

## Feeding your infant: Feeding tips to help you achieve your goals.

---

### **Newborn latch basics**

- 1- Feed your baby based on hunger cues.** Avoid schedules or timed feeds.
  - 2- Get a comfortable position; avoid hunching over.** Your comfort is important and matters in the long term success of breastfeeding.
  - 3- Hold your baby by the base of the skull.** Avoid pushing your baby's head towards the breast.
  - 4- Shape your areola like a sandwich.** Bring your baby to the breast by touching your baby's nose or top lip with your nipple, wait for a wide open mouth.
  - 5- Bring your baby's chin to the breast and nose off the breast.** Push through your baby's shoulder blades, not the head. Chin touches the breast first!
  - 6- Watch for drinks** (longer pauses in the chin). **Add breast compressions** when your baby nibbles (fast sucks) and the drinks have slowed down. **How to add breast compressions:** when your baby nibbles, squeeze and hold a compression next to your rib cage, far from the areola. Relax the compression when your baby takes a break.
  - 7- Offer both breasts or multiple sides:** Switch sides sooner when compressions are no longer effective -- when the drinks slow down and your baby is mostly nibbling even after adding compressions. Offer as many sides as needed to help your baby keep drinking.
- PAIN-** Sore nipples are unfortunately very common but not normal. Breastfeeding or pumping should not hurt, not even the initial latch. You can apply your expressed breastmilk or some emollient to soothe your nipples, like coconut oil or olive oil. Cover your breasts and avoid air drying to prevent scabbing. If you experience breast pain, sore or cracked

nipples, look for experienced lactation support from an IBCLC to help you with latching and/or sizing your pump flanges and help you with pumping management.



*Feeding in cradle hold, leaning back. Get support to learn different comfortable positions*

**If your baby needs supplementation (expressed breast milk, donor milk or formula):**

Rule number one: Feed your baby. Your baby needs to be fed sufficiently to grow well.

If you need help with latching your baby and supplementation has already been indicated, getting good IBCLC support could also be beneficial to learn other ways to feed and supplement your baby depending on what your goals are: supplementing at the breast using a lactation aid, cup feeding (you can use a medicine cup or shot glass), finger feeding via syringe or lactation aid, or spoon feeding. Our goal is to protect YOUR goals and what works best for you as a family.



Ideally, **if a baby is being fed AWAY from the breast** (via cup, finger feeding, spoon, paced bottles...) milk should be removed from the breasts effectively and efficiently to send the breasts the message to keep producing milk and to protect and increase your milk supply. You can do that by **hand expressing or pumping your breasts. Pumping or hand expression after a feeding is**

**important whether a baby is supplemented away from the breast or if the full feeding is away from the breast.** Watch the following video the basics of hand expression. Hand expression can be even more effective than pumping during the first month of your baby's life: <https://vimeo.com/65196007> Picture: Baby supplemented at the breast using a Lactation Aid, while adding a breast compression.

**If bottles are introduced, learn how to pace the feeds: PACED BOTTLE FEEDING**

**1- Follow your baby's cues:** If your baby has surpassed their birth weight, feed your baby based on hunger cues rather than scheduled feeds (early hunger cues: smacking lips, rooting. Mid cues: stirring the head, fist to mouth. Late hunger cue: Crying).

**2- Hold your baby in an upright position.** Offer the bottle to your baby rather than pushing the bottle into your baby's mouth: touch your baby's top lip side to side with the plastic teat, to elicit the rooting response. Wait for an open mouth and let your baby reach for the bottle. Your baby would need to get a deep latch at the base of the teat.

**3- Delay the letdown at the bottle:** When the baby "latches" at the bottle, do not offer the milk right away. Wait for a few seconds, let your baby nibble (fast sucks) without milk and then offer the milk.



**Place the bottle horizontal to the floor,** you would need to see there is half air and half milk at the base of the nipple teat (as shown on the picture). Let your baby pull the milk out of the bottle, drinking at their own pace, avoid offering a fast and consistent flow.

**4- The caregiver should encourage frequent pauses** and offer to burp as needed. Taking brakes will prevent the baby from guzzling the bottle with the risk of overfeeding the baby. It can also mitigate nipple confusion or flow preference if the parent's goal is to breastfeed. Offering a fast and consistent flow could lead to breast refusal.

**5- If the baby is falling asleep and releasing the bottle nipple before the bottle is empty that means the baby is done;** don't reawaken the baby to finish any amounts left. If the baby leaves any amount behind, that means that your baby took as much as he/she wanted. Always read your baby's cues after feeds: if your baby is fussing or rooting after drinking it all, offer some more milk.

•**Benefits of paced feeds:** Your baby is in charge of volumes with a lower risk of being overfed allowing your baby to develop a better satiety responsiveness. It also helps with minimizing colic-like symptoms, since there aren't large volumes sitting in the tummy. Paced bottle feeding can also decrease risks of bottle preference and breast refusal.

**HOME VISITS-** While you are waiting to be seen at Maple Kidz Clinic for a OHIP covered lactation consultation, or if you need extra support to meet your goals, you can also find private IBCLC support.

Private (in-home, virtual or in-office) appointments can be accommodated. Fees apply. Please note that these 1-o-1 appointments are not OHIP covered. To book an appointment, please contact the IBCLC of your choice directly. Please contact your private insurance provider for reimbursement, depending on your coverage.

- **Maria Romeu, IBCLC** *Bilingual: Services provided in English and Spanish*  
York & Durham Regions and surrounding areas, North York and Scarborough.  
Phone/text: 807 372 0062      [www.bestfeedingwithmaria.com](http://www.bestfeedingwithmaria.com)  
@: [hola@bestfeedingwithmaria.com](mailto:hola@bestfeedingwithmaria.com)
- **Laura Patterson, IBCLC**      York & Durham Regions and surrounding areas  
Phone/text: 905 490 0141      [www.laurapattersonibcllc.com](http://www.laurapattersonibcllc.com)  
@: [oxylovehormone@laurapattersonibcllc.com](mailto:oxylovehormone@laurapattersonibcllc.com)
- **Jandy Beresford, IBCLC**      Durham, Clarington, Toronto, York  
Phone/text: 647-286-7150      [www.jandyberesford.com](http://www.jandyberesford.com) @: [jandyb25@gmail.com](mailto:jandyb25@gmail.com)
- **Ashley Pickett, IBCLC**      Hamilton, Oakville, Milton, Brampton, Mississauga, West Toronto  
Phone: 647-969-0433      [www.ashleypickett.com/contact-me](http://www.ashleypickett.com/contact-me)  
@: [ashley.pickett@hotmail.com](mailto:ashley.pickett@hotmail.com)
- **Giselle Johnston, IBCLC** *Bilingual: Services provided in English and French*  
Toronto and Mississauga

Phone/text: 647-609-9979 @: [touchbase@fullspectrumdoula.ca](mailto:touchbase@fullspectrumdoula.ca)

- **Tristan Kiraly IBCLC:** Newmarket Phone: 647-539-4688 <https://tristan-kiraly-rn-ibclc-lactation-consultant.business.site/>
- **Aibhne Stranks IBCLC:** Vaughan/Richmond Hill
- Phone: 416-809-7984 [www.sagelactation.com](http://www.sagelactation.com) @: sagelactation@gmail.com