

Benefits of Breastfeeding

Breastfeeding offers benefits to both you and your baby. Some of these benefits are:

- It provides a complete food for your baby in the first 6 months.
- It is free, readily available, in the correct amount and the quality and temperature are perfectly suited to your baby's needs.
- It may reduce the incidence of sudden unexpected death of infants (formally known as cot death), allergies and infections.
- It can encourage closeness between mother and baby.
- It helps contract your uterus following the birth.
- It may lower the risk of ovarian cancer, breast cancer and osteoporosis.

WHO and UNICEF recommend feeding babies only breast milk up until 6 months of age and continued breastfeeding for up to two years & beyond with complementary food and fluids.

Getting started

The first milk made by the breasts after birth is called colostrum and is yellow and creamy in texture. This gradually changes to mature milk around the third or fourth day which looks thinner and whiter and increases in quantity. Both colostrum and mature milk contain all the nutrients your newborn baby needs.

Breastfeed your baby as soon as possible after birth and regularly day and night (8 – 12 feeds is normal in 24 hours). Allow baby to feed as often and as long as baby chooses. This is called demand (or baby led feeding) and the frequency can vary greatly. Night feeds are important, as breastfeeding is a 24 - hour process.

Breast milk changes during a feed as well as during the day. The fat content increases toward the end

of a feed. Therefore it is important to allow baby to finish feeding on the first breast before offering the second breast. This usually takes about 10 - 30 minutes. Babies will normally take themselves off and seem content when they have had enough.

Alternate the breast you feed first from each feed. If you feed from only one side then start on the other. If your baby feeds on both sides then start on the one you finished from last time.

The amount of milk the breasts produce is controlled by the needs of the baby. The baby suckling and removing milk increases the volume of the milk supply. The more you feed or express the more milk you will produce as in the case of mothers feeding twins or triplets. Giving baby supplementary feeds of formula may reduce your milk supply.

Breastfeeding in the first week

Every baby has his or her own unique needs and healthy babies will let us know when they need to feed. This brochure provides a guide to what a healthy baby's needs may be in the first week but remember that all babies are different.

Day 1: Many babies will have a long sleep after the initial wakeful period at birth. Healthy babies have reserves to cope for up to 12 hours without further feeding. An average breastfeed of colostrum on the first day will be about one to two teaspoons.

Day 2: Most babies are more awake and want to feed frequently. There will be more colostrum and your breasts may start to feel fuller. Often on the second and third night babies will be very unsettled and want to feed almost constantly. This frequent feeding is normal and will help to increase your milk quickly.

Day 3 and 4: Babies may continue to be unsettled and want to feed frequently (about 10-12 times daily). The colostrum will be changing to mature milk and the volume will be increasing with the

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baby's demand. Your breasts may begin to feel full and uncomfortable.

Day 4 to 5: Most babies become more settled and have longer feeds which may take 20-30 minutes on each side.

Day 5 onward: Babies begin to settle into longer feeds with longer sleeps in between. It is normal for breastfed babies to feed 2-3 hourly and feeds may take up to 1 hour. Babies may have growth spurts around every 2 weeks for the first 3 months where they may feed more frequently for a day or two.

Signs that baby is ready to feed

- Hand to mouth movements
- Sucking movements or sounds
- Cooing or sighing
- Fussiness
- Nuzzling at breast

Note: crying is a late sign and may make it more difficult to latch baby

Is baby getting enough milk?

- Baby is alert and active before feeding and contented afterwards
- Baby feeds well and you may notice him or her swallow
- Baby is settled after most feeds
- Baby has wet and dirty nappies. One to two wet and dirty nappies are normal in the first couple of days. In the following few days the stools change from dark green meconium to green/yellow. By the fourth or fifth day the stools are soft and yellow and the baby has between 6 and 8 wet nappies each day.
- Baby is gaining weight normally. Babies can lose up to 10 percent of their birth weight in the first few days but should regain their birth weight by 10-14 days.



Transitional hold



Cradle hold



Rugby hold

Pictures from the UNICEF UK Baby Friendly Initiative

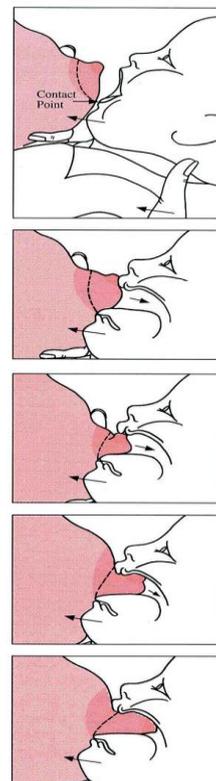
- Make yourself comfortable for the feed. Sit with an upright back and a flat lap. A pillow on your lap or a footstool may be helpful.
- It is possible to feed baby while lying on your side if you have had a caesarean section, are very tired or uncomfortable. Ask for help with this position.
- Baby may be positioned in the cradle hold or in the rugby hold with the baby's body under your arm. (See pictures above). Try whatever position is most comfortable for you and your baby.
- Baby should be chest to chest and chin to breast. Baby's chest should be touching the base of your breast and his or her nose opposite your nipple (so that baby comes on to your breast from underneath). Support baby behind the neck and shoulders (not the head) so baby's head can tilt back slightly.
- Once baby is correctly positioned and feeding, move the opposite arm around to hold baby and relax.

Latching baby to the breast

With baby's chin pointing to the breast and your nipple opposite baby's nose tease baby's mouth with your nipple until his or her mouth opens wide and the tongue is down and then quickly bring baby **towards you**.

Baby's chin should sink into your breast and his or her bottom lip should take 3-4 centimetres below your nipple. This places the baby's tongue well under your breast and allows the nipple to be drawn to the back of the baby's mouth so that baby can begin feeding.

When baby is correctly attached he or she will have a large mouthful of breast tissue with wide lips and the bottom lip curled back. The baby's chin should



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be well against the breast leaving the nose clear. The baby's jaw and head will move and there will be deep, slow, rhythmic suck, swallow and pauses.

Nipples may be tender for the first few sucks and then this should ease. If the feed continues to feel painful the suction should be broken by gently inserting a little finger into the side of the baby's mouth and begin again.

Expressing and Storing Breast Milk

There are many reasons you may want to express breast milk. These include: if you and your baby are separated for any reason, if you have a premature baby, if baby has difficulty latching or suckling on the breast, to stimulate supply, or to relieve engorgement.

Expressing may be done by hand, by manual pump or by electric pump. In the early days the best method is hand expressing.

If you wish to breastfeed but are unable to for some reason e.g. baby is in NICU, it is important to begin expressing as soon as possible after birth and express 3-4 hourly, day and night.

Hand Expressing

1. Position your thumb above the nipple and your first finger below the nipple, about 2cm from the nipple. Be sure the tip of your finger, the tip of your thumb and the tip of your nipple form a straight line
2. Push straight in to the chest wall. Avoid spreading the fingers apart
3. Roll the thumb and fingers together and slightly forward
4. Repeat this procedure rhythmically to completely drain reservoirs. Position, push, roll. The milk will start to flow within a couple of minutes.
5. When the flow slows down, move your finger and thumb to a different position on your breast. Still keeping the straight line and repeat

Be gentle with your breasts: Do not squeeze the breast, or slide your fingers over the breast. This may cause painful bruising. Avoid pulling the nipple as that may lead to tissue damage.

Storing Expressed Breast Milk

Expressed milk should be consumed by the baby or stored as soon as possible after expressing. Fresh breast milk can be stored in sterile baby bottles, heavy plastic containers or in special breast milk storage bags. It can be stored:

- At room temperature for up to 4 hours
- In the fridge up to 48 hours.
- In a freezer box up to 2 weeks.
- In a separate door fridge/freezer for 3 - 6 months.
- In a separate freezer up to 6 – 12 months.
- Insulated cooler bag (-15° to -4°) for 24 hours (the ice pack must be in contact with milk containers at all times). Limit opening bag.

Thaw and heat the amount of milk needed for a feed by standing the container in a jug of warm water. Discard any remaining milk that has been heated and not used. **NEVER USE THE MICROWAVE** for thawing breast milk as this can alter special properties in the milk and may heat the milk unevenly.

Cup Feeding

Cup feeding is often recommended while establishing breastfeeding as an alternative to bottle feeding. Ask your midwife to recommend a suitable cup and help you with the first cup feed.

1. It is most successful if the baby is alert and interested in feeding. Do not cup feed a sleepy baby or one with a poor suck.
2. Warm the milk prior to feeding baby. Preferably use freshly expressed breastmilk.
3. Wrap baby securely to prevent baby knocking the cup. Place napkin under the chin.
4. Support the baby in an upright sitting position on the lap so that both baby and adult are comfortable.
5. The cup should be tipped so that the milk is just touching the baby's lips and the tongue can 'lap or sip' the milk. The milk must never be poured into the baby's mouth.
6. Direct the rim of the cup towards the upper lips and gums. Leave the cup in the correct position during the feed. Do not keep removing it when

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the baby stops drinking. It is important to let the baby take as much as it needs in its own time.

Common Problems

Sore nipples: It can be normal to have some mild discomfort at the beginning of feeds as baby latches and the nipple is stretched. If pain persists during or between feeds the most likely reason is that baby is not latching correctly.

Solution: Check that baby is latching correctly and feeding from the breast rather than the nipple. Read the guide to positioning and attachment in this pamphlet, watch a breastfeeding video/DVD and ask your midwife for help. Make sure you break the suction with your little finger before taking baby off the breast. Changing position for the breastfeed and leaving breast milk on the nipple after feeding can also be helpful.

Insufficient milk: Insufficient milk is one of the most common reasons given for ceasing breastfeeding. However it is often not the case. It may seem as if there is not enough milk because baby is unsettled and waking often or because your breasts are becoming soft. This often occurs because baby is having normal growth spurts and needs to feed often to increase the milk supply. (This can happen about every two weeks in the first few months). Introducing formula or other feeds will reduce the amount of breast milk produced.

Solution: Milk supply will increase if you ensure baby is latching correctly and feeding frequently. **Breastfeeding is supply and demand - the more you breastfeed, the more milk you will make.** Night feeds are particularly important. Also remember to rest, eat well and drink lots of fluids. If you are still concerned talk to your midwife, doctor or other health professional.

Difficulty Attaching Baby

It is not uncommon for a baby to have some difficulty latching onto the breast. If your baby has difficulty attaching then your midwife or doctor should check baby to make sure there are no underlying problems.

Solution

1. Read the guide to positioning and attachment in this brochure, watch a breastfeeding video/DVD and ask your midwife for help.
2. If your nipples are flat or inverted tell your midwife (in pregnancy if possible). Expressing and other techniques may help to draw the nipple out. Nipple shape does not necessarily affect how your baby feeds.
3. If your breasts are engorged then expressing a small amount of milk may soften the breast enough to help baby latch.
4. Try different positions such as the cradle hold, the rugby hold, and/or lying down.
5. If latching is difficult then try only for 10 minutes. Stop and settle baby before attempting again. After a further 5 minutes or if you or baby are becoming upset, do not persevere.
6. If unable to latch, then express some breast milk and give this to baby by syringe, teaspoon or cup.
7. Continue to try latching 3-4 hourly then express and offer this to baby if needed.

Some babies may take a week or more to start suckling. It is important that the baby receives sufficient breast milk either by breast or by alternative means, such as cup or bottle.

Engorgement: Full, painful breasts, usually in the first 2-5 days after the birth.

Solution: Feeding baby frequently is the best solution. Try hand expressing small amounts to soften your areola before feeds to help baby to latch well. Warm packs and massage before or during feeds, cold packs after feeds, putting chilled cabbage leaves on your breasts between feeds and wearing a supportive bra may also help.

Mastitis: Inflammation of the breast, often with a red inflamed area on the breast and flu-like symptoms. Mastitis may be caused by missing feeds, blocked ducts, poor drainage of milk due to poor latch, fatigue or poor health. It may also be caused by infection entering through cracked nipples.

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Solution: Continue with breastfeeding as it is important to keep draining the breast. Ensure baby is correctly positioned. Express breast if necessary to drain breast well. Get lots of rest. Stay in bed and feed baby frequently. Eat well and drink lots of fluids. If after 12 hours you are not feeling better, consult your midwife or doctor.

Jaundiced babies

If your baby is jaundiced you will be encouraged to feed baby 3-4 hourly. This frequent feeding will help the baby to have more dirty nappies which gets rid of the bilirubin which causes jaundice. Some jaundiced babies are sleepy and need to be woken for feeds. Water supplements do not help and can make the jaundice worse.

Small or Premature Babies

Colostrum and breast milk are very important for small and premature babies as they can help prevent infection and provide the best food to help baby grow.

Small or premature babies may need to be woken and fed every 3-4 hours to ensure they are getting enough calories as sometimes they do not have enough fat reserves to keep them going for longer periods without milk. With these babies, there may be medical reasons to give supplementary feeds (formula) in addition to breast milk. As baby grows there is no reason why he or she should not become fully breastfed.

Some premature infants, especially those born before 34 weeks gestation, may be unable to effectively breastfeed. They may have an immature gag and cough reflex (which prevents milk from going down the wrong way), be unable to coordinate their suck / swallow / breathing cycle, have difficulty maintaining a latch or tire easily.

These infants may require naso-gastric tube feeding. You will still be encouraged to express milk 3-4 hourly then latch baby onto an empty breast so baby can learn to attach and suck without having to cope with swallowing the milk. The staff in NICU will work with you to develop an appropriate feeding plan.

Mothers of premature babies should start expressing as soon as possible and continue to

express 3-4 hourly. The expressed milk may be given by cup, teaspoon, syringe, bottle or by tube depending on individual baby's needs.

Frequently asked questions

What food should I eat when I'm breastfeeding?

In most cases you can eat whatever you like in moderation without upsetting your baby. Regular balanced meals are needed plus snacks in between. Include fresh fruit and vegetables, meat and dairy products, cereals and bread in your diet. Ensure you drink at least 6-8 glasses of water daily. Try to avoid too many caffeine drinks such as tea, coffee and energy drinks.

Can I drink alcohol when breastfeeding?

Alcohol takes about an hour to pass into the breast milk and can affect baby. It is advisable not to drink alcohol when breastfeeding. However if you wish to drink it is better to do so after breastfeeding. After drinking one unit of alcohol it is best to avoid breastfeeding for 2 hours.

Does smoking affect my breast milk?

Research has shown that women who smoke often have smaller babies and may have a reduced milk supply. It is recommended that you stop smoking during pregnancy and breastfeeding. However if this is not possible, then reduce the number of cigarettes, and smoke following a breast feed to reduce the amount of nicotine the baby is exposed to. Support to quit smoking is available through the Smoking Cessation programmes. Nicotine replacement therapy can be used during breastfeeding. Please talk to your midwife for more information. Breastfeeding can protect your baby from some of the risks of your smoking. Smoke outside away from baby and change out of clothes which smell of smoke.

Will medicines I take affect my baby?

Most prescriptions and over the counter medications are compatible with breastfeeding although most do pass into the milk. It is important for your doctor, midwife or pharmacist to know if you are breastfeeding.

How do I ensure I have a good milk supply?

Ensure baby is attaching properly to your breast and feeding regularly. Eat and drink well. Get as

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much sleep as you can. Being tired and stressed can delay your milk let down. Try to rest when baby sleeps during the day; accept offers of help with other children, meals and household chores.

Does my baby need winding after breastfeeding?

Most breastfed babies do not take in much air when feeding therefore they may not burp after feeds. However this may vary from baby to baby and it is a good idea to hold baby upright after feeds for 5 to 10 minutes.

Community breastfeeding support

Your LMC will be available for visits and help up to 4 - 6 weeks postnatally. They will also be able to give advice on other support networks which are available. When your LMC stops seeing you it is important that they refer you to the Well Child provider of your choice such as Plunket or Tamariki Ora services.

Plunket Nurses

Plunket care includes home visits for babies in the early weeks and then clinic visits for children up to 5 years, provides the opportunity to discuss parenting or family issues and your child's health, feeding, and development. They can also put you in touch with other new mothers in your area.

Plunket Line

A toll free phone service staffed by Plunket nurses who are able to answer questions relating to you and your baby – is available 24 hours Telephone 0800 933 922.

Healthline including Well Child advice
0800 611 116

www.moh.govt.nz/healthline

A toll free, 24 hour a day telephone line offering health advice

Maori Health Tamariki Ora Providers

Tamariki Ora Nurses can assist with breastfeeding support and health checks for you and your baby. They will meet at a time and place suitable for you.

Hora Te Pai Kapiti

Telephone 04 902 7095

Ora Toa Poneke Well Child Service, Wellington

Telephone 04 245 0026

Ora Toa Takapuwahia Health Services, Porirua,

Telephone 04 237 0131

Maraeroa Health Clinic, Porirua

Telephone 04 235 8000