

BFHI Breastfeeding: A Guide for Mothers (Postnatal)



Congratulations on the birth of your baby.

We hope that you have had the opportunity to get to know your baby and have spent some time doing skin to skin contact (S2SC).

Breastfeeding is a wonderful gift, that you give to your baby and we commend you for making that decision.

Breast milk is perfect for your baby, especially if your baby is born early. Your breast milk will adapt to meet your baby's changing needs and protects against a range of illnesses.

It is said that breastfeeding is the most natural thing in the world and for some this is true and for others breastfeeding takes longer to perfect and takes more practice, patience and commitment. No need to rush, it takes weeks to get it 'right', sit back and indulge in this special time of getting to know your baby. As you gain confidence breastfeeding becomes easier and rewarding and the relationship with your baby will deepen and grow - a perfect combination for bonding.

We are here to help you get off to a great start with your breastfeeding. All the staff have undergone recognised training to teach, assess and support you to breastfeed.

National Women's breastfeeding policy is available should you wish to read it, this is available on the website and also in every department and ward.

Baby Friendly Hospital Initiative – BFHI

What is the BFHI?

This is an International project of the World Health Organisation (WHO) and UNICEF and supported by the New Zealand Ministry of Health. It is an assessment process for excellence in breastfeeding and each maternity hospital has to go through rigorous assessments and reach standards. National Women's is an Accredited Baby Friendly Hospital, thank you for choosing us.

What does this mean for you?

you can expect that throughout your pregnancy, birth and postnatal time we will encourage and support your decision to breastfeed and support you to successfully achieve exclusive breastfeeding.

How will we do this:

- *education and discussions about the benefits of breastfeeding and the risks of not breastfeeding.*
- *Showing you how to hand express,*
- *teach you how to breastfeed and how to recognise when your baby needs to feed, how to tell if your baby is feeding effectively and when they have had enough.*
- *answer your breastfeeding questions and discuss your worries*
- *If you need to see a lactation consultant the staff will refer you if they need to*
- *We will encourage you to have S2SC with your baby immediately following birth and continue this when you get to the postnatal ward. Skin to skin contact helps your baby develop the skills required to breastfeed, keeps your baby warm, and keeps their heart rate and breathing rate more stable. It is also important for your baby's emotional wellbeing and assists with calming, settling & bonding. It also helps produce more colostrum and milk.*
- *Helping you establish a good milk supply*
 - *No bottles, teats and pacifiers will be provided however we have alternatives*
 - *We will encourage regular baby led breastfeeding.*
 - *If your baby has medical reasons for needing formula, we will provide it and ask for your written consent*
- *Keep you and your baby together 24 hours a day*
- *If you have breast feeding challenges we will help with the use of an electric breast pump. Your baby can then be fed your breast milk via a cup, spoon, syringe or feeding tube until baby is able to breastfeed*
- *Should you require extra help with your baby at night your partner or female family member may be able to stay to assist you, but this is at the discretion of the Charge Midwife of the ward where you are staying.*

Why is breast milk so important?

It is a unique food specially formulated by nature and made by your body specifically for your baby. It is species specific (made just for humans by humans.) Breast milk contains many superior elements that helps baby grow and develop at a normal rate. Most of these growth substances are not available anywhere else and are unique to humans. These constituents are in abundance in colostrum and breast milk.

The World health organisation (WHO) recommends that babies are **breast fed exclusively for six months** (*This means giving baby nothing else only your breast-milk, not even one bottle of formula*) with the introduction of family foods about this time with still some breastfeeding until the baby reaches 2 years. This is because the baby's immune system is fragile and immature. Breast milk provides an environment for the baby's gut that protects them from diseases and infections and sets them up for a healthier life. The evidence is clear that for optimal development babies need to be exclusively breast fed for at least 4-6 months; the longer the better. There is more and more evidence showing that breast fed babies are less likely to become obese or to get diabetes.

It's not just perfect for babies but good for Mums too

- *The snugly, warm skin contact is known to help attachment and bonding*
- *Helps with weight loss after baby has been born*
- *The longer Mum breast feeds, in years, the more protection she gets against obesity*
- *It is calming and relaxing for Mums and helps with their sleep and mental health*
- *It protects against pre-menopausal breast cancer, diabetes, ovarian cancer and osteoporosis*

Colostrum

This is often described as 'Medicine' and known as 'liquid gold'. Colostrum is the first milk and is available in your breasts from about 16 weeks of pregnancy. It is a perfect combination of both food and fluid. It looks syrup-like and is deliberately in small volumes until the milk 'comes in'. These small volumes protect baby's kidneys from overload, it also keeps baby 'just satisfied'. This can be for the first 3- 5 days.

When baby has free access to the breast he will be satisfied. He will be alert and feed frequently which is usually twelve or more times a day until the 'milk is in'. This frequency will encourage your colostrum hormones to change to breast milk hormones. This is normal human behaviour and baby will not need any other fluid.

Colostrum helps baby with mucousy episodes and aids the passage of meconium.

If you feel your baby is feeding too much or too long, is sleepy or lethargic check, with the staff caring for you and they can assess a feed.

Transitional milk (buttery coloured & more volume)

This is known as the milk 'coming in' usually between day 3-5 (later if you have had a caesarean or had pethidine or opioids in labour). The breasts can feel heavy and full. Some women experience breast tightness and discomfort, this soon passes with frequent emptying of the breasts together with S2SC. Transitional milk changes at about day ten when your milk changes to Permanent Milk

Permanent milk

This milk is high in calories and babies love it because it is tasty, rich and creamy, (it looks watery). The composition and taste changes at every feed; a varied palate is developing at an early age.

The most important thing to remember at this time is to **'Demand Feed'**. This means letting your baby lead, give him free access to the breast. This is especially important in the first three days and during a growth spurt and is not a time to develop a schedule or limit his feed.

Each feed is different for baby and you adapt to baby's needs and your milk supply will adjust too.

Most women worry about their milk supply. If you are worried talk with someone who has a good understanding about how milk is produced and understands how breastfed babies grow. Increasing your milk supply is easier than you think...most of the time.

What makes milk – a healthy pituitary gland – this produces the breast milk hormones and ductal tissue within the breasts – together with a mature healthy baby who sucks efficiently to empty the breast - only a small number of women aren't able to produce enough for their baby – the majority can and do.

“How Do I know I’m Making Enough Milk?”

A very common question is: “Am I producing enough milk? Is my baby getting enough to eat?” A newborn stomach is only the size of a marble, and by 10 days old, is only the size of an egg! The fact that your baby constantly wants to eat is NOT a sign of under-production or that supplementation is necessary. Babies simply eat around the clock during their first months of life because their stomachs are very small and they digest breast milk very efficiently. You can expect major growth spurts at approximately 4 weeks, 6 weeks and 4 months - just keep nursing, as you cannot overfeed a breastfed baby!

Find support and remember that it’s a “supply and demand” issue. The more often you put baby to your breast; the more milk you will make. Relax and trust yourself; your baby is helping build and sustain your milk production and supplementing with formula will compromise your supply. Six to eight wet diapers and two to five bowel movements in 24 hours (for a baby under six weeks old) means the baby is getting enough to eat. If you have more questions, consult the World Health Organization (WHO) child growth chart at your pediatrician’s office to ensure healthy, optimal weight gain.

Baby’s Weight gain – what to expect

Below is a table showing the average weight gain for a term healthy baby. It is always important to remember that all babies are different and to look just at the weight gain, is not recommended. Be guided by your baby’s behaviour, development and their output to estimate how well they are thriving. Always check in with your Midwife too. The well child books have growth charts in them.

This is a guideline for a Term healthy Baby’s weekly weight gain

Baby’s Age	Average Weight Gain ¹	Average Weight Gain ^{2,3}
0-4 months	155 - 241 grams per week	170 grams per week †
4-6 months	92 - 126 grams per week	113 - 142 grams per week
6-12 months	50 - 80 grams per week ‡	57 - 113 grams per week

† It is acceptable for some babies to gain 113-142 grams per week.

‡ The average breastfed baby doubles birth weight by 3-4 months. By one year, the typical breastfed baby will weigh about 2 1/2 - 3 times their birth weight.

¹ Sources:

World Health Organization Child Growth Standards, 2006.

Available at: <http://www.who.int/childgrowth/en/>. To figure average weight gain, we used the weight-per-age percentile charts for birth - 5 years. The range is a combination of boys and girls 5% to 95%, rounded to the nearest 5 grams.

1. Riordan J. *Breastfeeding and Human Lactation*, 3rd ed. Boston: Jones and Bartlett, 2005, p. 103, 512-513.
2. Mohrbacher N and Stock J. *The Breastfeeding Answer Book*, Third Revised ed. Schaumburg, Illinois: La Leche League International, 2003, p. 148-149

In the first three days it is common for babies to lose weight. If they lose more than 10% of their birth weight a referral to a paediatrician is made. Most healthy term babies will regain their birth weight by two weeks; the average weekly weight gain for a breastfed baby is 175gms – 245gms. Babies born early may take up to a month to regain their birth weight. If babies are slow to gain your LMC will suggest a referral to a medical practitioner.

Hand expressing – how to do this.

It is important that all breastfeeding Mums know how to hand express their milk so that should their breasts become over full they can relieve the discomfort. It is also very useful to collect milk for your baby if baby is unable to breastfeed, it can also be used to entice your baby to lick & open his mouth immediately before a latch. Antenatally your Midwife will show you how to do this in preparation for after the birth. It will take time to learn this. Ask for help if you are not sure. To collect colostrum ask your midwife to give you some 1ml syringes. When hand expressing, swapping from breast to breast is recommended as it increases the volume. Stay calm, relaxed and ensure your privacy. Partners can help with this too.

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

See guide overleaf ...

National Women's Breastfeeding Information

HAND MASSAGE

Before you start:

- Wash your hands.
- A hot pack or moist facecloth may be applied to warm the breast, and assist with milk flow.
- You can do this under a warm shower, or at home in a warm bath.

There is more than one way

1: Using gentle circular movements, with each hand starting at the top of the breast press inwards with the finger tips, moving your fingers in a circular motion in one spot for a few seconds, moving around the whole breast.



2: Gently massage each breast by stroking the breast towards the areola, working around the breast with a tickle-like stroking action using all of your fingers.



3: You can shake the breast while leaning forward, using gravity to help the milk ejection or let-down reflex.



WHEN TO EXPRESS

Timing will be different for everyone.

If your baby is unable to suckle at the breast:

- 1: As soon as possible after the birth of your baby.
- 2: In the absence of baby suckling at the breast, the breasts need to be stimulated 8 or more times in 24 hours.

EXPRESSING BY HAND

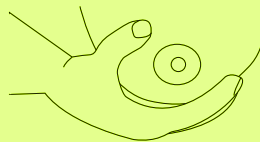
Expressing breast-milk by hand is a skill & you may need to practice.

Not everyone manages to obtain milk immediately. You may ask your midwife to show you how. There are different ways to express, the aim is the same – to assist the let down & drain the milk ducts, emptying the 10-12 separate lobes containing the special milk-producing glandular areas of the breast.

1: Place your thumb above & fingers below your nipple, towards the edge of the areola or brown area, several centimetres away from your nipple.

2: Gently push your fingers & thumbs back into the breast & feeling the thicker breast tissue between your fingers & thumbs commence gentle squeeze & release action. Go gently. This should not cause pain or discomfort or damage your breast.

3: Repeat this action, working all the way around the breast. Express from one breast until milk appears, to tempt baby to feed. If collecting breast-milk – continue until the flow slows down. Switch to the other breast & repeat.



Take care not to squeeze the breast too close to the nipple, there are no collecting ducts located here. The nipple area is well supplied with nerves and can be very sensitive to pain.

How will I know if baby is getting enough from my breast

Until your milk comes in your breasts will produce small volumes of colostrum about 1-5 mls per feed. Then when your milk comes in the volumes and milk composition will change and increase gradually over the next week. By about two weeks you will be producing approx 700mls a day.

Check your baby's alertness at every feed. Hungry well babies are full of energy and alert at the beginning of the feed often with their eyes wide open and concentrate on the feed. Gradually as the feed draws to a close baby's swallows are infrequent and baby becomes sleepier. Often a breastfed baby will be asleep by the end of the feed, but rouse quite quickly if moved from mum!

If you are worried about your milk supply talk with your Midwife.

In the first few days, Term breastfed babies need 8-12 breastfeeds a day.

Some feeds may last for up to an hour, they feed efficiently and take some time to settle often in your arms!

Babies who are sick or not getting enough breast milk are often lethargic and sleepy at the beginning of a feed and when you try to take them from the breast they wake up & complain to go back to the breast. Their swallows are weak and infrequent. Feeds then become long and drawn out and you and your baby get exhausted. Baby's output drops and baby loses weight, baby maybe jaundiced. You need to contact your LMC **immediately** if this happens.

If at any time you are concerned about your baby's health – **seek medical attention without delay**

Baby's output matters when assessing baby's well being – what to expect			
Baby's output per day	Day 1	Day 2	Day 3
Urine	1	2	3
Bowel motions	Meconium – tarry black	Meconium – dark green	Changing – mustardy
	1-2+	1-2+	At least 1

How will I know when to feed my baby?

Commonly it is thought that baby needs feeding when they cry. Experts agree that it is better to feed baby by responding to their early cues. Crying can often be a very late communication. Most term babies will wake for feeds between 1-3 hours in the early days. Babies who are premature or have medical concerns often need to be woken up for feeds every 3 hours.

Common infant hunger cues include:

Early signs

- *Smacking or licking lips*
- *Opening and closing mouth*
- *Sucking on lips, tongue, hands, fingers, clothing,*
- *Cooing, wriggling moving arms and legs*

Active signs

- *Mouthing & licking*
- *Crying now and then*
- *Fidgeting or squirming*

Late signs

- *Fussing or breathing fast, arching back*
- *Moving head frantically from side to side*
- *Full cry / scream, tense body, turns red, unable to be consoled*

Feed charts

During your stay at National Women's you will be taught how to complete the feed chart. Feed charts are used to help record breastfeeds, baby's output, and their weight.

Should your baby require a formula supplement (this will be provided) for Medical reasons we will require your written consent.

ATTACHING BABY

To Assist your baby to breastfeed comfortably,
baby needs a deep latch

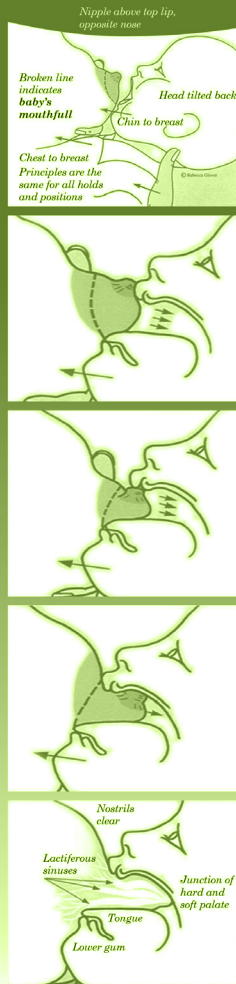
With baby's chin pointing at the breast and your nipple above baby's top lip (opposite baby's nose) tease baby's bottom lip and chin with the breast and areola.

Wait for baby to respond with a wide-open mouth, tongue down.

Quickly push baby's shoulders and chest in, bringing baby on to the breast.

Watch baby's bottom lip take 3-4cm of breast below the nipple, the chin sink in to the breast and the nipple brush or fold under baby's top lip.

This places baby's tongue well under the breast, the nipple rolls back to the soft palate, baby will form a vacuum and begin feeding.



NATIONAL
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You may use your thumb or finger to help guide the breast and then the nipple into the baby's mouth

Baby starts breastfeeding with short frequent sucking, when milk starts to flow longer, deeper jaw movements followed by swallowing can be seen, and mother feels regular sucking action.

Growth Spurts

At day 10 for girls and a little earlier for boys, baby will go through their first growth spurt (and these continue well into their teenage years). This means that your baby will want to feed more often and for longer. This arrangement works well for increasing your milk supply – no need to give baby anything other than your breast milk when they are experiencing a growth spurt! Sometimes it seems difficult to keep up with their needs, but it is possible, just go with them. Let them lead!

Conflicting advice

There are many different ways of parenting and breastfeeding. This can be confusing. To help with this hospitals have policies and practises that guide the staff on how to inform you. Staff attend regular breastfeeding updates and all the information is the same for each staff member. In the early weeks your baby's breastfeeding behaviour will change sometimes at every feed, be flexible with the information that is given to you and always let a staff member know if you are confused by their advice. Staff are trained to answer your questions. They want you to get off to a great start, they want to support you.

Full and over full breasts

When your milk comes in some women find their breasts feel heavy, hot and full, the blue veins on the skin of the breasts become more prominent and the breasts look a little flushed and enlarged. Some women feel tearful. For some women the increase in milk volume is quite uncomfortable but generally not painful. To relieve these symptoms we suggest breastfeeding frequently and covered ice packs on the breasts (but avoiding the nipples), for just a few minutes after the breastfeed. These symptoms are usually relieved within about 24 hours. Some babies have problems attaching to the breast at this time and your Midwife can show you how to soften the pigmented area of your breast called the areola so that baby can latch easier. If the Areola becomes swollen some reverse massage and hand expressing relieves this prior to the latch.

Engorgement

True engorgement is rare; often breast over-fullness is mistaken for engorgement. Engorgement is when the milk comes in and is not frequently removed and the fluid in the tissues surrounding the milk ducts get overfull and swollen. The breasts look red shiny and are painful and this may last up to a few days. It is important to let your midwife know if this is happening.

Research suggests the only effective treatment for True Engorgement is an anti-inflammatory medication but often women feel that massage prior to breastfeeding and covered ice packs on their breasts for a **few minutes** in between breastfeeds is just as effective – cold cabbage is also used with success. The main treatment however is to empty the breasts by breastfeeding frequently.

Will I have enough milk?

This is a very common question women ask. Most women are concerned about their milk supply at some time during their breastfeeding experience. If your baby is gaining weight well with just your breast milk then you don't have a problem with your milk supply. Milk supply is finely tuned with your baby, let them lead the way. Breast milk composition changes at each feed and is not about volume it's about cream content! Cream carries the calories and lots of vitamins and minerals, the higher the cream content the more calories for baby.

Here is a simple recipe

The more you feed and empty your breasts = the more milk you make

The less you feed and empty your breasts = the less milk you make

What is a Galactagogue?

A herb or medication that increases milk supply. Some of the most commonly used herbal galactagogues are fenugreek, blessed thistle, and alfalfa.

Domperidone

This is a galactagogue and is a prescribed medication that is thought to increase prolactin levels which in turn increases milk supply. For some women with certain medical conditions this medication is **not advisable**, check with your Dr first.

It is advised that when your milk levels increase you should gradually reduce the dose of the medication and not just stop abruptly. Most women experience an increase in their supply by 4 days following the first dose of domperidone.

Not every woman is made equal – wise not to compare

Experts tell us it is not the size of your breasts that makes your milk; it's the ductal tissue you have combined with efficient, frequent feedings and your body's ability to produce a certain amount of milk in one sitting, which is different for everyone. Some women have a large milk capacity and others have a smaller milk capacity. What this means is that women who have a large capacity breast feeds less frequently and women with a smaller breast capacity feed more frequently, however, within a 24 hour period both women produce almost the same volume.

Tongue tie

The medical term for this is known as Ankyloglossa . This can affect breastfeeding and if it does you will be referred to a Hospital Lactation Consultant, Neonatologist or ENT Doctor. A simple release procedure can be done at the bedside. Your consent is required should this be necessary.

Assisting the mother to recognize when baby is hungry – baby cues

Auckland DHB supports mothers to do skin to skin contact (S2SC) at birth and continue for days and weeks to come.

It has proven benefits for both mothers and babies. It is important that you learn how to do this safely so that baby's airway is protected and you feel relaxed and confident – baby will settle better this way.

When mothers provide skin to skin contact with their baby they develop baby's touch stimulus for triggering and maintaining lactation, and assist baby to initiate and freely access the mother's breast for breastfeeding.

Is it safe to sleep with my baby

However, there are risk factors that can make bed sharing unsafe especially for young babies under 6 months old. **Bed sharing** is when a baby shares a bed with their mother/ carer either to feed or for comfort or sleeping with their baby.

- *Auckland DHB recognises and supports a woman's choice to bed share, but the mother must be alert, awake and responsive.*
- *Auckland DHB does not recommend bed-sharing while in hospital, it is recommended that the mother places her baby back into the cot, on their back, with the cot flat when the mother needs to sleep.*
- *Rooming in is where both mother and baby are kept together 24 hours a day, in the same room. This is important because it allows mother and baby to get to know each other well. Baby will connect physically through STSC and this provides greatest germ protection so baby is safer with its mother than anyone else. Mother also knows exactly where baby is and her concerns about baby's safety are alleviated.*
- *Babies are not taken out at night unless there is a significant medical/ emotional reason, that is because we know that babies miss their mother when they cannot smell and hear them.*
- *If a mother makes an informed decision to bed share in hospital then this will be documented in the mother's clinical record with written parental consent. All babies should have a safe sleep in a safe place at every sleep.*

Smoking increases the risk of Sudden Unexplained Death of Infant (SUDI), especially if you have smoked in pregnancy. If you or another person in bed smokes don't fall asleep with your baby, make sure your baby has a safe sleeping space in a cot or Pepe Pod.

Make sure baby is

- *Face up*
- *Face clear*
- *Smokefree*
- *In his/her own bed*
- *Never sleep with your baby in an arm chair or sofa.*
- *Baby is safest with you in the same room but in baby's own bed*

How to rouse a sleepy baby

Most babies self regulate their hunger and show you signs that they are hungry this is called 'supply on demand'. Occasionally if your newborn baby wakes less than 8 - 12 times every 24 hours and is very sleepy during a feed and their urine output has dropped, you may need to wake baby gently more often to feed. Gentle stimulation at the breast also works, this is called 'breast compression' and encourages baby to get more by doing less! Keep baby in a low light as bright lights encourage baby to close eyes. Make eye contact and talk with baby. Make sure room is warm and remove clothing down to the nappy. Try hand expressing and putting some colostrum onto baby's lips, when your milk is flowing swiftly bring baby to breast and feed. If you are concerned that your baby is too sleepy call your LMC and ask for advice.

How to stimulate your sleepy baby

- *Softly rub or pat baby's back, walk your fingers up baby's back*
- *Change baby's nappy*
- *Gently rub baby's hands & feet*
- *Move baby's arms and legs softly and gently if you meet resistance STOP*
- *Circle baby's lips with your finger*

Baby gives us feeding cues - this means they signal through facial gestures and movements that they are ready to feed even though they appear to be asleep.

Try to wake baby in their light sleep when

- *there is rapid eye movement present*
- *eyelids flutter*
- *baby opens eyes then closes them*
- *soft cooing or sighing sounds*
- *lip movements*
- *tongue movements*
- *fingers/hands to mouth*

Keeping a sleepy Baby interested at the breast for a longer feed

- *Use breast compression, this is an easy way to get more milk into baby, by gently compressing your breast tissue with gentle pressure around the outside curved part of your breasts (this should not hurt or leave marks on your breast). You will notice that baby swallows more frequently then sucks more frequently when you do this*
- *Slip your finger under baby's chin and as he tires gently support it , you will notice that baby will instantly respond with a further suck and swallow*
- *If all of the above ideas don't work try switching baby from breast to breast when he stops sucking, you will notice that after a few times of doing this baby will suck for longer and harder. This is called "Switch Nursing"*
- *Change nappy in between sides*
- *Change positions from cradle to rugby hold*
- *Talk to your baby whilst breastfeeding send him words of encouragement – baby often sucks harder and for longer when mothers do this.*
- *If your baby is too tired to feed get baby checked by your Midwife, it is important to express your milk and your Midwife will assist you to give baby your milk. Baby has to be alert to feed. Baby may need to be seen by a Dr if baby is very sleepy.*

Jaundice

Jaundice occurs when a baby's immature liver can not cope with the excess bilirubin created by the breakdown of red blood cells following birth. These red blood cells are no longer required once baby is born. The extra bilirubin is stored in the skin, hence the yellow look.

Jaundice is one of the most common conditions needing medical attention in newborn babies.

Approximately 60% of term and 80% of preterm babies develop jaundice in the first week of life, and about 10% of breastfed babies are still jaundiced at 1 month. For most babies, jaundice is not an indication of an underlying disease, this early jaundice (termed 'physiological jaundice') is generally harmless.

Babies with increasing jaundice levels are often sleepy, lethargic and tired at the breast. Their output drops. Baby will need a regular blood test over a few days and if the levels are high the treatment for this is UV light. This treatment is generally only for a few days. Most babies will need a short time lying on a 'biliblanket' which is positioned in baby's bassinet and laid with a cotton blanket the room is kept warm and baby is on a heated mattress, baby will need eye protection. Occasionally, Baby will be put into an incubator, undressed to their nappy and their eyes are covered with soft eye protection. The blue lights are used over head and the room is warmed. During this time mum is encouraged to breastfeed baby frequently and express her milk with an electric pump to keep her milk supply up. Baby may require this extra milk as a "top up" after the breastfeed to keep baby well hydrated.

Feed baby 2 - 3 hourly to help flush the bilirubin through the baby's body

The baby should sleep during the day in natural light rather than closing the curtains

If the jaundice increases or becomes prolonged this should be. If the baby has mild jaundice at home or is being discharged with jaundice the parents should be encouraged to feed baby 2 - 3 hourly and baby to sleep in daylight rather than closing the curtains or blinds. If the jaundice deepens or is prolonged this should be investigated, ask your Midwife about this.

Each woman is unique in her breastfeeding situation so we advise you discuss this with your Midwife before embarking on its use. If used inappropriately the nipple shield can cause the nipples to damage and reduce the volume of breast milk being produced. It is recommended that whilst you are using a Nipple Shield that you express as well as breastfeed to keep your milk volumes adequate. Refer to our handout on the National Women's Health website www.nationalwomenshealth.co.nz

Signs that baby is taking enough calories from the breast

- *Alert at beginning of feed with eyes mostly open*
- *Enthusiastically sucking and swallowing*
- *Baby is well attached at the breast and it doesn't hurt*
- *Baby has round full cheeks when on the breast*
- *There are no clicks or air pocket sounds during the feed*
- *Baby looks relaxed and enjoying feed*
- *Baby's out put is good*
- *As feed progresses baby becomes more relaxed and finally spits out the nipple*
- *Baby settles after a feed and wakes for the next feed*

Storage of breast milk

It is recommended by the Ministry of Health (MoH) that breast milk can stay at room temperature immediately after expressing for four hours and can stay two days in the fridge and four – six months in the freezer.

Safe storage and thawing of breast milk

In New Zealand the Ministry of Health advises the following information.

Storage

Whilst in Hospital - Use a pink lid container or a larger white bottle, supplied by the ward. 1ml syringes are also available.

Take this milk from the fridge about 45 mins before it is required so that it thaws at room temperature

On the container use your ID label and write the date & time. Store in a silver foil container & put into the body of the fridge.

If you have surplus breast milk whilst in hospital send it home with a family member – best for it to be transported in a frozen chilly bag.

Sterilising in Hospital

The staff will show you how to sterilise equipment. Half a sterilising tablet is used with a litre of clean tap water and put into a separate container with a lid, after an hour the items in it are safe to use. Please do not attempt to rinse any item in tap water, instead shake the excess fluid off or put the items on clean dry paper towels and allow the excess to drain off onto the paper.

Any item going into the sterilising solution has to be first rinsed and washed in hot soapy water then rinsed again and immersed completely under the solution. The container should have a well fitting lid and your name on it. The solution will be changed daily.

Human milk	Room Temperature (25C or less)	Fridge (0-4c)	Fridge Freezer	Chest freezer
Fresh	4 hours	2 days	4 Months	6 Months
Thawed in fridge	4 hours	24 hours	Do not reheat or refreeze	Do not reheat or refreeze
Thawed in pan of warm water	Store right away or store in fridge	4 hours	Do not reheat or refreeze	Do not reheat or refreeze

Choose glass or hard plastic containers with well fitting lids to store your breastmilk in.

Label with date/ time /year. When In hospital you will be given printed ID labels to put on your milk. All milk is stored in a separate silver dish. It is important to check before you use the milk that you have the correct milk as often the foil containers are moved about.

Store breastmilk as near to the back of the fridge as possible and NEVER in the door as this is the warmest part of the fridge.

Thaw your breast milk in the fridge overnight if possible, or at room temperature for about 30 mins - otherwise by holding the container under warm running water

Do not put frozen breastmilk in a microwave or in boiling water.

Gently swirl frozen breastmilk rather than shaking.

If baby does not finish all of the feed, throw away what's left.

Don't reuse it at another time.

The use of Nipple Shields



Nipple shields are used on the postnatal wards for very specific reasons.

- *Breastfeeding for premature babies to increase their oral capacity and transfer volume ability.*
- *Inverted nipples – where baby can't attach to the breast in spite of persisting*

At Home

Take time to adjust to your new role. When you go home your community Midwife will visit you the following day after discharge, however if it is her day off her partner should see you until your own midwife returns.

Your Midwife will advise you about your breastfeeding, it is not unusual to experience breastfeeding challenges so be guided by your Midwife. Like any new learned skill it takes time to perfect it and on average it takes about 6-8 weeks to build your confidence up and establish your milk supply. Keep going and if you are experiencing breastfeeding or volume difficulties seek help without delay. You would have been given a Breastfeeding Directory on discharge from hospital with all the Breastfeeding support services in your area.

If you want to employ a private Lactation Consultant you can find your closest LC on <http://www.nzlca.org.nz/>. There is a cost so remember to check this out before employing her.

Ask your Midwife about being referred to the Hospital Lactation Consultant (*free service*)

Breastfeeding and Food

The increased nutritional requirements of pregnancy continue throughout breastfeeding. Well nourished mothers should aim to meet the additional energy requirement of approximately 500 kcal per day if breastfeeding one baby and 1,000 kcal for breastfeeding two babies.

Your baby will more than double his/her birth weight within the first six months from a diet of your breast milk alone.

Some mothers fear that they cannot breastfeed because they do not eat “well enough”. Good nutrition need not become a barrier to breastfeeding. The human body is very flexible and can make high quality milk out of many combinations of foods. Choose fruits and vegetables that are in season and steer clear of mass produced high fat, salt and sugar foods – you owe it to yourself to make sensible food choices.

Remember that small changes in your diet can lead to big improvements for you and your baby. It is important to eat various foods whilst breastfeeding and choose family foods that contain all of the five food groups. This is not the time to be restricting certain foods or calories.

Three meals a day with healthy snacks in between such as fruit, yoghurt, nuts and cheese are recommended. Exercise will help to control cravings and getting out and about improves your mental health.

If you have any concerns about your weight or the foods you are eating talk this over with your Midwife who can advise you further.

Mastitis

This is a common but **preventable** lactation condition and occurs in about 10-30% of breastfeeding women. It is advisable to contact your Midwife quickly if you suspect you have this as she will want to see you to assess your health and check baby's latch.

Common Mastitis Symptoms

- *Baby fussy on affected breast, sleepy baby and not emptying breast properly*
- *Frequency of baby's bowel motions slow a few days before you have symptoms*

- *Sore / tender pink /red breast that looks shinny and swollen*
- *Occasionally the breast looks 'normal' in colour*
- *Temperature is up above 37.5oc and pulse can be quicker than usual*
- *Feeling tired, nauseous, headache, achy joints (flu like symptoms) exhausted and tearful*
- *May have tender / painful lumpy area on the breast*
- *May have a cracked / bleeding nipple*

If you are feeling very unwell seek medical attention straight away.

Risk Factors Associated with Mastitis

- *Previous Mastitis*
- *Caesarean birth*
- *IVF pregnancy*
- *Breastfeeding problems in the early days*
- *Sore cracked nipples*
- *Baby with a Tongue Tie*
- *Using formula whilst breastfeeding*
- *Changes in breast usage - the introduction of a bottle or formula*
- *Practicing 'dream feeds'*
- *Scheduled breastfeeding*
- *Over supply of milk – you feel you have too much milk for your baby*
- *Having to pump breast milk because baby is premature*
- *Change in breast usage – baby sleeping through the night*
- *After baby's growth spurt*
- *Mum has a white spot on the tip of the nipple that is sore and increases in pain when feeding*
- *Using bottle, pacifier, nipple shield as well as breastfeeding*
- *Stress and fatigue*

**MASTITIS DOES NOT MEAN THAT YOU HAVE TO GIVE UP
BREASTFEEDING – the treatment for mastitis is to
KEEP BREASTFEEDING – Sometimes you may
also need antibiotics**

Breast Abscess

This is a complication of Mastitis and occurs in about 3% of women who are breastfeeding. Usually there is a history of Mastitis and sometimes within a month after the initial mastitis episode there is unresolved aching and pain. Sometimes the breast looks perfectly 'normal' and pain free but commonly it is sore. The woman may feel unwell; she may notice a hard or fluidly swelling in the painful area of her breast. Other women report a hard painful red breast.

Some women feel very ill and others feel well but feel a hard lump with or without pain.

Because of the varied symptoms and the nature of this complication women need to be in contact with their LMC or GP.

A BREAST ABSCESS DOES NOT MEAN THAT YOU HAVE TO GIVE UP BREASTFEEDING – the treatment for a breast abscess is to keep breastfeeding together with antibiotics and occasionally surgery to remove the blockage. You need to seek medical attention straight away.

Growth Spurts

Most babies go through several growth spurts within the first year of life and this continues until the individual stops growing as a young adult.

Growth spurts are essential part of physical maturation and they are developmental milestones. Also called "frequency days," growth spurts are inevitable in every baby. During a growth spurt breastfed babies feed more often than usual – sometimes every hour and act fussier at feed times than usual. Baby's may sleep for longer and then feed very frequently and sleep for shorter periods there after.

The increase in baby's milk intake during these times is temporary. Physical growth is not the only reason that babies may have a temporary need for increased breastfeeding. This also happens when babies are working on developmental advances such as rolling over, crawling, walking or talking.

Growth spurts commonly last for about 2- 3 days but can last up to 7 days - feed baby as often as baby requires this may be every hour. Remember to rest well and go to bed early. Mothers often feel more hungry and thirsty when baby is going through a growth spurt, listen to your body.

Thrush Infection

Oral / buttock thrush

Thrush is a common community infection. It is usually first seen as a white coating on the tongue or inside of the cheeks of baby. If baby has had it for a while it can be seen as red pin pointed spots around baby's bottom.

It is important to treat thrush early. Your Midwife will check baby's mouth or ask you about this. If it is present your Midwife will prescribe medication for baby and for your nipples and areola (brown area around nipple).

It is recommended that you continue to treat your nipples and areola (only use a small amount of cream on a clean finger) for up to 10 days after baby's thrush has cleared up.

Nipple Thrush

Nipple thrush can be painful and itchy. The nipples may look very red and tender, stinging or sore. There may be tiny white spots on the nipple. Your Midwife will be checking for this, ask her about this if you are concerned. Treatment is as above.

Signs of nipple areola thrush in mother

- *Intense nipple or breast pain that occurs from the beginning of the feed until about an hour after feeds. It is not improved with a better latch or position*
- *sudden onset of nipple pain after a period of pain-free breastfeeding*
- *cracked nipples*
- *nipples that are itchy and/or burning and that may appear pink or red, shiny, or flaky and/or have a rash and tiny blisters; **nipples may also appear normal***
- *shooting pains in the breast during or after a feeding if the thrush has invaded the milk ducts*
- *nipple or breast pain with correct use of an automatic electric breastpump*
- *A current vaginal thrush infection*
- *Baby doesn't have a tongue tie but latch is sore*

See signs in baby overleaf ...

In baby:

- *Nappy rash that does not respond to typical rash ointments*
- *creamy white patches that cannot be wiped off on the inside of the mouth, along the inside of the gums, inside of the cheeks, roof of mouth, throat, or tongue*
- *breast refusal, pulling off breast, or a reluctance to breastfeed due to mouth soreness*
- *repeated clicking during breastfeeding*
- *excessive gassiness due to the thrush being the gut*

The baby may also be without visible symptoms.

Ductal Thrush

This is a rare complication but if untreated can be very painful and is sometimes the reason for premature weaning. Ductal thrush is reported as being under or over diagnosed and treated. It is important that a correct diagnosis is made and the appropriate treatment is started quickly. Your Midwife can advise you if you are concerned.

***Mothers are more likely to stop breastfeeding if the father is not supportive of their decision to exclusively breastfeed.
Move this to BF challenges***

Facts about crying

Your body responds to the sound of crying by releasing hormones that cause you to feel the need to comfort and attend to your baby, it's an animal instinct that we are programmed for. This is your body's way of alerting you to your baby's needs. Babies have to adapt to a totally new world and even small changes can be stressful for them. Leaving a baby to cry without comfort, can be distressing for them, always check them and assess what you are going to do next. A baby crying at times may make you feel stressed. If you feel too stressed make sure baby is safe and talk things through with your partner, mum or a friend, when you feel calm attend to your baby.

Babies can cry up to a total of three hours a day for no apparent reason. It is difficult when you can't calm or soothe them.

Babies' crying begins to increase at about 6 weeks of age and usually begins to lessen by about 3-4 months. This is due to a normal developmental process. You can best meet your baby's needs by responding to cries and other signals in a prompt and sensitive manner.

Sleep

Babies, like puppies and kittens, need frequent feeding day and night (8-10 times in 24 hrs). They have an internal clock that is different from their mother's. They have no sense of day or night. All babies are different and as a parent you will get to know your baby's sleep needs quite quickly. When baby is sleeping this is an opportunity for you to sleep or rest. You may have to change the way your day and night is structured in order to get as much sleep as possible. This may mean that you go to bed at 8pm.

Babies are too young to "train" and leading Authorities such as Child Psychologists and Paediatricians do not recommend that you try to do this. Accept that you will be tired and life will change and be structured differently. Babies are totally reliant on a loving, caring, secure environment where mothers/ fathers respond to their needs quickly, gently and willingly. Babies should be at the centre of your decision making. This is all part of the progression to parenthood. Baby does have to develop the skills for sleeping just as they will for sitting, crawling and walking, it takes time to make even the smallest process. It takes a while to learn these skills and adjust to the lack of sleep.

The Ministry of Health (MOH) does not recommend that you sleep with your baby in the same bed.

Baby should be placed in their own space where their air-way is clear wherever they sleep

- *Face up*
- *Face clear*
- *Smokefree*

They also recommend that baby

- *Be breastfed*
- *Sleep in the same room as mother*

Baby's sleep patterns

As most new parents will know that their new born baby has a different sleep pattern to that of their own. An adult tends to have a longer deep sleep phase and babies a shorter one. All parents without exception want their baby to sleep for longer at night however; night waking has survival benefits that are often forgotten.

In the first few months, babies' needs are high, but their ability to communicate their needs to you is low. If a baby slept deeply most of the night some basic needs would go unfulfilled. Tiny babies have tiny tummies, and mother's milk is digested very rapidly. If a baby's stimulus for hunger could not easily arouse her, this would not be good for baby's survival. If baby's nose was blocked and she could not breathe, or was cold and needed warmth, and her sleep state was so deep that she could not communicate her needs, her survival would be jeopardized.

Paediatricians recognize that babies do what they do because they're designed that way. In the case of infant sleep, research suggests that active sleep protects babies. If a baby sleeps like an adult, deeply and had a need for warmth, food, or even obstructed airway issues, but because he was sleeping so deeply he couldn't arouse to recognize and act on these needs. Baby's well being could be threatened. It appears that babies come wired with sleep patterns that enable them to awaken in response to circumstances that threaten their well being. We believe, and research supports that frequent stages of active (REM) sleep serve the best physiologic interest of babies during the early months, when their well being is most threatened.

Encouraging a baby to sleep too deeply, too soon, may not be in the best survival or developmental interest of your baby. This is why new parents, who are vulnerable to sleep trainers' claims of getting their baby to sleep through the night, should not feel pressured to get their baby to sleep too long, too deeply, too soon.

Night waking has developmental benefits. Sleep researchers believe that babies sleep "smarter" than adults do. They theorize that light sleep helps the brain develop because the brain doesn't rest during REM sleep (dream sleep). In fact, blood flow to the brain nearly doubles during REM sleep. (This increased blood flow is particularly evident in the area of the brain that automatically controls breathing.) During REM sleep the body increases its manufacture of certain nerve proteins, the building blocks of the brain. Learning is also thought to occur during the active stage of sleep (REM sleep). The brain may use this time to process information acquired while awake, storing what is beneficial to the individual and discarding what is not. Some sleep researchers believe that REM sleep acts to auto-stimulate the developing brain, providing beneficial imagery that promotes mental development. During the light sleep stage, the higher centres of the brain keep operating, yet during deep sleep (REM) these higher brain centres shut off and the baby functions on her lower brain

centres. It is possible that during this stage of rapid brain growth (babies' brains grow to nearly seventy percent of adult volume during the first two years) the brain needs to continue functioning during sleep in order to develop. It is interesting to note that premature babies spend even more of their sleep time (approximately 90 percent) in REM sleep, perhaps to accelerate their brain growth. As you can see, the period of life when humans sleep the most and the brain is developing the most rapidly is also the time when they have the most active sleep (REM).

As they grow, babies achieve sleep maturity. The age at which babies self settle – meaning they go to sleep easily and stay asleep varies widely among babies. Some babies go to sleep easily, but don't stay asleep. Others go to sleep with difficulty but will stay asleep. Other babies neither want to go to sleep nor stay asleep, this can be challenging.

In the first three months, babies seldom sleep for more than four-hour stretches without needing a breastfeed. They usually sleep a total of 14-18 hours a day. From three to six months, most babies begin to settle. They are awake for longer stretches during the day and some may sleep five-hour stretches at night. Between three to six months, expect one or two night wakings. You will also see the period of deep sleep lengthen. The vulnerable periods for night waking decrease and babies are able to enter deep sleep more quickly. This is called sleep maturity.

An important fact for you to remember is that your baby's sleep habits are more a reflection of your baby's temperament rather than your style of night time parenting. And keep in mind that other parents usually exaggerate how long their baby sleeps, as if this were a badge of good parenting, which it isn't. It's not your fault or style of parenting that wakes baby up.

Exactly when babies mature into these adult-like sleep patterns varies among babies. Yet, even though babies achieve this sleep maturity some time during the last half of the first year, many still wake up. The reasons could be painful stimuli, such as colds and teething pain. Major developmental milestones, such as sitting, crawling, and walking, that drive babies to "practice" their new developmental skills in their sleep.

It is important that both baby and parents sleep. Try to get things organised to allow for sleep patterns similar to that of your baby. This may involve you going to bed early and also sleeping in the day when baby is sleeping. Going without sleep is a part of parenting; seek family or expert help for more advice.

Where to get help if breastfeeding isn't working

It is often said by mothers if only I'd had more help or known more I would never have given up breastfeeding. For some women they see giving up breastfeeding as their only option, however giving up breastfeeding is a decision not to be taken lightly and needs some serious thought as it will affect not just your baby's health but your health too..... if breastfeeding could be just as you would like it ...would you still breastfeed? So how would your ideal breastfeeding experience be? Is this a realistic view of how breastfed babies actually breastfeed? Are you hoping for a different type of feeder? Do you have cracked bleeding nipples and if they were comfortable would your breastfeeding be better? What would it take for me to be happier with my breastfeeding? All women who decide to breastfeed need support even if it is your third baby. If this is the key to your breastfeeding success, how and where can you find the right help for you? Often you have to seek out the help.... Don't delay.

Start with your **Midwife, Well Child provider** and **lactation consultant**. Every hospital has a lactation consultant some hospitals have a breastfeeding clinic. Phone the hospital and ask to be put through to the Lactation Consultant. You can of course employ a private lactation consultant who can come to your home and you can find one online through (NZLCA – finding a lactation consultant) or ask through word of mouth.

Supportive family members can be invaluable at this time especially if they themselves have breastfed.

Call: Robyn McMillan 021 242 5469 or Gerry Smith 021-869495

Menstruation/ Periods

Although a very small percentage of women resume menstruation as early as 6-12 weeks after giving birth, others may not menstruate until breastfeeding has ceased totally. Some women produce a scanty bloody show before their full menstrual cycles resume. A menstrual bleed is defined as 2 consecutive days of bleeding or a vaginal bleed that you perceive as a period after eight weeks.

Menstruation causes no significant changes in the composition of your breastmilk, and you can continue to breastfeed during your menstrual cycle. Hormonal changes may alter the taste of your breastmilk which can prompt the baby to be fussy during a feed or even to refuse to breastfeed, but this usually passes quickly with perseverance.

If you are experiencing breastfeeding difficulties around this time talk to your health-care provider or contact a Lactation Consultant.

FAQ

How long shall I breastfeed for?

Breastfeeding is a personal experience between mother and baby it is a decision that baby and you will make. Experts agree the longer the better for both mother and baby's health.

How do I cope with handling criticism about breastfeeding?

Many people simply aren't aware that there are continuing benefits of breastfeeding for mother and child. Educate family and friends about its benefits and the risks of not breastfeeding.

- **Respond to specific concerns** – *find out why they feel that way and correct any misinformation*
- **Let them know how their comments make you feel** – *have a heart to heart with them and tell them how this hurts you and how you want it to stop*
- **Quote an authority** – *tell them about what Dr's and Midwives think about breastfeeding*
- **Laugh it off** – *make light of what they are saying let them see that it doesn't matter what they say you will still continue to breastfeed for as long as you and baby want to*
- **Avoid the issue** – *avoidance of anything to do with the topic of breastfeeding, politely change the subject and avoid feeding in front of them*
- **Make the subject completely off-bounds** – *refuse to engage with the topic and firmly repeat something like "this works for our family"*

Will my LMC visit me in hospital and help me with breastfeeding?

It is a requirement that all LMC's will visit their women daily; some LMC's will help you with your breastfeeding. Don't forget to ask them.

I've heard that breastfeeding baby in a "dream" sleep helps them sleep for longer at night

It would be interesting to see scientific evidence on this, however baby's are meant to breastfeed following their natural hunger cues, feeding a baby when they are not hungry has implications for over feeding, reducing milk supply as the breast may not empty and therefore inviting Mastitis. Night feeds are important to maintain milk volumes and cream content for the following day.

I was given a breast pump at my baby shower – when should I start using it?

Breast pumps are very useful for mothers who need to express their milk for premature or sick babies who temporarily cannot breastfeed. However, if your breasts get a bit overfull your midwife will coach you through how to hand express and relieve the discomfort. Breast pumps are known not to empty the breast adequately which may cause further problems. Ask your midwife about hiring a breast pump should you need one for a short time.

My Antenatal teacher told us that it was good for my partner to bond with our baby through bottle feeding with my breastmilk, she said it will also give me a rest.

There are many ways that Dads can bond with their baby without interfering with the your milk supply through demand feeding. Babies enjoy just looking at faces – dad can talk and play short games with babies just with their faces! Baby also enjoys listening to dad's voice and the special bond that dad's have when they do skin to skin contact. As baby gets older dad can bath baby, read to them, play more interesting face games, show them coloured objects, laugh, sing, take them for walks and show baby their environment, comfort them, cuddle them and involve them in what they are interested in. This will given mum time to focus on breastfeeding and feel comfortable that dad is bonding with baby in a different way to her.

How often should I feed my baby

Babies appetite varies from baby to baby, but most babies will feed 1-3 hourly day and night in the first few days and as your milk increases in volume and cream content baby will become more satisfied. Follow your baby's cues.

How will I know if my baby has had enough breastmilk?

It is hard for any mother to know the answer to this however baby will give some clear indicators when they have had enough.

Resources

La Leche League is a well recognised international organisation that supports breastfeeding mothers through other breastfeeding mothers

help@lalecheleague.org.nz

phone 09-8460752

Plunket Help line 0800-933-922

National Womens give you a Breastfeeding Directory that will assist you in your search, this publication is also online

Auckland DHB Breastfeeding Policy – available on request from the Ward Clerk on the postnatal wards

Find a local Lactation Consultant http://www.nzlca.org.nz/NZLCA_Listing.pdf

Hospital Lactation Consultant 021-869 9495 or 021-47 5059 or 021-242 5469

Book references

The womanly art of breastfeeding - LLL

You can do it – sue cox

Breastfeeding Made simple – seven natural laws for Nursing mothers –
Nancy Mohrbacher & Kathleen Kendall-Tackett

Making more milk – Lisa Marasco

Defining your own success – Diana West

Parenting by Heart by Pinky Mckay

100 ways to calm the crying by Pinky Mckay

sleeping like a baby by Pinky Mckay

breastfeeding simply e-book by Pinky Mckay

The No-Cry Sleep Solution – Elizabeth Pantly

<http://kellymom.com/>

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Bev Pownel BFHI, Coordinator for Counties Manukau

Canterbury Health Board

The Royal Women's Hospital – Melbourne

Henry Myo, Newhall Memorial Hospital

Birth Initiation of breastfeeding and the first seven days after birth

Breastfeeding your baby – NSW Health

Notes

A Guide for Mothers (Postnatal)

