



Breastfeeding
Committee
for Saskatchewan

www.thebcs.ca

Important:

Start breastfeeding as soon as possible. Place baby skin to skin against mother's chest to help baby learn where to find food.

Learn how to do breast massage and hand expression.

Encourage frequent nursing. Baby's tummy is very small.

Avoid infant formula unless there is a medical indication for more intake.

For further information contact:

Local Public Health Nurse

International Board Certified
Lactation Consultant (IBCLC)

Local breastfeeding support
Group

Saskatchewan HealthLine 811

DO FULL TERM HEALTHY BABIES NEED A SUPPLEMENT IN THE FIRST FEW DAYS?

The W.H.O. (World Health Organization) and UNICEF recommends initiating skin-to-skin and breastfeeding within the first hour of life, exclusive breastfeeding for six months, and continuing breastfeeding (along with appropriate complimentary foods) up to 2 years of age and beyond.¹

Most babies are born with extra calorie and fluid stores to last up to 36 hours and more. At birth their stomach is very small (a little larger than your thumbnail). They may be sleepy, mucousy and not interested in nursing for about 24-48 hours.

Breastfeeding is a learning experience for both mom & baby.¹

1. Start early – Let baby lay on mom's tummy skin-to-skin, between breasts as soon as possible after baby is born. Babies may nuzzle, lick, sleep or latch and nurse well.
2. Wake a sleepy baby if needed. Many babies do not know they need food for many hours. If babies are sleepy, gently wake and give them the opportunity for skin to skin and to nurse. It is recommended that all babies are offered the breast at least eight times in 24 hours. Most babies wake up and get hungry by 24-36 hours old. Then they begin to feed often which helps to build mom's milk supply.
3. Positioning and latch – comfortable positioning and latch are important for milk production, infant growth, and prevention of soreness. Care providers need to help both mom and baby learn together how to nurse comfortably.
4. Encourage frequent baby-led (cue-based) feedings – some "cues" are: rapid eye movement (while sleeping), waking, stretching, stirring, hands-to-mouth or sucking, licking and rooting. Let the baby nurse as long as they are drinking well and it is comfortable for mom.
5. Lots of mommy-baby togetherness – in the same room, doing lots of skin to skin. That means baby in diaper only on mom's bare chest. This teaches baby where to find food.
6. Breastfeeding/Breast milk – It is recommended that baby receive only breast milk unless there is a medical indication for other fluids (see table 2). Supplementation may interfere with milk production and the baby learning how to nurse.

By promoting, protecting and supporting breastfeeding we may prevent the introduction of a supplement.

Are there risks to artificial feeding?

Artificial feeding is proven to alter biological functioning in infancy and adulthood, to increase the risks of infectious inflammatory disease, and to alter immune function in childhood and adulthood (see table 1).²



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Important:

When a supplement is indicated use an alternative feeding method that helps to keep baby learning how to breastfeed.

Initiate massage, hand expressing and pumping to build and maintain mom's milk supply. Feed baby expressed breast milk as available.

Health Canada promotes breastfeeding as the best method of feeding infants as it provides optimal nutritional, immunological and emotional benefits for the growth and development of infants.

<http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/prenatal/overview-apercu-eng.php>

References:

1. WHO UNICEF 2009. Acceptable medical reasons for use of Breastmilk substitutes
2. <http://www.infactcanada.ca/RisksofFormulaFeeding.pdf> 2006
3. Breastfeeding Medicine 2008, Volume 3 Number 4
4. Breastfeeding and Human Lactation, 5th Edition 2016

TABLE 1

Artificially-fed Children are at a greater risk of:

- **GASTRO-INTESTINAL ILLNESSES**
 - Gastroenteritis
 - Crohn's disease
 - Celiac disease
 - Necrotizing Enterocolitis
- **RESPIRATORY DISEASE**
 - Bronchiolitis/Bronchitis
 - Wheezing/Asthma
 - Otitis media and ear infections
- **DIABETES**
- **ORTHODONTIC DEFECTS**
- **FOOD ALLERGY AND INTOLERANCE**
- **OBESITY**
- **CHILDHOOD CANCERS**
- **SIDE EFFECTS OF ENVIRONMENTAL CONTAMINANTS**

<http://www.infactcanada.ca/RisksofFormulaFeeding.pdf> 2006.

TABLE 2

Acceptable Medical Reasons for Supplementation

The indications for supplementation are few. Suggested indications for giving fluids or food in addition to, or in place of breast milk – as outlined in WHO/ UNICEF's 2009 Acceptable medical reasons for use of breast-milk substitutes – are the following:

- Infants with low blood sugar that does not improve with increased effective breastfeeding
- Infants born weighing less than 1500g (very low birth weight)
- Infants born at less than 32 weeks gestation (very premature)
- Infants whose mothers are severely ill
- Infants with certain inborn errors of metabolism (phenylketonuria)
- Infants with dehydration that does not improve with increased effective breastfeeding, and
- Infants whose mothers are taking medication contraindicated with breastfeeding

WHO UNICEF 2009. Acceptable medical reasons for use of Breastmilk substitute

Encourage baby to feed early and often. If baby is not nursing well or not nursing often (at least eight times in 24 hours), hand expression and pumping may be recommended to build a supply of milk to feed baby. Hand expressing is an excellent way to stimulate production and to collect colostrum rich in nutrients and antibodies. This small amount can be fed to baby.

When supplementation is indicated...fresh expressed mother's milk is recommended. Pasteurized donor breast milk (if available) is the second choice and commercially-prepared cow's milk infant formula is the third choice.³

Bottle feeding which may **interfere** with baby learning how to latch well can be avoided by using a number of alternative methods such as a lactation device, cup feeding or finger feeding. Encourage and help mothers to establish lactation through learning massage, hand expression and pumping.⁴