

BREASTFEEDING YOUR BABY



Ballarat **Health Services**
Putting your health **first**



Introduction

Ballarat Health Services recognizes the right that every woman should be provided with the opportunity to breastfeed. This booklet is for mothers who are starting to breastfeed. It provides you with information on how to get started and how to avoid common problems. There is also a separate section on expressing your breastmilk. We have interchanged the use of 'he' and 'she' when referring to babies in this pamphlet.

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 midwife. There is information and help available, and most problems can be worked through with the right advice and support. If you have started to bottle feed your baby and want to switch to breastfeeding, this is still possible - you should talk to your midwife or a breastfeeding supporter.

Remember: YOUR breastmilk is perfect for YOUR baby and adapts to meet your baby's changing needs. Most babies will need no other food or drink until they are about six months old.

Why is breastfeeding important?

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 formula 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 health 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

- Better 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.

Rooming in

Keeping your baby in your room 24 hours a day while in hospital gives you more opportunities:

- for skin-to-skin contact and cuddles with your baby
- to breastfeed frequently, (demand feeding') which improves early milk production
- to gain confidence about breastfeeding and parenting



Skin to skin contact

Placing your baby onto your chest immediately after birth helps your baby feel warm and safe. It also stimulates your breastfeeding hormones and encourages your baby to attach to your breast ('breast crawl'). This helps you get off to a good beginning to successful breastfeeding. Most babies are able to search for the breast without much help. Skin to skin contact is very comforting for your baby at any age.

Putting your baby to the breast

Your Position

There are many ways to position your baby for breastfeeding, and it is important that you find your own comfortable position. If you are sitting down to feed, try to make sure that:

- Your back and feet are supported (use a footstool if needed)
- You use extra pillows to support your back or to help raise your baby if required



Many women also find 'laid back' positions comfortable and supportive for baby's body.



Breastfeeding lying down on your side can be very comfortable. It is especially good after a caesarean birth or for night feeds as you can rest while your baby feeds. Try to lie fairly flat with a pillow under your head and your shoulder on the bed. Lie well over on your side. A pillow supporting your back may assist with this.



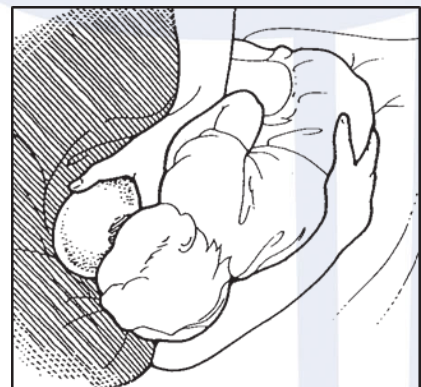
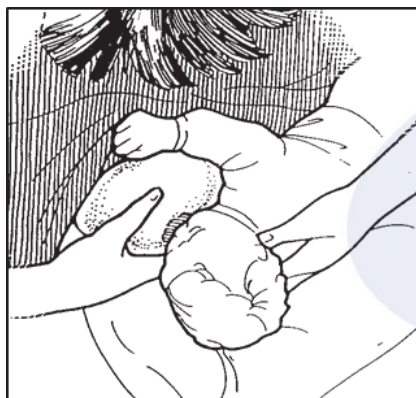
Putting your baby to the breast

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. Baby should be facing your breast, with head, shoulders and body in a straight line.
3. Baby's nose or top lip should be opposite your nipple.
4. Baby 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.

Holding your baby upright between your breasts will encourage him to follow his own natural instincts and attach to your breast himself ('baby-led attachment'). Your baby needs to be in close contact with your body and well supported. This method may work best for you and your baby.



Attaching your baby to the 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 your baby grows well.

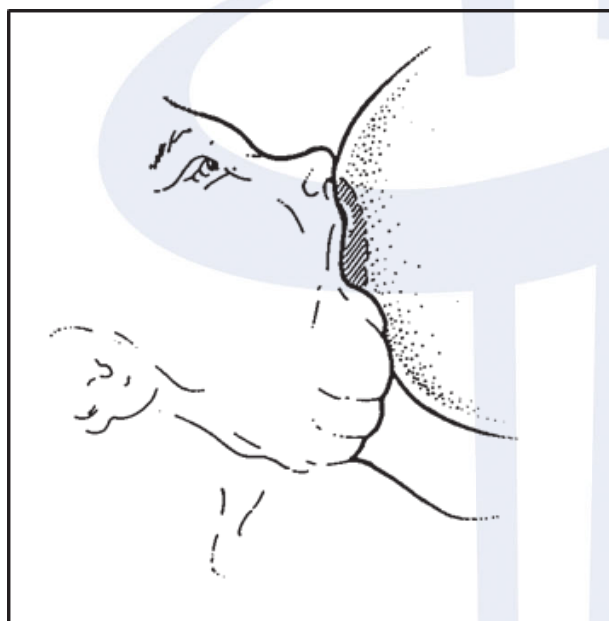
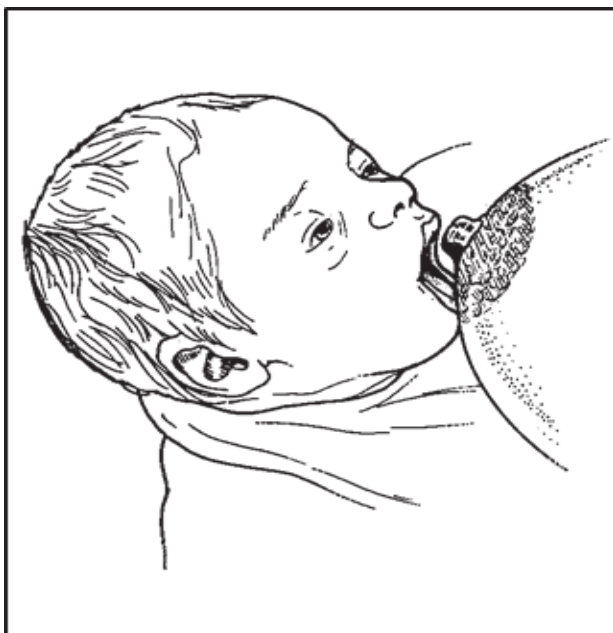
Position your baby as previously described, with her nose or top lip opposite your nipple. Wait until she opens her mouth really wide. You can gently brush her lips with the lower part of your areola (the dark area around the nipple) to encourage her to do this. Holding your breast like a sandwich, or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

Quickly bring her onto your breast, so that her 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 her 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 well back 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 is tucked into your breast and nose is tilted away. 'CHIN TO BREAST'
- Both lips are 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.



Milk supply

The more milk your baby takes from your breast, the more milk you will make. Young babies need to be fed frequently, 8 -12 times/day, but all babies' feeding patterns are different. For example, some babies may feed every few hours; others will 'cluster feed' (several feeds close together) and then sleep for several hours.

Feed your baby whenever he seems hungry or thirsty, and you will produce plenty of milk to meet his needs. This is because each time he feeds, hormones are released which send signals to your breast to produce more milk. When your baby feeds, he stimulates a hormone (oxytocin) surge; this makes the milk flow more quickly, the 'letdown' reflex. When your milk is flowing, you may feel a tingling sensation in your breast, leaking from the other side and your baby's sucking pattern changes to a slower, deep sucking.

MORE FEEDING = MORE HORMONAL SIGNALS = MORE MILK

The first week

First 24 hours

Your breasts produce small amounts of colostrum in the first few days. This provides your baby with adequate nutrition and important antibodies. Babies usually feed very well soon after birth, and may then sleep for several hours. Your midwife will assist you with positioning and attachment.

24 - 72 hours after birth

Your baby may take one or both breasts at each feed. Some babies are very sleepy in the first 24-48 hours, and may need to be woken for more frequent feeds.

Sometimes your breastmilk will need to be expressed and given to your baby if she is not interested in feeding. Check with your midwife, if you are concerned about your baby's feeding behaviour.

Day 3 - 7

Your milk 'comes in' on the third to fourth day after birth. Your breasts may feel full and uncomfortable, but should become softer after a few days. Your baby may be unsettled over this time as she is adjusting to larger volumes of milk. Sometimes, your baby may have trouble attaching to your breast if it is very hard.

When your breasts are very full, you can:

- Gently hand express some milk to soften your areola before feeding, so it is easier for your baby to attach
- At each feed, allow your baby to feed from the first breast as long as she wants before offering the second breast. This helps to drain the breast well and your baby will receive the satisfying fatty milk as your breast empties. Often at this stage your baby may only need one side per feed.
- Alternate the 'first side' each time you start a new feed,
- Apply cold compresses after feeding to help relieve fullness and pain
- Take Paracetamol, as directed for pain
- Ask your midwife for the 'Full Breasts' pamphlet before you leave hospital or look for this on the BHS website's breastfeeding information page.

As the fullness settles, your baby will start to take both sides at most feeds, but always allow her to feed well on the first breast, before offering the second breast.

How do I know my baby is getting enough milk?

- Baby feeds as often and as long as he wants
- Attachment to the breast isn't painful
- Your breast will feel softer after the feed
- Baby has deep, rhythmic sucking during breastfeeds
- You can hear your baby swallowing for most of a feed, especially once your milk is in
- 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-three wet nappies per day, and changing bowel motions - greenish-brown, becoming mustard-yellow

Day 5 onwards - at least five very wet disposable nappies, and three or more soft, yellow bowel motions per day

If your baby is feeding frequently and passing plenty of yellow stools, he is likely to be receiving enough breastmilk.

REMEMBER: BABY'S FREQUENT FEEDING STIMULATES YOUR MILK SUPPLY

Signs your baby is hungry (feeding cues)

Early signs - starting to wake up, opening mouth, turning head

Later signs - stretching, moving around, sucking the hands

Late signs - crying, jerky body movements

You may need to calm your baby before attaching her to your breast, if she is very upset.

Your baby will take different amounts of milk at different times. Some feeds are 'main' meals, others are just a 'snack' or a 'drink', and provide comfort for your baby. Longer feeds might include periods of sucking and periods where baby needs to stop for a rest before continuing on with the feed. Sometimes it looks like your baby has finished, but a few minutes later she continues on with the feed. As your baby grows, feeds usually become much quicker.



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



Common issues

Most breastfeeding problems can be overcome with persistence and the correct information and management. With any breastfeeding problems, it is always best to speak with a midwife, lactation consultant or Australian Breastfeeding Association counsellor. The following issues are some of the more common ones.

1. Sore or cracked nipples - correct positioning and attachment is THE best way to prevent nipple damage. Many mothers experience tender, sensitive nipples in the early days, however, nipple pain or damage is NOT normal. To manage your sore nipples, try the following:

- Take extra care with your positioning and attachment
- Apply warmth before the feed to encourage milk flow
- Feed on the least sore side first
- Avoid delaying feeds; try shorter, frequent feeds
- Try different feeding positions
- Change nursing pads frequently
- Rub some expressed breastmilk (EBM) onto your nipples after feeds
- Purified lanolin cream may help
- If your nipples are very painful, you may need to take your baby off the breast for 12-24 hours. You will need to express every 2-3 hours to maintain your supply and feed this milk to your baby.

2. Full breasts / Engorgement - Your nipple and areola may become very full, painful and hard (engorged) when your milk comes in, and it can be difficult for your baby to attach properly. Your baby may not take all the milk during feeds, and your breasts may still feel uncomfortable after feeds. Your baby may seem unsettled while adjusting to the larger milk volume. To manage your full breasts:

- Gently express a little milk from your breast before you attach your baby, to soften the areola and make it easier for your baby to attach
- Feed your baby from one breast only at each feed; if your baby needs a top-up feed within an hour, feed from the same side
- Warmth such as a heat pack or shower, and gentle breast massage before the feed will help the milk to start flowing
- Let some milk drip from one side into a towel or container while feeding from the other side. You may need to express a small amount of milk from this side to relieve discomfort.
- Cold compresses applied after feeds may help to reduce the engorgement
- Paracetamol and/or an anti-inflammatory medication such as Nurofen taken as directed, will help relieve discomfort
- Remember to offer the second side again when your supply settles down

Ask your midwife to teach you how to hand express if you have not done this before.

3. Blocked ducts and mastitis

Sometimes the milk ducts in the breast become blocked and the milk doesn't flow well. This part of the breast may be tender and firm. It is important to continue breastfeeding to relieve the blockage, so you don't develop mastitis (breast infection).

If an area of your breast becomes red and painful, you may be getting mastitis. You may also feel as though you are getting the flu, with aching muscles, headache and a fever. You need to treat mastitis early, and it is essential that you **KEEP BREASTFEEDING**.

General management of mastitis includes:

- Breastfeed frequently
- Heat (warm packs) and gentle massage just before feeding
- Drain the breast well. You may need to express some milk if your baby doesn't drain the breast
- Change feeding positions, to help clear the blockage
- Cold packs after feeds
- Rest as much as possible
- Regular paracetamol for pain and fever
- Anti-inflammatory medication may be helpful e.g. ibuprofen
- See your doctor if there is no relief within 12 hours
- If you are prescribed antibiotics, you should finish the entire course
- It is safe to breastfeed while taking these antibiotics.

4. Low supply

Many mothers feel they have a low supply because their baby breastfeeds very frequently. However, frequent feeding is normal in the early weeks.

- Ask a midwife, lactation consultant or ABA counsellor to check that your baby is well positioned and attached
- Feed your baby more often to stimulate your supply; even some extra short feeds will help
- Offer 'top-up' breastfeeds whenever the baby seems hungry or thirsty
- Frequent skin to skin contact is helpful
- Let your baby finish the first side before offering the second, **UNLESS** he is very sleepy during feeds. A sleepy baby may suck more strongly, if he is 'switched' from side to side several times during the feed
- Gently massaging or compressing/releasing your breasts may encourage more milk to flow during feeds

Expressing Your Breastmilk

You can hand express or use a manual or electric breast pump

You may want to express your milk if:

- you need to help your baby attach to a full breast
- your breasts feel very full and uncomfortable
- your baby is too small or sick to breastfeed
- your nipples are too sore to breastfeed
- if you need to be away from your baby or if you are returning to work.

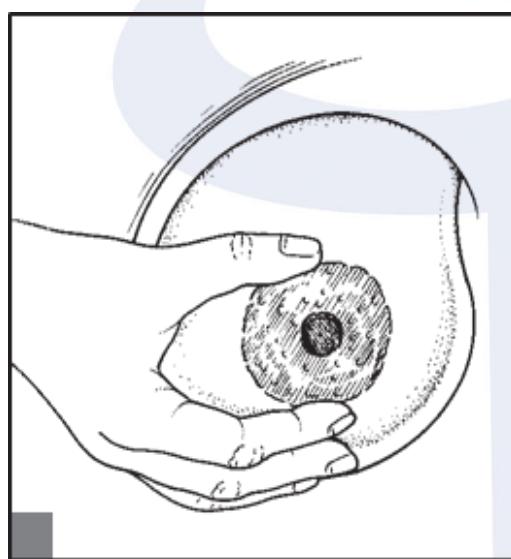
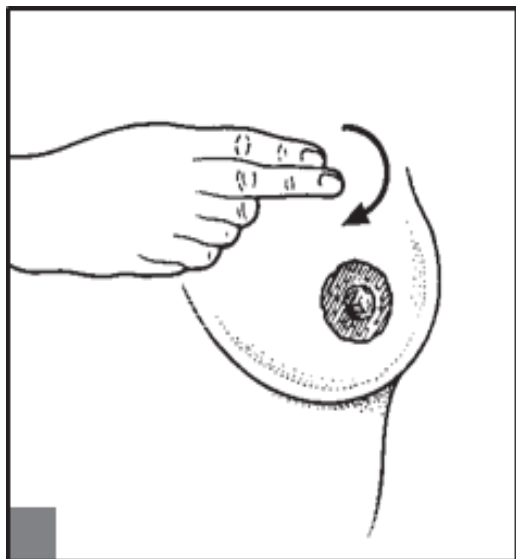
Hand Expressing

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 but 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 container with a lid. Store in the refrigerator, or according to the table on the following page. Ask your midwife about the best way to feed your milk to your baby: syringe, cup or bottle.

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. Expressing should not cause pain.
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 practice.



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. 0439981937 or 53204977

Parent Place Breastfeeding Support

Cnr. Sturt and Albert Streets, Ballarat Central

Ph. 0439981937 or 53206871

Thursdays by appointment

Ballarat Health Service Maternity Unit

Ph. 53204971

24 Hour Maternal and Child Health Advice Line Ph.

132229.

**Medication advice and information for
Breastfeeding Mothers**

Royal Women's Hospital Medicines Information Line

Ph.; 8345 3190

Monday to Friday 9.00am to 5.00pm

Monash Health Drug Information Centre

Ph.: 9594 2361

Monday to Friday 0830-1700

Storage of Expressed Breastmilk at Home

Breastmilk	Room Temperature	Refrigerator	Freezer
Freshly expressed into a closed container	6–8 hrs (26°C or lower). If refrigeration is available store milk there	No more than 72 hours. Store in back, where it is coldest	<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

A large, light blue, stylized graphic of a person with their arms raised, positioned on the right side of the page. The figure is composed of thick, rounded lines. The head is a simple oval shape. The arms are raised and curved upwards. The torso is a thick horizontal band. The legs are two vertical lines. The overall style is minimalist and modern.

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