

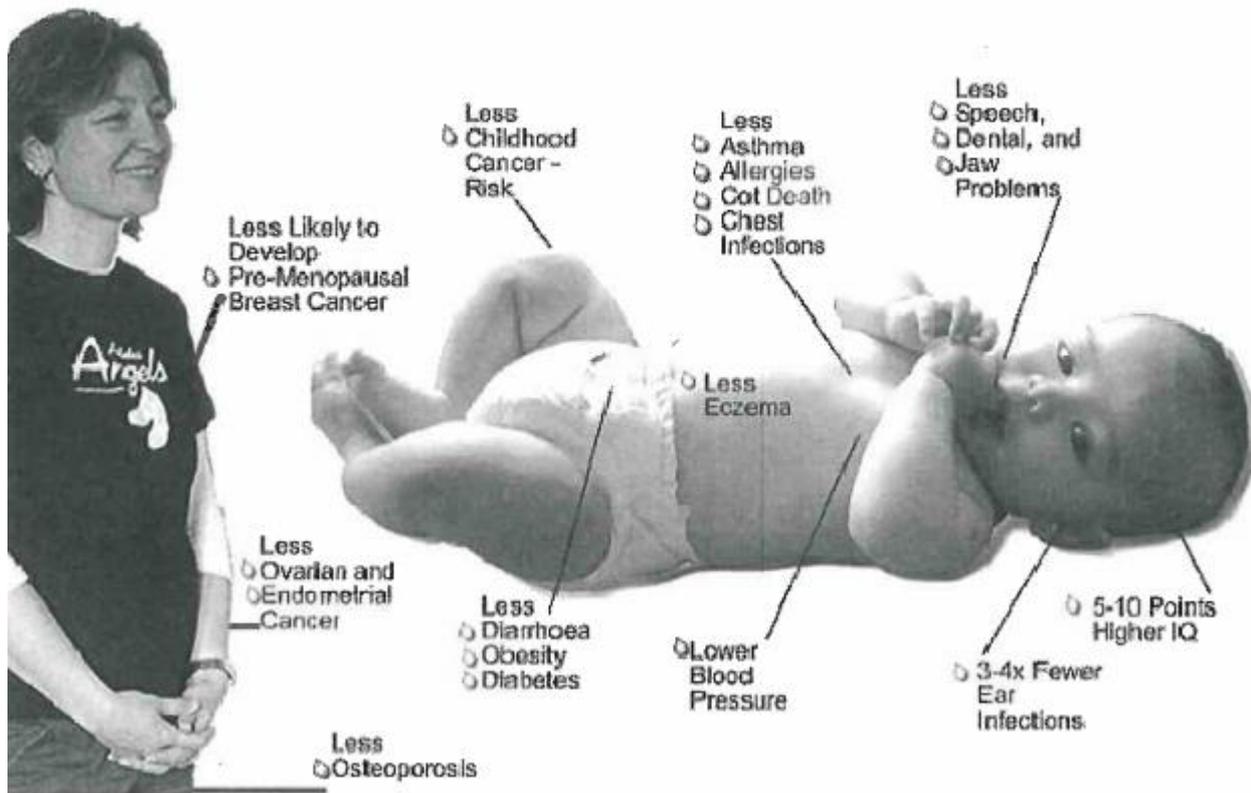


# **Breastfeeding your baby**

## **Commonly asked questions**

August 2020

# How to Give My Baby the Healthiest Start in Life:



## **Breastfeeding is normal for baby**

The World Health Organisation (“WHO”) recommends initiation of breastfeeding within one hour of birth; exclusive breastfeeding for the first six months of life; and introduction of nutritionally-adequate and safe complementary (solid) foods at six months and continued breastfeeding up to two years of age or beyond.

## **Breastmilk**

- ⌘ Is all the food and drink your baby needs for the first six months
- ⌘ Helps to protect your baby against colds, tummy bugs, infections and allergies
- ⌘ Helps your baby to feel safe and secure
- ⌘ Reduces the risk of SUDI

## **Breastfeeding is best for mum too**

- ⌘ Reduces the risk of heavy bleeding
- ⌘ Reduces risk of osteoporosis and breast cancer
- ⌘ Is good contraception (ask your lead maternity carer for more information)
- ⌘ It saves you time
- ⌘ It's free

## **Why breastfeed?**

## 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

## At birth

The baby should be left with the mother skin-to-skin covered with a warm wrap continuously from birth for **at least one hour**.

- ⌘ This will keep baby warm
- ⌘ Baby will cry less
- ⌘ You are able to breastfeed when baby is ready

Breastfeeding is comfort as well as food and drink to babies so they need to breastfeed often when very young. Some babies may not be very interested in feeding initially. Frequent skin to skin contact encourages baby to breastfeed.

Skin to skin means: Undress baby to nappy only and place on mum's bare chest. You can then put a light cover over baby.

**Think breastfeeding first whenever your baby seems unsettled even if he/she has just fed. He/she can always say no.**

*Cues to offer the breast to your baby are:*

- ⌘ Mouthing and making sucking motions
- ⌘ Sucking on hands or fingers
- ⌘ Legs moving (like riding a bike)
- ⌘ Babies feed better when they are alert and not crying  
Crying is a late sign of hunger



**When to breastfeed?**

## Natural Feeding Position:

This position is a great way to help your baby with attachment. In the first couple of days this helps your baby to use his instincts for a good latch and feeding.

- ⌘ Get yourself in a comfortable position and recline at a 45° angle
- ⌘ Gravity draws baby onto your body. There should be no gaps between mum and baby's body.
- ⌘ Make a nest with your arm to provide support.
- ⌘ Baby will usually search and find mum's nipple and self attach. If necessary, you can use two fingers to help baby find your nipple. Relax and encourage baby by your gentle voice and stroking back, legs and feet



## Cradle Hold



- ⌘ Cradle baby: comfortably in your arm, elbows relaxed by your side
- ⌘ Allow baby's arms to 'hug' your breast which encourages natural feeding responses
- ⌘ First breast: roll baby onto the side to face your breast
- ⌘ Align baby: baby's lips to mother's nipple
- ⌘ Face to breast: nose, chin and both cheeks contact the breast with no gaps
- ⌘ Fine tune nose and chin points: move baby slightly left or right to fine tune the nose and chin contact
- ⌘ Fine tune both cheek points: adjust baby's body slightly over or under to ensure both cheeks contact

## Rugby Hold

Follow same guidelines as for cradle hold but support baby gently on back of shoulders to keep baby's body close to yours and face is touching the breast at all four points



## Positioning and latching

- ⌘ Get comfortable and loosen clothing
- ⌘ **Baby's tummy to mummy** with his knees against your body
- ⌘ **Roll baby towards breast** with mouth opposite nipple
- ⌘ **Baby's mouth open** like a yawn
- ⌘ **Baby to breast** – quickly pull baby in so that his/her cheeks touch your breast
- ⌘ Hold baby close to your body
- ⌘ Look for slow steady jaw movements with occasional pauses
- ⌘ Look for relaxed arms and legs and satisfaction after feeding
- ⌘ Listen for swallowing

## Mother may feel:

- ⌘ Strong tugging which is not painful
- ⌘ Thirsty
- ⌘ After pains or increased bleeding during or after feeding for first three to five days
- ⌘ Relaxed and drowsy
- ⌘ Longer and rounded nipple immediately after a feed

How to breastfeed?



## What to expect

- ⌘ Newborn babies vary greatly in their feeding and sleeping patterns
- ⌘ Some babies will want to feed every one and a half to two hours and others may go longer
- ⌘ Some newborns are very sleepy and will need encouragement to feed every two to three hours during the first few days to make sure the milk supply is stimulated and the baby has enough milk
- ⌘ Feeding frequently helps prevent breast engorgement and babies getting jaundiced
- ⌘ Do not worry about the length and frequency of feeds. A newborn's stomach is smaller than a circle made by your thumb and forefinger.
- ⌘ The first milk, colostrum, is a very unique food designed to be given frequently in small quantities.

Your baby needs lots of cuddling and skin-to-skin contact in these early days as he is adjusting to the new world. You are meeting baby's needs not spoiling him/her.

Newborn babies feed more often at night as the milk producing hormone is higher at this time and it stimulates a good milk supply. This very frequent feeding, called cluster feeding, usually settles in a few days.

Breastfeeding provides warmth, security, body contact, reassurance and relaxation.

So forget the clock and enjoy each other just the way breastfeeding is meant to be. As babies grow they gradually settle into a more regular pattern.

**You can't breastfeed too often but you can breastfeed too little.**

## How often to breastfeed?



## Your baby is getting enough if you have any of the below:

### ⌘ **Wet nappies**

If your baby is getting enough to drink they should have wet nappies.

One wet nappy on day one, two wet nappies on day two and then three on day three and onto day five. After that 5 – 8 wet nappies usually clear in colour

### ⌘ **Dirty nappies**

Your baby will pass meconium, the greenish black, tarry first bowel motion over the first day or two. The colour starts to change to a greenish-brown and then a bright yellow by day four or five.

### ⌘ **Weight**

It is normal for babies to lose weight in the first few days, but then should start to regain weight after day five and return to birth weight by about 2 weeks old.

### ⌘ **Feeding**

Your baby will breastfeed frequently with a minimum of 8 – 12 feeds in 24 hours

## Size of a newborn's stomach



Is baby getting enough?



- ⌘ Breastfeeding frequently is the easiest way to ensure a good milk supply and a healthy and happy baby. The more often you breastfeed the more milk you **make**. It's a very simple system!
- ⌘ Be sure that baby is positioned correctly at the breast. If you are not sure baby is feeding well, or feel any soreness, ask for help.
- ⌘ Let your baby finish the first breast before offering the other side. Offer both breast at each feeding

Your milk is the normal food for your baby, and is always changing to meet his/her changing needs.

- ⌘ Let your baby not the clock tell you when he/she is full
- ⌘ Avoid dummies because this reduces suckling and stimulation at the breast and the amount of breastmilk your baby receives
- ⌘ Night time feeding is especially valuable in the first few weeks – so don't be too eager for your baby to sleep through the night.
- ⌘ If your breasts feel 'empty' – don't be fooled. As long as you are breastfeeding well they are never empty. Waiting for your breast to 'fill up' before feeding will reduce your milk supply. It is normal for the full feeling in your breasts to go as your baby settles to the supply/demand cycle of breastfeeding.
- ⌘ Use of teats and nipple shields. If your baby needs topping up, use a spoon or feeding cup. Teats can cause confusion for the baby and may discourage him from breastfeeding. Nipple shields should be used as a last resort and as a temporary measure.

### **Worried about enough milk?**

Remember the more you breastfeed the more milk you will make. Make sure your baby is latching correctly and feeding frequently.

**More breastfeeding = more milk**

## **How to maintain your milk supply?**

## **Ten Steps to Successful Breastfeeding:**

“The Ten Steps to Successful Breastfeeding” are the foundation for BFHI (Baby Friendly Hospital Initiative). BFHI is a World Health Organisation initiative and each hospital in New Zealand is required to meet the BFHI standards. Hutt Valley DHB is a BFHI maternity facility. We have implemented the following “Ten Steps” which have been proven to help support, promote and protect breastfeeding mothers and their babies.”

- 1 (a) Comply fully within the international Code of Marketing of Breastmilk Substitutes;
- (b) Have a written breastfeeding policy that is routinely communicated to staff and parents;
- (c) Establish ongoing monitoring and data management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
3. Discuss the importance and management of breastfeeding with pregnant women and their whanau/family
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth and any opportunity thereafter.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Avoid giving breastfed newborns any food or fluids other than breastmilk, unless clinically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognise and respond to their infants' cues for feeding (responsive feeding).
9. Discuss with mothers the use and risks of feeding bottles, teats and pacifiers.
10. Co-ordinate discharge so that parents and their infants have timely access to ongoing support and care.

**Although breastfeeding helps protect baby against risk factors associated with smoking quitting is by far the best option.**

### **If you can't quit**

- ⌘ Cut down the number of cigarettes you smoke
- ⌘ Change to a low nicotine brand
- ⌘ Smoke after breastfeeding
- ⌘ Keep house and car smokefree
- ⌘ Keep baby away from smokey environments
- ⌘ Try nicotine replacement therapy or smoking cessation programmes offered by your health professionals

### **Caffeine**

- ⌘ A mother drinking one or two cups of coffee a day will have minimal effect on her baby
- ⌘ Three cups or more a day is associated with a reduction in iron content in Breastmilk and may cause jitteriness and irritability in the baby and maybe poor sleeping patterns.
- ⌘ Cigarette smoking accentuates the effects of caffeine in the breastfed baby
- ⌘ Many fizzy drinks also contain caffeine.

### **Alcohol**

- ⌘ Avoiding alcohol is our best recommendation
- ⌘ Alcohol passes freely into mother's milk and peaks at about 30-60 minutes after taken
- ⌘ Alcohol flavours the breast milk and changes the smell.
- ⌘ If you are going to drink, choose low alcohol drinks
- ⌘ Consider expressing breast milk before you drink
- ⌘ Breastfeed before you drink
- ⌘ Avoid breastfeeding for two to three hours after one standard drink



**How smoking, caffeine and alcohol affect your baby?**



**Correct Positioning**



**Incorrect Positioning**



**Push into chest wall**



**Roll**



**Finish Roll**



**Right Hand**



**Left Hand**



**Squeeze**



**Slide**



**Pulling**



## **There are many reasons you may want to express your Breastmilk**

- ⌘ If you and your baby are separated for any reason
- ⌘ You have a premature baby
- ⌘ Baby has difficulty latching or suckling at the breast
- ⌘ To stimulate your milk supply or to relieve breast fullness
- ⌘ To continue breastfeeding when returning to work or study

Expressing may be done by hand, manual pump or by electric pump. In the first two to three days after birth hand expressing is usually the most effective.

**If baby is unable to breastfeed it is important to start expressing as soon as possible after birth to stimulate your milk supply.**

### **How to hand express**

- ⌘ Wash your hands thoroughly
- ⌘ Massage, stroke and tap breasts brushing fingers across areola and nipple to stimulate hormones to let down milk. Keeping baby skin-to-skin releases these hormones too.
- ⌘ Place thumb on upper edge of areola above nipple and with middle and/or forefinger at the lower edge of the areola.
- ⌘ Push straight back into chest wall then squeeze thumb and forefinger together in a forward rolling movement.
- ⌘ Repeat this back movement, squeeze rhythmically
- ⌘ When milk is flowing more readily you can rotate fingers all around the breast to access all ducts
- ⌘ Express each breast for about five minutes and then do same again

**You need to express at least 8-10 times in 24 hours if baby is not feeding directly at breast**



## Some guidelines for human milk storage and use for term babies

*(Other guidelines may be used if baby ill or premature)*

- ⌘ Mother's milk is a living fluid which contains special properties to protect it from bacterial contamination
- ⌘ Usually breast milk is best transferred to a cool place, usually a refrigerator, within four hours
- ⌘ Breast milk that will be used within two days can be stored in the refrigerator (N.B: not in the refrigerator door)
- ⌘ If using a separate fridge/freezer the milk will keep for three to four months
- ⌘ If storing in a chest freezer the milk will keep for up to six months
- ⌘ Label and date all milk stored in clean containers
- ⌘ Any milk expressed within a 24 hour period can be expressed directly into the same container
- ⌘ Freshly expressed milk can be added to frozen milk if it is cooled first and there is less fresh milk than frozen. Fresh breast milk separates into layers and can look bluish, yellowish or brownish
- ⌘ Breastmilk can be thawed by running it under cool and then warm running water over the breast milk storage container, gently swirling it as it defrosts. **Do not shake it.** Never use a microwave as it destroys essential nutrients and will heat milk unevenly
- ⌘ Once frozen milk is thawed it can be kept refrigerated for 24 hours but not refrozen

Storage and use of breast milk?



## **Why continue to breastfeed?**

**Breastfeeding your baby will have a long-term positive effect on baby's immune system and general health.**

Breastfed babies are less likely to:

- ⌘ Get colds, tummy bugs and infections (Karmer et al, 2001)
- ⌘ Develop food allergies (Kempand Kakakios 2004)
- ⌘ Suffer from leukemia and other childhood cancers (Benner et al 2001)
- ⌘ Develop type 2 diabetes (Owen et al 2002)
- ⌘ Become overweight or obese (Burdette et al, 2006)
- ⌘ To be hospitalized

**When returning to work or study you can still breastfeed your baby.**

- ⌘ It is the one special thing you can do that no one else can.
- ⌘ Breastfeeding is a lovely way to welcome, catch up and relax with your baby after work.
- ⌘ Breastfeeding takes less time
- ⌘ Mothers who breastfeed have fewer absences from work with sick babies than mothers who artificially feed.
- ⌘ Saves money and cost of formula, and alternative care when baby is sick.

Make sure breastfeeding is going really well before going back to work. It usually takes about six to eight weeks to establish breastfeeding properly and build up a good milk supply so delay going back to work as long as you can. Maybe you can go back to work gradually, job-share or work part-time, have baby with you some of the time or get baby brought to you or do some of your work or study from home.

Talk with your employer before you go back to work about your need for a place and time to express your milk. There are many breastfeeding and working options. Discuss your options with your Lead Maternity Carer, Well Child provider, La Leache League, Parents Centre, lactation consultant, friend or family member who has returned to work and breastfed successfully.

**Any amount of breastmilk you can give your baby is better than none.**

**Refer to Ministry of Health website page.**

**Working and breast feeding?**



**If you are having any difficulty with breastfeeding get help from someone who understands breastfeeding. A few simple changes are usually all it takes to get back on track.**

**Common problems:**

⌘ *Sore nipples*

There should be no more than mild discomfort at beginning of feeds. If pain persists during or between feeds seek help.

⌘ *Engorgement*

Full, painful breast, usually in the first two – five days after birth. Feeding baby frequently is the best solution, you may need to wake baby. You may also need to express before feeding to enable baby to latch well. Try massage before and during feeds, cold packs after feeds (or chilled cabbage leaves.)

⌘ *Blocked duct*

If milk becomes blocked, a tender lump may appear in the breast. Apply heat; get more rest; breastfeed baby frequently; check positioning and latching. Massage lump in the shower.

⌘ *Mastitis*

Inflammation of the breast may have red 'hot' area on breast and flu-like symptoms. Caused by missing feeds, poor drainage of milk due to poor latch, fatigue or ill health. Keep breastfeeding and ensure baby is well positioned. Express if necessary to drain breast well. Get plenty of rest, eat well and drink lots of fluids. If you are not feeling better within 12 hours consult your midwife or doctor.

**For more information ask for** our Breastfeeding Quick Reference pamphlet and Orange card, or talk to your LMC.

**For further help contact:**

- ⌘ Your midwife/lead maternity carer
- ⌘ Your Well Child provider (Plunket, Tamariki Ora, Pacific Health Services)
- ⌘ Helpful websites and Community Networks: ask for our Orange Card
- ⌘ Plunket + 0800 Plunket Line
- ⌘ Well Child health Book

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