

## First Visit Guide: Newborn

Maple Kidz Clinic  
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905-303-0304

At the first visit we will obtain a detailed history of your pregnancy labor and delivery and do a detailed examination of your newborn baby. We will monitor how well feeding is going. We will welcome your questions and offer you advice. Some things to remember:

- Breast milk is the most ideal food for your baby. There is not usually a lot of milk the first few days and you may not notice the colostrum that is there. This colostrum is highly nutritious and is enough for your baby! Your baby does not need the large volumes of milk these first few days and usually will not require an additional supplement. Keep feeding from the breast! Your doctor will ensure that your baby is getting adequate nutrition and may reassure you, or offer some advice. We have included some useful breast feeding resources on the accompanying page.
- Water, sugar water, chamomile are **never** adequate substitutes for milk and will not help your baby. They should not be given to your newborn baby.
- It is normal to lose up to 10% of your baby's birth weight in the first few days, as your baby loses some of the excess fluids from your pregnancy. Your baby is usually back to the birth weight by the 10th -14th day. Your doctor will monitor your baby's weight these first 2 weeks and advise you if there are concerns.
- Your baby was not born knowing a schedule. Your baby may not know any of the rules that you may have been given in the nursery. It may not be necessary to feed both breasts each time. Your baby may not be able to wait 3 hours before the next feed and should be put on the breast when hungry. If your baby is feeding well it may go longer than 3-4 hours between feeds.
- Breast fed babies are advised to start Vitamin D drops 1.0ml (400 IU) within the first few weeks. There is no need to start these drops the first few days if you are already struggling with feeding. Wait until the feeding is going well before you start these drops.
- Formula fed babies are advised to use **iron fortified** formula. Prepare the formula exactly according to the directions on your formula. Do not add excess water. Additional vitamins are not necessary.
- Your baby's umbilicus will gradually come off within the first few weeks. It may have some oozing of blood after it comes off. We no longer recommend alcohol or iodine to the cord and a daily bath is probably the best way to keep the cord clean. If the surrounding skin becomes red and tender or foul smelling please contact your doctor.
- We advise that you avoid perfumed products the first few months. "Baby" products including soaps, powders and lotions are usually highly perfumed and may irritate your baby's skin. Fabric softeners and perfumed detergents should be avoided on your baby's clothes and remember that those same products on your own clothes and linens may be against your baby's skin and may irritate.
- Your baby should not be put to sleep on its stomach! There is a strong relationship between prone sleeping position and Sudden Infant Death Syndrome (SIDS). Your baby should be put to sleep on its back or side only please.
- Babies make noises! Snorting, hiccupping, sneezing, are all examples of noises babies commonly make. Choking type noises, noises associated with difficulty feeding, or with difficulty breathing, laboured looking respirations or poor colour should all be checked by your doctor.
- In the first 4 months any fever above 38 degrees rectally should be checked immediately. Get used to the normal warmth of your baby and how your baby normally appears. If your baby appears more irritable or uncomfortable or has an unusual colour or different cry and feels warmer to the touch then check your baby's temperature. If the rectal temperature is 38 degrees or more please have your child checked immediately.
- All newborns in Ontario should have a newborn hearing screening test. This test may have been done in the hospital or alternatively it should be done via the Regional Infant Hearing Screening Program. You may arrange an appointment for a hearing screening test by calling:  
**In Toronto: 416 338-8255**  
**In York Region: 1-888-703-5437**  
**In Peel Region: 905-820-7111**

Today's Weight is: \_\_\_\_\_ kg      Your Baby's next appointment is: \_\_\_\_\_

**Breast Feeding Resource List**

## Breastfeeding Clinics

York Region Public Health (Health Connection) 1-800-361-5653  
(Phone link to health information and programs offered)

Humber River Regional Hospital: Rosemary Jansons RN 416-747-3887

Peel Public Health Breastfeeding Clinics (Brampton, Bolton, Malton, Mississauga) 905-799-7700  
<http://www.peelregion.ca/health/commhlth/breastfeed/clinic-services.htm>

Birth Experience Breastfeeding Clinic and other services (Brampton) 905-456-2396  
[www.birthexperience.com](http://www.birthexperience.com)

Dr. Jack Newman: To book an appointment at the breastfeeding clinic email [breastfeeding@ccnm.edu](mailto:breastfeeding@ccnm.edu) and respond to the auto reply.

Mackenzie Health Hospital - Breastfeeding Clinic - Outpatient appointments available (905) 883-1212 ext. 2772

## Other Community Resources

- La Leche League Canada <http://www.lllc.ca/> or International <http://www.lalecheleague.org/>  
Breastfeeding telephone advice/support near your area call: 1-800-665-4324  
La Leche League Toronto West support line 416-483-3368
- York Central Hospital  
Breast feeding and postpartum concerns 905-883-2532
- Post-natal Classes (YCH)  
"And Baby Makes 3"/Infant Stimulation/Infant Massage 905-883-2229
- Hospital for Sick Children "Mother Risk" (Tel. advice re use of medications when breastfeeding) 416-813-6780

## Lactation Consultants (fee for service)

Anne-Marie Desjardins 416-295-8441 (pager)  
Edith Kernerman 416-895-5545 [breastfeeding@sympatico.ca](mailto:breastfeeding@sympatico.ca)  
Suzanne MacKinnon 905-668-2906 [mackinnonsuzanne@rogers.com](mailto:mackinnonsuzanne@rogers.com) (Durham & beyond)  
Timea Szalay 416-627-7485 or 705-431-7785 [www.gentlemothering.ca](http://www.gentlemothering.ca)  
[timea@gentlemothering.ca](mailto:timea@gentlemothering.ca)

## Breastfeeding Websites

Jack Newman Breastfeeding Articles & Videos: [www.breastfeedingonline.com](http://www.breastfeedingonline.com) or [www.drjacknewman.com](http://www.drjacknewman.com)  
Articles, Videos, Finding a Lactation Consultant and other resources:  
<http://www.breastfeeding.com/directory/states/canada.html>  
International Lactation Consultant Association: [www.ilca.org](http://www.ilca.org)  
Breastfeeding Committee for Canada: <http://breastfeedingcanada.ca/html/links.html>

# Tips for Breastfeeding



Breastfeeding is recommended as the main food for babies up to 4-6 months of age. However, breastfeeding can be difficult for some mothers, so this handout is meant to give some tips on some common questions/issues. Please speak to your pediatrician if you have further questions.

## Breastfeeding Cues

- Early: hand to mouth movements, moving head side to side, rooting
- Mid: moving more and more, stretching, cooing/sighing sounds
- Late: crying, agitated movements, turning red

## Signs that the Baby has Latched/Feeding Well

- Breastfeeding does not hurt, and your breasts feel empty afterwards
- Baby's mouth is wide open with flared lips (like a fish mouth)
- Baby's cheeks and chin should touch the breast
- Baby has a strong slow regular suck and you can hear swallowing

## Waking a Sleeping Baby

- If the room isn't cold, take off the baby's clothing to expose to cool air
- Kangaroo care: hold upright between your breasts, skin to skin
- Lay baby on his/her back on a hard surface and rock gently from side to side
- Dab forehead with a sponge dampened with cool water
- Rooting reflex: lightly rub your nipple on the baby's lip to prompt them to open their mouth and start sucking

## How to Discourage Biting

- As soon as the baby starts to bite, break the latch with your finger and withdraw your breast.
- As you do, look the baby in the eye and say "no" firmly but gently. Do not smile, try to look sad.
- Put them down, and come back in a moment to continue a feed if necessary. The interrupted feed will help teach that biting is not acceptable.

## How to Bottle-Feed the Breastfed Baby

1. Use a straight bottle, preferably a reusable bottle with a small-mouthed opening.
2. Use a nipple with an old-fashioned long, round shape. The base of the nipple should be narrow (about 1 inch across) and preferably tapered. This will be as close to the position of a breast nipple in the baby's mouth as possible.
3. Try to get a slow-flow nipple, which will require more effort (this will minimize the risk of preferring a bottle to a breast). Also, try to use a soft nipple (similar to an actual nipple).
4. Sit the baby upright so more work must be done to suck the milk out (again, trying to prevent preferring the bottle to the breast). For babies less than 2 months old you will need to support the lower back, which can be done by crossing your legs and propping the baby against your higher leg.
5. Tip up the bottom of the bottle so that milk covers the hole in the nipple. Healthy term babies will pause and breathe on their own, but premature babies may need help with pacing.

### **Expressed/Pumped Breast Milk**

- Refrigerated milk will last for 3-7 days (not in the door). Frozen milk (in the freezer compartment of your fridge) will keep for 3-4 months. Frozen milk in a deep-freeze will keep for 6 months (below -20°C).
- A dishwasher that heats water to 100°C is acceptable for sterilizing, but first use a bottle/nipple brush to remove any milk residue.
- You can also sterilize in boiling water on the stove: 5 minutes for nipples, everything else needs 20 minutes.
- Use a nontoxic marker to label your milk so you can use the oldest milk first.
- Don't fill containers to the top as milk will expand when it freezes.
- Make sure to cool all milk in the fridge for at least 30 minutes before putting it in the freezer.
- To defrost frozen milk/warm refrigerated milk, hold it under tepid running water and slowly increase the temperature of the water. Do not leave milk out at room temperature to defrost, and do not use the microwave or the stove. Shake the bottle well to mix any separated layers.

### **Relieve Engorgement**

- Feed frequently, 8-12 times in a 24-hour period for the first few days.
- Express a bit of milk just before feedings to soften your breasts and make it easier for the baby to latch.
- Reverse Pressure Softening of Areola: on either side of the areola, take one finger and push in towards chest wall as far as possible and hold for 1 minute.
- Massage once or twice a day before feeding, starting at the outer edge and moving toward the nipple.
- Apply warm, moist compresses about 10-15 minutes before feeding, and apply cold compresses between feedings.

### **Sore Nipples**

- Warm water compresses after feeding for nipple comfort.
- Air dry nipples after feeding.
- Can also try nipple shields or breast shells.

### **Resources**

- La Leche League Canada-breastfeeding support, [www.lllc.ca](http://www.lllc.ca) , 1-800-665-4324
- Telehealth Ontario- access to registered nurse 24 hours, 1-866-797-000
- Motherisk- info on medication, [www.motherisk.org](http://www.motherisk.org), 1-877-439-2744
- To find a lactation consultant in your area: [www.ilca.org](http://www.ilca.org)
- The Complete Book of Breastfeeding, by Sally Wendkos Olds, Laura Marks, and Marvin Eiger. 4<sup>th</sup> edition (2010)

