

Health Care Providers BFI Crib Card Teaching Guide

Background Information and Key Messages for Families

The BFI Crib Card is a 6 panel foldable resource, intended to be distributed early in the postpartum period, with accompanying health teaching, prior to discharge from the hospital. This resource provides background information about each panel and key messages to share and explore with families.

Purpose of BFI Crib Card resource:

- Supports health care providers (HCPs) knowledge to communicate consistent messaging.
- Supports all families, regardless of their infant-feeding decision across the continuum of care.
- Is gender neutral and contains no commercial advertising.
- A teaching tool to facilitate consistent evidence-based conversations that supports recommended postpartum health teaching with all mothers/families about:
 - Safe positioning while skin-to-skin with infant.
 - Maternal confidence with infant care/ feeding and maternal wellbeing.
 - Normal expectations of infant feeding and infant wellbeing.
 - Hand expressing breast milk.
 - Where a mother can access support and resources.
- Keepsake and reference resource for families that reinforces early postpartum teaching.

Introducing...

Background Information:

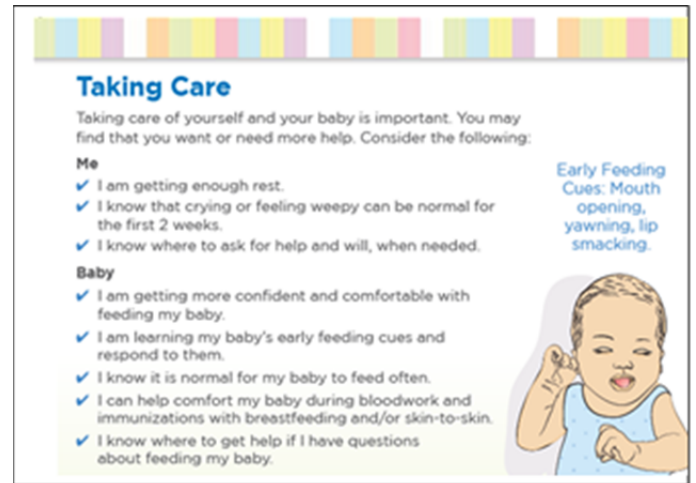
- Crib card supports many key clinical practice elements of the Baby-Friendly Initiative's evidence-based 10 Steps.
- Documentation and keepsake of birth information.
- Gender neutral.

Taking Care

Background Information:

- Parents may have many different emotions after giving birth and having to care for their newborn. They may feel joy, wonder and happiness as well as overwhelmed, worried or tired at different times. These are all normal.

- Caring for a baby is often demanding both physically and emotionally. This can leave little time for rest and other things.
- Taking time to care for themselves as parents is important.
- Baby blues are common in the first two weeks after giving birth.
- These feelings should not last longer than two weeks. If a parent has a very dark mood, is unable to sleep between baby's feeds, feels confused, or has suicidal thoughts, they are encouraged to seek professional help immediately. Fathers or partners may experience symptoms too. For more information check out <http://www.ontarioprenataleducation.ca/transition-to-parenthood/>
- Supporting infant comfort measures during minor painful procedures, including newborn bloodwork and immunization is best practice. Breastfeeding and skin-to-skin are the most effective comfort measures during the first year of life. Review - [Be Sweet to Babies During Painful Procedures video.](#)



Early Feeding Cues:

Refer to the Queensland feeding cues poster with pictures of babies and review this with families:

<https://metronorth.health.qld.gov.au/rbwh/wp-content/uploads/sites/2/2017/07/feeding-cues-term.pdf>

Taking Care - Key Messages for New Parents:

- The birth of a baby brings joy and challenges to the lives of parents.
- Taking time to take care of yourself is important so that you are best able to take care of your baby.
- Ask for help and support in the early days and months after your baby is born.
- Parents need to know how to independently feed their baby. Make feeding a special time as you hold your baby close.
- You can help comfort your baby during bloodwork and immunizations with breastfeeding and/or skin-to-skin. We will support you with this.
- Explore with parents available supports if they have concerns physically or emotionally after discharge.

Feeding Cues:

- Your baby will tell you when they are ready to feed, if they need a brief break during the feed, and when they are finished feeding.
- Crying is a late sign of your baby's hunger and you may find that your baby is more difficult to latch onto the breast (or feed) when they are crying.
- If your baby shows late feeding cues, it is time to calm your baby before feeding. Calm your baby by cuddling, holding skin-to-skin, rocking, talking to your baby or any other method that works for you.
- Cluster feeding (frequent short feeds) is common in the first few weeks and during growth spurts.
- A baby may cluster feed and may seem to be feeding "all the time" or for hours at a time. This is normal as long as there are other times when they are settled. "Watch the baby, not the clock."
- Feed your baby as often and for as long as your baby wants, responding to their needs.
- Keep your baby close to you during the early days and weeks.

Signs that Feeding is Going Well

Background Information:

For breastfeeding mothers

- A mother's milk goes through many changes in the first week, especially in milk volume. Many mothers are unsure of the amount of milk they are making and the volume baby is taking. Perceived inadequate milk production is one of the top three reasons mother's stop breastfeeding or initiate formula supplements.
- Colostrum, the first milk, comes in small volumes and typically mothers have enough for their baby(s). Normally, colostrum is all baby's require when breastfeeding is initiated early after birth, they feed often, at least 8 times in 24 hours and feeds include strong sucking and swallowing.
- Unless there is a medical reason, breastfed babies do not need to receive any other food or drink in the first six months (including in the first few days after birth).
- Other foods or drinks including formula may interfere with a mother's milk supply and may affect the baby's interest in breastfeeding.
- A baby's stomach size increases in the first week as breast milk production increases and baby starts to drink more. When breastfeeding is going well, breasts will begin to feel larger and heavier 2 to 4 days after baby is born, and baby's output will increase.
- Teach mothers to monitor baby's wet and dirty diapers for the first week or until an adequate milk supply and effective feeding is established. Urine and stools will change in colour and size as baby drinks more.
- Most babies lose weight in the first 3 days after birth, this is normal and expected. If a parent is concerned baby is losing weight or is not feeding well they are encouraged to see their family doctor, midwife, nurse practitioner or go to a breastfeeding clinic.
- From day 4 onward, most babies will start to gain weight.

For mothers formula feeding only

- A baby's stomach size increases in the first week.
- Newborn babies only need small amounts of formula in the first few days, this will gradually increase.
- Teach mothers to monitor baby's wet and dirty diapers for the first week or until feedings are well established.
- Most babies lose weight in the first 3 days after birth, this is normal and expected. If a parent is concerned baby is losing weight or is not feeding well they are encouraged to see their family doctor, midwife or nurse practitioner.
- From day 4 onward, most babies will start to gain weight.
- It is important to hold a baby when they are being fed.

For all mothers using formula: Ensure that the mother has made an informed decision regarding formula use. Review an infant formula feeding resource one-on-one with the family prior to discharge. This will ensure that they know what type of formula to use, costs, risk reduction strategies, and how to safely prepare, feed and store formula.

Signs that feeding is going well								
Days Old	1	2	3	4	5	6	7	8
Feeding	8 or more feeds per day. Your baby is sucking strongly, slowly, steadily and swallowing often.							
Tummy Size	Size of a cherry 		Size of a walnut 		Size of an apricot 		Size of an egg 	
Dirty Diapers	At least 1 to 2 BLACK OR DARK GREEN		3 or more BROWN, GREEN OR YELLOW		3 or more large and soft YELLOW or BROWN			
Wet Diapers	At least 1 WET	At least 2 WET	At least 3 WET	At least 4 WET	At least 6 HEAVY WET			
Weight	Most babies lose weight in the first 3 days after birth. From day 4 onward, most babies gain weight regularly.							
Other Signs	Your baby should have a strong cry, move actively and wake easily.							

Infant Formula: What You Need to Know is available for review and the link is shared under “Infant Feeding” on Supports and Services panel. www.beststart.org/resources/nutrition

Signs that Feeding is Going Well - Key Messages for New Parents:

- Babies need to feed often. Most newborns feed at least 8 times in 24 hours. Night feedings are important.
- A newborn stomach is very small. Small frequent feeds are normal in the first few days.
- Track the number of wet and dirty diapers for the first week or so. They will increase in number and should get heavier over the first week.
- Signs that your baby is getting enough milk:
 - Baby feeds at least 8 times in 24 hours.
 - Baby has enough wet and dirty diapers according to his age.
 - Baby is active and has a strong cry.
 - Baby has a wet, pink mouth and bright eyes.
- If your baby does not have enough wet and dirty diapers, get help right away.
- Most babies lose weight in the first 3 days. From day 4 onward, most babies gain weight regularly. The doctor, midwife or nurse practitioner will weigh your baby at your well baby check appointments to ensure they are growing well. Expect your first appointment to be within 24 - 48 hours after discharge.

Breastfeeding:

- To support adequate nutrition and breast stimulation, breastfed babies need to feed a minimum of “8 or more times in 24 hours”.
- Offer both breasts at each feeding. Cluster feeding is normal.

Formula feeding:

- To ensure an informed decision has been made, explore if anyone has discussed the importance of breastfeeding for mother and baby with them including the cost of formula. Possible script:
 - “Tell me about your plans for feeding your baby? I will support you with your feeding decision. It is important that you make a decision that is best for your family.”
 - “Did you know that you can feed breast milk along with formula? It doesn’t need to be all or nothing. Are you aware of the cost of formula?”
- Prior to discharge, review how to respond to baby’s feeding and satiety cues, what to purchase, and how to safely feed, prepare and store formula.

Hand Expression

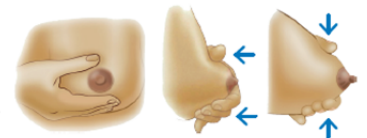
Background Information:

- In the first 2 or 3 days after birth a mother may only express a small amount of colostrum, 5 – 10mls or less.
- Hand expressing breast milk is important because it:
 - Gives the baby a taste of milk to keep them interested in feeding.

Hand express your milk early and often

Why:

- ✓ Help remove milk from your breast for comfort.
- ✓ Help baby to latch.
- ✓ Give your baby more milk.
- ✓ Help increase your milk supply.



How:

1. Wash your hands.
2. Gently massage your breast.
3. Place your fingers and thumb behind the areola in a “C” shape.
4. Press back towards your chest. Compress your fingers together and towards the nipple.
5. Collect drops of milk to feed your baby or store for later.
6. Repeat (press back, compress, relax) and move around your breast.
7. Switch breasts and repeat.

- Can prevent or soothe nipple soreness by gently rubbing a few drops of milk onto the nipples.
- Softens the areola to help baby to latch.
- Lessens the discomfort of overfull breasts.
- Provides a way to collect and store milk without the cost of a breast pump, if mom is going to be away from baby or needs to feed baby other than directly from her breast.
- Can help increase a mother's milk supply.
- If baby is unable to breastfeed, breast milk can be fed to baby with a cup or spoon.
- If a mother is not planning to breastfeed, her breasts will become full and may be uncomfortable during the first week or two after birth. Hand expression can help reduce the discomfort. She may feed her baby any breast milk she expresses. Any amount of breast milk is good for baby.

Videos on how to teach hand expression (HE) and cup feeding (describes small baby – principles same for all babies). HE - <https://globalhealthmedia.org/portfolio-items/expressing-the-first-milk/?portfolioID=5623>
Cup feeding - <https://globalhealthmedia.org/portfolio-items/cup-feeding/?portfolioID=13325>

Hand Expression - Key Messages for New Parents:

- Hand expression is an important skill for all mothers to learn.

Breastfeeding mothers:

- Hand express your breast milk early and often, even when breastfeeding is going well. Mothers who are separated from their baby at birth should start hand expression within the first hour after birth, and express 8 or more time in 24 hours. This is also helpful and important for a baby who is not eager to feed in the first hour.
- Colostrum, a rich, yellowish fluid, is the first milk. Hand expression is more effective at removing colostrum from the breast than a pump.
- If you are concerned about how your baby is feeding, hand express after breastfeeding and offer your baby the extra milk you express by cup or spoon.

Non-breastfeeding mothers:

- Hand expression can be used to reduce breast discomfort as your body makes milk in the first week or two after birth.
- You can choose to offer the breast milk you express to your baby using a cup, spoon or bottle.

Safe Positioning for Skin-to-Skin Contact

Background Information:

- The importance of skin-to-skin includes:
 - Helping baby feel safe and secure.
 - Stabilizing baby's heart rate, breathing and blood sugar.
 - Keeping baby warm through body heat.
 - Promoting bonding and getting to know baby.
 - Helping to calm baby and reduce crying.

Safe Positioning for Skin-to-Skin Contact

Position yourself a little upright, not flat. Position your baby so that:

- ✓ Face can be seen
- ✓ Head can move freely at all times
- ✓ Nose and mouth are not covered
- ✓ Head is turned to one side
- ✓ Neck is straight not bent
- ✓ Shoulders are flat against you, chest to chest
- ✓ Back is covered with a blanket

In the first few days after birth when holding skin-to-skin, watch your baby's face. See that the colour remains normal, breathing is regular, and baby reacts to your touch.

For safe sleep, if you are feeling sleepy and no one can watch you and your baby, put your baby in their own crib, positioned on their back.

Avoid swaddling or bundling your baby, this can prevent them from showing you feeding cues.



- Helping mother to be more confident and relaxed.
- Helping mother's milk flow and may improve milk supply.
- Fathers, partners and support persons can also hold baby skin-to-skin.

Newborns improperly positioned when being held skin-to-skin are at risk for airway obstruction which can lead to sudden unexpected postnatal collapse. Both mother and baby must be medically stable before initiating skin-to-skin contact. Risk factors for sudden unexpected postnatal collapse include maternal obesity, primiparous, maternal analgesia, post-natal fatigue, baby's head covered, side-lying breastfeeding positions, parental prone position while skin-to-skin, magnesium sulphate, parental distraction and bed sharing. Infants are most at risk and need more frequent monitoring and observation in the first 24 hours post-birth.

Parent education about safe positioning, frequent and repetitive assessment and the observation of the newborn reduces the risk of infant falls and obstructed infant airways. Avoiding distractions like cell phones and numerous visitors can also help reduce this risk. If a caregiver is sleepy and alone, the baby **must** be returned to the baby crib preferably clothed or covered with a light blanket.

Swaddling or bundling is not recommended for most babies. Swaddling/bundling reduces a baby's ability to communicate their needs, cue for feeds, and therefore feedings may be missed. Baby's hands should be accessible for them to bring their hands to their face and mouth to cue for feeds. Swaddling/bundling reduces a baby's arousability which is also associated with SIDs. **Modeling safe infant sleep practices in hospital is critical.**

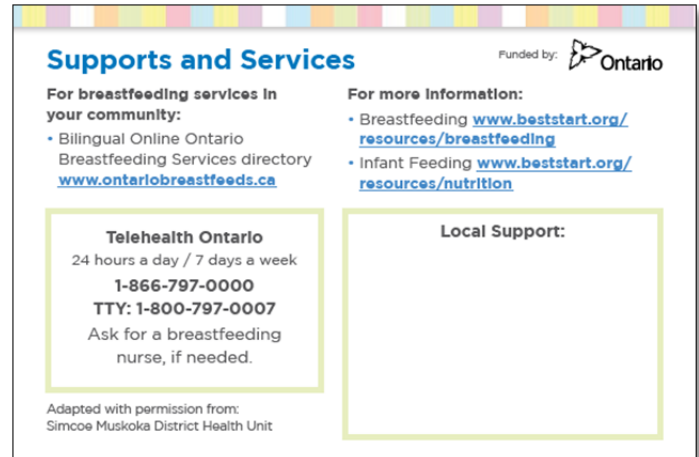
Safe Positioning for Skin-to-Skin Contact- Key Messages for New Parents:


- Skin-to-skin has many benefits for both mom and baby. Proper position while holding and feeding baby helps to keep baby safe.
- Safe skin-to-skin positioning includes:
 - Caregiver is sitting upright or leaning back, not lying flat in bed.
 - Baby's body is vertically aligned (spine to neck to head) with legs tucked.
 - Baby's airway must be protected; the baby must be able to lift his head freely and is turned to one side. As baby starts to cue for feeds, it may start to bob and peck at the breast.
 - Baby's face is fully visible. The baby's neck is straight, not bent and their shoulder's flat against caregiver's chest for maximum skin contact, below care-givers chin. The baby should be "visible and kissable".
 - Baby's entire back is covered with one blanket to prevent heat loss. (The image on crib card is demonstrating how infant is positioned – suggest that more of baby's back is covered).
 - In the first few days after birth, when holding skin-to-skin, watch baby's face. See that the colour remains normal. Easy breathing is seen and heard, and baby reacts to your touch. Even a sleeping baby will respond to touch or movement.
 - Avoid distractions such as cell phones and groups of visitors when spending time skin-to-skin.
 - If you become sleepy while holding baby, someone else should keep watch over both of you to ensure baby remains safe. If no one is present, dress and place baby in their own crib, positioned on their back dressed or with a light blanket over them for warmth.
 - Avoid swaddling or bundling your baby. Swaddling and bundling can prevent your baby from waking and showing you feeding cues.
 - Notify the nurse immediately if baby's colour changes or baby appears to have difficulty breathing.

Supports and Services

Background Information:

- Bilingual Online Ontario Breastfeeding Services Directory:
 - Mothers can search online for breastfeeding supports in their community at www.ontariobreastfeeds.ca
- Health Units provide a variety of services.
 - Health Unit nurses may provide breastfeeding support via telephone, drop-in groups/programs, home visits as well as breastfeeding clinics depending on each community.
 - Families may be eligible to receive a home visit from a HBHC nurse.
 - Most health units have a website that has breastfeeding and infant-feeding information and links to all community supports.
- Discuss community specific breastfeeding supports with families.
- Telehealth Ontario provides 24/7 support from RNs for all infant-feeding support. Families can ask to speak with a breastfeeding nurse. They have interpreters available to support this service in close to 300 different languages.



Supports and Services Funded by: 

For breastfeeding services in your community:

- Bilingual Online Ontario Breastfeeding Services directory www.ontariobreastfeeds.ca

For more information:

- Breastfeeding www.beststart.org/resources/breastfeeding
- Infant Feeding www.beststart.org/resources/nutrition

Telehealth Ontario
24 hours a day / 7 days a week
1-866-797-0000
TTY: 1-800-797-0007
Ask for a breastfeeding nurse, if needed.

Local Support:

Adapted with permission from:
Simcoe Muskoka District Health Unit

Supports and Services - Key Messages for parents:

- The early days of parenting and breastfeeding are not always easy for new parents.
- Help and support is available for all families and many services are free or have no cost.
- Telehealth is available for infant feeding questions and concerns. If breastfeeding, you can ask to speak to a breastfeeding nurse if needed.

For more information helpful resources are available at:

- Breastfeeding mother: Breastfeeding www.beststart.org/resources/breastfeeding
- Mothers using formula: Infant Feeding www.beststart.org/resources/nutrition

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