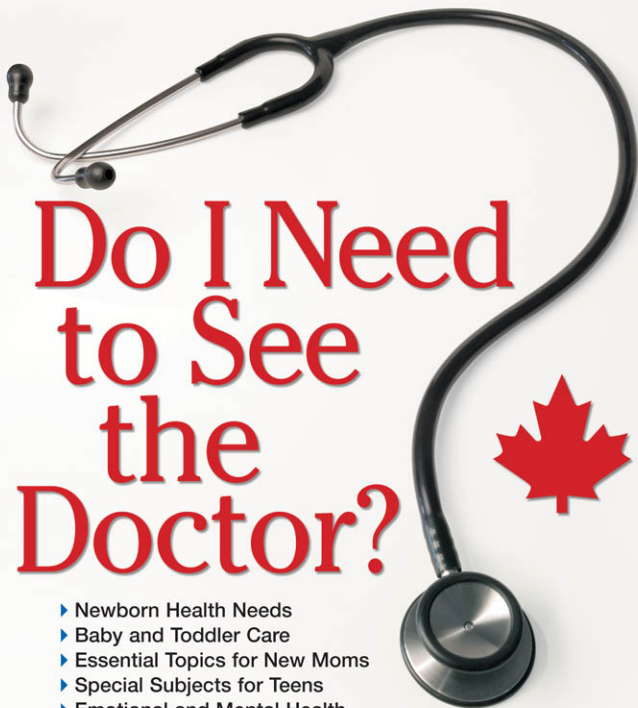


THE HOME TREATMENT ENCYCLOPEDIA
WRITTEN BY MEDICAL DOCTORS



Do I Need to See the Doctor?

- ▶ Newborn Health Needs
- ▶ Baby and Toddler Care
- ▶ Essential Topics for New Moms
- ▶ Special Subjects for Teens
- ▶ Emotional and Mental Health

Dr. Brian Murat
Dr. Greg Stewart
Dr. John Rea

Do I Need to See the Doctor?

THE HOME TREATMENT ENCYCLOPEDIA

— WRITTEN BY MEDICAL DOCTORS — THAT LETS YOU DECIDE



**DR. BRIAN MURAT, DR. GREG STEWART and
DR. JOHN REA**

 **WILEY**

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Attention

The approach to medical problems is always in evolution. The incorporation of new research, broader clinical knowledge, new technology and new medication may change the best way to manage medical problems. The writers, editors and publishers of this book have made their best effort to create a publication which uses the most up-to-date information available and have given advice that, at the time of publication, would be in accord with standards of practice. However, in view of human error, changes in medical science or misunderstanding by the reader, neither the writers, publishers nor any other party involved in the preparation or distribution of this publication warrants that information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from use or misuse of such information. Readers are to be aware that this publication does not at any time replace medical practitioners and that people should always seek out a medical opinion if they feel it is warranted.

To our mothers

Whose practice of common sense home-based therapy is an inspiration. They swear that we are alive today as a direct result of their therapeutic application of a tincture of time, a mustard poultice or a gravol suppository whenever they were needed.

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Auralgan	Correctol	Opticrom	Tempra
Axid	Depends	Oxy Daily	Triaminic
Bactine	Dimetane	Oxy 5	Tums
Benadryl	Dimetapp	Pedialyte	Tylenol
Benzagel	Dulcolax	Peniten	Valium
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Bricanyl	Gastrolyte	Polysporin	Ventolin
Buro-sol	Gaviscon	Prepulsid	Viagra
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Chlor-Tripolon	Imodium	Roloids	Zantac
Claritin	Kaopectate	Salinex	Zincofax
Clean and Clear	Kool-Aid	Sennakot	Zyban
Continuous Control	Lansoyl	Solarcaine	

The recommendation by the authors to use specifically named products in this publication is based solely on the authors' practice patterns. The list in no way represents the entire range of products available, nor does it suggest superiority over other products on the market. The authors recommend that consumers ask their pharmacists for advice about product purchases.

F O R E W O R D

The rationale for this invaluable publication is simple: it is satisfying to assist families in making independent decisions when caring for themselves, elderly relatives or sick infants. No one wants the inconvenience or worry of waiting to see the doctor if they do not need to. Making decisions for oneself is a wonderful, empowering feeling, and this little book can safely guide at a time when parents are anxious about a new infant or are faced with a sick child or elderly relative. Parents can, and should, trust their instincts about their own children and will find here the support they need. There is practical advice for the new mother struggling with her body's adjustments to childbirth, and for both parents, worried and exhausted, pacing with a crying baby in the wee hours of the morning, there is the answer to the common question, Is it safe to wait?

Do I Need to See the Doctor? is an excellent addition to the self-care library. Ever since John Wesley, the founder of the Methodist church, wrote his book, *Primitive Remedies*, in 1747, there have been scores of books published with the same intent. The uniqueness of this particular addition lies in its simplicity. Today, the ease of access to information on the Internet has given rise to a need for the simplification of information in one place. Not all home remedies are worthwhile, and people need to be able to trust what they are reading. The format of carefully researched flowcharts and authoritative and experienced advice ensures that trust. By necessity, this is not a comprehensive encyclopedia, but it is an important resource for the most common health problems for which patients seek guidance.

For the past several years, I have been privileged to be part of the discussions swirling around the need to deliver primary care to Canadians in a more effective yet comprehensive manner. It is evident that family physicians are not just a resource to their patients, but to the larger community as well. Encouraging parental and patient confidence, Drs. Murat, Stewart and Rea have contributed to the healthcare system well beyond their office walls. Resources like this, when used effectively, can improve access to care for all, since only those who really need medical attention seek it out. With healthcare resources stretched to the limit, any safe and effective way to reduce and streamline demands—such as this book—will be welcomed by healthcare providers and taxpayers alike. In fact, I think it would be a good idea for physicians to keep copies of *Do I Need to See the Doctor?* in their examination rooms, the better able to demonstrate to patients how to use this tool the next time similar symptoms develop.

David J. Mathies, MD, CCFP, FCFP
Past President, Ontario College of Family Physicians
Chief of Staff, Muskoka Algonquin Healthcare
Family Physician, Huntsville, Ontario

The Family Medicine Chest

Illnesses and accidents don't happen on a schedule. We suggest that you plan ahead and have the following products in your home for quick treatment without delay.

Acetaminophen (**Tylenol**, **Temptra** or generic)
in liquid, chewable tablets or regular tablet form as appropriate for age. Check the dosage chart on page 58 to help you decide the dosage you need.

Ibuprofen (**Advil**, **Motrin** and others)
in tablet or liquid form for adult or child use

Dimetapp or other combination
decongestant and antihistamine preparation

Diphenhydramine (**Benadryl**)
or other oral antihistamine
for allergic reactions and itching rashes

Cough medication containing DM (*dextromethorphan*)

Dimenhydrinate (**Gravol**)
suppositories and tablets for nausea and vomiting

Anaesthetic mouth spray such as **Chloraseptic** and lozenges of any type to soothe a sore throat

Local anaesthetic spray and ointment
for cuts and scrapes such as **Bactine**, or benzocaine (**Solarcaine**)

Antibiotic ointment such as **Polysporin**
for burns and scrapes

Antibiotic eye drops or ear drops such as **Polysporin**
for pink eye and ear infections

Antacid (**Maalox**, **Riopan**, **Tums**, **Roloids**, etc.)
for heartburn or indigestion

Check with your pharmacist for advice about substitutions to this list.

How to use this book

This self-help book has been designed to assist people, in otherwise good health, to deal with some of life's common health problems. It is not designed to replace your doctor. It was written to give people some of the knowledge needed to better treat these common problems. This book will give you advice that you may receive from a doctor without the inconvenience and expense of an office or emergency room visit.

People with serious medical problems such as severe lung disease, heart disease, kidney failure, diabetes, liver disease, cancer or Aids will frequently need to seek medical assistance earlier to reduce the chance that the chronic or serious medical condition will get worse. If you are unwell and cannot cope you must see your family doctor or go to the hospital.

When we refer to children in this book we mean anyone under 16 years of age.

To use this book properly:

1. Select your topic and read that section thoroughly, from start to finish, before using the advice given.
2. Re-evaluate how you or your child is doing regularly during the illness.
3. Consult your doctor or go to the hospital immediately should you or your child's condition be rapidly changing for the worse. Anyone who appears very ill should see a doctor promptly.
4. Read this book over **BEFORE** you need it in an urgent situation. **THE INFORMATION PAGES** will help you make decisions about products you may wish to buy from your local pharmacy.

Initially some charts in this book may look difficult. All questions are answered by a "YES" or "NO". Just follow the arrows and you will find it very user friendly.

What do you need?

You must be genuinely interested

Keep this book in a handy place where you can easily find it whenever you have a health problem. Use this book to improve your skills in caring for yourself and your family. It would also be a good idea to take **THIS BOOK** with you when you are travelling or on vacation. Proper and timely use of this book may save you from making unnecessary hospital or doctor visits.

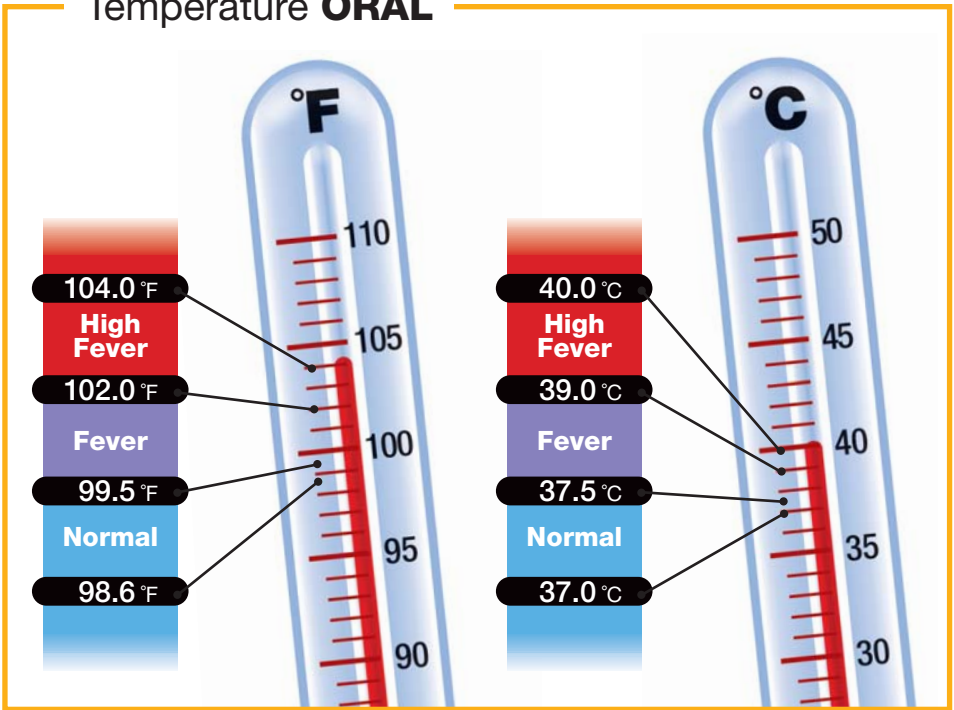
You will need some tools

Making wise decisions about health problems is easier when you have the right tools. **YOU NEED A GOOD THERMOMETER.** Your hand on someone's forehead can give false information. The best thermometer to buy is an electronic digital, with glass thermometers the second best option. Temperature strips are not accurate and should not be trusted. Tympanic or ear thermometers are more difficult to get accurate results from.

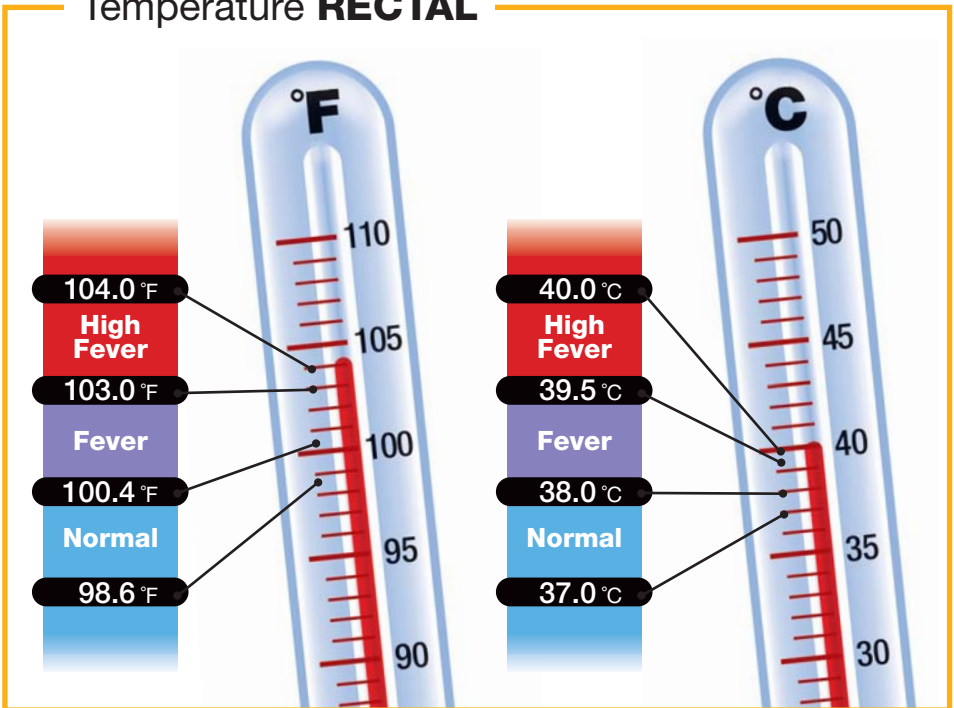
If you are using glass thermometers you will need one for oral and one for rectal use. Washing a thermometer in hot water may cause it to break.

See page 5 for more information about taking a temperature.

Temperature **ORAL**



Temperature **RECTAL**



“Did you know that fever may help us fight infections? However, we often feel better if we treat the fever.”

Fever

What you should know about fever

A fever, or an elevated body temperature, is usually a symptom of infection and not usually a problem of itself. It is one of the ways that we fight infection. If the fever is not causing a problem, you do not have to treat it, though you will often feel a lot better if the fever is treated. A fever should prompt a parent to watch for a source of infection. Viral infections do not have specific treatments. If the fever is high or prolonged despite home therapy, then a visit to your family doctor is advised. Children under 3 months of age, anyone on chemotherapy, anyone with a serious ongoing disease, and those who have had recent surgery should seek medical advice about all fevers.

What is fever?

	Normal	Fever	High Fever
--	--------	-------	------------

Temperature Orally (taken by mouth)	up to 37.5°C (99.5°F)	37.5 - 39.0°C 99.5 - 102°F	over 39.0°C over 102°F
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Temperature Rectally (taken by rectum)	up to 38.0°C (100.4°F)	38.0 - 39.5°C 100.4 - 103°F	over 39.5°C over 103°F
--	------------------------	--------------------------------	---------------------------

Keep in mind that body temperature may rise with exercise, with overdressing, after a hot bath, or as a result of very hot weather. Be sure to recheck a temperature you are unsure of in 30 to 60 minutes.

How to take a temperature

When taking a temperature you must have the right equipment. You cannot depend on the feel of a forehead with your hand to determine someone's temperature accurately. As discussed on page 3 we recommend you obtain either an electronic or glass thermometer. Temperatures are best taken rectally or orally. You should take a look at the thermometer before use and note how you have to rotate the glass to see the mercury or alcohol. As noted above, the oral temperature may be lower than the rectal temperature because the mouth is cooled by breathing. Be sure you shake the glass thermometer down below 37°C or 99°F before using it.

AN ORAL TEMPERATURE may be used in older children or adults.

Oral temperatures may be falsely high or low depending on recent hot or cold drinks. Wait about 10 minutes after drinking to take an oral temperature.

A RECTAL TEMPERATURE is more accurate and should be performed if possible.

This is important in young children who may not cooperate for an oral temperature or may bite a glass thermometer. *Taking a rectal temperature does not hurt the child.*

How to take a RECTAL temperature

1. Lay the child over your lap.
2. Lubricate the thermometer with **Vaseline** or other lubricant.
3. Hold the thermometer about 1 inch from the end to prevent insertion more than 1 inch. Do not force it.
4. Read the temperature after 2 minutes with a glass thermometer, or when the electronic thermometer "beeps".

How to take an ORAL temperature

1. Place the oral thermometer under the tongue on one side or the other towards the back of the mouth.
2. Be certain that it is being held by the lips, not by the teeth.
3. Leave the thermometer in place for 3 minutes before reading the temperature.
4. If the child cannot nose breathe because of congestion, you can suction out the nose first with a small suction bulb. Mouth breathing while taking the temperature will falsely lower the temperature.



We feel that armpit temperatures and skin temperature strips are inaccurate and are not advised.

Topics for Mother and Newborn Child

- 8** Breast-feeding
- 13** Formula or Bottle-feeding
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INTRODUCTION

This section is intended to help new mothers and their families deal with some of the most common health issues that affect them and their newborn babies, the problems that arise shortly after delivery and during the first year of baby's life. Many of these issues are not illnesses but common things that happen to most new mothers and babies, which can cause unnecessary worry and stress. Although most of these common complaints have several possible solutions, often there is no one "perfect" answer. This information will not replace your doctor, but hopefully it will allow you to deal with many issues on your own and help guide you to decide when a doctor visit is needed.

The most important thing to remember is that you will have some discomfort after giving birth, and will also be easily fatigued. This will limit your ability to do everything around the house, but it is more important to look after yourself and your baby. Don't worry about the smaller day-to-day issues. Get your rest and make a little time each day for you. Your baby will only be a baby once so try to relax and enjoy these early months.

How to make the best of your doctor visits

Standard post-delivery care

If you see your family doctor or midwife for care during your pregnancy and delivery, they will continue to care for you and your baby after delivery. If you have seen an obstetrician for the delivery, they will want to see you after the delivery and will refer your baby for care with your family doctor or a pediatrician. Most babies do not need to see a specialist for routine care. Your family doctor will refer you to a pediatrician if necessary.

Mothers are usually seen for a routine post-delivery check-up about 6 weeks after delivery. If there were any complications during late pregnancy or delivery, your doctor may want to see you sooner. During this visit, you should expect an examination including blood pressure, pelvic exam, PAP test and a check of wound repairs. If there were any problems during pregnancy, such as toxemia, diabetes or high blood pressure, these problems will also be reviewed. Blood tests to check blood counts (hemoglobin) might be ordered. You should also have a discussion with your doctor about birth control during this visit, and remember that breast-feeding does not offer effective birth control.

Most doctors will want to see your baby within the first week of birth (5 to 10 days of age). During this visit, they will conduct a general examination, check the baby's weight, assess feeding and answer any pressing questions you have. It is important that you come prepared for this visit—you may feel overwhelmed by the first few days and need to make yourself a short list of the most important issues.

Further appointments for your baby will normally be planned for 1, 2, 4, 6, 9 and 12 months. These appointments are to assess growth and developmental milestones. At these appointments the doctor will repeat the general examination and administer immunizations as required.

If you have any problems between appointments you should contact your doctor to make arrangements for a special appointment.

When you see your doctor

Most women have had several visits with their doctor during their pregnancy so that by the time they deliver their baby, they are comfortable in the relationship. Being able to talk to your doctor and communicate clearly with each other is the single most important factor in your relationship.

Before your appointments it is often helpful to make a short list of the issues that are most important to you and your baby. This can be limitless, but the time your doctor has for you at any one appointment is not. We suggest that you bring up the most important issues first. If you have issues that don't seem to be dealt with to your satisfaction then you should make a special appointment to deal with them separately.

Babies cannot tell you how they are feeling so it can be difficult to know exactly what the problem is. The best way to find the solution to a problem is to see your doctor again if the problem persists. Often a repeat check-up will help you both arrive at a proper diagnosis and solution.

Breast-feeding

Introduction

Breast milk is human milk for human babies. It is nutritional, convenient and inexpensive. Breast milk may provide protection from infection as it contains antibodies that fight infection, as well as protection from illnesses like asthma and diabetes. Breast-feeding may also protect mothers from developing breast and ovarian cancer.

Even though breast-feeding is natural and possible for almost all mothers and their babies, it is sometimes difficult to get started. The following are some steps, which can lead to successful breast-feeding.



1. Before delivery, learn about breast-feeding. Search out breast-feeding support groups; attend prenatal classes; read books; watch videos.
2. At delivery, have the baby placed on your tummy as soon as possible. Studies have shown that babies instinctively move to and will latch onto the breast in the first hour after birth. This can be a very positive first step to getting the feeding off to a good start.
3. Learn what a good latch is and what effective nursing feels like.
4. Accept support from your husband, family, public health nurses, lactation specialists and interested friends.

How breast milk changes

1. From birth to about day 3 the breasts will produce a thick yellow fluid. This is called colostrum and it is high in vitamins, proteins and antibodies to protect your baby from infection. It is also a mild laxative that helps babies move their bowels.
2. From day 3 to day 10, early milk is produced. It contains more water.
3. From day 10 on, mature milk is produced. This milk is unique in that it changes its make-up during each feed, with the fat content increasing during the feed. This means that most of the fat is passed to baby near the end of the feeding.
4. Breast milk has more fat than protein (60% to 40%), while formula is usually the opposite, 40% fat and 60% protein.
5. Formula is nutritious but it is not the same as breast milk.

The latch

A proper latch makes it easier for the baby to eat and causes fewer problems for mother.

- ▶ Cradle baby firmly with baby's mouth facing your breast. Support baby's head with one hand, while pressing baby's bottom against your chest.
- ▶ Wait for baby's mouth to open wide, then pull the baby onto the breast letting the chin hit the breast first. Don't put the breast into baby's mouth. Baby's lips should be flared back on the breast.
- ▶ The nipple should be in the top of baby's mouth. There should be no pain when baby sucks.
- ▶ The areola (coloured part of the breast around the nipple) should be covered by and in baby's mouth. It is most important that the lower half of the areola be covered.
- ▶ While nursing, the baby's chin should be well under the breast and nose very close to the skin of the breast.
- ▶ If well latched, gentle pulling away should not break the latch. There should be little or no pain felt at the nipple.
- ▶ Most mothers find that sitting upright with baby in the cradle position is easiest. Try lying down, sitting on a bed or other positions only after breast-feeding is well established.
- ▶ A pillow on your lap may help support a bigger or heavier baby. This is very helpful if you have had a C-section.
- ▶ If you don't have a proper latch, take the baby off and try again. Letting the baby feed with a poor latch will cause pain and poor feeding.
- ▶ If the breast or nipples are painful take the baby off and start again. Don't let the baby "nipple" feed. See **BREAST PAIN** page 46.
- ▶ Don't worry about anything else—they can wait.
- ▶ Relax!!! Have a warm drink. Let people help. Accept the support of husband, family, and professionals. It never hurts to hear that you are doing a great job either.



Is baby getting enough breast milk?

Proper suckling

Once baby is latched on, they will suck. This is a specific series of movements:

1. Baby opens mouth wider
2. Baby pauses as milk flows into the mouth
3. Baby closes mouth

These pattern repeats until the mouth is full and the baby swallows. You should be able to see and hear the baby swallow.

Breast-feeding

MOTHER AND NEWBORN

**START
HERE**

IS BABY GETTING ENOUGH MILK?

• Is baby latched properly?

NO

Review latch technique, if still having trouble see support person

YES

• Is baby sucking properly?

NO

Review proper suckling or see support person

YES

• Are there signs of adequate intake?
• By day 4 at least 6 soaked diapers in 24 hours

NO

Review signs of adequate milk intake below

YES

• Is baby gaining weight?
• Back to birth weight by 1 week
See growth charts

NO

Check with doctor at next visit

YES

Carry on with great breast-feeding!



Is baby getting enough milk?

By day 4 or 5, babies who are drinking well will have at least 6 soaked diapers every 24 hours.

Bowel movements change over the first few weeks. From birth to about day 3, the movements are tarry and black. This is called meconium.

After this, movements become seedy and yellow and can be passed 5 to 10 times daily.

After about 3 weeks, the stools become more yellow and soft, then brown as solid food is added. Movements may continue as frequently as after every feeding or may occur only once every 7 to 12 days.

How often should I feed?

From birth to day 3, you should offer the breast approximately every 1 to 3 hours during the day and every 3 to 4 hours at night. Sleepy babies may not be getting enough food, so you have to wake them to feed. Be sure to review "Is baby getting enough milk?"

After day 3, most babies will develop a pattern. Feeding schedules will vary from every 2 to 4 hours during the day and every 3 to 4 hours at night. With time, babies take more milk at every feeding as their stomachs grow and the time between feeds will lengthen. When babies will sleep through the night is quite variable.

Saving milk

Milk can be expressed from the breasts and saved for later use. It is best to express milk after baby has finished a feeding. Milk can be expressed manually by “milking” the breast between both hands or with a pump. We recommend using an electric pump. Rubber bulb pumps are not recommended.

Expressed milk should be stored in a sterile container. Heat glass containers for 15 minutes in the oven at 225°F/110°C. Milk can be stored for up to 5 days if refrigerated. If frozen, milk may be stored as follows:

- Refrigerator freezer for 2 weeks
- Self-contained freezer for 3 to 4 months
- Deep-freeze (0°F, -16°C) for 6 months

It is important not to cook the milk while thawing, so do not use a microwave or place it in boiling water—either let the milk thaw at room temperature or hold the bottle under a warm running tap. The milk will appear to have separated after thawing because the water and fat thaw separately. Just shake the milk gently and it will mix again.



When do I wean my baby?

There is no right answer to this question except that you should wean the baby when you are ready. Many of us have outside pressures that make breast-feeding difficult to continue, so you should not feel guilty if you have to wean your baby. Having accomplished even a few weeks of breast-feeding is terrific. Most experts would suggest that in a perfect world, the only necessary food for a child under the age of 2 years is breast milk.

If you wean your baby before the age of 1 year, you should replace the breast milk with a formula until the baby is at least 9 to 12 months of age. Please see **FORMULA FEEDING** page 13.

Homogenized milk (3% fat) can be use instead of formula after baby is 1 year old. Do not use 2% milk until your child is 2 years old. Avoid 1% or skim milk until they are over 2 years old.

Bottles, soothers and extra fluids

While breast-feeding, you should not need to give your baby any extra fluids. If you want to introduce a bottle so others can feed when you are busy you should do so only after breast-feeding is well established. Breast-feeding is a little more work than bottle-feeding and like most of us your baby will be as lazy as possible. You can feed the baby either formula or stored breast milk in the bottle. You can also try cup feeding older babies.

You should avoid pacifiers or soothers until breast-feeding is going well.

Babies should not require extra water or juice until 12 to 24 months. Avoid sweet juices until children are 2 to 5 years of age.

Other Frequently Asked Questions about Breast-feeding

Do mothers have to eat a special diet while breast-feeding?

No. Mom's diet does not affect breast milk, nor do mothers have to drink milk to make milk. Nursing mothers need to take more calcium to prevent excess loss of calcium from their bones. The simplest source of calcium is cow's milk, so drinking three 8oz glasses per day is recommended for nursing moms. Apart from that, mom's diet should be well-rounded. Occasionally, moms will notice that their baby gets "fussy" after she has eaten a certain food, spice or food prepared in a certain way. Common sense would suggest that mom should avoid that food until baby is weaned.

Should nursing mothers avoid all medications while breast-feeding?

In general, physicians do not like mothers to take medications while they are pregnant because they may affect the baby's growth or the development of the baby's organs. Concerns about medications passing through the breast milk of nursing mothers is not as great, and in fact, many medications will not harm the baby. The best approach is to let your doctor know about any medications you are taking, including herbal products or supplements. On the flip side, you should always let any prescribing doctor know that you are breast-feeding so they can check on the safety of the medication.

Do babies always eat the same amount each day?

No. Babies will go through "growth spurts" every 4 to 6 weeks and mothers may feel that they cannot make enough milk to satisfy their baby. The best approach is to feed the baby on demand. When you increase the frequency of feeding, the breasts will usually respond and "catch up" to the baby's demands in 1 to 2 days. This increased feeding rate will avoid the need to offer supplemental formula or other fluids, and using supplements may prevent the breast from achieving the natural "catch up".

If we sterilize bottles, why don't mothers have to wash their nipples before feeding?

Washing normally with a sponge or cloth during the daily shower is all that is required to keep the nipples healthy. The milk is sterile within the breast. Applying creams, lotions or soap to the nipples frequently may result in a drying of the nipples with painful cracking.

What do I do with sore nipples?

It is more common than not for mother's nipples to become sore following the start of breast-feeding. Nipples usually adapt to feeding within a week or so. You may find that if you rub a little milk over the nipple following the feed and let the breast air dry may help. Sometimes, however, sore nipples are caused by a yeast infection. Check the baby's mouth for white spots that peel off, but do not wash off.

Formula or Bottle-feeding

There are many commercial formulas available which can be used for babies who are not breast-fed until 9 to 12 months of age. If you do feed your baby formula, it should be iron fortified. There are two main types of formula: cow's milk and soy-based. The latter should be used for those babies who either are allergic to or are not able to digest the cow's milk formula well.

Formula comes as a ready-to-eat liquid or as a concentrate, liquid or powder, which is mixed with water. Follow the mixing instructions exactly to provide proper nutrition.

Feeding instructions for age	Age	Frequency of feeds	Volume of each feeding
	1-14 days	2-4 hrs	2-3oz
	2-8 weeks	3-4 hrs	4-5oz
	2-3 months	4-5 hrs	5-6oz
	3-6 months	5-6 hrs	6-8oz
	9-12 months	3 per day	6-8oz

Formula or Bottle-feeding IS MY FORMULA-FED BABY GETTING ENOUGH TO EAT?

**START
HERE**

Before you start this flowchart, be certain that you have followed the mixing and preparation instructions accurately for the commercial formula that you have purchased.

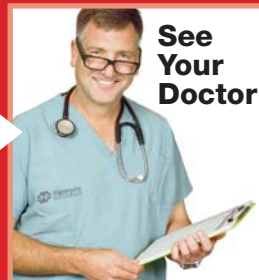
Check the chart above to determine the frequency and volume of feeds that are appropriate for your child.

- Does baby spit up the majority of feeds after feeding? *or*
- Is the baby forcefully vomiting? *or*
- Are there less than 5 soaked diapers every 24 hours? *or*
- Is there less than 1 bowel movement per day? *or*
- Is there blood in the urine or bowel movement? *or*
- Are the baby's eyes or skin yellow coloured? *or*
- Is there a new rash? *or*
- Is the baby losing weight or not gaining weight?

NO

Continue with feeding according to the chart

YES



Feeding beyond Breast or Bottle

When should you introduce solid food to your new baby? Just when things seem to be going well with respect to breast or bottle-feeding, many parents become concerned that they should be moving on to solid food. Often friends and family will give advice based on baby's sleeping habits, size or mood, but generally there is no need to give a baby anything other than breast milk or formula until at least 4 months and often 6 months of age. Giving solids prior to 4 months of age does not help babies sleep through the night as long as they are receiving adequate breast milk or formula.

Babies under 1 year of age get very little nutrition from solid food and depend on breast milk or formula as their main source of energy and nutrition. In fact, it may well be unhealthy to introduce solids too soon. Food allergies are rare, but as a general rule, new solid foods should be introduced one at a time and no more than one new food every 5 to 7 days. This time frame gives you an opportunity to see if there is a problem with the new food. New foods should only be given once a day to start, often quite dilute and in small amounts (1 to 2 tsp), using a small spoon. Timing baby's meals with family meal times is practical and good training.

Feeding Baby Solids

**START
HERE**

*When your baby is 4 to 6 months old
and can hold their head up well*

TRY 1 TO 2 TEASPOONS OF DILUTE RICE CEREAL

- Baby moves the food to the back of mouth and baby will swallow well, and there are no problems with vomiting or bowels

NO

**Delay further
trials of solids for
one week**

YES

May introduce new foods in a similar way, new food every 5 to 7 days in 1 to 2 teaspoons to start

Which foods in what order?

1. Vegetables by 7 months. You can use commercially prepared or freshly cooked and strained. You should try yellow and orange before green vegetables.
2. Fruits should only be introduced after vegetables are well established.
3. Meats are often introduced by 9 months, with white meats (chicken, turkey) first.
4. Eggs/dairy should be introduced between 9 and 12 months.

Finger foods like low salt/sugar crackers or cereals can be given by 9 months. Avoid puddings, desserts and juices until after 2 years of age.

Jaundice

In the first week of life, many healthy, full-term babies and most premature babies will develop jaundice, most commonly on the second or third day of life. You should not be alarmed, as some experts would call this “normal.”

Jaundice causes a yellowing of the skin and the eyes. It is not a disease, and usually occurs because your baby's liver isn't mature enough to break down a substance called bilirubin. Unless the levels of bilirubin get unusually high, jaundice will not cause your baby harm, and most jaundice needs no treatment.

Breast-feeding can increase the chances of jaundice, but the overall benefits of breast-feeding far outweigh the risks involved. Prematurity and a lot of bruising during birth can also increase the chances of jaundice.

**START
HERE**

MY BABY IS YELLOW (JAUNDICED)

- Did the baby turn yellow on the first day of life?
- Is the baby's skin bright yellow?
- Is the baby lethargic or feeding poorly?

YES

**See
Your
Doctor**

NO

- Has the yellow colour lasted more than 1 or 2 weeks?
- Was the baby more than 2 weeks premature?

YES

**See
Your
Doctor**

NO

- Is your baby older than 10 days and becoming more yellow?
- Is your baby over 3 days of age and not gaining weight?
- Is the baby feeding/sucking poorly?

YES

**See
Your
Doctor**

NO

- Is your baby breast-fed?

NO

YES

**See HOME
SUGGESTIONS (B)**

**See HOME
SUGGESTIONS (A)**

Breast-feeding and Jaundice

▶ HOME SUGGESTIONS

HOME SUGGESTIONS (A)

Jaundice is more common in breast-fed babies. This is usually because breast-fed babies may take a few days to develop a good latch and suck. In addition, breast milk production may take a few days increase to meet the baby's needs. Feeding more frequently will stimulate the breasts to produce more milk. The extra feedings may also cause more frequent bowel movements in the baby. These two factors help keep the bilirubin level down.

If you find breast-feeding difficult, you should seek help from a lactation specialist. **Do not quit breast-feeding!** Mother's milk is the best food for your baby. Jaundice may last a little longer in a breast-fed baby than one that is formula-fed, but this is not a serious issue. Please read **HOME SUGGESTIONS (B)**.

HOME SUGGESTIONS (B)

While sunlight does help treat the jaundice, we do not recommend that you undress your baby and put them in the sunlight. To be effective, the ultra violet light must be on the whole body and your baby is very likely to get cold. Direct sunlight can burn a baby's skin very easily.

Feed your baby more frequently. Doing this causes your baby to have more frequent bowel movements and there is less chance to absorb bilirubin from the bowel.