

Ballarat Health Services

Breastfeeding & Expressing in Challenging Circumstances



Ballarat **Health** Services
Putting your health first



Introduction

Ballarat Health Services recognises the importance of ensuring that every woman is provided with the support she needs to breastfeed her baby. This booklet is for parents of babies who are small, preterm or born with special conditions. It provides information on how to get started and what to expect as you and your baby begin your breastfeeding relationship. We have referred to the baby as 'he' in order to avoid confusion.

Once established, breastfeeding is easy and enjoyable for most mothers and babies. However, in the early days and weeks, you both need to learn what to do. During your hospital stay, you can ask your nurse/midwife. There is information and help available, and most problems can be worked through with the right advice and support.

YOUR breastmilk is perfect for YOUR baby and adapts to meet your baby's changing needs. Once your milk supply is established, most babies will need no other food or drink until they are about six months old.

Why is breastfeeding important?

Breastfeeding optimises your baby's growth and development especially his brain which is developing very quickly. Breastmilk contains antibodies to protect your baby from many infections. Chest infections, vomiting and diarrhoea (gastroenteritis, which may be very serious), ear infections and urine infections are all more likely in bottle-fed babies. Breastfeeding will continue to benefit your baby as he grows.

Children who are NOT breastfed are at greater risk of asthma, eczema, allergies and diabetes.

Breastfeeding also has many benefits for mothers. It is a learned skill and often needs practice before you feel confident. The information and resources provided in this booklet will help to get you off to a good start.

Breastfeeding is good for you and your baby:

Mother

- Faster weight loss after birth
- Lower risk of breast and ovarian cancer
- Stronger bones in later life
- Convenient and cheap

Baby

- Optimal physical and mental development
- Less risk of ear, chest or urine infections
- Better jaw, mouth and speech development
- Less risk of gastroenteritis and diarrhoea
- Lower risk of allergies
- Lower risk of diabetes

The frequent close contact during breastfeeding is extremely comforting for your baby and helps build that special relationship between mother and baby. This emotional bond is just as important as the milk you are producing, and releases a strong hormonal response.



Breastfeeding in challenging situations

If your baby is born with a special condition, small for his age or preterm he may not have enough energy to get all the milk he needs to grow by only feeding at the breast. He may be too tired to suck at all initially or go to sleep before he has had enough milk.

If your baby is sleepy he may not be able to suck strongly enough at the breast to begin with, to get milk flowing. He may need extra 'top-up' feeds to take enough milk to grow. As your baby gets older and bigger he will be able to take more of his feeds by breastfeeding until he doesn't need any top-ups at all. (There is more information about giving top-up feeds on pages 16 & 17 of this booklet.)

If your baby does not have enough energy to take milk by breastfeeding and top-up feeds, he may need to be fed by nasogastric tube. A nasogastric tube is a special tube which can be inserted into your baby's nose or mouth by your nurse/midwife. It goes from your baby's nose to their stomach and is secured on their cheek with tape. Your nurse/midwife can then connect a syringe to the tube and with the help of gravity allow a measured amount of milk to flow slowly into your baby's stomach. Your baby will need to be admitted to Special Care Nursery if he needs to be fed this way.

If your baby is born at **32 to 35 weeks or weighs less than 2.2kgs**, he may need a lot of tube feeds initially. During this time he will start to coordinate his ability to suck, swallow and breathe. Your baby will try to breastfeed and breastfeeding will be the best 'sucking' feeds to start with. He will start to get better at breastfeeding in the weeks to come but may still tire easily.

After 35 weeks and/or as your baby grows bigger he will gradually get better at breastfeeding. He may still get tired and need some top-up feeds but will soon manage to take all of his milk from your breasts.

Making enough milk - the first 3 days

After your baby is born it may be a very stressful time but it will be important to breastfeed and/or express your breasts to make milk for your baby. If possible, breastfeed or express in the first hour after your baby is born. The more milk you remove from your breasts by feeding and expressing, the more milk you will make.

Your breasts will produce small amounts of colostrum in the first few days, from a few drops to a couple of mls. This provides your baby with important antibodies and all the nutrition he needs if he is a healthy term baby. If your baby is preterm or less than 2.5kgs, he may need extra milk (such as supplemental formula) until your supply is established. (Formula is only given for medical indications and with the consent of the baby's parent.)

If your baby is breastfeeding well at most feeds

Depending on how well your baby feeds, we may recommend that you express your breasts using your hands (hand expressing) after each feed and give the milk you express to your baby as a 'top-up' feed. This is to make sure your baby gets enough milk, and to ensure you establish a good milk supply. Ask your nurse/midwife to show you how to hand express.

If your baby is not breastfeeding well at most feeds

We recommended you express 8-10 times every 24 hours with no longer than 5 hours between expressions. Use a breastpump on the 'initiate' setting. (Ask your midwife/nurse to show you how to select this setting). This is a special setting which mimics the way a baby sucks in the first days after he is born. Expressing both breasts at the same time for 15 minutes will increase the hormone levels in your body that help you make milk. Colostrum is very thick so you may not express much milk at all with the pump at this stage. Hand expressing for 5 mins each side after using the pump is recommended to collect more colostrum.

**Express and/or breastfeed at least 8 times in 24 hours starting as soon as you can after the birth of your baby.
More expressing/breastfeeding = More milk**

Making enough milk - Day 3 and beyond

Your milk normally 'comes in' on the third to fourth day after birth but for some mothers this may take up to a week. Your milk supply will increase a lot at this time and by the time your baby is about 2 weeks old, you may produce around 600-1000mls in 24 hours. Mothers of twins may produce more than 1000mls in 24 hours.

If your baby is breastfeeding well at most feeds

At each feed you will need to decide (with help from staff) if your baby needs a top-up. We recommend that you express after any feed that your baby also needs a top up.

Some ongoing expressing may be recommended until your baby is about 3kgs or 40 weeks to ensure you continue to produce enough milk. Ask your nurse/midwife if this is recommended for you.

If your baby is not breastfeeding well at most feeds

When you are able to express more than 20mls at 3 expressions in a row, or your breasts are feeling full or heavy, switch to using the 'maintain' setting on your breastpump (ask the nurse/midwife to show you how to do this). Hand expressing is no longer routinely needed.

When your milk supply is established you may be able to reduce the amount of times a day that you need to express, but this should be no less than 6 times in 24 hours. Speak to your nurse/midwife to see if this is right for you.

Speak to your nurse/midwife if your baby is not yet breastfeeding at most feeds and you are expressing less than 500mls in 24 hrs when your baby is 10 -14 days old.

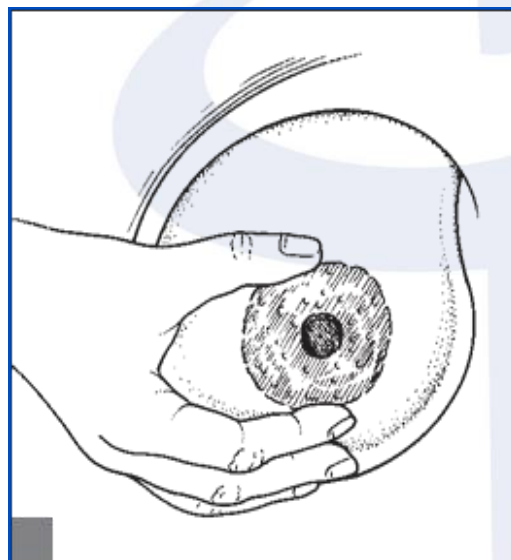
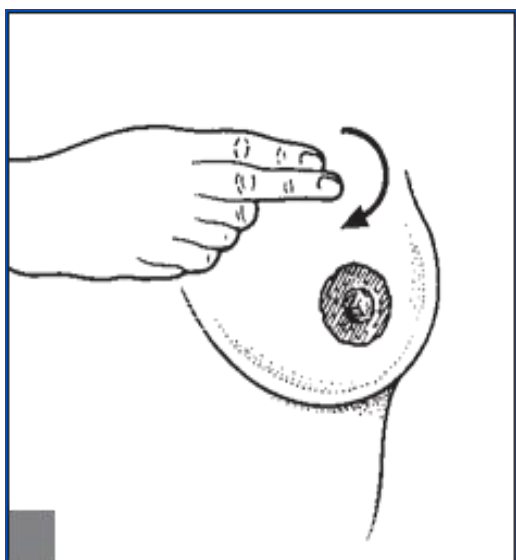
Expressing your breastmilk - Hand expressing

This is a cheap and convenient way of expressing milk and is particularly useful if you need to relieve an uncomfortable breast. These instructions are a guide however the best way to learn is to practise so that you find what works for you.

Wash your hands, then gently massage your breasts for a short time. Some heat or nipple stimulation will also encourage the milk flow. Collect the milk in a clean syringe or container with a lid and store in the refrigerator. (See next page for breastmilk storage guide.)

1. With your hand under your breast, place your thumb and forefinger about 2 - 3 cm behind the nipple. Keep your fingers well back from the nipple.
2. Gently press your thumb and finger back into your breast then press them towards each other, behind the nipple. Press for about 2 seconds, then release.
3. Continue to compress and release and your milk will begin to flow. When the flow slows down, move your fingers to another position around the areola, and start again.
4. When the flow stops, swap over to the other breast.

Just like breastfeeding, it gets easier with practise.



Expressing your breastmilk - Using a breastpump

Hand pumps or small electric pumps are designed for expressing 1-2 times a day. They are generally not recommended for mothers of small, preterm or sick babies.

Hospital grade pumps are the most effective pumps for mothers of small, premature or sick babies. Your nurse/midwife can give you information about where to hire one of these pumps if expressing is recommended after you are discharged home.



When using a breastpump:

- ◆ Assemble your breastpump kit.
- ◆ Place the shields on your breasts with your nipple in the centre of the shield and turn the pump on.
- ◆ Turn up the suction until it just starts to pinch then turn back until comfortable.
- ◆ Express each breast for 10-15mins (pumping both breasts at the same time - “double pumping” will save time).
- ◆ Reduce the suction if you feel pain when you are expressing. Speak to your nurse/midwife if pain or nipple damage continues.

When you have finished expressing:

- ◆ Rinse your breastpump kit with cool water.
- ◆ Wash in warm soapy water.
- ◆ Rinse off soap.
- ◆ Dry with paper towel.
- ◆ Store your breastpump kit in a clean dry container.

Label your breastmilk with your baby’s name, date & the time you expressed. Store your breastmilk in the fridge or freezer.

Transport your breastmilk to the hospital in an esky-like container with ice to ensure it stays cold.

Storage of Expressed Breastmilk

Breastmilk	Room Temperature	Refrigerator	Freezer
Freshly expressed into a closed container	<p>6–8 hours (26°C or lower). If refrigeration is available store milk there</p> <p>Special Care Nursery - 4hrs</p>	<p>No more than 72 hours. Store in back, where it is Coldest</p> <p>Special Care Nursery - 48hrs</p>	<p>2 weeks in freezer compartment inside refrigerator (-15°C)</p> <p>3 months in freezer section of refrigerator with separate door (-18°C)</p> <p>6–12 months in deep freeze (-20°C)</p>
Previously frozen— thawed in refrigerator but not warmed	4 hours or less (ie. the next feeding)	Store in refrigerator 24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feeding	Hold for 4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding, then discard	Discard	Discard

Skin to skin contact

When you and your baby are learning to breastfeed, skin to skin contact may be the first step. Skin to skin contact is a special way of holding your baby (just wearing a nappy) against your skin, on your chest with a blanket over the two of you. Skin to skin contact may start as soon as your baby is medically stable. Ask your nurse/midwife if your baby is well enough for skin to skin contact.

Holding your baby this way gives you an opportunity for physical attachment and bonding with your baby. When your baby is held this way (ideally for at least an hour at a time), he may:

- Become more interested in breastfeeding
- Become more effective at breastfeeding
- Sleep more deeply
- Have better growth
- Have faster brain growth and maturity.

For mothers, skin to skin contact may also improve your breast milk supply.

IMPORTANT NOTE

When you are holding your baby skin to skin it is important to check your baby is pink, warm and able to breathe easily. Keep your baby's head uncovered so you can see his nose and mouth. Check his head is turned to the side in the 'sniffing' position with his chest in contact with your chest. If you are likely to fall asleep and there is no one to observe you and your baby, we recommend you place him back in his cot.





Being with your baby

It is important to spend as much time as you can with your baby. This gives you more opportunities:

- For skin-to-skin contact and cuddles with your baby.
- To breastfeed your baby - if your baby is small or preterm he may be very sleepy. Watching your baby and offering a breastfeed when he shows signs of hunger may result in more successful breastfeeds.
- To gain confidence about breastfeeding and baby care.

Postnatal Ward (PNW)- If your baby is well enough to stay on the postnatal ward with you, your baby will be with you in your room 24 hours a day while in hospital.

Special Care Nursery (SCN)- If your baby needs to be admitted to SCN you may be ready for discharge before your baby. It is recommended that you spend as much time as you can in SCN with your baby during the day while still setting aside time for rest.

When your baby is having more breastfeeds, you may spend several nights in one of the parent flats to be with your baby 24 hours a day, so that you are both ready for discharge home.

Signs your baby is hungry

Watching your baby and offering a breastfeed when he shows signs of hunger may result in more successful breastfeeds.

Developed by Women's and Newborn Services
Royal Brisbane and Women's Hospital



EARLY CUES - "I'm hungry"



- Stirring



- Mouth opening



- Turning head
- Seeking/rooting

MID CUES - "I'm really hungry"



- Stretching



- Increasing physical movement



- Hand to mouth

LATE CUES - "Calm me, then feed me"



- Crying



- Agitated body movements



- Colour turning red

Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



Putting your baby to your breast

Your baby's position

There are various ways that you can hold your baby for breastfeeding. Whichever way you choose, here are a few guidelines to help make sure that your baby is able to feed well.

1. Your baby should be held close to you, preferably unwrapped.
2. He should be facing your breast, with head, shoulders and body in a straight line.
3. His nose or top lip should be opposite your nipple.
4. He should be able to reach the breast easily, without having to stretch or twist.
5. Remember to always move your baby towards your breast rather than your breast towards your baby.



Attaching your baby to your breast

Correct positioning and attachment is the key to successful breastfeeding. A well-attached baby causes no nipple pain and drains the breast well. This helps to encourage a good milk supply so that your baby grows well.

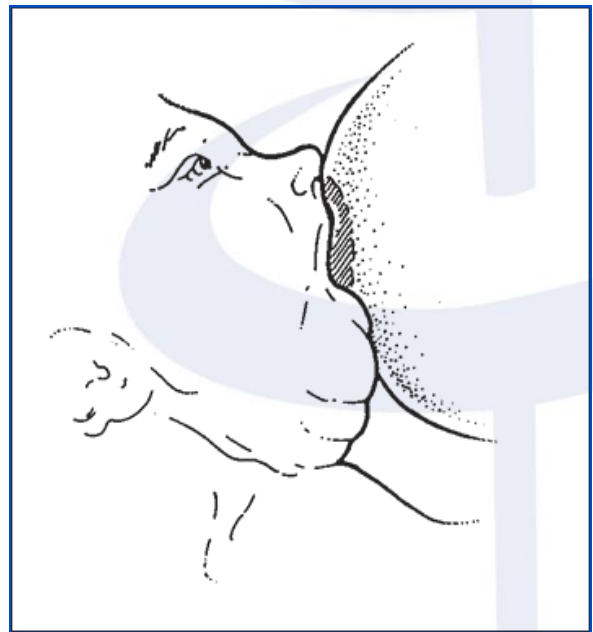
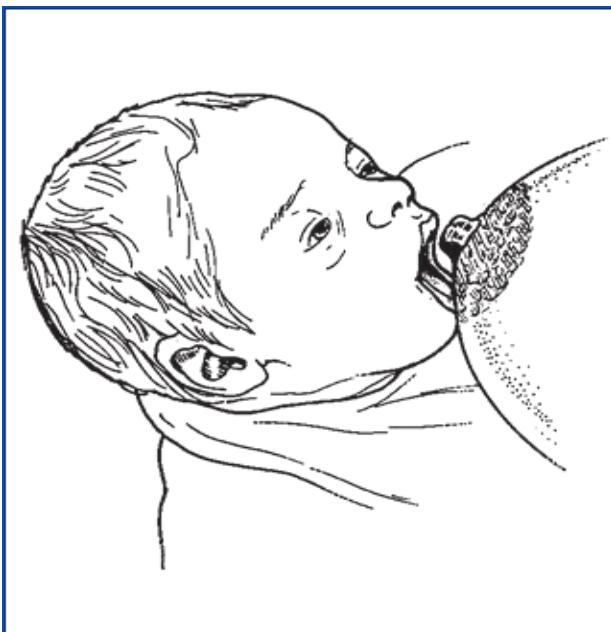
Position your baby as previously described, with his nose or top lip opposite your nipple. Wait until he opens his mouth really wide. You can gently brush his lips with the lower part of your areola (the dark area around the nipple) to encourage him to do this. Holding your breast like a sandwich, or using your finger to point your nipple towards his nose, can make it easier for your baby to attach to the breast.

Quickly bring him onto your breast, so that his bottom lip touches the breast first, as far away as possible from the base of the nipple. This way, your nipple will be pointing towards the roof of his mouth.



Positioning and Attachment Checklist

- Mother and baby are in a comfortable position.
- Baby is unwrapped and held close to your body.
- Baby is facing your breast, - 'CHEST TO CHEST'
- Your arm supports baby's body in a straight line, - 'EAR, SHOULDER, HIP'.
- Support your breast with your fingers if necessary, so baby can take a large mouthful of breast tissue.
- Encourage your baby to open his mouth wide and bring baby onto your breast, pointing your nipple towards his nose, - 'BABY TO BREAST'.
- Baby's chin tucked into your breast and nose tilted away, 'CHIN TO BREAST'.
- Both lips flanged out, with the lower lip well down on your areola.
- After some initial rapid sucking, baby will change to deeper, rhythmical sucking and swallowing.
- There may be some brief discomfort on attachment, but this should ease quickly.
- Breastfeeding should not be painful. If pain is experienced, put a clean finger into the side of your baby's mouth to break the suction. Gently take baby off your breast and reposition him.



How do I know if my baby needs a top-up feed?

Small and preterm babies may become tired while breastfeeding and go to sleep before they have had enough milk to grow. Your nurse/midwife will help you use the guide below to decide if your baby needs a top-up after each breastfeed.

Sucking attempt	Top-up amount
<ul style="list-style-type: none">• Good attachment.• Less than 5 minutes rhythmic sucking, swallowing infrequent or not heard.• Breast softness unchanged following feed.	Full Feed Top Up.
<ul style="list-style-type: none">• Good attachment.• 5 -10 minutes rhythmic sucking, frequent swallowing heard <u>or</u> more than 10mins intermittent sucking with occasional swallowing heard.• Breast somewhat softer following feed.	Half Feed Top Up. (e.g. if baby receiving 40mL 3 hourly, give 20mL).
<ul style="list-style-type: none">• Good attachment.• Greater than 10 minutes rhythmic sucking, frequent swallowing is heard.• Breast significantly softer following feed.	No Top Up Needed.

Your expressed breastmilk (EBM) is the best milk for top-up feeds. However, in some cases, before the mother's milk supply is established, there may be a need to use infant formula for top-ups. Infant formula will only be used if there is a medical need for top-ups, and there is not enough expressed breastmilk. Once the mother's milk is 'in' EBM will be used instead of formula.

The information pamphlet '**Supplementary Feeds for Breastfeeding Babies**' explains more about this - please ask your nurse/midwife for a copy.

How are top-up feeds given to my baby?

While breastfeeding is being established it is recommended to avoid the use of bottles and teats. This is because the way a baby sucks on a bottle and teat is different from the way a baby sucks on the breast. Sometimes a baby may learn to prefer the teat and then have difficulty feeding from the breast.

Top-up feeds can be given by nasogastric tube, syringe or 'finger feeding'. The method chosen will depend on your baby's medical needs, your baby's age and the volume of the feed. Staff will advise you about the different options for your baby and show you how to 'finger feed' if this is the right method for your baby.

Once your baby is attaching and breastfeeding well 3-4 times a day, top up feeds by bottle can be considered. Talk to your nurse/midwife about this.

Sometimes top-up feeds have to be given by a bottle and teat because other methods are not suitable. Staff can support you to maintain breastfeeding during this time. It is also your choice if you prefer to give top-up feeds by bottle and teat.



Signs that your baby is getting enough milk.

- Attachment to the breast is comfortable
- Your breasts will feel softer after feeds
- Baby has deep, rhythmic sucking during breastfeeds
- Once your milk is in, you can hear your baby swallowing during feeds
- Baby is alert and looks well and is fairly contented
- After an initial weight loss in the first few days, your baby will start to gain weight steadily
- Plenty of wet and dirty nappies as follows

Day 1	One wet nappy and one meconium (black) stool
Day 2 - 4	Two to three wet nappies per day, and changing bowel motions - greenish-brown, becoming mustard-yellow
Day 5 onwards	At least five very wet, heavy disposable nappies and three or more soft, yellow bowel motions per day

Lots of effective feeding = Lots of wet & dirty nappies

Going Home

When your baby is able to take all his milk by breastfeeding (and possibly some top-ups) and is gaining weight well, he may be ready for discharge home. Your paediatrician may also recommend that your baby stays in hospital until he is greater than 2.2kgs to be sure that he will be able to maintain his temperature outside the constant hospital environment.

It is important that you continue to watch your baby each feed at home. You may need to offer a top-up if he is too sleepy at some feeds to take all the milk he needs from your breasts. You may be provided with a written feeding plan to assist you to know when to give a top-up and how much to give.

Some ongoing expressing may be recommended if your baby is still small or preterm at the time you are discharged home. At any feed your baby requires a top-up, we recommend you also express your breasts. Ask your nurse/midwife if this is recommended for you.

Your nurse/midwife may advise you attend the [Ballarat Health Services - Breastfeeding Support Clinic](#) after discharge home for more guidance about breastfeeding, when to reduce expressing and to check your baby is growing well. A Lactation Consultant may make the appointment for you before you go home or you can ring the number provided over the page and make an appointment yourself.

Tell us how you feel

Please feel free to discuss any concerns about breastfeeding your baby with your nurse, midwife or doctor. We aim to ensure that you and your baby have the best possible help when learning to breastfeed. Breastfeeding is different for every mother and baby and in challenging situations, extra information and help is often needed. We are here to help you!

Where to get help: :

The Australian Breastfeeding Association (ABA)

24 hour helpline

Ph. 1800 686 268

www.breastfeeding.asn.au

Ballarat Health Service Breastfeeding Clinic

Monday, Tuesday and Friday by appointment

Ph. 53204977 / 53204533

Parent Place Breastfeeding Support

Cnr. Sturt and Albert Streets, Ballarat Central

Ph. 53204977 / 53206871

Thursday by appointment 9am -12 or drop-in 1-3pm

Ballarat Health Service Maternity Unit

Ph. 53204971

24 Hour Maternal and Child Health Advice Line Ph. 132229.

Useful websites

<https://www.breastfeeding.asn.au/bf-info/premature>

<http://kellymom.com/ages/bf-preemie/preemie-links/>

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/breastfeeding-premature-baby.aspx>

www.bestbeginnings.org.au

<http://lifeslittletreasures.org.au/>

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