporary situation which last only a few days and should never be so bad that the mother dreads nursing. Any pain that is more than mild is abnormal and is almost always due to the baby latching on poorly. Any nipple pain that last beyond 5 or 6 days should not be ignored. A new onset of pain when things have been going well for a while may be due to a yeast infection of the nipples. Creams or ointments do not usually help and often make things worse. Limiting feeding does not prevent soreness.

14. Research suggest that breastfeeding reduces the risk of SIDS (Sudden Infant Death Syndrome)**TRUE**

A meta-analysis has shown that a breastfeeding duration of at least 2 months was associated with half the risk of SIDS. Breastfeeding does not need to be exclusive to confer this protection.

15. It is not normal for babies to lose some weight in the first 3-4 days of life.**FALSE**

Some babies lose up to 10% of weight during this time but it is important to regain birth weight by 10 – 14 days of age.

16. Microwaves are a safe way to warm breastmilk**FALSE**

Microwaved breastmilk may contain "hot spots" as it does not heat evenly. This could burn baby's mouth. There is also concern that microwaves can destroy nutrients in breastmilk formula.

17. Leaking breastmilk during pregnancy means you will have less breastmilk to feed your baby.**FALSE**

Leaking breastmilk during pregnancy is caused by hormones of pregnancy and does not impact postnatal breastmilk production.

18. A mother should wash her nipples each time before feeding the baby.**FALSE**

Not true! Washing nipples before each feeding makes breastfeeding unnecessarily complicated and washes away protective oils from the nipples. Breastmilk protects the baby against infection. On the other hand, formula feeding requires obsessive attention to cleanliness because formula does not protect the baby against infection, and is a so a good breeding ground for bacteria. .

19. Breastfeeding women cannot take the birth control pill.**FALSE**

Not true! The baby receives very little hormones from the birth control pill through the breast milk. However, some women who take the pill, even the mini-pill, find that their milk supply decreases. Because so many women produce more than enough milk, this often does not matter, but sometimes it does and the baby becomes fussy and is not satisfied by nursing. Stopping the pill often brings milk production back to normal. If possible, women who are breastfeeding should avoid the pill until the baby is taking other foods (6 months of age). If the pill must be used, it is preferable to use the progestin only pill (without estrogen) and to wait until breastfeeding is well established.

20. If the baby has diarrhea or vomits, the mother should stop breastfeeding.**FALSE**

The best medicine for a baby's gut infection is breastfeeding. Stop other foods for a short time, but continue breastfeeding. Breastmilk is the only fluid your baby requires when he has diarrhea and/or vomits, except under exceptional circumstances.

21. There is no way to know how much milk the baby is getting.**FALSE**

Refer to the section "Is my Baby Getting Enough Milk?" in the Breastfeeding Matters booklet.

22. Many women do not produce enough milk.**FALSE**

The vast majority of women produce more than enough milk. Indeed, an overabundance of milk is common. Most babies that gain too slowly or lose weight do so not because the mother does not have enough milk, but because the baby does not get the milk that the mother has.

23. You may continue breastfeeding while working or after you return to school.**TRUE**

You can pump breastmilk and have a caregiver offer the baby expressed breastmilk. The caregiver, friend or family member could bring the baby to work during break or lunch.

24. A baby's stomach can only hold less than 1/4 oz at a time on day 1.**TRUE**

On day one, the baby's stomach capacity is only 1/4 oz, or 7 milliliters (maximum), therefore, babies need to feed frequently as the breastmilk is digested quickly.

25. To increase and maintain breastmilk supply, it is important to breastfeed effectively, frequently and on demand.

TRUE

Breastfeeding effectively, frequently and on demand sends messages to the brain to produce more breastmilk and results in a continuous adequate supply.

Source: Used with permission from Wellington-Dufferin-Guelph Health Unit

Cue-based Feeding Activity

Purpose

- Parents will gain an understanding of cue-based feeding.
- Parents will be able to recognize various early, mid and late feeding cues.

Materials

- Printed cards with headings and cues (see next page)
- Tape or sticky tack
- Erasable markers or chalk
- Black/white board, or 3 sheets of paper

Instructions:

- Stick (or write) the 3 headings on 3 different areas of the black/white board, or on 3 sheets of paper on wall(s).
- Give participants the mixed up cues and ask them to place them under the appropriate heading
- Once all have been assigned, correct any mistakes and discuss.
- Review what to do if baby shows late feeding cues: *If your baby shows late feeding cues, it is time to calm your baby before feeding her. You can do this by:*
 - Cuddling.
 - Skin-to-skin holding.
 - Talking or singing.
 - Stroking or rocking.

Early cues: “I’m hungry”

Stirring, moving arms.

Mouth opening, yawning or licking.

Hand to mouth movements.

Turning head from side to side.

Rooting, seeking to reach things with her mouth.

Mid cues: “I’m really hungry”

Stretching.

Moving more and more.

Hand to mouth movements.

Sucking, cooing or sighing sounds

Late cues: “Calm me, then feed me

Crying.

Agitated body movements.

Colour turning red.

Source: Breastfeeding Matters, Best Start Resource Centre, 2014.