

## May 14, 2013 Scripts

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### 1. Admission to Postpartum - Keeping Your Baby Skin-to-skin

*“Many hospitals have single room maternity care. In these rooms, mothers labour, give birth, and mother and baby stay together until they are discharged home.*

*In some hospitals, babies are born in a delivery room and are transferred in a wheelchair or on a stretcher to a postpartum room soon after the baby has had their first feeding. During the transfer, mothers and babies can remain together skin-to-skin. This helps keep your baby warm and stable during the transfer. Your baby will also wear a touque or hat for about the first 6 hours to help stabilize his temperature. After that time, a hat is not needed.*

*As you and your baby are admitted to a postpartum room, your baby can remain skin-to-skin. Your partner may also want to hold baby skin-to-skin while you are being moved to your bed. Your baby can then be placed back on to your chest as soon as you are settled. Being skin-to-skin helps your baby recover from the stress of being born, lessens the amount of crying, and helps your baby latch to your breast.*

*The nurse admitting you to the postpartum room will assess you and your baby while your baby is being kept skin-to-skin. Your nurse will explain what she finds during the assessment and answer any questions you or your family may have at this time. When your baby is ready to breastfeed, you will be offered support. Your nurse will also show you how to hand express colostrum, your first breast milk. This is a useful skill to learn to help prevent breast fullness and tenderness, also known as engorgement, or in the event expressed breast milk is needed to feed your baby.*

*Your partner may want to put your baby skin- to-skin or hold your baby if you need to use the bathroom, if your baby is fussy and you feel you need a break, or if you want to have a nap.”*

### 2. Helping Your Baby Manage Pain

*“After birth, your baby will have a vitamin K injection and a heel prick to collect blood for*

*routine blood tests. Holding your baby skin-to-skin and breastfeeding while these tests are happening helps to calm your baby and decrease her stress. Some babies may still cry, but holding your baby skin-to-skin and breastfeeding will help soothe her during these tests. Breastfeeding can also help for soothing your baby anytime she has a medical procedure or immunization.”*

### **3. Baby’s Sleep and Readiness to Breastfeed**

*“Over time, you will start to know your baby’s feeding cues and other behaviours – when to feed, when your baby has had enough, or when your baby just needs to snuggle with you or your partner.*

*As you watch your baby, you will notice that your baby goes through cycles of sleeping and wakefulness that include deep sleep, light sleep, waking, becoming alert, and finally crying.*

*This baby is in a deep sleep. When babies are in a deep sleep, their face and bodies are still. During deep sleep, it is very difficult to wake your baby to feed and may lead to frustration for both you and your baby if you try to feed at this time.*

*This baby is in a light sleep and is starting to wake. You can see movement of [his] eyes behind the closed eyelids and some body movement. You can also hear some noises. If your baby is in a light sleep or a drowsy state, he can be woken up to feed by holding him skin-to-skin or by changing his diaper.*

*This baby is now awake in a quiet alert state. This is the best time to feed your baby.*

*If your baby is crying and upset, you may need to comfort her before trying to feed, as it is difficult to latch and effectively feed a crying baby.*

*Most babies will wake up on their own to feed. However, you may need to wake up your baby to feed if your baby is small, was born early, is not interested in feeding, has gone a long time between feedings, or it has been suggested that you feed your baby more often. It is helpful to look for signs that your baby can be woken up, such as eye movement behind closed eyelids during light sleep.*

*As you spend more time with your baby it gets easier to understand and better respond to his behaviors and needs.”*

### **4. Baby’s Feeding Cues and Behaviours**

*“In the first few days, babies can be quite sleepy. You may need to wake your baby to feed.*

*When your baby is in a light sleep or is drowsy, holding him skin-to-skin or changing his diaper may help wake your baby enough to feed. If your baby is alert and wants to feed, don't worry about changing his diaper until after the feeding. Take advantage of your baby's readiness to feed.*

*Cues that your baby is ready to feed include: bringing his hands to his mouth, rooting or moving his head as if looking for the nipple, opening his mouth, licking his lips, and sucking.*

*Crying is often a late feeding cue. Babies feed best if they start before they become frantic and begin crying. If your baby is crying, you may need to calm him before trying to feed.*

*It's important to feed your baby 8 or more times in a 24 hour period during the first week and offer both breasts at each feeding to help you make milk and meet your baby's needs. Watch your baby for feeding cues and readiness to feed, not the clock. In some cases, it may be important to wake your baby to feed if your baby is small, was born early, is not interested in feeding, has gone a long time between feedings, or if it has been suggested to feed your baby more often. If your baby looks interested in feeding, offer your breast. It is difficult to over feed a breastfed baby."*

## **5. Breastfeeding Positions**

*"Learning to breastfeed your baby can take some time. In this video, you will see mothers using different positions and techniques to help their babies latch and feed.*

*When you are getting ready to breastfeed, make sure you are comfortable and well supported in a chair with arm rests and pillows for extra support. This will also help position your baby. Supporting your feet on a footstool or anything that raises your feet can also be comfortable.*

*You may also wish to have a glass of water, juice or milk on a table beside you. Some mothers find it helpful to include this as part of their breastfeeding routine as a reminder to drink enough fluids.*

*Positions used for breastfeeding include: reclining, cross cradle (or modified cradle), underarm (or football), cradle, and side-lying.*

*Try out different positions to see what you find most comfortable. For all positions, remember to bring your baby to your breast - avoid hunching over to bring your breast to your baby.*

*Many women like the reclining position especially for the first feeding. In this position, you lean back, putting pillows around you for support. Do not lay flat. Place your baby skin-to-skin between your breasts. Gravity will keep your baby in position as he finds your nipple and*

nurses.

*Cross cradle (or modified cradle) position is where you hold your baby with the arm opposite the breast you're feeding from. Your hand supports the base of your baby's head, neck, and shoulders positioning your baby to face you – tummy to tummy. If you need to support the breast you are feeding from, use your other hand. Supporting your newborn on a pillow may help to keep your baby's body close to your breast.*

*Underarm (or football) position is where your baby is facing you with the legs tucked under your arm. You support your baby's head with your hand at the base of his neck and his body with your arm. Your other hand may support your breast or you can use your finger to tip the nipple towards your baby's nose. This position may be helpful if you had a caesarean birth or are breastfeeding twins. Using a pillow may help to support your baby at the breast.*

*Cradle position is what many people think of as the most common way to breastfeed. This is where you cradle your baby across your lap with your baby facing you – tummy to tummy. Your baby's head rests on your forearm with his back along your arm. Use pillows to support your baby to the level of your breast. This position is often most useful for an older baby who is breastfeeding well. An older baby no longer needs pillows.*

*Side-lying position allows you to rest while your baby is breastfeeding but can take more time to master. In this position, you and your baby lie on your sides facing each other. Your baby can be cradled with your arm on his back.*

*It is important that you and your baby find a way to breastfeed that works for you. Try different positions to see what works well. You don't have to use them all! The positions you and your baby prefer may change as your baby gets older.*

## **6. Latching Your Baby**

*"How the baby latches to the breast is important.*

*Regardless of the position used for breastfeeding, your baby should be tucked in close – tummy to tummy and chest to chest – with her head tipped back slightly. Your hand should support your baby's shoulders without any pressure on your baby's head.*

*Some babies can latch or attach to the breast all by themselves or with little help. Other babies need more support.*

*With your baby's chin against your breast, direct your nipple towards your baby's nose. Gently tickle the baby's mouth with the breast, lightly brushing your breast back and forth. This encourages your baby to open her mouth. When your baby opens wide, bring baby to your breast, keeping your nipple high in her mouth.*

*If you are having difficulty helping your baby feed at any time, try putting her skin-to-skin while you lie back supported with pillows. This mother is laying back with her baby between her breasts. The baby's body is moving towards the breast with her face moving back and forth until she finds the breast. She then opens her mouth wide enough to grasp a large mouthful. This is often how babies latch the very first time they feed.*

*The size of your breasts can also change how you help your baby latch. This mother has larger breasts. She uses her hand to support her breast to make it easier for her baby to latch. She keeps her fingers well back from the areola so that her baby is tucked in very close to her. This mother has smaller breasts and does not need to hold her breast for her baby to latch.*

*Watching your baby's feeding behaviours will give hints as to how well she is feeding. Once your baby has latched, she will start to suck. After a brief pause, the rhythm of sucking changes. The movement of the chin and jaw gets noticeably bigger and the muscles by your baby's temple move. Listen for your baby's swallowing, you may be able to hear a 'ca' sound. When your baby is feeding well, there will be several bursts of sucking and swallowing.*

*This baby is not feeding very well. He continues to suck with small, quick movements of his jaw and with very little swallowing. This may mean that he is not latched well or is too sleepy to feed.*

*When your baby is finished feeding, she will let go of the breast and appear content. Your nipple should look round and pulled out. It should not look flattened or 'squashed'. A misshapen or damaged nipple usually indicates a poor latch. This may cause the nipple to get increasingly sore and may prevent a damaged nipple from healing.*

*Other signs that your baby is feeding well include **enough** wet and poopy diapers, and being content after most feedings."*

## **7. Cup Feeding and Other Feeding Methods**

*"Sometimes breastfed babies need additional milk. The first choice is mother's own expressed milk. If this is not available, the next best choice is pasteurized donor milk – ask about the availability of donor milk in your hospital or community. If pasteurized donor milk is not available, formula can be provided.*

*In the early days, when only a small amount of colostrum (your first milk) is produced, a spoon usually works well to feed your baby. Hold your baby upright supporting her head and place the spoon against her lips to gently feed. Once you are producing a larger amount of milk, you can usually feed your baby additional milk using a small cup. Wrap your baby's*

*arms lightly with a blanket to keep her from knocking the cup. Then, hold your baby upright in a sitting position supporting her head and let your baby control how much milk to take in at a time. After cup feeding unwrap your baby.*

*If the baby is able to latch on to the breast, the additional milk can be given at the same time as breastfeeding. This can be done by placing a small feeding tube into your baby's mouth alongside the breast so that your baby receives the extra milk. Ask for assistance from a knowledgeable health care provider.*

*For a breastfed baby, a bottle can be used, but you are encouraged to try other methods first. Using a bottle before breastfeeding is well-established can make breastfeeding more difficult."*

## **8. Hand Expressing Milk**

*"Hand expression is an important skill for all mothers to learn. It is useful in many situations – you don't need special equipment or electricity.*

*In the first 3 to 4 days after the birth of your baby, hand expressing your colostrum (your first milk) for a few minutes after each feeding will help you learn how to express milk and give your breasts extra stimulation. Stimulation of your breasts helps your body make milk, which is especially important if your baby is not feeding well. If this is the case, you can give your baby the expressed drops of colostrum to encourage her to feed. You can also massage colostrum onto your nipples and let them air dry to help keep them from becoming sore.*

*Around day 3 or 4 after birth, some women experience breasts that are very full and uncomfortable, also known as engorgement. The breast can be so full that your baby has difficulty latching. You can express a little milk to soften the breast, making it easier for your baby to latch and feed. If your baby is small, preterm, or not feeding well, the expressed milk can be given to your baby using a spoon or cup. Feeding your baby frequently, every 2 to 3 hours in the first few days, helps prevent your breasts from becoming engorged.*

*How to hand express:*

*Many women find it helps to use warmth, such as a warm wet towel or diaper, before starting to hand express. If your baby is with you, a skin-to-skin cuddle is a great way to 'apply warmth' and to help stimulate the let-down of your milk. Next, you want to gently massage your breasts. There are many different ways to do this. Experiment to see what works for you.*

*To express your milk, start by placing your fingers at the edge of the areola (the coloured area surrounding the nipple) or about 1 and 1/2 inches from the base of the nipple. Press your hand back into your chest wall. Then, gently squeeze your fingers together without*

*sliding your fingers down your breast. As you continue to hand express, drops of milk will start to flow. Press, gently squeeze, and release - repeat several times and then move your finger positioning.*

*It is important to move your fingers around the areola in a circle to express from different parts of your breast. Switch from one breast to the other every few minutes.*

*This mother is expressing in the first 24 hours after birth. Many mothers do not get any or just a few drops of colostrum the first few times they try. This is normal. The second mother is able to express more colostrum. Partners can help collect the drops of milk with a spoon. Milk supply will increase over the early weeks. The third mother has an older baby and she has an established milk supply. She expresses into a clean container.*

*Learning to do hand expression takes practice. Do not be surprised if you do not see anything the first few times you try. It does not mean that you do not have colostrum in the breast – it just takes time to get the sticky colostrum flowing.*

*Like many mothers, you may find that once you learn to hand express, you can get as much milk, if not more, by hand expressing as you can with a pump. It makes sense to wait until after birth to see what you may need. If there is a temporary problem where you need to pump, a rental pump may be your best choice.”*

## **9. Expressing Milk for a Preterm or Ill Baby**

*“If for medical reasons your baby cannot stay with you after birth, it is important to start hand expression as soon as possible. It is recommended to start hand expression within the first hour and definitely within the first 6 hours after birth.*

*If you have a preterm baby - a baby born before 37 weeks - or a small baby who is not breastfeeding or feeding well, you may need to combine hand expression AND pumping. For the first 24 hours, it may be easier just to use hand expression, as colostrum (your first milk) is very sticky. Hand expression helps collect the precious drops of colostrum that are produced. After the first 24 hours, combining hand expression and pumping will help stimulate your breasts so that your body produces more milk. To mimic how often your baby feeds, express your milk at least 8 times in a 24 hour period, including during the night.*

*When combining hand expression and pumping, start as you would with hand expression: apply warmth, massage your breasts, and gently rub your nipples. Then use a breast pump to express milk from both breasts. While pumping, use your hand to compress the breast. Once you are finished pumping, continue to hand express to help collect the remaining milk.*

*You can use a single pump or a double pump. Some women like the single pump, as they find it is easier to compress their breasts while pumping. Other women find the double pump quicker, as they can pump both breasts at the same time. See what works best for you.*

*Most women don't need an electric pump. If your baby is not able to feed well enough at the breast and you need to express milk for every feeding, an electric pump will be very helpful. Renting a pump is cheaper if you're expressing for a short time. If you need to pump for about 3 months or longer, consider buying an electric pump.*

*Consult a health care provider if you have questions about pumps or which one might be best for you.*