Welcoming Baby
and Enjoying a Positive Breastfeeding Experience
A GUIDE FOR PARENTS
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Introduction

Your child will soon be born and you will be sharing his first weeks of life.

This guide will help you prepare for this special time by providing complementary information to the guide titled *From Tiny Tot to Toddler*, given to all parents in Quebec as soon as the mother’s pregnancy is monitored. This invaluable resource is well worth reading.

The guide entitled *Welcoming Baby and Enjoying a Positive Breastfeeding Experience* covers topics recommended by the joint World Health Organization (WHO) and Unicef *Baby-Friendly Initiative* (BFI) program. The Baby-Friendly Initiative (BFI) is an international, care quality program which aims to provide each child with the best possible start in life by creating an environment which is favourable to breastfeeding. BFI is the international standard for quality in breastfeeding, recognized around the world. In Baby-Friendly Initiative-certified institutions, mothers and their babies can enjoy all of the benefits of the BFI program, whether breastfeeding or not.

This guide is intended for all present and future parents in Estrie. The information provided is based on validated data and is the object of a consensus among the health and social services centres (CSSS) in Estrie and of the Centre hospitalier universitaire de Sherbrooke (CHUS). This guide helps to streamline the messages given to parents.
Welcoming Baby and Support for Parents

Welcoming a baby means developing a relationship with one’s child by giving him attention and lovingly responding to his needs. Touching, carrying, rocking, feeding, speaking to and caring for this child are a part of this relationship. The role of parenting is learned every day. Being a parent brings joy, raises questions and requires flexibility and adaptability.

In Quebec, parents on maternity or paternity leave may find it challenging to ask for help, whereas in other parts of the world it is perfectly natural to support new parents. An African proverb says that *it requires an entire village to raise a child*. Parents should therefore not hesitate to ask for help.

It takes a village to raise a child.

A support network to welcome the baby

- Support from friends and family, when efficiently organized and adapted to the needs of the parents, is one of the single most important factors for a positive experience during the first weeks of baby’s life.
- Friends and family play a significant supportive role. Support from the father or from another important person is essential.
- Various types of support from friends and family can be helpful and can even be offered as a gift for the baby - prepared meals, baby-sitting, housecleaning, shopping for groceries, and so on.
Resources to support parents

- Health care professionals accompany parents throughout the pregnancy, at birth and, subsequently, in the maternity ward or birthing home and after the family returns home.
- A perinatal nurse at the CSSS conducts a follow-up with the family once it returns home.
- Community organizations work with families and provide breastfeeding support.
- Breastfeeding drop-in centres (*haltes-allaitement*) and information workshops on infants and breastfeeding are also offered to parents.
- For further information, consult the *Bottin des ressources en périnatalité de l’Estrie* (perinatal resources directory for the Estrie region) given to you at the beginning of monitoring of your pregnancy.

Remember

It is important to plan for your support network to help welcome your baby, and to be familiar with the local resources available to help parents.

My questions: 

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In the womb

- The baby recognizes his mother’s heartbeat, her voice and the voices of his relatives, as well as the flavour and odour of the amniotic fluid.
- He discovers touch and motion.

Skin-to-skin contact and rooming-in

- He breathes.
- Sounds and odours are more varied.
- The light is intense.

Contact peau à peau et cohabitation

Skin-to-skin contact and rooming-in help the baby to adapt to life outside the womb and help to develop the mother-child bond.

- Skin-to-skin contact
  - As soon as the baby is born, the baby is placed on the bare breast of his mother.
  - After this, skin-to-skin contact is encouraged for both mother and father.
- Rooming-in
  - In the birthplace, rooming-in means living in the same room with the baby 24 hours a day.
My questions: _________________________________

Remember

It is important to establish skin-to-skin contact and to room-in with the baby.

Benefits for the baby:

• Helps the baby to stay warm and conserve energy;
• Reassures the baby with familiar sensations such as voices, odours, rocking, etc.
• Encourages interaction with the baby’s parents.
  • Promotes breastfeeding as soon as the baby is ready to feed;
  • Calms the baby and reduces crying.

Benefits for the parents:

• Helps parents to become familiar with the behaviour and personality of their child;
• Helps parents to respond more rapidly to the baby’s needs;
• Allows parents to better identify periods of wakefulness and signs that the baby is hungry.
# Wakefulness, Behaviour and Needs of the Baby

## Characteristics

### Before birth

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>In practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The fetus receives nourishment from the placenta through the umbilical cord.</td>
<td>The mother’s body undergoes tremendous changes to adapt to the baby’s development.</td>
</tr>
<tr>
<td></td>
<td>The mother begins to produce colostrum - the first milk - midway through the pregnancy.</td>
</tr>
</tbody>
</table>

### A healthy, full term birth

#### The first hours of life

<table>
<thead>
<tr>
<th>Innate behaviour can be observed among most babies:</th>
<th>Health care professionals first dry the baby, put a cap on his head, wrap him in a blanket, and evaluate him to make sure that all is well.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- They make distinguishable small sounds or cries.</td>
<td>- <em>The mother can take this special time to engage in skin-to-skin contact with the baby to touch, observe, look at and talk to him.</em></td>
</tr>
<tr>
<td>- They rest.</td>
<td>- <em>The father can see to it that the mother and child are well.</em></td>
</tr>
<tr>
<td>- They wake up.</td>
<td>The baby benefits from the warmth of his mother’s body and experiences sensations similar to those in the womb.</td>
</tr>
<tr>
<td>- They raise their hands to their mouths.</td>
<td>Skin-to-skin contact is beneficial to all babies.</td>
</tr>
<tr>
<td>- They move their heads, mouths and tongues.</td>
<td></td>
</tr>
<tr>
<td>- They raise their heads to observe.</td>
<td></td>
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<tr>
<td>- They crawl towards their mothers’ breasts.</td>
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<tr>
<td>- They latch onto their mother’s breasts.</td>
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<tr>
<td>- They suckle.</td>
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</tbody>
</table>

Each baby discovers at his own pace, marked by repeated pauses.
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>In practice</th>
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<tbody>
<tr>
<td><strong>The first hours of life (cont’d.)</strong></td>
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</tbody>
</table>

The mother and the babies learn to manage breastfeeding on demand.

**Nursing on demand:** means offering the breast to the baby as soon as he is awake and ready to be fed. The baby will feed on average 8 to 12 times every 24 hours.

**Signs that the baby is ready to be breastfed:**
- His breathing changes.
- His eyes move beneath the eyelids.
- He moves his arms and legs and stretches out.
- He raises his hands to his face or mouth.
- He makes sucking movements.

Do not wait until the baby cries to feed him.

The frequency and duration of the periods of wakefulness and his behaviour depend on the baby’s character and health condition.

Whether the baby is born full term or before term, he receives the care required by his gestational age (time elapsed since beginning of pregnancy) and health condition.

The gestational age of the baby has an influence on his sleep-wake cycle.

Parents always receive guidance so that they can fully enjoy their first moments with their newborn.

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<table>
<thead>
<tr>
<th>Between 2 and 24 hours after birth: the postnatal recovery phase</th>
</tr>
</thead>
</table>

The mother begins the postpartum period.

The mother and the baby recover from the delivery and birth, and get to know one another.

Skin-to-skin contact allows the mother to feel or see her baby once he starts moving. She can place him on her breast to fully experience each time the baby is ready to be breastfed.
The baby may or may not be alert enough to suckle.

The baby sleeps a lot, anywhere from three to six hours consecutively.

The mother may give her baby colostrum which she has previously expressed manually.

The baby has sleep-wake cycles and the parents learn to recognize them.

The attending team helps the parents to discover their baby’s behaviour.

Parents learn to:
- *nurse the baby at a favourable time when he is awake*;
- *identify periods of light and deep sleep, and the appropriate moment to put the baby in his crib*.

The attending team encourages the mother to rest while her baby is sleeping.

Rooming-in also enables parents to observe the baby and to quickly respond to his needs (e.g.: feeding, holding him, changing his diapers, etc.).

| The 2\textsuperscript{nd} and 3\textsuperscript{rd} days of life: post-recovery |
|-------------------------------|--------------------------------------------------------------------------------|
| The baby wakes up more often and feeds frequently. | Cluster feedings comfort the baby and increase the production of breast milk. |
| Cluster feedings are followed by periods of deep sleep. | This period of adaptation is intensive for both for mother and child, but is also temporary. |
In summary, the baby goes through three stages during the first days of life.

1. During the first hours of life, the newborn meets his parents and is nursed for the first time.
2. During the post-natal recovery, 2 to 24 hours after birth, periods of wakefulness are brief and seldom.
3. During the days following the recovery, the 2nd and 3rd days of life, the periods of wakefulness are more frequent and feedings are closer together. The mother needs support and encouragement throughout these three periods.

Remember

It is important to immediately initiate skin-to-skin contact during the first two hours following birth and to feed the baby as soon as possible.

Benefits for the baby:
- Helps the baby to stay warm and conserve energy;
- Reassures the baby with familiar sensations. He is calmer and cries less;
- Lets him get to know his parents and allows them to exchange gazes;
- Enables him to instinctively find the breast, latch onto it and feed.

Benefits for the mother:
- Allows her to get to know her baby;
- Promotes the initiation of breastfeeding.

Benefits for the parents:
- Gives them a special time with their baby;
- Allows them to develop a bond with the newborn.
The baby experiences a wide variety of new sensations and needs reassurance.

- **He needs his parents to hold him tenderly.**
- **He needs to interact with his parents for his development. This does not spoil him.**
- **A baby whose needs are rapidly addressed will cry less.**

Sometimes a baby will continue to cry despite receiving the fullest parental care and attention.

To soothe a crying baby:

- Hold him in your arms and rock him gently.
- Initiate skin-to-skin contact.
- Offer him a breast.
- Speak to him, sing him a song, give him a massage or carry him.
- Play soothing music.
- Move around with him or go outdoors or take him for a stroll.
- Give him a bath (some babies love water).
- Wrap the baby in a blanket.
- Hold the baby in the «anti-colic» position.
- Change the baby’s clothes if they seem to cause discomfort.

If the baby’s crying persists, have a trustworthy person give you a hand. The intervention of a health care professional may be warranted under certain circumstances.
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>In practice</th>
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</thead>
<tbody>
<tr>
<td><strong>The first weeks of life</strong></td>
<td></td>
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<tr>
<td>Episodes of wakefulness are irregular and unpredictable. There are periods when the baby wakes up a few times in a row and other times when he sleeps for longer periods.</td>
<td>Skin-to-skin contact and proximity with the parents help the mother and newborn adapt to breastfeeding.</td>
</tr>
<tr>
<td>The baby will feed on average 8 to 12 times every 24 hours. The number of feedings may vary from one day to the next.</td>
<td>Feedings are more frequent or closely spaced at certain times of the day (cluster feeding) than at other times.</td>
</tr>
<tr>
<td>The mother nurses on demand.</td>
<td>The mother nurses on demand.</td>
</tr>
</tbody>
</table>

| **Over the following weeks** | |
| The baby continues to adapt to his family and to his environment. | The parents are more familiar with their baby, his mood and his behaviour, including his tendency to: |
| | - Wake up suddenly or gradually; |
| | - Demand to be breastfed immediately or only after some cuddling. |
| The parents are aware of the best moment to: | |
| - Offer to breastfeed the baby; | |
| - Hold him; | |
| - Change his position or his diaper. | |
| The parents recognize signs that their baby is tired. | |
| No two babies are alike, even those in the same family. | |
Remember

It is important to feed the baby upon demand.

Benefits for the baby:
• Allows him to learn to suckle as soon as he is awake and ready to be fed;
• Enables him to feed himself sufficiently and at his own pace (on average 8 to 12 times every 24 hours);
• Promotes optimal growth.

Benefits for the mother:
• Allows her to stimulate, to increase and to maintain milk production to meet her baby’s requirements;
• Provides her with the necessary flexibility for cluster feeding.

My questions: 

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4.

Feeding

When the baby shows signs that he is ready to be breastfed, the mother sits down comfortably.

- She assumes a breastfeeding posture that is adapted to the circumstances.
- She makes sure that her back and arms are relaxed.
- She holds the baby against her body.
How do you recognize a good latch?

- The baby’s mouth is wide open.
- The mouth covers not only the nipple but a large section of the areola.
- The lower lip covers a larger part of the areola than the upper lip.
- The chin touches the breast and the baby’s nose is free.
- The mother should not feel any pain.

For further information, read the «Breast-feeding, step by step» section in the From Tiny Tots to Toddlers guide.

How do you tell if the baby is sucking effectively?

To determine whether the baby is sucking effectively, look at his jaw and observe the sucking motions.

- When he begins to feed, the baby’s sucking motions are quick and light.
- As milk starts flowing into his mouth, his movements become slower and deeper. It is then possible to see and hear the baby swallowing.

How can you tell if your baby has ingested sufficient breast milk?

- A full-term baby will wake up often and may experience clustered periods of wakefulness.
- A vigorous baby will seek to interact with his mother and will feed effectively, on average 8 to 12 times every 24 hours.
- As the baby approaches his 5th day of life, he will wet at least six diapers with clear urine and eliminate about three yellow grainy stools every 24 hours.
- During the first days after the delivery, the baby may lose some weight. He will gradually regain that weight and achieve his initial birth weight between the 10th and 14th days.
- With time, parents may notice that the first pyjamas are becoming too tight.

A perfectly healthy baby usually shows signs of satisfaction after he is nursed. He is calm and relaxed but does not necessarily sleep. The older he gets, the longer he can stay awake.
My questions: ___________________________
Conditions for Successful Breastfeeding

A number of conditions can improve breastfeeding

- Skin-to-skin contact with the mother during the first two hours immediately following birth;
- Early initiation of breastfeeding;
- Rooming-in 24/7 at the birth site;
- Breastfeeding on demand: frequent nursing when baby shows signs of wakefulness and of being ready to suck (8 to 12 times every 24 hours on average), which helps to stimulate sufficient milk production;
- A comfortable position for both mother and child and appropriate latching during feedings;
- Breastfeeding exclusively: feeding the baby with maternal milk only, with no other foods or beverages - even water. Vitamins, minerals and medications can be given when recommended by a health care professional;
- Avoidance of pacifiers and baby bottles until breastfeeding has settled into a pattern. Even when a breastfeeding pattern is established, bottle feeding can result in premature weaning;
- Support from spouse, relatives, professionals and community groups.

Practices which can undermine breastfeeding

- Nursing the baby according to a schedule or timing or limiting the duration of feedings.
  - can reduce the number of effective feedings and milk production because the signs of wakefulness and hunger showing he is ready to nurse are not respected.
- Using a pacifier or a baby bottle before the breastfeeding pattern is thoroughly established (first 4 to 6 weeks).
  - can mask the signs that the baby is ready to be nursed and also further lengthen the time between feedings, which may contribute to:
    - reducing the total amount of milk ingested by the baby;
    - reducing the stimulation of the breasts and consequently milk production.
  - Using a baby bottle also decreases breast stimulation.
To generate sufficient milk production, it is important to nurse the baby frequently, on average 8 to 12 times every 24 hours, while being alert to the baby’s signs of wakefulness and hunger.

It is important to avoid giving the breastfed baby a pacifier or a bottle during the first weeks of life.
My questions:

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6. Health Benefits of Breastfeeding

Breast milk is specially designed to feed the baby. It is the one and only milk truly adapted to baby’s needs.

Breast milk contains more than 200 components which change in relation to the baby’s age and specific requirements. The longer the breastfeeding period, the greater the protection. Even a small amount of breast milk can make a great difference:

Specific effects of colostrum, the first milk (thick yellowish fluid)

- Colostrum is just what the newborn needs. It is very rich in proteins, vitamins and minerals.
- It helps to develop intestinal flora.
- It provides large numbers of antibodies and thereby confers early protection against many diseases.

Effects of breast milk on the child

- Ensures optimal growth and development of the infant and young child;
- Reduces the risk of suffering from infectious diseases, including otitis, gastroenteritis and respiratory infections;
- Particularly reduces the risk of childhood cancers such as leukemia, as well as the risk of childhood obesity, diabetes, sudden infant death syndrome (SIDS).

Benefits of nursing for the mother

- Reduces the risk post-partum hemorrhaging;
- Delays the return of menstrual periods (less likelihood of anemia);
- Particularly reduces the risk of breast and ovarian cancer and diabetes.
Other benefits of nursing

• The possibility of feeding the baby anywhere at any time as long as he is with his mother;
• The constant availability of breast milk, the conservation of which is both easy and optimal;
• Fewer consultations with the physician and nights at the hospital for baby;
• Fewer absences from work for the mother.

Remember

To improve the health of both mother and baby, it is recommended that you:

• Exclusively breastfeed the baby during his first six months of life;
• Continue nursing the baby and add complementary foods until he reaches two years of age and older.
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Potential Effects of Not Breastfeeding

Formula-fed babies and their mothers do not gain the health benefits associated with breastfeeding.

Commercial infant formulas are not equivalent to breast milk

- They are not made with human milk but rather most commonly with cows’ milk to which vitamins, minerals and other nutrients have been added in a laboratory.
- Infant formulas contain substances which are harder to digest than breast milk.
- They provide neither antibodies nor protection from bacteria, viruses and parasites. They do not contain growth factors or white blood cells which the baby needs to grow and to protect him from diseases.

Using commercial infant formulas

- Involves considerable expense; depending on the product purchased, it may cost anywhere from $1,500 to $5,000 annually to feed a baby.
- Presents a potential risk of contamination or error during manufacturing or preparation.
- Requires time and effort to prepare and keep the formula as well as to clean and sterilize the baby bottles and nipples.

My questions: ____________________________

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Nursing in Special Circumstances

Sensitivity and nipple pain

- During the first week after the delivery, the nipples may be sensitive at the beginning of feeding. Breastfeeding should not be painful.
- The most common cause of nipple pain during feeding is incorrect latching or positioning.
- To prevent nipple pain, remove the baby from the breast by gently insert a finger into the corner of his mouth.

Lactation

Lactation is a normal process in breastfeeding. It occurs between the second and fifth days after delivery. Discomfort caused by engorgement of the breasts during lactation usually lasts between 24 and 48 hours. If the engorgement persists (heavy, tight, painful breasts), do not hesitate to ask for help.

- Nurse frequently both day and night, on average 8 to 12 times every 24 hours.
- Make sure that the feedings are effective.
- Soften the breasts by expressing a little milk before feedings.
- Apply a cold compress to the breast for 10 minutes after feeding the baby.
- Take acetaminophen whenever necessary (e.g., Atasol™, Tylenol™) or ibuprofen (e.g., Advil™, Motrin™)
- Express milk after feedings whenever necessary to relieve breasts.

In the event of mother-baby separation or when baby cannot be nursed

The mother can initiate and maintain her milk production and give her milk to her baby.

- Manual expression makes it possible to obtain colostrum or milk.
- Start expressing breast milk six hours after the delivery. Express milk about 8 times every 24 hours.
- The mother can combine a variety of methods to increase milk production, including manual expressing her milk or using a reliable breast pump. To find out more, consult a health care professional.
Remember

Don’t be shy to ask for help when dealing with an unfamiliar situation!

My questions: 

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The Manual Expression of Breast Milk

It can be useful to manually express breast milk at the beginning of nursing and in other circumstances to:

- encourage the baby to suckle. Stimulate wakefulness during the first days of life by putting some colostrum or milk on the baby’s lips;
- relieve engorged breasts (overfilled breasts);
- have a reserve of milk available when going out;
- add expressed milk to cereal;
- etc.

Milk can be expressed manually anywhere at any time. It requires no purchase of special equipment or devices.

How to express, gather and keep colostrum or milk effectively

- Ask a nurse, physician, midwife or other breastfeeding resource person. For further information, read the From Tiny Tots to Toddlers guide.
My questions: __________________________________________

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10.

Useful links

From Tiny Tot to Toddler
www.inspq.qc.ca/tinytot

Ministère de la Santé et des Services sociaux – santé publique – allaitement
www.msss.gouv.qc.ca/sujets/santepub/allaitement.php

Public Health Agency of Canada
www.publichealth.gc.ca/breastfeeding

Association québécoise des consultantes en lactation diplômées de l’IBLCE
www.ibclc.qc.ca

La Leche League Canada
www.lllc.ca

La Leche League International (information available in various languages)
www.lalecheleague.org

Fédération québécoise Nourri-Source
www.nourri-source.org

Newman Breastfeeding Clinic and Institute (information and videos available in various languages)
www.nbci.ca

Projet Allaiter partout... simplement!
www.allaiterpartout.com
Follow-up Guide for Parents

Here is the list of topics covered in your Welcoming Baby and Enjoying a Positive Breastfeeding Experience guide. We invite you to check the subjects which you have read or which were covered during your follow-up with your health care professional.

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<th>Before birth</th>
<th>Post-partum</th>
<th>Notes</th>
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<td>1. WELCOMING BABY AND SUPPORT FOR PARENTS</td>
<td>A support network to welcome baby</td>
<td>✔️</td>
<td>✔️</td>
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<td></td>
<td>Resources to support parents</td>
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<tr>
<td>2. GETTING TO KNOW BABY</td>
<td>Skin-to-skin contact and rooming-in</td>
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<td>✔️</td>
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<td>3. WAKEFULNESS, BEHAVIOUR AND NEEDS OF THE BABY</td>
<td>The first hours of life</td>
<td>✔️</td>
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<td></td>
<td>Between 2 and 24 hours after birth</td>
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<td></td>
<td>The 2\textsuperscript{nd} and 3\textsuperscript{rd} days of life</td>
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<td>The first weeks of life</td>
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<td>The following weeks</td>
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## 4. Feeding

<table>
<thead>
<tr>
<th>Question</th>
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<tr>
<td>How do you recognize a good latch?</td>
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<tr>
<td>How do you tell if the baby is sucking effectively?</td>
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<tr>
<td>How can you tell if your baby has ingested sufficient breast milk?</td>
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## 5. Conditions for Successful Breastfeeding

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<thead>
<tr>
<th>Topic</th>
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<tr>
<td>Many conditions can improve breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practices which can undermine breastfeeding</td>
<td></td>
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</tr>
</tbody>
</table>

## 6. Health Benefits of Breastfeeding

<table>
<thead>
<tr>
<th>Topic</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Specific benefits of colostrum</td>
<td></td>
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</tr>
<tr>
<td>Effects of breast milk on the child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits of nursing for the mother</td>
<td></td>
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</tr>
</tbody>
</table>

## 7. Potential Effects of Not Breastfeeding

<table>
<thead>
<tr>
<th>Topic</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Commercial infant formulas are not equivalent to breast milk</td>
<td></td>
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</table>

## 8. Nursing in Specific Circumstances

<table>
<thead>
<tr>
<th>Topic</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity and nipple pain</td>
<td></td>
<td></td>
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<tr>
<td>Lactation</td>
<td></td>
<td></td>
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<tr>
<td>Mother-baby separation or when baby cannot be nursed</td>
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<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Topic</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>The utility of manual expressing breast milk in various circumstances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to express colostrum or milk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This document has been produced thanks to a partnership involving the following organisations:

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Centre de santé et de services sociaux des Sources
Centre de santé et de services sociaux du Granit
Centre de santé et de services sociaux du Haut-Saint-François
Centre de santé et de services sociaux du Val-Saint-François
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