



BabyVoice
YOUR BABY'S CHOICE

YOUR MILK IS FULL OF YOUR LOVE

Free eBook about Breastfeeding Basics
by BabyVoice

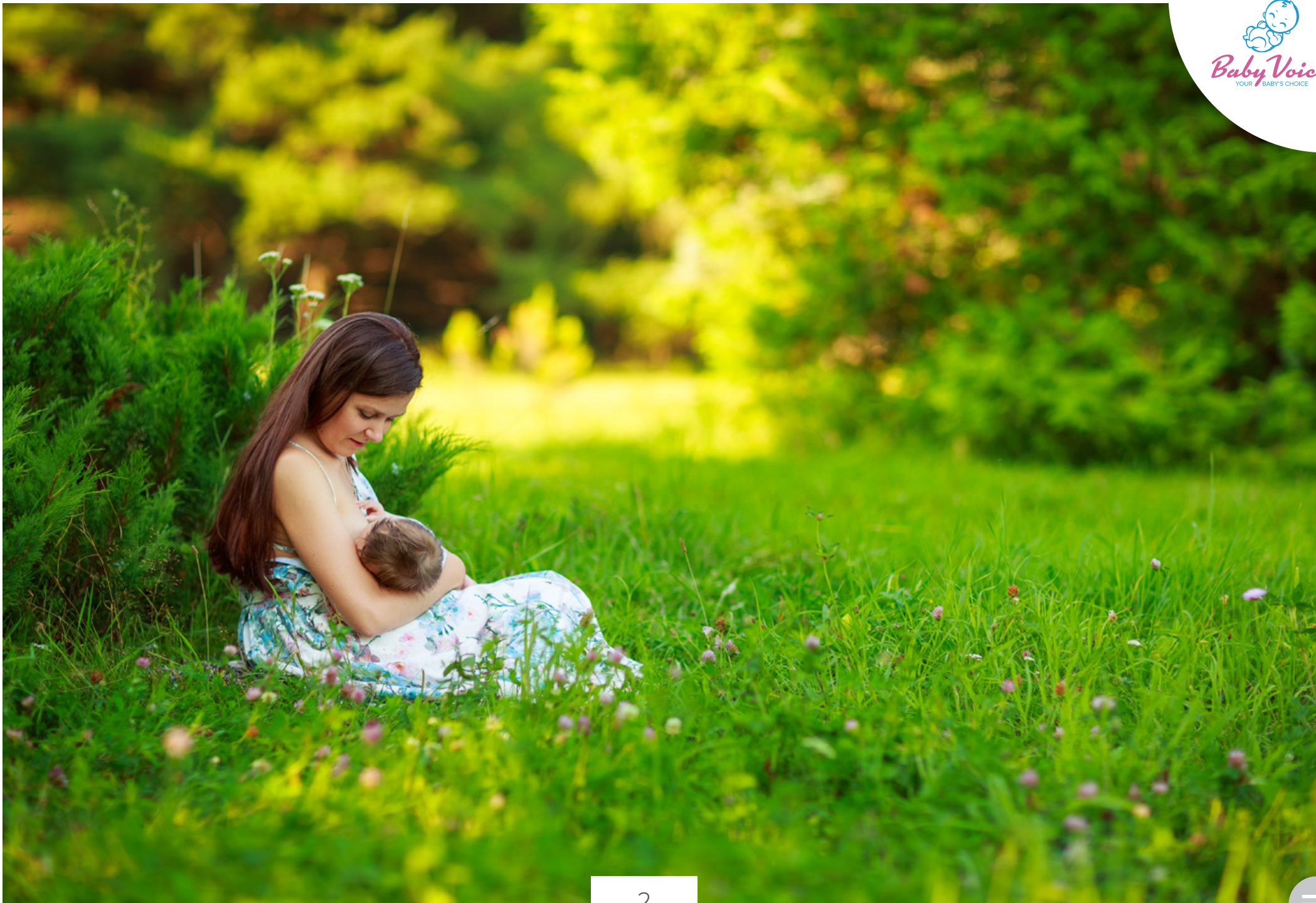


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BABYVOICE FOREWORD

Dear BabyVoice Customers.

First things first! We must start (of course) with THANK YOU. Thank you so much for your purchase of our washable bamboo nursing pads and welcome to the BabyVoice family.

We want to bring you perfect nursing pads and as well some bonuses which you will like. We believe **Laundry bag** and **Travel bag** are nice little helpers. And this free eBook about Breastfeeding basics is great for all mothers. Thank you that you have decided to breastfeed your baby because breastfeeding is essential for your baby's healthy development.

Remember, only your milk is full of your LOVE! And love is your baby's most important nutrition.

We both, Tom & Victor, believe you will find this ebook helpful (as well as the Baby Sleeping Guide). We wish you beautiful times together with your little hero and family.

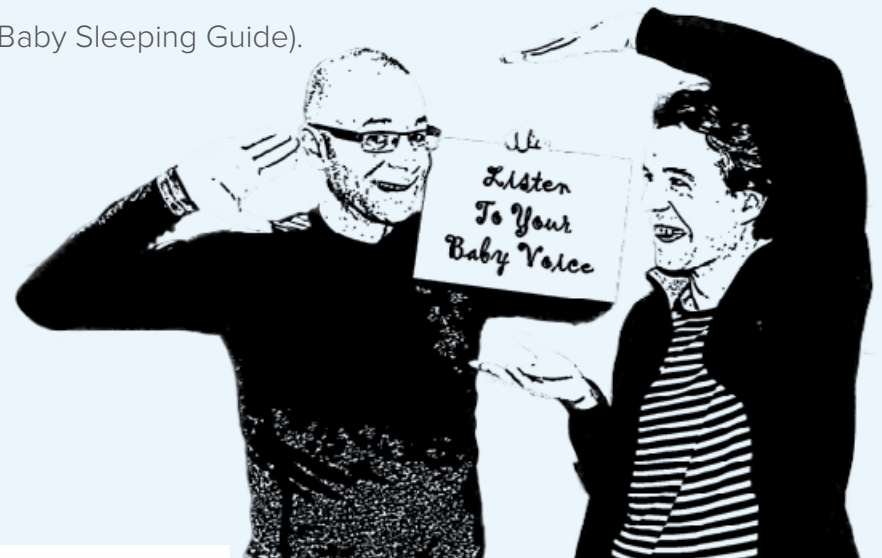
Tom & Victor

2 proud daddies and BabyVoice owners

www.baby-voice.net

For more tips, info and funnies visit also our Facebook page:

www.facebook.com/yourbabyvoice



DISCLAIMER:

This document is published as general information only. You should always consult a healthcare professional for diagnosis and treatment of any health condition or symptoms. The advice and information contained herein is provided in good faith as a free advice for public in general. However the accuracy of any statements made is not guaranteed and it is the responsibility of readers to make their own enquiries as to the accuracy, currency and appropriateness of any information or advice provided. Liability for any act or omission occurring in reliance on this document or for any loss, damage or injury occurring as a consequence of such act or omission is expressly disclaimed.



HOW TO USE YOUR BABYVOICE WASHABLE NURSING PADS?

Nursing pad positioning instructions

There are 2 different sides of BabyVoice nursing pads. The inner layer is the super-soft bamboo rayon. This soft side which feels like terry cloth is worn against the skin. The backside is the waterproof PUL layer to provide leak protection – this side which is smooth and sleek lies against the nursing bra away from the skin.

The main purpose of BabyVoice design is to prevent leaking through while staying comfortable. Their design is therefore large and they are not tend to be invisible. They may wrinkle a little around the edges or you may get them smoothed out, this depends on your bra and your breast shape.

Every woman's breast is shaped differently, so position the pad in a way that works best for you! Good position does not mean the pads have to be centered on nipples.

Daily using instructions

We recommend that you change pads frequently and especially when wet to avoid saturation and side leakage, and also to keep your skin dry and healthy.

It is helpful to rinse your pads after use in order to prevent milk sitting on the pads between washes. Sitting milk can lead to mold or bacteria developing on the pad.

Any pad, reusable or not, if not changed frequently can hold in moisture and cause a smell or molding to occur. Thus, be sure to change your pads frequently and always when wet.

Washing & drying instructions

It is IMPORTANT to properly wash and completely dry your pads to prevent any issues. We recommend machine washing on 30-40°C warm water setting. Use the laundry bag for machine washing. Do not use fabric softeners as it can inhibit the absorption quality of the bamboo rayon.

It is necessary that you dry the pads completely, and it is better to use a dryer on gentle cycle. It is recommended that you remove the pads from the dryer as soon as the cycle is done. If machine washing & drying is not a real or soon option, hand wash in hot soapy water, rinse well and air dry them really completely in a dry area before using them. If you use the hand wash & air dry method, the pads may not appear the same or feel as soft as they would from a dryer. Also a smell/molding can occur when they have been exclusively air dried.

Do not iron.



OTHER STYLISH BABYVOICE PRODUCTS NOW AVAILABLE ON AMAZON.COM

BABY BATH GIFT SET

- Let us introduce to you our cute set. It is convenient to be used your bathrooms, as well as at a swimming pool or on a beach. Perfect sized Bamboo Hooded Towel + 4 Washcloths + 2 Original Glove Wipes + 2 Suction Cup Hooks.
- Heavenly soft bamboo is so much better than cotton.
- This is a great present for newborns, babies, toddlers, unisex design for boys and girls.

[Click to view on AMAZON:](#)



Here's what one of our customers had to say about the **Baby bath set** by BabyVoice:

“Deluxe bath set! This is one of the best baby items that I have purchased on Amazon. A lot of the time, the baby bath items will get hard after the first wash. I am happy to say that they all withstood the wash and dryer, and came out just as soft as when I first received them. I am very impressed with this gift set. I highly recommend this product from BabyVoice to anyone looking for a unique baby shower gift or a welcome home gift. Any new mom or dad would be happy to have this.”

Donna Crabtreeon



OTHER STYLISH BABYVOICE PRODUCTS NOW AVAILABLE ON AMAZON.COM

BAMBOO MUSLIN SWADDLE BLANKETS

- Babies love to be swaddled. Our Bamboo Swaddle Blankets Set is heavenly soft as you can read in many reviews. Luxurious bamboo fabric is breathable, anti-bacterial and sustainable to protect your little one and the planet.
- 4 pieces set for the price of 3. Plus you will get for free two pretty stroller clips.
- Great gift for every mother.

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Here's what one of our customers had to say about the **Bamboo Muslin Swaddle Blankets** by BabyVoice:

"I love my aden + anais muslin blankets and was a bit leary about another brand, but decided to try these. Wow! First off – price. You get four blankets for half the price of the A+A brand. Quality – I see no difference in between the two brands. These are just as soft and cozy as the A+A ones. They seem to be made from the exact same bamboo fabric. Size – These are about 6 inches longer. Print Dye – These blankets are actually much more vibrant. Bonus – plus you get bonus items!"

Kymerly





BREASTFEEDING BASICS



BREASTFEEDING BASICS



How often should you nurse? How do you know if the latch is right? Don't sweat it— learning to breastfeed takes practice. Here's how to make it easier for you and your babe.

FREQUENCY

In the early days, frequent nursing (every two to three hours) establishes good milk supply, but that might not be his schedule – he may nurse three or four times in three hours, then sleep for four hours. Respond to his cues and your milk supply will adjust to meet his needs. Some babies nurse five minutes at each breast and are satisfied, and some will nurse 20 minutes on each side. Your little one will set the pace. Nurse on the first side until he lets go or falls asleep. Then burp him or change his diaper, and offer the second breast until he lets go or falls asleep again. If your breasts are uncomfortably full, switch sides after a few minutes so he can nurse from each breast. If he's too drowsy, try undressing him or rubbing his bare feet – skin-to-skin contact with you may stimulate him to keep eating.

PROPER HOLDS

Cross-cradle hold: Start with your right breast. Lay the baby on his side along your left arm (so that you're tummy to tummy) with your hand supporting the back of his neck and shoulders. Your arm should support the baby's weight and tuck his legs against your body. He should be able to tip his head back. Use your right hand to support your breast. This position works well for premature or small babies, but can be awkward with bigger babies.

Cradle hold: Hold your baby with his neck and shoulders on your forearm (near the crook of your elbow) and your hand supporting his bottom or legs. He should be able to tip his head back and should be lying on his side. Tuck his bottom arm around your waist. You might want to use a pillow or two under your arm to support the baby at the level of your breast, but be careful not to lift him too high. If neither of these positions works for you, ask your 6 nurses or midwife for help learning the football hold or side-lying position.

THE LATCH

Getting a good latch can be tricky and take some patience, but is so important. A nursing baby has to take all of the nipple and part of the breast into his mouth, so the nipple is at the very back, near his throat. To do that effectively, his mouth has to be open very wide with his tongue down and forward, so that it lies under the nipple.

Fast, short sucks without any pauses usually mean the baby is still trying to get the milk to let down, or that the latch isn't quite right. If he's opening and closing his mouth fairly slowly as he sucks, with pauses to open wide, it means he probably just got a mouthful of milk. Success!



Steps to a perfect latch



- 1.** Support your breast with one hand, keeping a finger or your thumb on top and your other fingers back from the nipple. With your baby in a secure, comfy position, aim your nipple at his nose.
- 2.** The curve of your breast will rub against the baby's mouth. Wait for him to open wide.
- 3.** As he takes in the breast, use your finger or thumb to help tuck the nipple under his top lip and jaw so he gets a large mouthful of breast, with the nipple at the back of his mouth.
- 4.** As he latches, pull him in close. His head should be tipped back, with his chin buried in your breast and his nose clear. More of your breast is covered by his bottom lip and jaw than by his top lip and jaw.



ISSUES OF BREASTFEEDING AND SOLUTIONS

The statistics tell the story: While the great majority of new mothers in Canada start out breastfeeding, many have stopped within weeks. For example, the Ontario Maternal and Infant Survey found that about 90 percent of the mothers in that study started out breastfeeding, but about 20 percent had weaned before their babies were a month old. However, early difficulties don't have to mean the end of breastfeeding! Here are solutions to some of the challenges that can derail your breastfeeding journey.

1. ENGORGEMENT

It's two, three, maybe four days after your baby's birth and your breasts are swollen, rock-hard and painful. Your baby finds it impossible to latch on.

Possible causes

Lactation consultant Jill Hicks, who works at Milton Hospital in Milton, Ont., says: "Engorgement results partly because the mature milk has now come in, and also because of extra blood flow to the breasts. IV fluids during labour can make the engorgement worse. If the milk is not removed often enough, inflammation can set in and cause more swelling."

Solutions

"Frequent feeding helps to keep the milk flowing and reduce inflammation," says Hicks. "Warm compresses on the breasts before feeding can help the milk to flow, or you can stand in a warm

shower for a little while before feeding the baby. After each feeding, try cold compresses or clean cabbage leaves to reduce the swelling." Pain-relieving medications may help as well. Some mothers find it helps to pump a small amount of milk to relieve the fullness and make it easier for the baby to latch on.

However, if you've had IV fluids during labour, pumping may pull more fluid into your breasts and make things worse. Instead, Hicks recommends a technique called "reverse pressure softening." The mother uses her fingers to press against the tissue in a circle around the nipple. This leaves an indented area where the baby can now latch on. "The baby who could hardly latch at all before is now going gulp, gulp, gulp," says Hicks. "Mothers say it is such a relief."

2. SORE NIPPLES

It hurts! You may feel a painful tug as your baby starts to suckle, or it may feel as though your baby is rubbing your nipples with sandpaper during the feeding. In time, you may see blisters, cracks or bleeding nipples. (If you feel a burning or shooting pain that lasts after you've finished feeding, it may be thrush.)

Possible causes

Lactation consultant Jacki Glover, of Lethbridge, Alta., says the most common cause of nipple trauma is "not having a deep enough attachment of the baby to the breast." Yes, she's talking about latch (see The latch). Sometimes the positioning of the baby is good, but the baby has a tongue-tie — meaning the frenulum, the little membrane under the tongue, is too short. This prevents him from



BREASTFEEDING BASICS

using his tongue effectively, and so the nipple is damaged. Nipple pain that continues after the latch has been improved may be caused by an infection in the cracked or abraded skin.

Solutions

“It’s always better to prevent a problem,” says Glover. “Babies kept in skin-to-skin contact with their mothers after birth often have the ability to find the breast and latch spontaneously and comfortably.” If the baby is not doing this on his own, Glover says, “the mother needs to provide stability for the baby’s shoulders, spine and hips with no pressure on the baby’s head, and the baby needs to be facing the mother and not having to turn his head to latch on.” Feeding the baby in response to his cues is also important, and pacifiers and bottles should be avoided. Babies suck on a pacifier or bottle nipple quite differently than at the breast and, for some, this leads to a shallow, pain-inducing latch at the breast.

If your nipples are sore, Glover encourages meeting with a lactation consultant or other breastfeeding expert who can help you assess possible causes. If the baby has a tongue-tie, the consultant may recommend having the baby’s frenulum clipped by a doctor. If the baby’s position at the breast is the issue, you can get help in finding a position that works for you. “Frequent and extended skin-to-skin contact helps relax the baby and mother, and leads to a more effective latch,” Glover adds. “Find a comfortable position and place for feeding. You may want to apply warm, moist compresses to your nipples before and after feeding.” Expressing a little milk onto your nipples and letting it dry there can be soothing and help reduce the risk of infection.

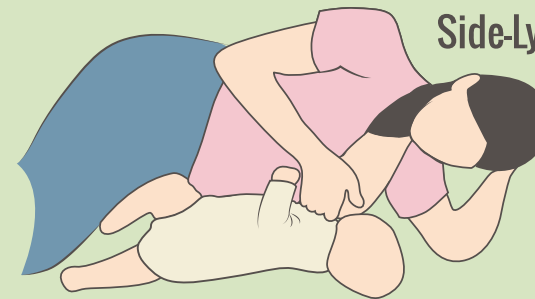
BREASTFEEDING P O S I T I O N S



Cross-Cradle



Cradle



Side-Lying



Football



BREASTFEEDING BASICS

“Many mothers find that clothing brushing on the nipples or sticking to them aggravates the soreness,” Glover adds. “Hard plastic breast shells to cover them can be purchased, or mothers can make ‘doughnuts’ out of strips of cloth.” The doughnuts are worn inside the bra and hold the fabric away from the nipple. Glover finds that using nipple shields while feeding the baby can help some mothers but, in other cases, it makes the soreness worse, and the mother’s milk supply decreases. “I would want to follow the baby closely for weight gain and be sure the mother’s nipples are healing,” says Glover.

Her most important advice: “Early intervention can prevent further trauma. Any mother experiencing nipple soreness should get help before things worsen.”

3. BABY WON'T LATCH

You’ve followed the instructions about positioning and tried to get your baby to nurse, but she won’t open her mouth or won’t grasp the breast, or she takes the nipple in her mouth, but doesn’t suck. This may have been a problem from birth on, or the baby may have fed well at first, but now won’t.

Possible causes

“This does not have a simple answer,” says Glover. “Initial problems with not latching may be caused by medications given to the mother in labour, by suctioning at birth, by forcing the baby to the breast, or by holding the baby’s head for latching.” It may also indicate that the baby has some health problems that need investigation.

While many women with inverted nipples have no difficulty with breastfeeding, this is sometimes associated with a baby who won’t latch.

If the baby was nursing well for a while, but then stops, this is called a nursing strike. These strikes can be caused by colds or ear infections, by giving the baby bottle-feedings, even by sudden loud noises while the baby is nursing or a change in the mother’s deodorant.

Solutions

“Think of this as a detour,” says Glover. “The road back includes plenty of skin-to-skin contact, which often leads to the baby spontaneously latching on; expressing the breasts regularly to establish and maintain milk production; and feeding the baby by cup or bottle until feeding at the breast is established or re-established.” The baby should also be assessed for possible problems that might be affecting her ability to breastfeed. If the baby is still not latching after a few days, Glover will sometimes suggest a nipple shield.

The latch An effective latch means that the baby is able to get the milk he needs and the mother is comfortable. Many mothers and babies find their own best position, but here’s a technique that works for many: Position your baby tummy to tummy, supporting his body with your right arm, with your right hand behind his shoulders and his neck against the webbing between your thumb and first finger. Your hand should not be touching his head. Use your left hand to support your left breast, while keeping your fingers well back from the nipple. Aim the nipple at baby’s nose, and bring him



in close so that his chin is touching your breast. As he opens his mouth wide, tuck his body close to yours and let him take the nipple deeply into his mouth. His nose should be clear of your breast and his chin pressed against it, and you should hear his initial fast sucks change to slower, rhythmic sucks and swallows, as feeding continues.

4. THRUSH

“The symptom that makes most mothers reach for the phone to call for help is a burning, stinging or shooting pain that is impossible to ignore,” says lactation consultant Helen Bratzel of Windsor, Ont. The pain may start after weeks of painfree breastfeeding, or right from the beginning. Pain often continues after the feeding. Your nipple or breast may feel itchy and may look pink and shiny. Your baby might have symptoms of thrush as well (usually white patches inside his mouth or a pimply red rash on his bottom that won’t go away).

Possible causes

Thrush is an overgrowth of *Candida albicans*, an organism that normally lives on our skin and in our bodies. Antibiotics, corticosteroids, estrogen-containing medications (such as some birth control pills) and other medications can be factors, as can nipple damage from a poor latch. Warm, humid weather makes it easier for the *Candida albicans* to grow, and diets high in sugar and dairy also encourage thrush.

Solutions

“If a mother thinks she has thrush, she should call her doctor or midwife as soon as possible,” says Bratzel. “Diagnosis is important before treatment begins, as the pain could be from other causes. Thrush can be very stubborn and the sooner it’s treated, the sooner the pain will stop. Both mother and baby should be treated.” Usually, an antifungal cream is prescribed for the mother’s nipples and an oral antifungal medicine for the baby. “There is also an ointment [see below], developed by paediatrician Jack Newman, that contains antifungal, antibacterial and anti-inflammatory medications which deal with several causes of nipple pain at once,” Bratzel adds. “It’s so popular in my area that a number of pharmacies keep the ingredients stocked.”

To clear up thrush, the mother needs to keep up the treatment for both herself and the baby for the full duration of the prescription, even if her symptoms are gone. She may also need to try more than one medication as some strains of the *Candida albicans* are resistant to some medications.

Dr. Newman’s thrush ointment The ointment has to be prescribed, but the components are:

- Mupirocin 2% ointment – 15 grams
- Betamethasone 0.1% ointment – 15 grams
- Miconazole powder to make a final concentration of 2% miconazole (or clotrimazole powder if miconazole not available)

The pharmacist mixes this together, and the mother applies it sparingly to her nipples after each feeding.



5. NOT ENOUGH MILK

Your baby's weight gain is lower than expected (average is about four to seven ounces per week, after the drop in the first week), and you're seeing few wet or poopy diapers. Mothers sometimes worry that a baby who is fussy, cries a lot and wants to nurse frequently is not getting enough milk, but these could also be signs of a baby who is colicky, sensitive to something in mom's diet, or dealing with too much milk rather than not enough,

Possible causes

Postpartum doula Robyn Berman of Halifax says: "Many new mothers aren't aware that frequent feedings, especially in the early days, are important to signal the body to produce enough milk to meet baby's needs." Trying to schedule or delay feedings can lead to lower milk production. An ineffective latch may have the same effect — even though baby may be at the breast frequently, she's not able to take much milk each time.

Some women's breasts haven't developed normally and don't produce a full milk supply. Mothers who have had breast surgery may also have difficulty producing enough milk. Another possible cause: taking hormonal birth control or certain other medications, including some decongestants.

Solutions

"First, I want to make sure that the mother has a really deep, good latch and that the baby is drinking at the breast, not nibbling," says Berman. "I would encourage the mother to use breast compression

(which means squeezing the breast between thumb and all four fingers as though she's hand-expressing into the baby's mouth as he nurses) with each feeding to maximize the baby's efficiency." Berman often suggests that mom and baby spend a few days in bed together, if possible, to just focus on nursing at every opportunity, explaining that "sometimes this can turn things around very quickly."

Pumping after feedings may also help. When these steps aren't enough, Berman says the mother might want to consult with a breastfeeding expert to discuss taking herbal supplements or prescription medications to boost her milk supply. If you find that, despite all efforts, you aren't able to produce all that your baby needs, remember that your baby benefits from even a small amount of your milk.

You can supplement while continuing to breastfeed as much as possible.

OTHER ISSUES

Your breastfeeding challenges may be different: You may have an oversupply of milk, plugged ducts or mastitis. Don't be discouraged! There is help out there. Your doctor, midwife or public health nurse should be able to help you find a lactation consultant, breastfeeding clinic or La Leche League leader. These resources can help you and your baby discover the happy breastfeeding relationship you deserve.



BREASTFEEDING BASICS

10 TIPS FOR BREASTFEEDING IN PUBLIC

Nurse your baby with confidence wherever you want with our lactation expert's advice.

Breastfeeding mothers and their babies shouldn't feel they have to stay home – hey, they want to enjoy the same activities as anyone else! Current recommendations are to breastfeed exclusively for six months and to continue breastfeeding with added complementary foods for two years and beyond. If you're not comfortable breastfeeding in public, you can find your life becomes very restricted.

Many mothers are already perfectly comfortable breastfeeding in public. That's great – not only for you and your baby, but for those women and girls who are not yet mothers, who learn about breastfeeding when they see you. But maybe that's not you. Maybe you are feeling pretty anxious about nursing in public. You worry about what people will think, and how much skin you'll be showing. These tips may help:

1. Know your rights. Breastfeeding in public is legal and a very good thing. You are nourishing your baby with the most biologically appropriate food, and – as a great side benefit – you are educating any young men and women who might happen to see you. The Ontario Human Rights Commission, for instance, specifically states:



BREASTFEEDING BASICS



No one should prevent you from nursing your child simply because you are in a public area. They should not ask you to “cover up,” disturb you, or ask you to move to another area that is more “discreet.”

Remember that it is legal for women in Canada to be topless anywhere it's legal for men to take off their shirts – so why worry about a little breastfeeding?

- 2.** Practise at home in front of a mirror. If you've been concerned about showing a lot of skin, this will probably reassure you that it's not likely to be an issue. A nursing baby covers your breast rather efficiently. You can try nursing in different outfits to see which ones work for you and your baby. Some babies can't stand any fabric touching their faces as they nurse, others are less bothered by it, so experiment to find your best options.
- 3.** Choose clothes you'll feel comfortable in. You can buy (or sew) speciallymade nursing clothes that have hidden openings to make breastfeeding easier, or you can put together nursing outfits from ordinary clothes. A loose-fitting T-shirt is often a good choice in casual situations, because you can simply lift up the shirt on one side to feed the baby. If it's loose, the extra fabric will cover most of your belly and breast. A shirt that buttons down the front can be unbuttoned from the bottom to nurse, or unbuttoned from the top if your baby doesn't like fabric touching his face while he's breastfeeding. The belly bands that many women wear when they are pregnant can work well to cover up your postpartum tummy when you lift

up your shirt. Put a cardigan, loose unbuttoned shirt, or jacket over a T-shirt, tank top or shirt, and you'll also have most exposed skin covered up while baby's at the breast. You can also take a snug-fitting tank top, cut two slits in the front large enough and in the right position for you to breastfeed, and wear that under your shirt, T-shirt or jacket for extra coverage.

- 4.** Use a sling or wrap. With practice, you can breastfeed your baby in most slings or wraps and the fabric of the baby carrier will cover the baby and your breast. You can even walk around while breastfeeding! If you've pulled up your shirt from the bottom to make your breast accessible, you may want a belly band or tank top underneath, as your tummy may be exposed.
- 5.** Choose an easy-access bra. Many mothers find a stretchy sports-type bra works well for them; rather than having to undo a snap or other fastening, they can simply pull the cup of the bra down under their breasts to feed the baby. If you are using a nursing bra where you need to lower the cup, it might help to practise undoing it one-handed at home (and doing it up again after) so that you're confident about managing it out in public.
- 6.** Pick your spot. You're looking for two things: a place where you can sit comfortably, ideally with some support for your back, as well as a place where you are less visible to the general public. In a restaurant, sitting towards the inside of a booth means you'll mainly be seen by your dining companions; if there are no booths you can pick a seat at a table facing away from the dining room. At the mall, some women opt to use a change



BREASTFEEDING BASICS



room – while it can be kind of boring sitting in there, at least it's not a public washroom! You may also be able to find a bench that is beside a planter, or a booth in the food court area. On a bus, sitting next to a window means you're less visible to other passengers and you can lean against the side of the bus to be more comfortable. Outdoors, you may be able to find a place to sit leaning against a tree or a bench with a back that gives you support.

None of these options available? Don't get stressed out looking for the perfect spot. Find a place where you're comfortable and where you have enough room to organize yourself and don't worry too much about who might see you. There's no point in walking around with a crying baby as you look for a place where you won't be visible. Feeding your child takes priority.

- 7.** Turn away to latch. The time when the most skin is likely to be shown is when the baby is first latching on. So let's say you are sitting in a restaurant booth, next to the wall, but still visible to other diners. Before you latch the baby on, try turning so you are completely facing the wall. Latch your baby on in this position, then turn back to face the table and your dining companions. You can do the same if you need to unlatch the baby.
- 8.** Consider a cover-up. If you feel really uncomfortable breastfeeding in public, you may want to try covering your baby and breast with a blanket or a commercially available cover-up. Be sure to practise at home, because many babies dislike having a blanket over their heads while nursing and will

pull it off or fuss. You may still need to do the "turn away to latch" routine with a young baby, because you need to see what you're doing to latch the baby on. Many breastfeeding supporters are not fans of these cover-ups because they can send the message: "Breastfeeding is happening here! And we think it's obscene or embarrassing so we are covering it up." However, for some women, a cover-up can make all the difference between feeling comfortable nursing in public and not wanting to do it at all.

Another type of cover-up some mothers have used is a broad-brimmed sun hat on the baby. This might be more acceptable to babies who hate blankets over their faces, and it does cover much of your breast.

- 9.** Smile! If you notice someone glancing in your direction as you breastfeed your baby, even if they are frowning or looking horrified, give them a smile! You know you are doing something very important for your child, and that's a good thing. If you show your confidence with a friendly smile, you may defuse the situation.
- 10.** Plan your response. What if the worst happens, and a mall security guard or restaurant manager comes up to you and insists you go to the washroom (yuck!) to breastfeed, or a stranger makes a negative comment? It can help to have planned a response in advance. In BC, the Human Rights Commission has a little pamphlet that includes a statement about a woman's right to breastfeed in public – you could always bring along a copy.



MOTHER
BREASTFEEDING
HEALTHY BABY
BRAINPOWER
FEED

LACTATE
PROTECTION
NUTRIENTS
BONDING
ANTIBODIES
CAREGIVER
TODDLER
SKIN-TO-SKIN
SUCK
NURTURE
INFANTS
COLostrum
EMPATHY
NURTURING TOUCH
BACTERIA
NURTURING
NOURISH
RESPONDING
LOVE
EMOTIONALLY AVAILABLE
AFFECTION
VIRUSES
CRADLE
SUCKLE
FOOD
BABYWEARING
BRAIN
RELAXATION
MATERNAL BOND
SNUGGLING
CO-SLEEPING
WELL-BEING
BONDING
PHYSICAL CONTACT
EMOTIONAL BOND
ATTACHMENT
NATURAL
INTelligence
BREAST MILK
NURSING



BREASTFEEDING BASICS

You might simply want to politely say: “No, thank you, we don’t eat in washrooms.” If the manager says a customer has complained, you could suggest, again politely, that the customer might want to move to a different table where he can’t see you.

Of course, if you are feeling upset or bullied, you may want to just leave. Just know that you have done nothing wrong. You can always follow up later with a letter or email if you choose to.

BREASTFEEDING RIGHT AFTER BABY’S BIRTH

While you may be feeling more than a bit exhausted after labor and delivery, experts say it’s best to begin breastfeeding your baby within 30 minutes after birth, if possible. The American Academy of Pediatrics advises placing baby in direct skin-to-skin contact with the mother immediately after birth to encourage breastfeeding right away. Why? Here are four key reasons:

- 1.** Babies are born with very little immunity -- so they need the antibodies present in your milk to gain key protection from disease. And the sooner that protection can begin, says Wenk, the better off your baby will begin.
- 2.** Experts at the American College of Obstetricians and Gynecologists, point out that the yellow, watery premilk (called „colostrum“) produced during the first few days of feeding is packed full of protective nutrients. It can also help develop your baby’s digestive system. This helps your baby avoid gas and cramping later on.

- 3.** Huotari says that feeding your baby shortly after birth will help keep the baby’s blood sugar level stable.
- 4.** Babies who feed at the mother’s breast soon after birth generally have an easier time adapting to the latching-on process when regular feedings begin.

If possible, experts say you should also try to position your baby to your breast yourself, rather than have a nurse or midwife do it for you. A recent survey highlighted in the British Medical Journal revealed that 71% of new mothers who put their own baby to their breast for the first time were still successfully nursing six weeks later, compared to just 38% of mothers who had someone else position their baby for them.

But if your baby is having problems latching on, or if you simply don’t feel physically comfortable while trying to breastfeed, do ask a nurse or attendant for help. Professionals can help you adjust your position or that of your baby. The American Academy of Pediatrics advises every new mother to make sure a trained caregiver observes her breastfeeding in order to offer tips.

BREASTFEEDING AND YOUR BODY: WHAT TO EXPECT

Beginning right from your baby’s very first feeding and each time you breastfeed, your body will have a natural reaction called the „let down“ reflex -- the process that starts your milk flowing. For the first few feedings, „let down“ can actually take a few minutes. But after



BREASTFEEDING BASICS

a day or two, the process should go much faster. Sometimes only seconds are needed before your baby can begin to feed.

During your first week of breastfeeding, the „let down“ reflex might also cause you to feel some cramping or contractions in your uterus, similar to light menstrual pains. Sterna says this is because nursing involves the natural release of oxytocin, a hormone that stimulates the contraction of cells inside the breast that in turn help push your milk from the ducts into your nipples. But oxytocin has another effect: it can cause uterine contractions, which may initially cause some cramping.

The comforting news here: „Not only is the cramping normal, it's a sign that your uterus is beginning to shrink down to its prepregnancy shape and size, which means you're on your way to a flatter tummy,“ says Sterna.

All breastfeeding-related cramping should diminish in about a week or 10 days. If it doesn't, talk to your doctor.

To help make „let down“ faster, particularly during your first week of breastfeeding, experts from La Leche League International offer these tips:

- Choose a comfortable chair with good back and arm support for each nursing session. Many women report a rocking chair works well.
- Make certain that your baby is well positioned on your breast for optimum milk flow.
- If you are feeling tense or nervous, put on some relaxing background music while you nurse, or sip a nutritious drink, such as a fruit smoothie or yogurt shake while baby eats.
- Make certain not to smoke, drink alcohol, or use recreational drugs while nursing. All can interfere with milk production and make „let down“ more difficult.
- Invest in a nursing bra and, if possible, some nursing tops with flaps that snap open and make positioning your baby easier.
- Think about nursing. Sometimes just the thought of feeding and nurturing your baby will help stimulate milk to flow.



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Kali Larson



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