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Main Acronyms used in this document

BF: Breastfeeding
CHR: Community Health Representative
LAM: Lactational Amenorrhea Method
MER: Milk Ejection Reflex

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The Breastfeeding Index Cards are available in PDF at:
<http://creehealth.org/clinical-protocols/breastfeeding-index-cards>

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TABLE OF CONTENTS

• Benefits for Baby & Mother	4
• BF Recommendations	5
• Breast Anatomy	6
• BF Hormones	7
• Breastmilk Composition	8
• BF Baby & Vitamins	9
• To ↑ Milk Supply	10
• BF Frequency & Length	11
• Position & Latch	12
• Wet Diapers & Stools	13
• Baby's Weight – Birth Period	14
• Baby's Weight - From 1 week to 2 yrs old	15
• Engorgement	16
• Sore Nipples	17
• Sleepy Baby	18
• Baby's Sleep Cycle	19
• Hand Expression	20
• Choosing a Breastpump	21
• BF & Working	22
• How to Give a Milk Supplement	23
• Pacifier Use	24
• To ↑ a MER	25
• To ↓ a MER	26
• Mother's Weight Loss	27
• What to eat when BF	28
• The LAM	29
• BF and Smoking	30
• BF and Illegal Drugs	31
• BF and Alcohol	32
• BF and Medications	33
• Can a Mother Breastfeed if... ..	34
• Need Help?	35
• What to Read	36
• Other Resources	37

BENEFITS FOR BABY & MOTHER

Baby – Less risk of...

- Ear infection
- Pneumonia, bronchitis, etc.
- Urinary tract infection
- Colic
- Gastrointestinal problems & infection
- Obesity

Baby – Better...

- Overall development and health
- Blood iron levels from breastmilk
- Bonding with his mother

Mother – Less...

- Time in the clinic, due to less illness
- Preparation and cleaning
- Postpartum bleeding
- Risk of hip fractures
- Risk of breast, ovary and uterine cancer
- Risk of anemia (low blood iron levels)

Mother – Better...

- Quality time with other family members
- Savings (about \$3000)
- Relaxation
- Bonding with the child
- Child spacing*

*see Index Card no 29 on LAM

BF RECOMMENDATIONS



“Cree Elders recommend that women breastfeed their babies as long as they can! They say that breastfeeding is Love.”

SOME DEFINITIONS

Exclusive BF means that no other food or liquid is given to the baby except for vitamins, minerals and medication. Expressed breastmilk is included.

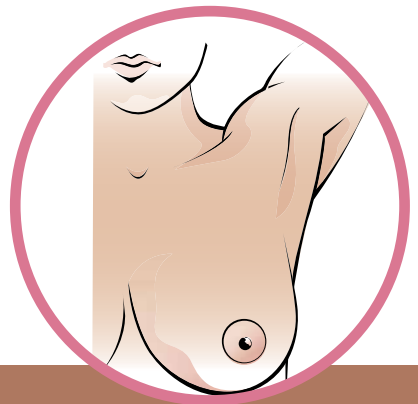
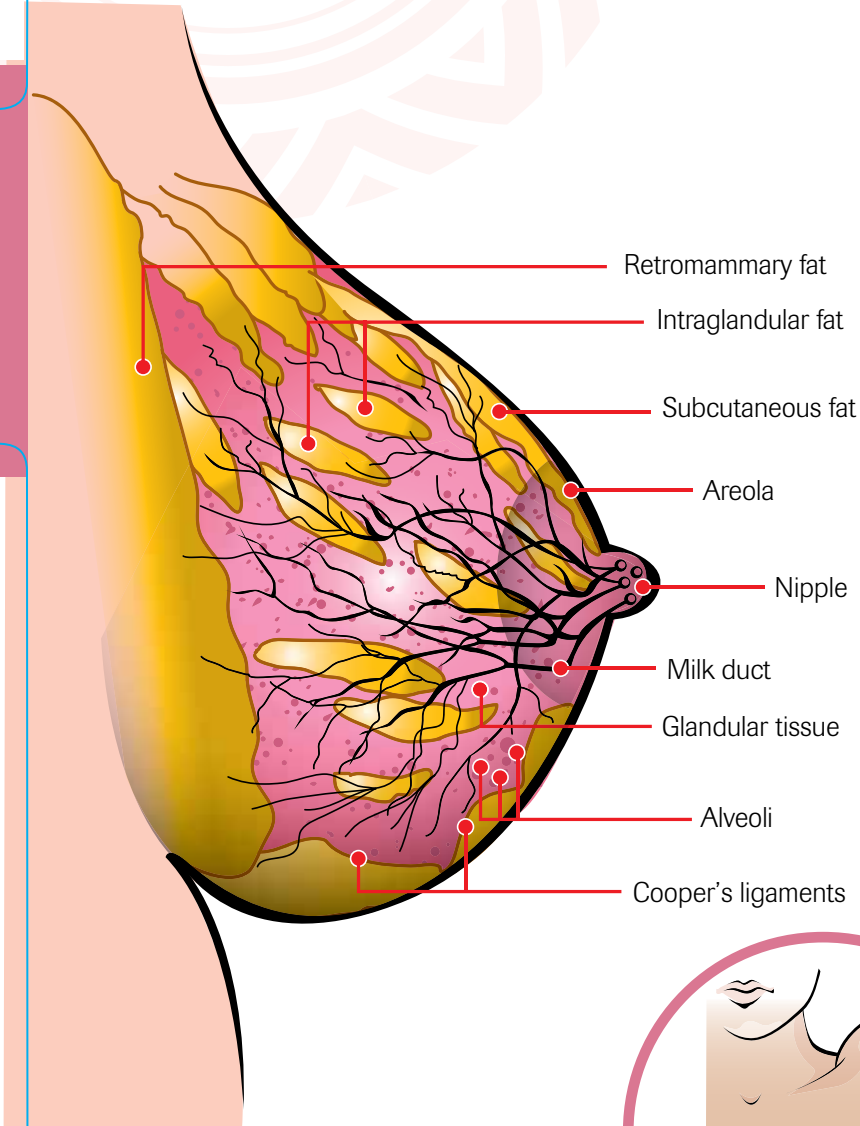
Complementary foods are any foods or liquids other than breastmilk.

The World Health Organization recommends...

- Exclusive BF until the baby is 6 months of age
- BF with complementary foods up to 2 years old and beyond

BREAST ANATOMY

BREAST ANATOMY



BF HORMONES

OXYTOCIN

Triggers the milk ejection reflex (MER) or let-down that helps milk flow from the breast. It can be decreased by stress or pain.

PROLACTIN

Is the “maternal” hormone that helps the mother remain calm and relaxed. It also triggers the supply of milk in the first few months. It is produced in larger quantities at night.

See Index Card # 25 & 26 - To ↑ a MER and To ↓ a MER

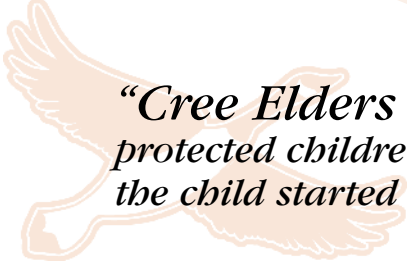
Things that increase oxytocin

- Relaxation
- Happiness
- Support of husband and family

Things that increase prolactin

- Night BF
- Frequent BF
- Effective latch

BREASTMILK COMPOSITION



“Cree Elders knew breastmilk protected children and they breastfed until the child started school and beyond.”

COLOSTRUM

High in anti-infectious properties, fat, protein and beta-carotene; present the first few days and until the milk comes in between the 2nd and 5th day postpartum.

Appearance: Yellow to orange, and thick.

TRANSITIONAL MILK

A mix between colostrum and mature milk. Quantity increases slightly from Day 2-5 to 15, approximately.

Appearance: Yellow to white, not as thick as colostrum.

MATURE MILK

Contains a high quantity of lactose, just enough protein, iron and fat, and a huge quantity of anti-infectious properties.

Appearance: White translucent color.

Breastmilk’s anti-infection and nutritional properties remain present until weaning, whatever the baby’s age!

BF BABY & VITAMINS

Breastmilk contains all the necessary vitamins for the growth and development of the baby. It also contains vitamin D; however, vitamin D levels fluctuate in breastmilk, following the mother's vitamin D levels.

Vitamin D is made naturally from the sun by the body's largest organ, the skin. Because the angle of the sun is very low for a large part of the year in Eeyou Istchee, breastfeeding mothers might not get enough sun to have adequate levels of vitamin D in their body and in their breastmilk.

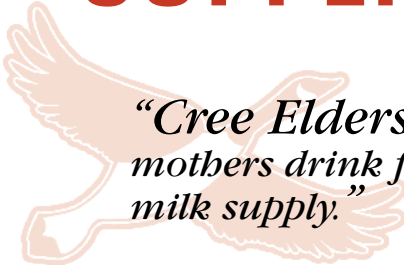
- Babies who are breastfed should receive 800 IU* of vitamin D per day.
- Babies who are partially breastfed or receive only formula should receive 400 IU per day.
- This supplement should be given for the first year of life.

Note: Content of vitamin D in formula = 40 IU per 100 ml

*Always check the latest recommendation updates. Recommendations for Canadian mothers and infants. Paediatr Child Health Vol 12 No 7 September 2007 (Canadian Pediatric Society).

A breastfed baby needs vitamin D supplements, but does not need any others.

TO ↑ MILK SUPPLY



“Cree Elders recommend that new mothers drink fish broth to increase their milk supply.”

The more the baby is at the breast, the more he “orders” his milk, just as when you order food from a restaurant. You will get less if you order less and more if you order more.

* See Index Card no 19 on Sleep Cycles

MORE WAYS TO INCREASE MILK PRODUCTION

- **BF on demand** whenever the baby wants and according to the baby’s sleep cycle*. This helps him order a lot of milk.
- **BF as long as the baby needs to!** Do not limit to a number of minutes.
- **Do not use a pacifier to stretch the time** interval between breastfeeds. This will cause the baby to order less milk.
- **Do not give artificial milk (formula)** as the baby will not be hungry after. He will not be able to “order” the milk he needs from the breast.
- **Have the baby in skin-to-skin contact** with his mother. This stimulates the baby to breastfeed more and it relaxes him.

BF FREQUENCY & LENGTH

FREQUENCY OF BF SESSIONS

- A baby should not be breastfed on a specific and strict schedule.
- Babies breastfeed from 8 to 12 times per 24 hours.
- It is possible for a baby to want to breastfeed again a few minutes after having finished.
- It is normal for a baby to cluster feed and then to sleep a longer period of 4 to 6 hours.

Cluster Feedings: A period of time where the baby will breastfeed constantly.

LENGTH OF A BF SESSION

BF as long as the baby needs to! Do not limit to a number of minutes. Babies are all different and will order the amount of milk they need to meet their hunger.

Example of a normal breastfeed

- Baby breastfeeds for 12 minutes on mother's left breast and stops by himself.
- Mother takes him off the breast and burps him.
- Baby breastfeeds on right breast for 7 minutes and starts to fuss.
- Mother takes him off, changes his diaper and offers the right breast again.
- Baby breastfeeds for 3 minutes and falls asleep.

See Index Card no 10 To ↑ Milk Production

POSITION & LATCH

POSITION

Whatever BF position the mother uses, some elements always need to be respected.

Baby

- He needs to be close to his mother.
- His hip, shoulder and ear need to be in a straight line.
- His body should not be bent at the waist or neck.
- His chin should not touch his chest.

LATCH

If the latch is done wrong, it can be painful for the mother and the baby will not get enough milk.

Baby

- His mouth is close to the nipple.
- He opens his mouth wide, just like when he is yawning.
- He takes more of the bottom of the areola in his mouth.
- His chin touches the breast, but his nose does not.

WET DIAPERS & STOOLS

BEFORE 6 WEEKS OLD

The baby does not absorb everything in breastmilk yet, so he has lots of stools. At this age, the more stool he has, the better. If a baby under 6 weeks of age does not have a stool for a few days, he needs to breastfeed more often to get more breastmilk.

AFTER THE 7TH WEEK

Babies absorb more of the nutrients from breastmilk and will have less frequent stools.

REMEMBER

A BF baby cannot be constipated. He simply needs more frequent breastfeeds!

6 weeks and under:

Minimum of 2 stools per day and 6 to 8 wet diapers per day from the 6th day after birth.

Over 7 weeks old:

Can have 1 stool per 10-14 days and 6 or more wet diapers daily.

BABY'S WEIGHT - BIRTH PERIOD



“Cree Elders say not to worry; it is normal for a baby to lose weight in the first few days after his birth.”

- Initial weight loss of 5 to 10% of the birth weight is normal in the days following birth.
- Weight gain will start slowly when the mother's milk comes in.
- A baby will regain his birth weight by 10 to 14 days.
- Some babies with BF difficulties will regain their birth weight only at 3 weeks. They need to be followed by a nurse or doctor to make sure they are OK.

Day 1 to 3

up to 10% weight loss

After milk comes in

125-250 g per week until the 3rd month
and 60-125 g per week until the 6th month.

Birth weight regained

by 10 to 14 days

BABY'S WEIGHT - FROM 1 WEEK TO 2 YEARS OLD

Babies will grow at different rates according to their age.

From 1 week old to 3 months

125 to 250 g* per week or 1 kg per month

*do not measure daily

From 4 to 6 months

500 g per month

From 7 to 12 months

225 g per month

From 1 to 2 years old

1.8 to 2.3 kg for the year

Note: The baby's growth in length and head circumference needs to be evaluated by a health care professional.

Babies generally double their birth weight by 4 to 5 months and triple their birth weight by 12 months.

ENGORGEMENT

IF THE BREAST IS STILL SOFT

Apply warm humid compresses or have the mother go in the shower to help the milk flow.

IF THE BREAST IS HARD

Apply cold compresses such as cabbage leaves or frozen peas, ice or cold washcloths to decrease the swelling before expressing or pumping.

In extreme cases, the use of an electric breastpump might be needed. One should be available at the clinic.

When the milk starts to leak, put the baby to the breast as soon as possible!

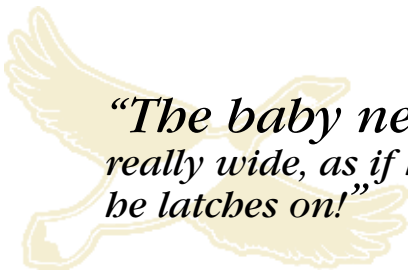
Engorgement can be **prevented** by **BF frequently and giving nothing but breastmilk for the first six months of life of the baby.**

REMEMBER

Expressing some milk from the areola before placing the baby on the breast helps the baby latch on better

SORE NIPPLES

Sore nipples are usually caused by incorrect positioning and latch. The pain can be reduced by changing the position and correcting the latch so the baby's gums do not hurt the wound.



“The baby needs to open his mouth really wide, as if he is yawning, BEFORE he latches on!”

- **Breastmilk** is the best thing to apply to a sore or damaged nipple.
- **Animal grease is traditionally** used. However, there is concern about its purity. Consult an elder to learn about traditional pasteurization methods, and inform the mother of the presence of possible contaminants.
- **Two 325mg Tylenols*** can be taken by the mother 30 minutes before breastfeeding the baby.
- If all else fails, hydrogel compresses and an antibiotic cream can be used (see the nurse or Regional Lactation Consultant)

* Do not exceed 3000 mg of Tylenol per 24 hours.

REMEMBER

The best solution is to correct the baby's latch and position.

SLEEPY BABY

A “sleepy baby” is a baby that does not wake up to breastfeed on his own and/or sleeps at the breast without taking enough milk.

This is not to be confused with a baby that sleeps 1 or 2 periods of 5 to 6 hours long, or the baby’s initial long sleep following the first breastfeed immediately after birth.

Can be caused by:

- prematurity
- jaundice
- illness
- not enough skin to skin contact
- etc.

Tricks to help awaken a baby or keep a baby awake

- Frequent skin to skin contact with his mother
- Massage his arms and legs gently
- Keep baby uncovered and not overdressed

See Index Card # 19 – Baby’s Sleep Cycle

REMEMBER

The baby must be observed carefully and weighed regularly (not everyday) to ensure he obtains enough milk

See Index Card # 13, 14 & 15 – Wet Diapers & Stools, Baby’s Weight – Birth Period and From 1 week to 2 years old

BABY'S SLEEP CYCLE

- All babies have a specific sleep cycle that lasts 1 hour to 1 1/2 hours.
- A sleep cycle is divided in phases:

1. Drowsy (∞ 5- 10 min)
2. Light sleep (∞ 5- 20 min)
3. Calm sleep (∞ 5- 15 min)
4. Light sleep (∞ 5- 20 min)
5. Awakening (∞ 5- 10 min)
6. Awake (∞ 5- 15 min)

Stages 1, 2, 4 and 5

- Eyes flutter
- Noises
- Small movements

Babies in Stages 1, 2, 4 and 5 can be awakened easily.

NOTE: Stages 5 and 6 are the best times to put a baby to the breast

Stage 3

- No movements of eyes or body
- Deep breathing

**Babies in Stage 3 have difficulty waking up ...
Better wait...**

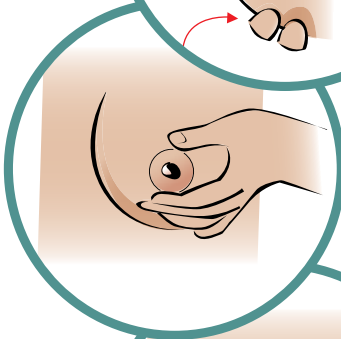
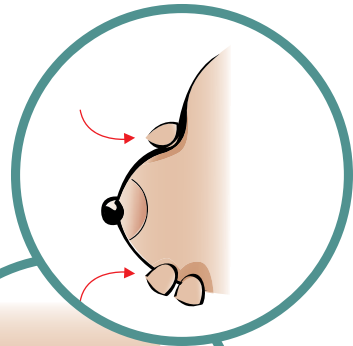
HAND EXPRESSION

FOR OCCASIONAL NEEDS

- To relieve engorgement
- To express milk for the baby when the mother goes out to a party, a doctor's appointment, etc.

TO EXPRESS BREASTMILK MANUALLY

1. Place finger below & thumb on top
2. Push inward & then close the hand forward
3. Repeat as needed
4. Do not slide on the skin
5. Express from one breast until milk stops flowing
6. Switch breast & repeat steps 1 to 3
7. Express until the milks stops flowing
8. Switch breast again
9. Continue process until the milk stops flowing (15-20 minutes total)



CHOOSING A BREASTPUMP

Manual hand expression is the method of choice to be taught to all women.

See Index Card # 20 – Hand Expression

Offer a breastpump ONLY if a mother is uncomfortable with or unable to express her milk with her hands.

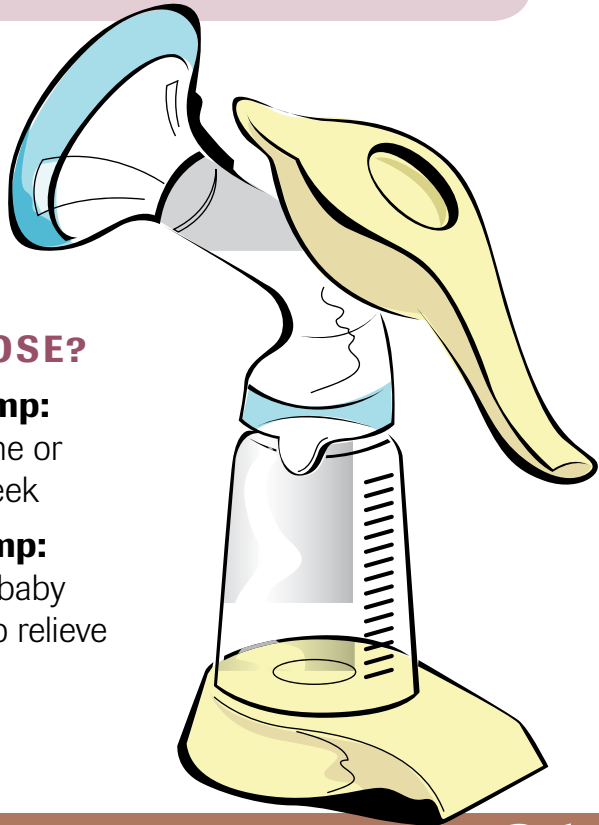
WHAT TO CHOOSE?

Manual Breastpump:

To express milk for one or two absences per week

Electric Breastpump:

To express milk for a baby not at the breast or to relieve bad engorgement



BF & WORKING

To keep the milk supply while working and away from baby...

FIRST 6 WEEKS

These first 6 weeks are essential! The mother and baby need to stay together and breastfeed frequently.

FROM 6 WEEKS TO ABOUT 5-6 MONTHS

The mother needs to express breastmilk according to the baby's feeding schedule & needs to breastfeed whenever she is with her baby.

FROM 5-6 MONTHS TO WEANING

The mother should breastfeed whenever she is with the baby but does not need to express while away.

The best is for the baby to receive expressed breastmilk while his mother is away, but if this is not possible, iron fortified formula should be given until he is 9 to 12 months of age.

REMEMBER

It is important for the mother to breastfeed often when she is with her baby.

HOW TO GIVE A MILK SUPPLEMENT

Ideally, a bottle should not be used to give small amounts of supplements to babies. Many other alternatives are available:

- a medicine cup or other soft cup
- an eyedropper
- a spoon

It is important to inform parents that a baby does not suck on a bottle in the same manner as he does on the breast. Using the bottle can confuse the baby, and he might have trouble going back to the breast.

Once the parents have been well informed, they can still choose to use a bottle to give supplements to their baby.

REMEMBER

Exclusive BF is recommended until the baby is 6 months.

The best supplement is expressed breastmilk!

PACIFIER USE

It is not recommended to use a pacifier before 6 weeks of life. A pacifier should be introduced only when all BF difficulties have been resolved and only if the baby is growing well.

It is important to inform parents that a baby does not suck on a pacifier as he does on the breast. Using the pacifier can confuse the baby and it can cause him to have difficulty latching on to the breast afterwards.

If the pacifier is used to stretch the time interval between breastfeeds, it is important to check the weight of babies to make sure they are receiving enough milk. The parents should be informed not to use the pacifier to stretch the interval between feedings.

BF the baby on demand is the key to successful breast-feeding.

REMEMBER

A baby needs 8 to 12 breastfeeds per 24 hours.

TO ↑ A MER

- The milk ejection reflex (MER) is needed for the milk to flow. The baby at the breast gets most of his milk during a MER.
- Mothers can have one or many MERs.
- MERs are also important when a mother expresses milk manually or with a breastpump.
- MERs work better when the mother is relaxed and calm.

HOW TO HELP THE MER:

- The mother can follow a routine before she breastfeeds (take a relaxing hot beverage, prepare pillows, etc.)
- She can do an activity that relaxes her while she breastfeeds (watch TV, talk on the phone, listen to music, etc.)
- Some mothers find that massaging their breasts helps to bring on a MER.

TO ↓ A MER

Some mothers find that their milk comes out so forcefully that their baby has difficulty taking all that milk at once.

The baby can arch, cry and refuse to breastfeed. The baby might also cry after BF, as he swallows air and his tummy fills too quickly.

HOW TO DECREASE THE MER

- **Hand express some milk to let the MER pass before putting the baby at the breast.**
- **Offer the same breast over a longer period of time (e.g. 4 hours without switching breasts) and express the other breast to remain comfortable and avoid engorgement.**
- **Have the baby breastfeed in a position that lets the milk leak out of his mouth.**

MOTHER'S WEIGHT LOSS

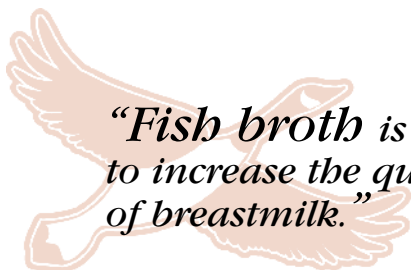
BF mothers who eat to hunger tend to lose weight gradually at a rate of 0.6 to 0.8 kg per month in the first 4 to 6 months of lactation. If a mother wants to lose weight, it is suggested that she increase her physical activity level instead of reducing the amount she eats.

The mother should eat healthy, nourishing foods to have a good energy level and stay healthy to care for her baby. There is no need to eat more when you breastfeed! A mother can simply eat the same quantity of food as she was eating when pregnant.

Environmental contaminants store in fatty tissues. When losing a lot of weight, you melt down your fatty tissues and the contaminants released can pass through breastmilk.

It is important not to lose weight too quickly. Mothers should not force weight loss during the first 2 months after giving birth, as they need to recover from childbirth and establish a good milk supply.

WHAT TO EAT WHEN BF



“Fish broth is traditionally used to increase the quantity and the richness of breastmilk.”

- **A mother can eat everything she wants.**
- **A healthy diet will keep her in good health.**
- **Whatever a mother eats, her baby will always get good rich breastmilk.**

It is best for the mother to eat healthy foods, but her breastmilk will remain good and rich even if she eats sweets and junk food.

- If her baby becomes agitated when she eats chocolate or drinks caffeinated beverages (colas, coffee, tea), she can try to avoid them.
- If the baby reacts to any food the mother eats or drinks, she should avoid it for a week or two. Once the baby is feeling better, she can test the food again in a few weeks. If he reacts again when she eats it again, she should avoid it until he is at least one year old.

THE LAM

(LACTATIONAL AMENORRHEA METHOD)

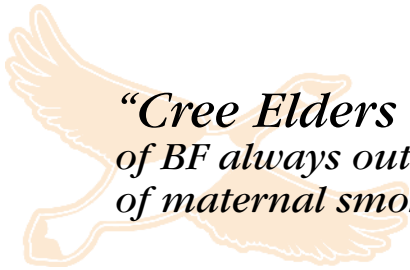
If the mother wants to use the LAM contraceptive method, please advise her that for it to be 98% effective, the mother and baby must meet 3 important requirements:

1. The baby is less than 6 months old.
2. The mother must breastfeed exclusively – no food or drink other than breastmilk should be given to the baby and no more than 5 hours should pass between breastfeeds.
3. The mother's menstrual periods have not resumed.

If the 3 requirements are not met, the mother should be strongly encouraged to use another birth control method if she wants to be protected against a new pregnancy!

It is possible to use a contraceptive method while BF. If the mother is taking progestin-only contraception, it is not likely to affect her milk supply. As some women have more difficulty maintaining a good milk supply while taking estrogen-containing contraceptives, it is recommended to wait until the baby is 6 weeks old before using this type of contraception.

BF & SMOKING



“Cree Elders say the benefits of BF always outweigh the effects of maternal smoking.”

- Smoking should always be done outside and never in the presence of the baby.
- If possible, the mother should smoke 2 hours before BF, as nicotine can slow down the MER.
- Mothers who smoke tend to wean their babies earlier than mothers who do not smoke.

Nicotine reduces oxytocin levels, which can cause the breastmilk to come out more slowly. Eventually, this reduces the overall quantity of breastmilk. Because of this, the mother usually feels the need to introduce bottles of commercial baby milk.

If a mother reduces the number of cigarettes she smokes, the quantity of breastmilk can increase again.

BF & ILLEGAL DRUGS

- Mothers need to be informed about the harmful effects of drugs on the BF baby.
- **Hard drugs such as heroin, crack, amphetamines and Ecstasy should never be taken while BF.**
- A mother saying she took cocaine only once should not breastfeed her baby for 48 hours after the intake. She will need to express her milk and throw it away during that period. Repeated use of cocaine is contra-indicated during BF.
- Marijuana does not seem to cause serious short-term side-effects to the BF baby, but we do not know what the long-term effects might be.

REMEMBER

- Some mothers might choose to stop taking drugs for the safety of their babies.
- The mother is an adult, so offer her options and let her make her decision.
- **Make sure the mother understands that, if she wants to party, someone responsible must be in charge to take care of her baby in a safe place and never at the location where the party is taking place.**
- If you feel a child is in danger, you need to contact Youth Protection.

BF & ALCOHOL

“Cree Elders say you are not respecting yourself or your baby when you drink alcohol while breastfeeding.”

- Alcohol passes into breastmilk.
- **The baby needs to be looked after by someone else while the mother is drinking or still affected by the alcohol.**
- A mother should wait about 2 hours per drink before BF (For more precise and detailed information see the Mother Risk table on alcohol elimination from breastmilk available from the Mother Risk* website or from the Regional Lactation Consultant).
- If the baby is hungry during that time, he can be fed previously expressed breastmilk. Commercial baby milk can be given if no breastmilk is available.
- When the mother is under the influence of alcohol, she can express her breastmilk to avoid engorgement, but the milk will need to be thrown away.

* See page 37 for the URL of the Mother Risk web site.

IMPORTANT

- It is not necessary for a mother that drinks occasionally to stop BF. Only an interruption is needed!*
- Too frequent drinking can cause the baby to be sleepy, to breastfeed less & to gain insufficient weight.

BF & MEDICATIONS

Most prescription drugs are compatible with BF, even though many pass into breastmilk. Other factors can also affect the compatibility of a medication with BF, such as the dosage, the baby's age, etc. Here is a short non-exhaustive list of meds that can be taken while BF if the therapeutic dosage is followed:

- Tylenol
- Motrin or Advil
- Most antibiotics (need to verify with the Regional Lactation Consultant)
- Asthma medication (Puffers)
- Antihistamines (may decrease milk supply a little)
- Contraceptives (may decrease milk supply)
- Codeine or morphine (therapeutic and occasional use only)
- Most meds received during & after childbirth
- Cold medication
- Insulin
- Glucophage (Metformin)
- Diabeta (glyburide)

REMEMBER

Always consult a nurse, a doctor or the Regional Lactation Consultant to find out if the medication is compatible with BF.

Reference texts on medication and mother's milk are available in each clinic.

CAN A MOTHER BREASTFEED IF...

- She has a cold **YES**
- She has a fever **YES**
- She has diarrhea **YES**
- She has gastroenteritis **YES**
- She has the flu **YES**
- She has H1N1 or other influenza **YES**
- She has diabetes (any type) **YES**
- She has hepatitis B
(if she and her baby were treated) **YES**
- She has tuberculosis (and was treated) **YES**
- She has hepatitis C **YES**
- She receives a vaccine **YES**
- She has a cold sore (no kissing the baby) **YES**
- She gets her hair dyed **YES**
- She takes methadone for addictions **YES**
- She smokes cigarettes. **YES**
- She drinks coffee **YES**
- She smokes pot occasionally **YES ***
- She drinks alcohol occasionally **YES ***
- She binge drinks occasionally. **YES ***
- She is HIV positive **NO**

* See Index Cards # 31 & 32 – BF and Illegal Drugs and BF and Alcohol

NEED HELP?

- Consult the reference books on BF provided at the clinic.
- Consult a colleague – he or she might know the answer.
- Call the CBHSSJB Regional Lactation Consultant; even if she does not have the answer, she will contact other experts to obtain the answer for you.
- Try your Regional Lactation Consultant’s cell phone first, at any time. If she is not immediately available, leave a message. She will call back very soon. You can also call her office number.

Write down important numbers here:

WHAT TO READ

GENERAL

Breastfeeding Answer Book Pocket Guide, La Leche League International, 2005.

Breastfeeding A-Z: Terminology and Telephone Triage, Cadwell and Turner-Maffei, 2006.

Breastfeeding and Human Lactation, Jones and Bartlett, 2010.

REFERENCES ON DRUGS AND BREASTFEEDING

Medications and Mothers' Milk, Hale, 2012.

RECOMMENDED FOR PARENTS

Breastfeeding Answers Made Simple, La Leche League International, 2010.

All La Leche League International Hand-Outs.

Updated Maternal & Child Health Program pamphlets available at the local clinic, 2012.

OTHER RESOURCES

WEB SITES

<http://nbc.ca>

<http://creebreastfeeding.com>

<http://breastfeedingcanada.ca>

<http://www.infantrisk.com/category/breastfeeding>

<http://www.motherisk.org/women/breastfeeding.jsp>

SUPPORT GROUPS

- La Leche League International
- La Leche League Canada
- La Ligue La Leche Québec
- Nourri-Source
- Eeyou Istchee BF Help (call the Regional Lactation Consultant 418-923-3355 ext 284 to find out where to get BF help in your community)

The Breastfeeding Index Cards can be used by all health care workers (doctors, nurses, nutritionists, CHR, etc.) whenever some simple, clear and to-the-point information is needed to help a breastfeeding mother. The tabs enable the workers to find the needed subject quickly and the simple layout makes it easy to find the most important information to give the client.

ABOUT THE AUTHOR

Dany Gauthier, IBCLC has been a Certified Lactation Consultant since 1991. She has worked with many different public health authorities in the province of Quebec and in a major pediatric hospital in Montreal. She has four children, three of whom were breastfed in their toddler years. A Breastfeeding Program Officer with the Public Health Department of the CBHSSJB since 2008, she offers training for all health care workers of Eeyou Istchee and promotes support for breastfeeding mothers and their families by implementing the Baby-Friendly Initiative and maintaining a blog at <http://creebreastfeeding.com>
