

FINDING A BREASTFEEDING SUPPORT PERSON

Finding a Lactation Consultant or breastfeeding-support person may seem like a daunting task but it is well worth the effort. First, a few things to know:

- **La Leche League** is an international group of women who give mother-to-mother peer support. They are a wonderful resource for support and information and run support groups in cities all around the world.
<http://www.lalecheleague.org/>
- **La Leche League Canada**
Mother to mother information and support by phone & email
Community Groups for pregnant and nursing mothers.
Website information and publications for families and health professionals.
www.LLCC.ca
Find Local Groups: www.groups.LLCC.ca
Breastfeeding Referral Service 1-800-665-4324.
Office E-mail: ofm@LLCC.ca
Tel: 613-774-4900 *Fax:* 613-774-2798
- **Lactation Consultants** are International Board Certified Lactation Consultants this means they are registered Lactation Consultants, IBCLC, RLC who are required to keep current with breastfeeding information and must recertify every five years. We provide hands-on clinical support and are trained to work with all breastfeeding-related problems. In order to certify we must have many thousands of hours of practical hands-on training and must have completed many education credits to write the international exam in the first place.
- **To find a Lactation Consultant**, contact www.ilca.org for a worldwide search or IBLCE <http://www.iblce.org/international%20registry.htm> or your local Lactation Consultant association: or, in Canada, the Canadian Lactation Consultants Association is also a good resource: <http://www.clca-accl.ca/>. In the USA, <http://www.uslcaonline.org>

- **Breastfeeding Clinics** may be found in many hospitals. Most clinics are staffed by IBCLCs, though not always. See [Resources](#) list (link to Resources under Breastfeeding Help)

Of course, getting the best start is the way to go, and having as few interventions during labour and delivery will help a mother to get that best start. Having a Midwife and/or Doula as support during labour is usually a good assurance that the labour will go as naturally as possible.

- **Midwives:** though experts in pregnancy and labour support, they are also trained to counsel mothers in getting a good breastfeeding start. Find one at <http://www.midwife.org> or in Canada at: <http://ca.geocities.com/canadianmidwives@rogers.com/home.html>
- **Doulas** may also be trained in breastfeeding support. A Doula is a labour-support person. Doulas may be found through DONA at <http://www.dona.org> or through CAPPA at <http://www.cappa.net> or in Canada: <http://www.cappacanada.ca> .

HOW TO CHOOSE A GOOD AND HELPFUL BREASTFEEDING-SUPPORT PERSON

1. When you seek help from a Lactation Consultant (LC), **you should not feel that she is mainly trying to rent or sell you some product.** The Lactation Consultant is there to help you with your breastfeeding problem, and very often help does not require any products. Even if you do need to rent a pump, for example, you should not feel that the lactation consultant is focussing on sales or rentals. Certainly, if she does sell you a pump or product, **this sale time should not be included in her hourly fee.**
2. No matter what your problem, **a good LC should not be telling you that you cannot breastfeed.** We hear of some Lactation Consultants

and doctors telling mothers they cannot breastfeed. Do not believe them. If you have nipples you can breastfeed. Women are often told they must stop or interrupt breastfeeding due to illness or a medication they are taking or a test they must undergo--this is only very rarely true. See handouts *You Should Continue Breastfeeding 1 and 2*.

3. **No LC or breastfeeding-support person should ever bring formula with her to your home.** LCs are not allowed to distribute formula samples or recommend a formula by name. Ask her ahead of time if she intends to bring some formula samples with her. This may be an indication of her true support for breastfeeding.
4. Nipple shields and bottles are being used much too often to try to fix breastfeeding problems, even though they can, *very occasionally*, be useful. **Nipple shields should never be used for the baby who refuses to latch on before the mother's milk 'comes in' on day three or four (or sometimes later).** Once the milk 'comes in', many babies will latch on easily without a nipple shield. There are usually better ways of supplementing or feeding babies than using a bottle. Be sceptical if you LC is quick to use a nipple shield. Patience, perseverance, and good technique are almost always good enough to get any baby latched. See handout *When Baby Refuses To Latch On*.
5. ***REMEMBER to Get the best Start: Try to ensure and aim for the most natural labour possible. A good Midwife or Doula may be an invaluable way to achieve that goal.***

BE WARY IF:

- You are told to feed x number of minutes per side
 - **Babies can feed well being on the breast short periods of time, and can feed poorly being on the breast all day**
 - **Timing is meaningless and tells us nothing about what the baby is actually getting and whether or not it is enough**

- You are told to feed x number of times per day
 - A baby who feeds well 6 times a day is better off than a baby who feeds poorly 12 times a day
 - There are no studies to support the claim that a baby must feed 8-12 x/24 hour period. None whatsoever.

- You are told to wake the baby every x number of hours
 - a baby who *feeds well* will wake up when he's ready; if a baby feeds so poorly that he won't wake up on his own, there is no point in waking him up so he feeds poorly more times a day; the point is to get the baby feeding well.

- Your breastfeeding-support person weighs the baby before and after each feeding
 - What does this tell us? Even if the scales could be relied on as always accurate—so what? A 15 gm gain, for example, may mean baby consumed 15 mls of breastmilk—but what kind of breastmilk? 10 am breastmilk? 3pm breastmilk? Tuesday's breastmilk? The beginning of the feeding breastmilk? The end? What? Ensure baby is actually drinking instead of just sucking, and follow our Protocol to Increase Intake of Breastmilk. Watch the video clips at www.drjacknewman.com. That's how you will know baby has had enough.
 - Test weighs have been known to show many false negatives. See Handout *Is my Baby Getting Enough?*

- Your breastfeeding-support person tells you that sore nipples are normal and you need to endure it, or that your nipples need to “toughen” up or that your skin is overly sensitive, or, if you are a red-head, that you are supposed to have overly-sensitive nipples
 - A good latch prevents and fixes sore nipples

- Pain that endures for many weeks may mean there is something else going on—please see a Lactation Consultant to get this checked out
 - Nipple shields are not usually an appropriate remedy for sore nipples
 - Skin colour is irrelevant
- Your breastfeeding support person asks you to finger feed after you breastfeed your baby
 - If a baby needs supplementation then that baby should be supplemented at the breast as long as the baby is latching. Finger feeding is not an appropriate method of feeding a latching baby. See Handout *Finger and Cup Feeding*

HOW MUCH SHOULD AN IBCLC CHARGE FOR A HOME VISIT?

There really is no set rate for IBCLCs and the fees for home visits range dramatically. In Toronto, there are some support people doing home visits for \$35/hr and some going as high as \$180/hr. Please do not let price fool you—the most expensive IBCLC is not necessarily the best. Do a little home work and research and ask her over the phone about some of the points listed above. An average rate is probably around \$100/150 for a visit lasting around 2 hours. This may seem excessive but it is not—keep in mind that a good IBCLC will save you money in the long run by keeping you and baby breastfeeding and off expensive formula.