

Edlanet'e! (Hello!)

Please share in the chat:
your name, where you are attending
from, and your role.

Walking alongside families in breastfeeding care: tools and strategies for community-based support

Cristine Kitzman, RD, IBCLC

February 25, 2026



Learning Objectives

1. Understand how breastfeeding promotes healthy outcomes for lactating parents and infants
 2. Understand factors that influence feeding decisions and outcomes
 3. Identify tools and strategies used in a breastfeeding assessment and for supporting breastfeeding establishment and maintenance
-

Health outcomes and informed decision making

Why do we need to talk about health outcomes?

- This allows our clients to make informed decisions about which way they will feed their baby
 - Recognizes the parent's autonomy, avoids paternalistic care
-

Informed decision making

Avoid risk-based messaging where possible.

For informed decision making, we need to convey:

- ✓ Relevant information to make the decision, including feeding options, pros and cons, safety issues, health risks.
 - ✓ What are normal feeding behaviours, common challenges, and how to address them
-

Health outcomes: parent

- There is mounting evidence that lactation is protective against certain cancers, type 2 diabetes, and hypertension
 - Enhanced caregiver identity, feelings of empowerment
 - Protection of sobriety
 - Cultural reconnection
-

Health outcomes for baby: breastfeeding

- Reduced risk of: lower respiratory infections, gastrointestinal infections, otitis media, necrotizing enterocolitis, childhood leukemia
-

Health outcomes for baby: formula

- Increased risk of necrotizing enterocolitis in preterm and low birth weight babies
- Mixed evidence for: eczema, diabetes, asthma, or hospitalization for lower respiratory tract infections
- Powdered formats are not sterile
- Risk of contamination, inappropriate preparation

[Supporting Informed Feeding Decisions: Information on Infant Feeding Options for Health Care Professionals](#)

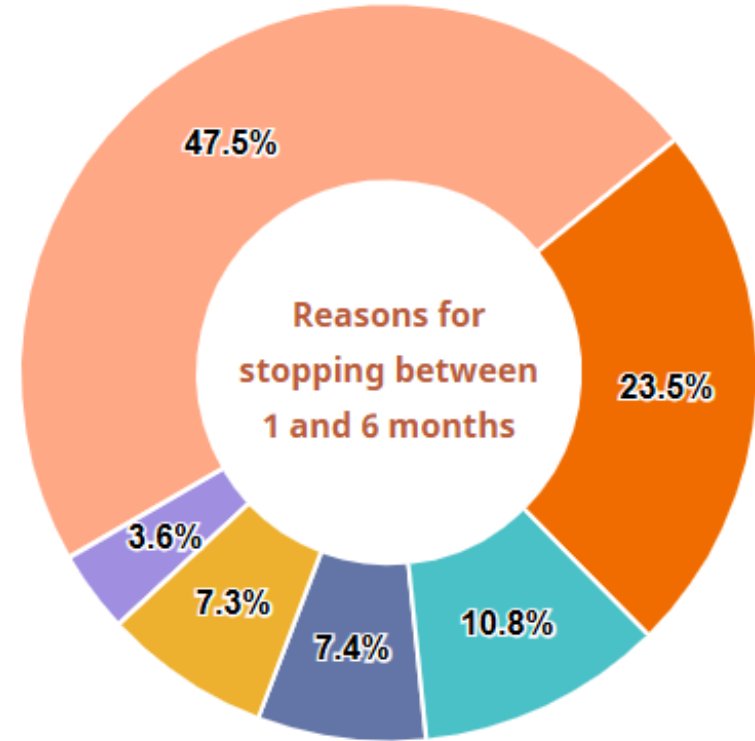
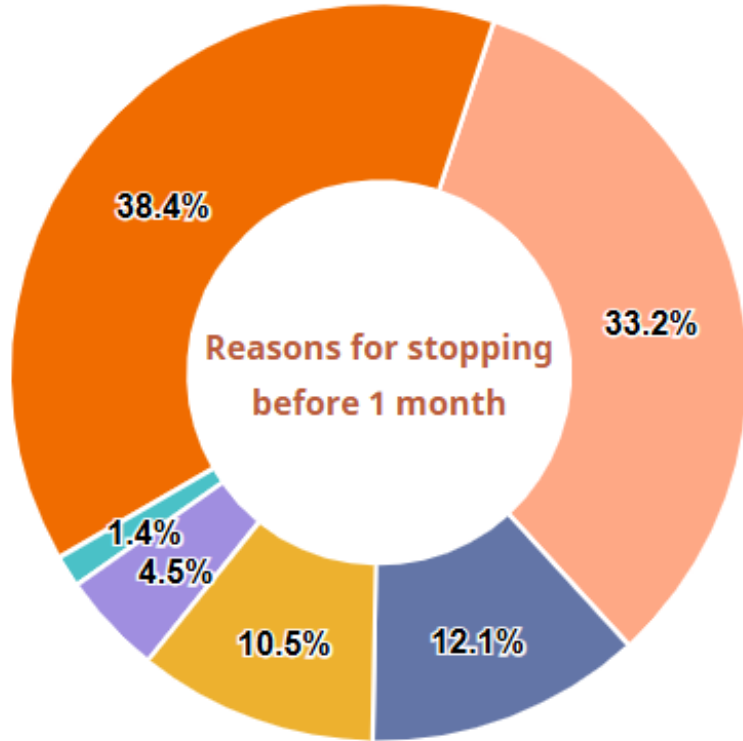
Formula marketing is not compatible with informed decision making

- Informed decision making is the goal impact of the WHO International Code of Marketing of Breastmilk Substitutes
 - Provide info on the proper use of formula if needed
 - Social and financial implications, health hazards of inappropriate foods/feeding methods, health hazards of inappropriate use of infant formulas or other [human] milk substitutes
-

Factors that influence feeding decisions and outcomes

Figure 5. Reasons given for stopping breastfeeding before 6 months

For those who stopped breastfeeding before 6 months, reasons for stopping included:



Influences on infant feeding experiences



Colonization

- Disruption of intergenerational knowledge sharing of parenting and breastfeeding practices
- Indian agents enforced provision of powdered milk over breastmilk
- Sexual trauma and substance use stemming from colonization impacts breastfeeding experiences and choices
- Children removed from their families

“You know those days I mean in the days of residential school. In those days, we never did talk about our body parts because I think we were too ashamed to say [anything about breastfeeding] to your kids. I never did hear it from my sisters or nobody in the family. They were so private.” [1]

“You can’t teach about breastfeeding technique and think things will change. It’s the spirit that’s been affected, our experience with trauma. Our women need to relearn how to bond with their children.” [2]

Culture and traditionality



Artist: Holle Hahn

- Varies between communities
 - Reconnection with caregiving role
 - Can help oppose messages that breastfeeding is “indecent”
 - Breastfeeding may be viewed as an act of decolonization
-

Social and partner support

- Support from family has a positive effect on breastfeeding
- Partners can be more influential than healthcare providers when it comes to feeding decisions
- Elders, grandmothers, and aunties can be influential and may be engaged in feeding discussions

Alberta Health Services **Healthy Parents Healthy Children**

A Partner's Guide to Breastfeeding Support

You may be wondering what you can do to support your partner if they decide to breastfeed. You can think of you and your breastfeeding partner as a team—you both have an important role to play. Every breastfeeding parent has different needs and their needs might change day-to-day. If your partner decides not to breastfeed or to stop early, your support remains very important.

Talk with your breastfeeding partner often so you can know how they're feeling and what you can do to help them. Positive support from partners helps the breastfeeding parent feel good and helps them meet their feeding goals.

This father talks about his experience:
"When I went back to work after our baby was born, as soon as I got home each day, I'd start doing the cooking and washing. I worked really hard. One day my wife said, 'I... what I really need is for you to take the baby for a half an hour so I can look after myself.' I'd thought I was doing what she wanted. I should have asked her."

Quote reproduced with permission from Dad Central Ontario

CORE Support for Partners

Communicate openly about how you're both feeling. Talk about specific things (tasks or emotional support) that you can do to help. Check in from time to time to see if your breastfeeding partner's needs have changed.

Observe how your breastfeeding partner is doing so you can anticipate what they might need for support in the moment.

Respond to your breastfeeding partner's needs. Step in if they say they need help and step back when they have everything under control. Stay close when they may still need you.

Encourage your breastfeeding partner and help build their confidence by telling them what they're doing well. Let your breastfeeding partner know you support their feeding decisions.

This mom explains how her partner provided support that responded to her needs:
"My partner would place a snack pack next to my breastfeeding chair with apples, muffins, and bottled water so when I got up to feed in the middle of the night they were already there."

With time and practice you, your breastfeeding partner and baby will become more comfortable with breastfeeding. Accepting help from your family and friends and connecting with other breastfeeding parents can help you feel better and more supported.

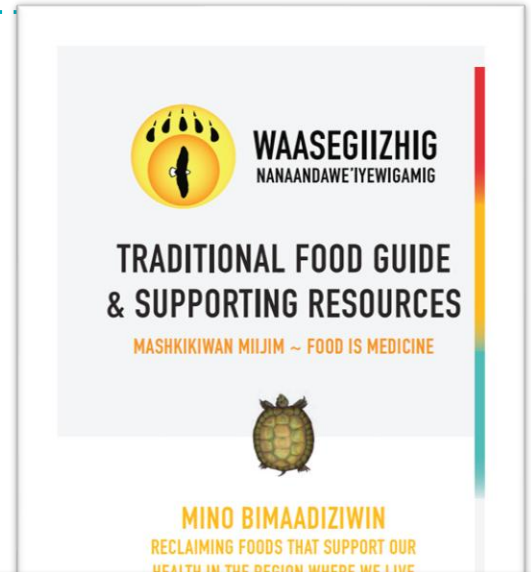
Check out the resources below for more information:
Healthy Parents, Healthy Children healthyparentshealthychildren.ca

Call Health Link at **811** for breastfeeding, infant feeding and mental health advice and local resources

© 2023 Alberta Health Services, Promoting Health. This material is intended for general information only and is provided on an "as is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any...

Community support

- Peer support programs can deliver evidence informed, non-judgmental support
- Dedicated spaces at community events (breastfeeding tipis at pow wows)
- Representation matters



BREASTFEEDING

Breastfeeding is the first traditional food and medicine. The first food is breast milk. It is free and healthy, and it is the only food your baby needs for the first 6 months of life. Breast milk has antibodies that can help your baby to fight off infection.

Talk to other parents, Elders and family members about breastfeeding. Family members can encourage and support the mother when she is breastfeeding, by making sure she has healthy food and help around the home.

Health promoters can share The Creator's Gift to Mothers video with new or expecting moms. The video offers information about the benefits of breastfeeding: health benefits to mom and baby; alcohol and substance use while breastfeeding; smoking and breastfeeding.

The Creator's Gift to Mothers <https://www.youtube.com/watch?v=rkaxLG5WBw>

Breastfeeding has benefits for the mother:

- It helps control bleeding after the baby is born.
- It protects against some cancers.
- It reduces the need to buy and measure formula, sterilize nipples, or warm bottles.
- It saves time and money.
- It gives you regular time to relax quietly with your newborn and bond.
- It can help in achieving a healthy body weight after pregnancy.
- It can reduce the risk of developing Type 2 diabetes and other chronic diseases.

Birthing practices

- Indigenous people living in rural or remote areas are more likely to have to travel >200 km away from home for birth compared to non-Indigenous people. Policy to allow a support person to accompany the birthing parent was only introduced in 2017.
-

Health care access

- Attendance to appointments and prenatal classes can be hindered by barriers
- Remote prenatal education has been demonstrated to increase prenatal education participation and bf initiation in remote communities



Photo: [Resources - Alberta Indigenous Virtual Care Clinic](#)

Mass evacuations and infant feeding

Four themes reported by evacuees:

1. General stress from evacuation
2. Nutrition and food security
3. Perception of low milk supply/lactation issues
4. Breastfeeding contributed to coping and provided a means of comfort and nurturing

Recommendations:

- ✓ Build lactation & feeding support into incident command systems, evac procedures
 - ✓ Access to lactation support at relief centres
 - ✓ Infant care areas at relief centres, including privacy for breastfeeding
 - ✓ Communication & outreach included in emergency planning and public health planning
-

Parental education

- Start early and often
 - Early pregnancy: informed choices, start with the basics (next slide)
 - Late pregnancy: how to, immediate postpartum period, early challenges
 - Understanding the difference between “trying” and “learning”
 - Just because it’s part of our nature, is it fair to call it a “natural behaviour”?
-

Prenatal education topics

- Importance of:
 - Immediate skin to skin contact (still a benefit to bf if done by partner)
 - Early initiation of breastfeeding
 - Rooming in
 - Milk supply and demand basics
 - What is normal
 - Baby's feeding cues
 - Where to find help
-

Trauma informed care

Tools & Tips: Assessment

Trauma informed care

Practical
Guidelines

Understanding trauma universally

Acknowledging positionality

Empathetic listening

Empowering decision making

Survivor presentations



- Hypervigilance
- Self-protecting communication
- Flat affect
- Fixation or unexpected priorities
- Disordered eating

Trauma informed breastfeeding assessments

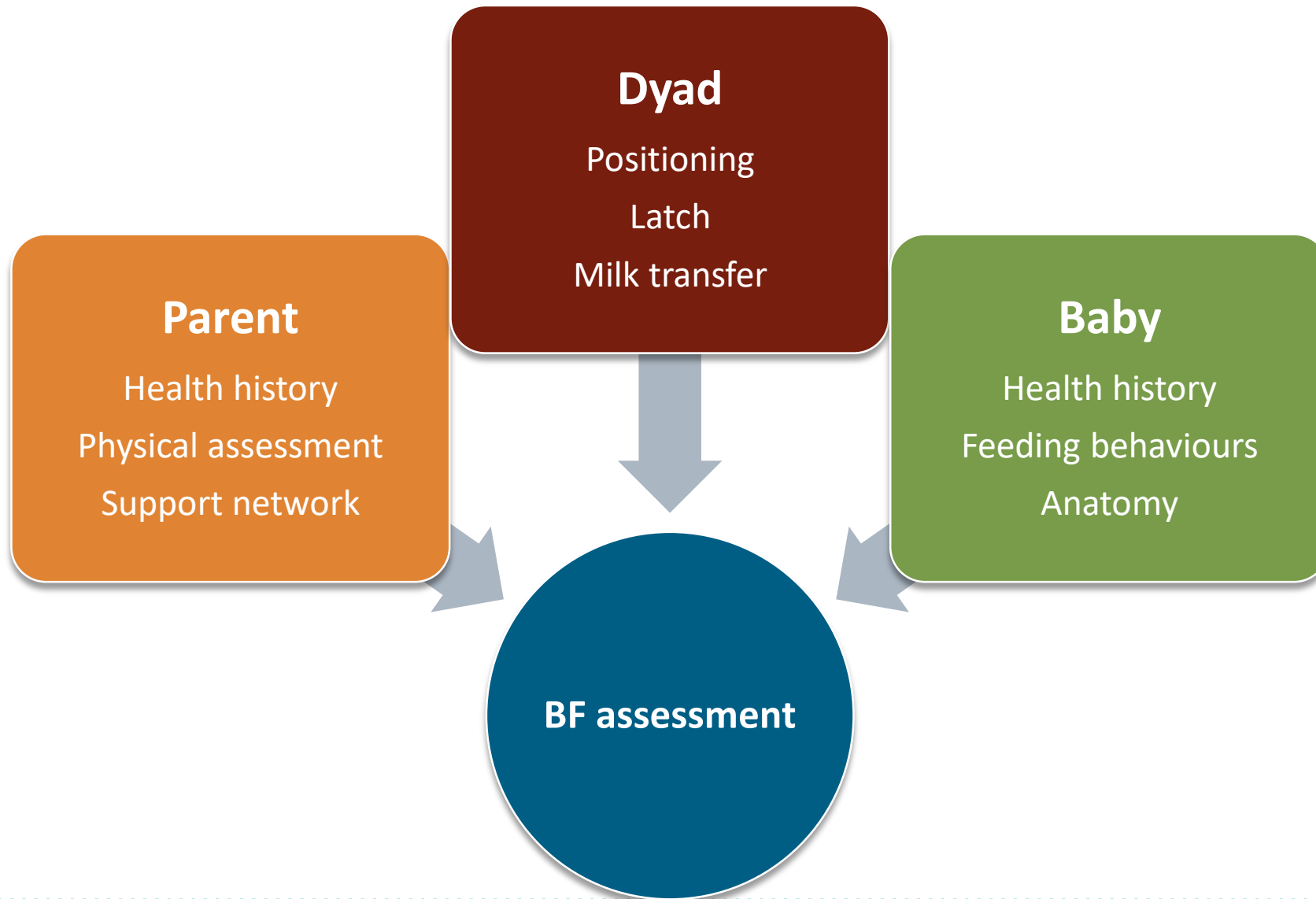
Safe spaces

Consent

Safe touch

Empowerment





Parent: health history

Medications: [Lactmed database](#), [Hale's Medications & Mother's Milk](#), [Infant Risk centre](#)

Conditions that affect milk supply:

- Diabetes
 - Thyroid disorders
 - Polycystic ovarian syndrome
 - Retained placenta
 - Postpartum hemorrhage
-

Diabetes

- Less likely to initiate breastfeeding
 - Gestation diabetes: reduced risk of developing type 2 DM
 - Lactation helps to “reset” metabolic changes in pregnancy: glucose and fat stores are used for milk production
 - More likely to experience delayed LII –Increased risk of large for gestational age infant (can have difficulty feeding), infant growth pattern may be altered
-

Cannabis use

- May shorten duration of breastfeeding by disrupting signaling pathways involved in milk production.
 - Cannabinoids can pass into breastmilk, and are slow to metabolize, making it difficult to minimize exposure to baby
 - Short term effects: sedation, lethargy, poor feeding
 - Long term effects: possible effect on brain development
 - Many parents report using cannabis for mental health reasons or coping with life stressors
-

Cannabis continued

- Ask permission to share what you know about cannabis and breastfeeding
- Minimize use and baby's exposures
- Steps to minimize secondhand smoke
- Change clothes after smoking, wash hands,

[Infant risk website](#) can be a useful resource for info on recreational drugs

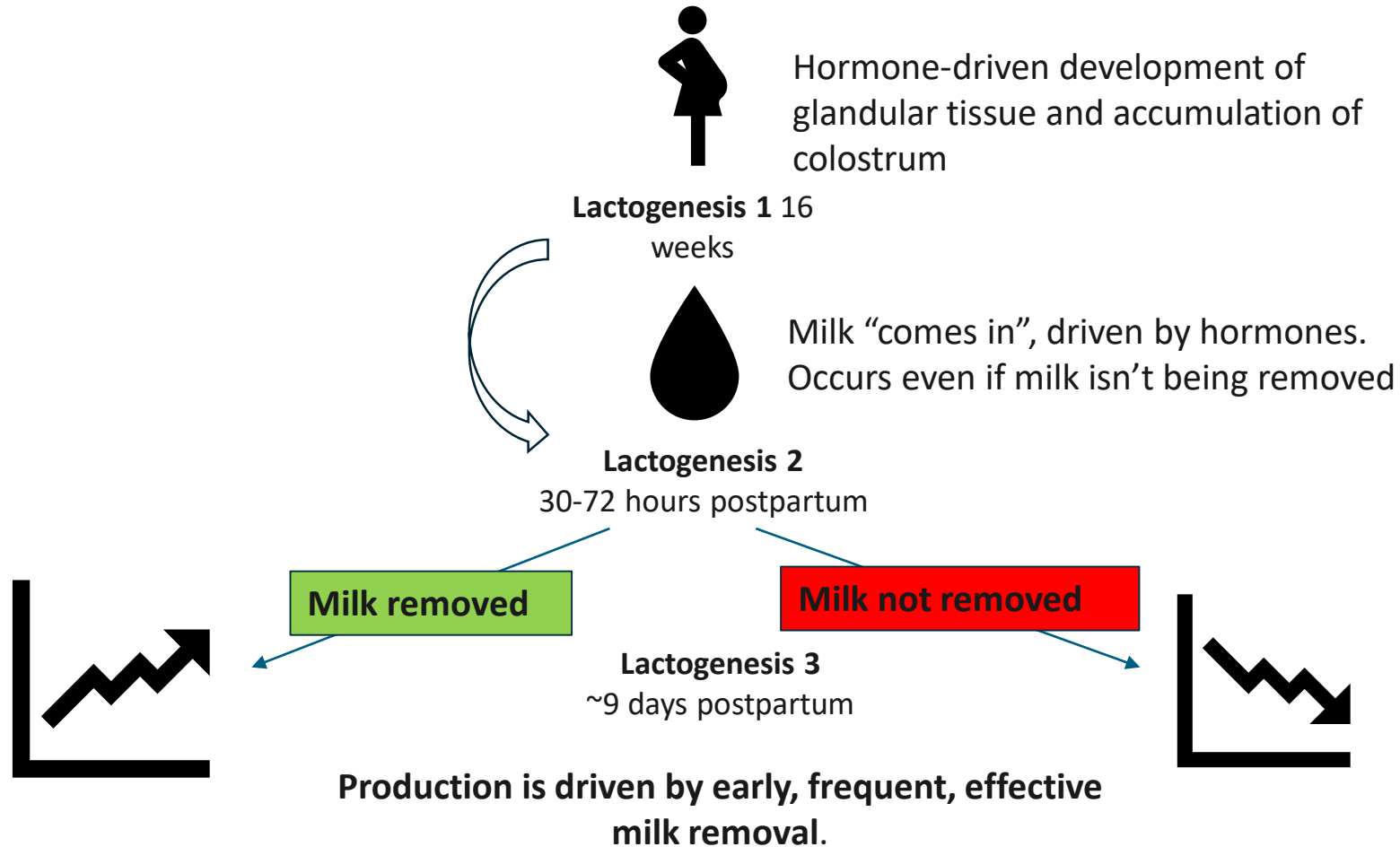
Parent: physical assessment

- Milk is produced and stored in glandular tissue in the breast.
- During pregnancy, this glandular tissue grows in number and size under hormonal influence. This is one reason why breastfeeding is more likely to occur with subsequent pregnancies compared to first time parents.
- Most of this tissue is located within a 3cm radius of the base of the nipple (implications for latching and expressing)



Photo retrieved from Geddes 2009.

Building a milk supply



Risk factors for delayed LII

There are many reasons that Lactogenesis II *may* be delayed:

- Maternal age > 30 years
- Cesarean section
- Long stage II labour
- Diabetes
- Obesity
- Polycystic ovarian syndrome
- Breast reduction surgery
- **Stress**

Skin to skin, rooming in, cue-based feeding, pumping if needed.
Watch baby's intake closely.

Milk supply issues

Breast tissue changes continue after baby is born in response to suckling and/or pumping.

Reasons for failed* lactogenesis

- 1. Disrupted signaling** – retained placenta, hormonal disruption
 - 2. Anatomical** – insufficient glandular tissue, breast surgeries
 - 3. Lack of effective stimulation** – ineffective or infrequent milk removal
-

Undersupply

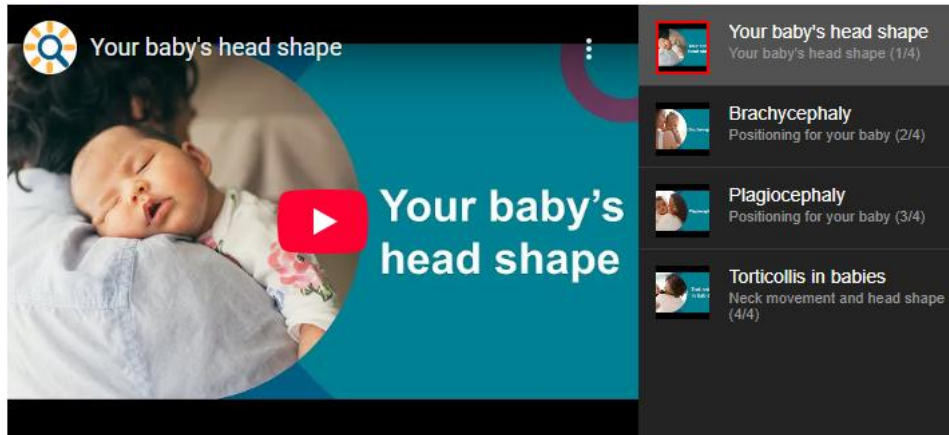
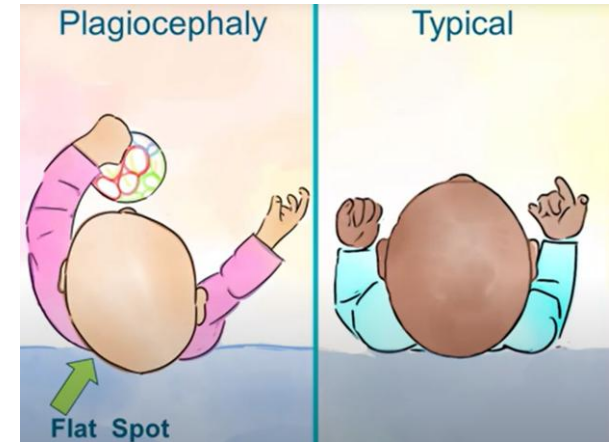
- Signs/symptoms of poor hydration
 - Growth faltering,
 - Feeding behaviours:
 - Body holds tension, clenched fists that don't relax
 - Worried facial expression
 - May be frustrated – arching, frequent unlatching
 - When not at breast, behaviour is passive
 - Can be confused with silent reflux symptoms – growth assessment is important
-

Potential false alarms

- Breasts no longer feel full/firm after the first few weeks
 - Baby suddenly cluster feeding
 - Fussiness and difficulty soothing in evenings
 - Not feeling letdown
 - Milk isn't leaking
 - Low volumes being pumped
-

Infant: physical assessment

- Asymmetries
- Body tension (head shape)
- Oral anatomy (next slide)



Photos: Alberta Health Services

Infant: oral anatomy and function

- **Pre-feeding reflexes:** palmar grasp, rooting, gaping
- **Lips** – tone, seal
- **Palate** – short, wide, slightly arched
- **Tongue** – ability to cup nipple, peristalsis (wave like motion from front to back)

Allied health professionals (SLP, OT, PT) may be able to help with oral assessments

Latch

- Chin in contact with breast (more space between nipple and chin can help deepen latch)
- Lower lip flanged, upper lip neutral
- Tongue visible in corners of mouth
- Nose is free
- Cheeks in contact with the breast

More important than appearance – it feels comfortable!

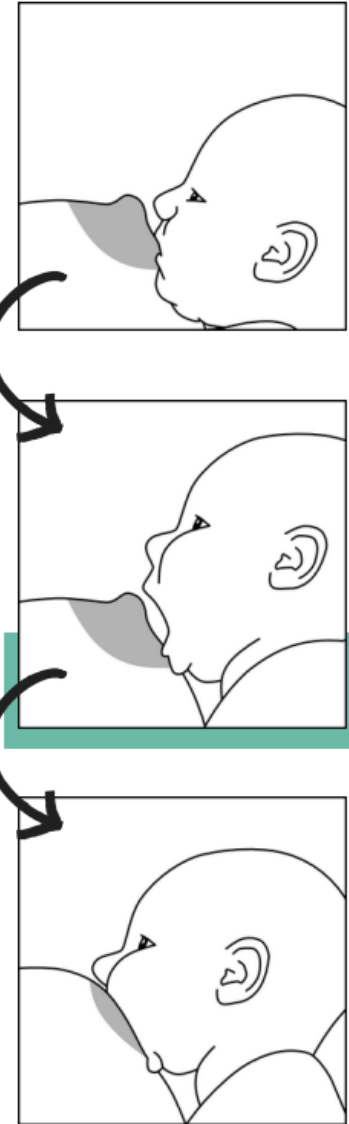


Photo: La Leche League

Tips for feeding observations

- **Set up** – privacy, chair without arm rests, foot stool, feeding pillow, small towel. Work at parent's eye level.
- **Feeding cues** and how parent responds
- **Positioning** – adequate contact, alignment, parent's posture
- **Latch** – mouth opens wide, chin to breast, cheeks stay full, maintained, suck is quiet and coordinated
- **Milk transfer** – 1 to 2 sucks per swallow after LII, unlatches spontaneously, baby relaxed after feed, breasts feel softer (after LII, may not be noticed for older babies), baby is growing well

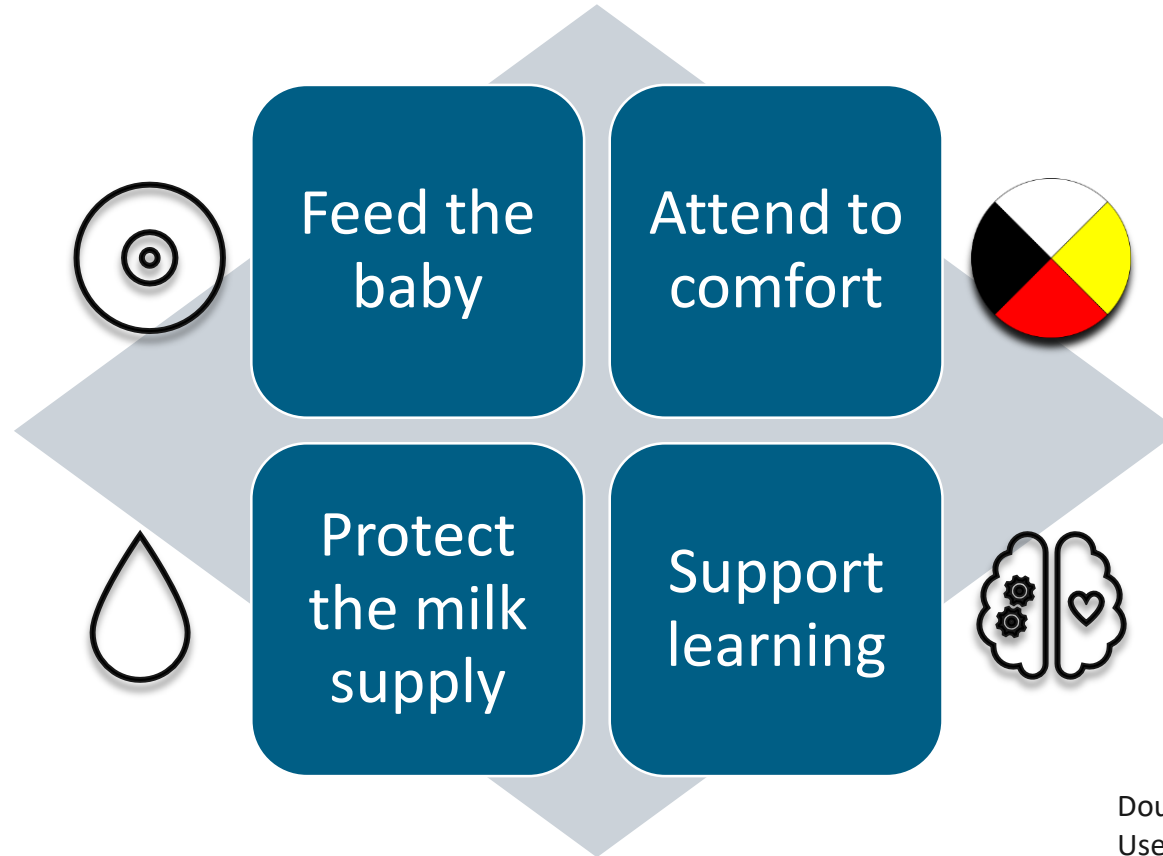
When providing suggested modifications, use verbal cues rather than “hands on” method when possible. **Always ask permission before touching parent or baby.**

Possible concerns seen

- Baby is too hungry or not hungry enough
 - Inability to comfortably feed on both breasts
 - Position is painful, or feeding is overstimulating
 - Latch – shallow, slipping off, cheek dimpling, pain
 - Milk transfer – more than 3 sucks per swallow, slow weight gain, arching and unlatching, “worried” look, unsettled after feed or falling asleep
-

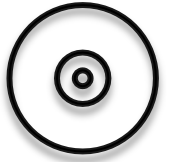
Tools & Tips: Intervention

Douglas College's Four Organizing Principles for the Breast/Chestfeeding Supporter



Douglas College, 2021
Used with permission.

Increasing intake at the breast



- Address underlying problem
- Skin to skin
- “When in doubt, whip it out” - feed 8 or more times per 24 hours
- Offer both breasts at each feed, using breast compressions before switching
- Optimize position and latch

Tools: nipple shields

- Nipple shields can help provide extra structure to the nipple/areola tissue, making it easier for babies with low oral tone to grasp
- Ensure good latch
- Education on applying and Cleaning

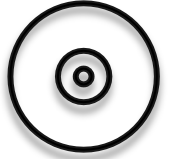
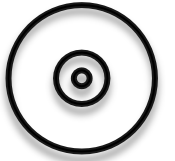


Photo: La Leche League Canada



Supplementation

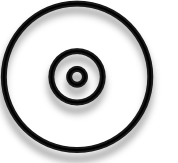
Providing supplemental human milk or formula to a baby feeding from the breast

- Consider overall picture: weight gain, parent's goals/preferences, infant and parent factors involved in bf difficulty, context of feeding routine

[Medical Indications for Supplementation - Breastfeeding Committee of Canada](#)

How much and how often?

- Give parents an estimate of how much their baby *might* need (next slide)
-



How much to supplement

Baby giving hunger cues or good efficiency at breast:

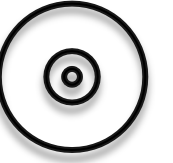
Cue-based feeding, assess education needs

Not giving hunger cues or low efficiency at the breast:

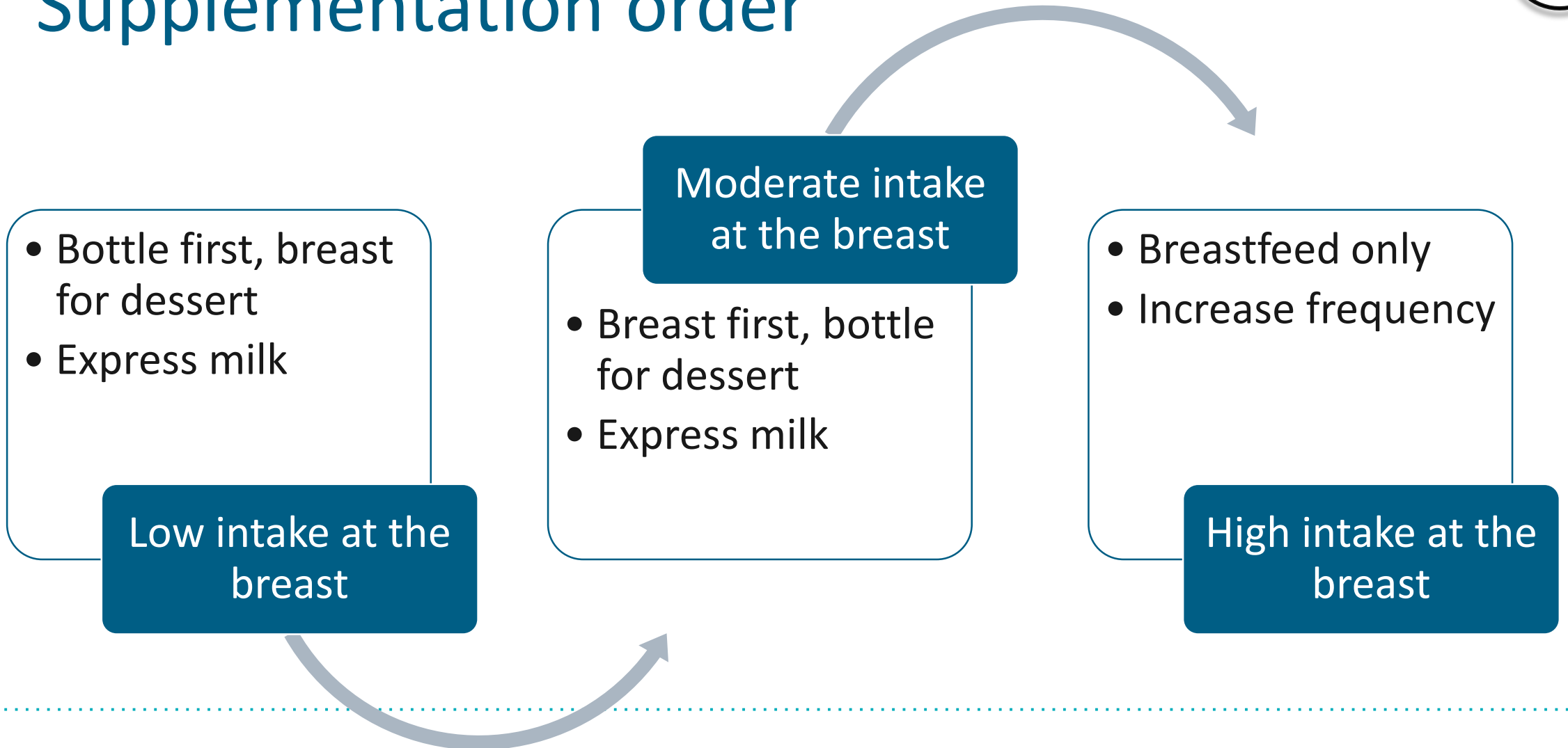
Give a guide for supplement volume:

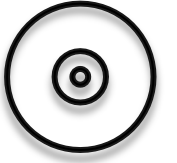
- 1-3 weeks: **60-90 mL (2-3 oz)** per feed
- 3 weeks+: **90-150 mL (3-5 oz)** per feed

Lower growth and more difficulty at the breast means higher frequency of supplemental feeds.



Supplementation order





When to stop

- ✓ Close follow up of weight gain is needed
 - ✓ Feeding behaviours and skill, indicators of milk supply
 - ✓ Trial and error process
-

Attend to comfort



- Ask about **physical pain** during assessment – sore breasts/nipples, recovery from birth, clogged ducts, mastitis, muscle/joint pain from feeding posture
 - Consider possible pain in baby – trauma from delivery, oral anomalies, thrush
 - **Emotional comfort** – attachment/bonding, signs of perinatal mood disorders, past/current trauma
 - **Mental comfort** – decisions around feeding plan
 - **Spiritual/cultural** - include spiritual/cultural practices in your intervention
-

Physical pain in parent



Sore nipples: assess positioning/latching technique, infant oral restrictions, eczema, thrush

- Nipple shield can help protect damaged nipples and may help with latch
- Lanolin for tissue protection; some parents may experience dermatitis. All-purpose nipple ointment (APNO) is not well supported by available evidence and is not recommended

Wound care:

- Wash with soap and water 1-2 times per day, flush with tap water after breastfeeding or pumping; can apply expressed milk or lanolin
-

Increasing milk supply



- Breastfeed on cue
 - Optimize milk transfer
 - Ensure good latch, use breast compressions, hands-on pumping, good flange fit
 - Empty breasts more often (power pumping)
 - Avoid periods of more than 4 hours* without milk removal
 - Check for pregnancy
 - Review hormonal contraceptives
 - Avoid herbs that may decrease supply: peppermint, sage, jasmine flowers, chaste berry. **
-

Milk supply – making it sustainable



- Triple feeding (breast, bottle, pump) has the potential to cause burnout if not done with care
 - Collaborate with parent on what is reasonable to aim for
 - Focus interventions on daytime feeds and keep night feeds simple. Limit night pumping to once per night if needed.
 - May see great results with 4-6 pumping sessions per 24h
 - Double pumping, hands on pumping when possible
 - Power pumping
-

Power pumping

Meant to mimic cluster feeding

Use a double electric pump if available

Hands on pumping technique can increase milk flow



1-2 times per day (e.g. morning and evening) for 2-3 days



Alternate pumping for 10 minutes, rest for 10 minutes, 3x in an hour

NIHB coverage for breastfeeding aids

Eligible without prior approval:

- Nipple shields
- Manual breast pump
- Prescribers: MD, NP, RM, RN, LPN/RPN, RD, Dt.P

Eligible with prior approval:

- Electric breast pump (rent or purchase)
- Prescribers: MD, NP, RM, RN, RD, Dt.P

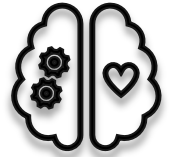
Info about who can prescribe/recommend and forms are available online:

[9.0 Self-care equipment and supplies benefits list](#)

Recommendation form (One Health):

[Breast Pump Form-Updated March 2025 2.pdf](#)

Support learning



- Informed decision making is an ongoing process
 - Explain assessment findings and reasons for your interventions along the way. They should understand why they are being asked to do something.
-

Resources

- Canadian Lactation Consultant Association: [Canadian Lactation Consultant Association- Find A Lactation Consultant](#)
- [La Leche League Canada](#)
- [Alberta breastfeeding committee](#)
- [Breastfeeding Committee of Canada](#)
- [AHS Pediatric Rehabilitation](#)
- [AHS breastfeeding clinics](#)



Resources to support your learning

- [Breastfeeding Atlas](#) – IBLCE exam guide by Barbara Wilson-Clay, Kay Hoover
 - [The Melanated Mammary Atlas | Health Movement](#) – web app with searchable database of images featuring brown breasts
 - [20-Hour Breastfeeding Course | Alberta Health Services](#) (free)
 - [Indigenous Milk Medicine Collective](#)
 - [Practical Considerations for Working with Indigenous Mothers](#)
-

Summary and evaluation

Summary

- Fostering self-efficacy and autonomy are important pieces in informed decision-making discussions
 - Feeding decisions and outcomes are complex, influenced by many determinants. Engage the client's support network in helping them to meet their goals.
 - Breastfeeding interventions must be trauma-informed and can be organized into 4 principles: feed the baby, attend to comfort, protect the supply, support learning.
-

With deep gratitude



I wish to extend my deep gratitude to the many survivors of Residential Schools, the Sixties Scoop, and the numerous atrocities of colonization, who have bravely shared their stories and kept their respective cultures alive.

Please share
your thoughts

Walking Alongside Families in
Breastfeeding Telehealth Session
Feb 25, 2026



Mahsi cho Questions?

Cristine.kitzman@ahs.ca

