Breastfeeding Handbook

Ramsay Health Care

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Thank you for choosing Ramsay Health Care for the birth of your baby. We are pleased to be able to provide you with this breastfeeding booklet. The information it contains aims to help you achieve the best possible breastfeeding experience for you and your baby.

It contains contributions from Ramsay Health Care Midwives and Lactation Consultants around Australia and reflects Ramsay Health Care hospitals breastfeeding practices. It aims to avoid contradictory and confusing advice regarding breastfeeding.

Ramsay Health Care hospitals have dedicated and highly experienced staff who will provide you with expert assistance. You should call on their knowledge as often as required during your stay.

We look forward to welcoming you at our Ramsay Health Care Hospital for the birth of your baby.

Breastfeeding Handbook

Ramsay Health Care recognises that every woman has the right, and should be provided with the opportunity, to breastfeed and/or provide breast milk for her infant.

Through this booklet we aim to inform and support parents by providing information about breastfeeding. The World Health Organisation, Royal Australian College of General Practitioners and The National Health and Medical Research Council recommend exclusive breastfeeding for the first six months of life, as the optimal way of feeding infants.

We look forward to being of assistance to you and your baby at Ramsay Health Care Hospitals.

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Introduction

This breastfeeding booklet is designed to provide women and their families with an overview of breastfeeding. It addresses issues, such as;

- Benefits of breastfeeding to babies, mothers and the environment
- Antenatal preparation
- How Breastfeeding works
- Positioning and attachment of the baby onto the breast
- Nipple and breast care
- Rooming-in and night feeds
- The sleepy baby
- Expressing and storing breast milk
- Some problems that may occur

In answering questions commonly asked about breastfeeding, we hope this booklet will be helpful and informative throughout your pregnancy and the early weeks of breastfeeding. Although the answers we have provided are based on the accumulated experience of a lot of people, this booklet is not intended to replace discussion about your particular needs with the health care professionals who care for you and your baby.

We suggest that it may also be beneficial to you to purchase a breastfeeding book to assist in learning about the breastfeeding process and to have as a reference when needed. There are several good publications available (please see the resource list provided at the back of this booklet).

Why breastfeed?

Breastfeeding is one of the most precious gifts that you and your partner can give to your baby. By breastfeeding you ensure that your baby is getting the best possible nutrition and protection from disease.

The key to successful breastfeeding is motivation and support, correct positioning and attachment.

How babies benefit from breastfeeding

- Breast milk is a complex living fluid containing many different components that maximise a baby's growth and development as well as protecting babies from illness.
- Studies have shown that babies who are breastfed are less likely to become ill with:
- gastrointestinal infections and disease
- diarrhoea and urinary tract infections
- respiratory and ear infections
- diseases such as pneumonia and meningitis

Mother's milk provides all the nutrients a baby needs in exactly the right proportions. The protein in breast milk is easier to digest than that in cow's milk/soy milk formulas. Breast milk enables the infant's immune system to mature before the introduction of foreign proteins such as cow's milk, fish, egg and soy, thereby reducing the risk of food allergies and sensitivities.

Breastfed babies gain long term health benefits such as a:

- reduced risk of developing insulin dependant diabetes
- decreased risk of asthma and a delay in the development of eczema and other allergy related conditions
- lower incidence of heart disease, coeliac disease, ulcerative colitis, Crohn's disease and liver disease
- increased cognitive ability. Research has shown that babies who received breast milk had, on average, higher I.Q. test results at age 7 months and 8 years of age, than children who received formula. IQ scores were, on average, higher for babies who were breastfed longer
- lower risk of childhood lymphoma (cancer)
- lower incidence of orthodontic treatments. Suckling at the breast promotes the development of a well-shaped jaw and straight teeth.

How women benefit from breastfeeding

Studies have shown women who breastfeed have a:

- decreased risk of ovarian and breast cancers
- delay in the onset of menstruation after birth
- lower risk of osteoporosis in later life. The longer a women breastfeeds, the greater the protection
- higher self esteem, greater feelings of empowerment and assertiveness, and are more outgoing
- lower incidence of obesity later in life and also return to their pre pregnancy weight sooner
- breastfeeding also assists the uterus to contract down to its pre pregnancy size more quickly

Hormones involved in the production and release of milk are useful in helping a new mother to adapt to the role of mothering by producing feelings of calmness and relaxation.

How everyone benefits from breastfeeding

- Breastfed babies' soiled nappies do not smell or stain as much as formula fed babies
- Breastfeeding is environmentally friendly. It decreases the pollution associated with production, packaging and marketing of artificial formulas
- Prevention of illness in breastfed infants contributes to a significant saving in government health costs
- Mothers of breastfed infants have a lower rate of absenteeism at work
- Breastfeeding is the most cost-effective form of infant feeding
- Breast milk is always ready and waiting

Antenatal preparation

Many practices previously recommended nipple preparation, however these have now been shown to be ineffective and even harmful.

During pregnancy many women notice their breasts have become larger and nipples more prominent, however some women do not experience breast growth until the first few weeks around or after birth. The shape and size of your breasts is unlikely to affect your ability to successfully breastfeed. All women can benefit from becoming comfortable in handling their breasts in preparation for breastfeeding. You may find it useful to massage your breasts and areola gently when showering.

If any concerns are anticipated, such as inverted nipples, previous breastfeeding problems, or returning to work, you may find it beneficial to talk with a lactation consultant/midwife at your Ramsay Health Care hospital before the birth of your baby.

You may also wish to consider:

- Encouraging your partner and/or a support person to attend antenatal breastfeeding classes with you, to enable them to provide support when breastfeeding begins
- Developing a network of supportive people, who can assist you with household responsibilities
- Making contact with breastfeeding support groups such as the Australian Breastfeeding Association (previously known as Nursing Mother's Association of Australia).
- Not listening to terrible breastfeeding 'terror' stories from people you know. This only puts negative thoughts and doubt in your mind.

How breastfeeding works

1. Oxytocin Stimulates the let down reflex. The first let down occurs, on average, 56 sec after suckling commences. Many women experience multiple let downs (average 2.2 and up to 9) during one breastfeed.

1. Baby suckles at the breast sending signals to the brain.

2. The hormone oxytocin is released from the pituitary gland in the brain.

During pregnancy the breast is prepared to respond to the sucking of the baby. This is demonstrated by an increase in the sensitivity of the areola and nipple.

Sensory nerve endings in the areola and the nipple are stimulated by suckling and send signals to the brain. This then produces and secretes the hormones prolactin and oxytocin. When released into the circulation, these hormones trigger the production and release of milk.

Prolactin is the hormone required to maintain successful breastfeeding. Its concentration is greatly increased on nipple stimulation. Lack of nipple stimulation means reduction in prolactin release.

Oxytocin is the hormone that assists the milk to be released from the breast. When your baby sucks at the breast oxytocin is released and milk is "let down" from your breast. This is often referred to as the "let down reflex". This reflex can be stimulated by means other than feeding, such as hearing a baby cry or just thinking about your baby. This is why some women leak milk even when not feeding. The let down reflex can be inhibited by pain or anxiety and this may interfere with the adequate removal of milk from the breast.

Due to the release of these hormones during feeding you may experience an increase in thirst and a feeling of relaxation. You may also feel your uterus contract and/or a tingling in the breast. The contractions are often referred to as “after birth pains” and may be accompanied by an increase in vaginal bleeding in the first week or so after birth.

Milk production

Colostrum is the first milk that your baby will receive. The production of colostrum begins early in pregnancy and some mothers may have noticed their breasts leaking colostrum in the weeks just before the arrival of their baby. Colostrum is a thick golden coloured fluid. The first feed of colostrum is very important as it has high levels of immune factors that line your baby’s gut and help to protect against infection.

The birth of the placenta is the trigger for your breasts to commence the production of milk. The change from colostrum to mature milk begins around 30 to 40 hours after birth however mothers usually don’t notice their “milk coming in” until around the third day after birth. During this time your breasts may become noticeably fuller and heavier. The milk changes from the golden colostrum to a creamy white transitional milk and then to a thin looking greyish mature milk.

The key to continued milk production is demand feeding and adequate removal of milk from the breast. Once the milk has “come in” your breasts decide how much milk needs to be made for your baby according to how much milk has been removed, so supply equals demand.

We recommend that your baby has unlimited access to breastfeeds right from birth according to their individual needs. This will help to establish a good milk supply that is right for your baby.

The first breastfeed

Immediately following the birth we encourage skin to skin contact between you and your baby. This assists your baby to maintain a normal body temperature and gives your baby the opportunity to adapt naturally to being in the outside world. Most babies, if left skin to skin with their mother, will feed within the first hour after birth. This ensures a good beginning to successful breastfeeding. Your midwife will assist you with the first breastfeed. Weighing and bathing of the baby may be delayed to enhance this first feed.

The key to successful breastfeeding

Breastfeeding is a learned skill. Often people think that breastfeeding is instinctive because it is a natural process. However, due to the evolution of nuclear families, women usually have very little exposure, if any, to breastfeeding as they are growing up. They have not had the opportunity to observe and learn the art of breastfeeding. Breastfeeding is like learning to dance when neither partner has danced before. Not only do mum and baby have to learn new skills, they have to learn to do them together.

Positioning and attachment

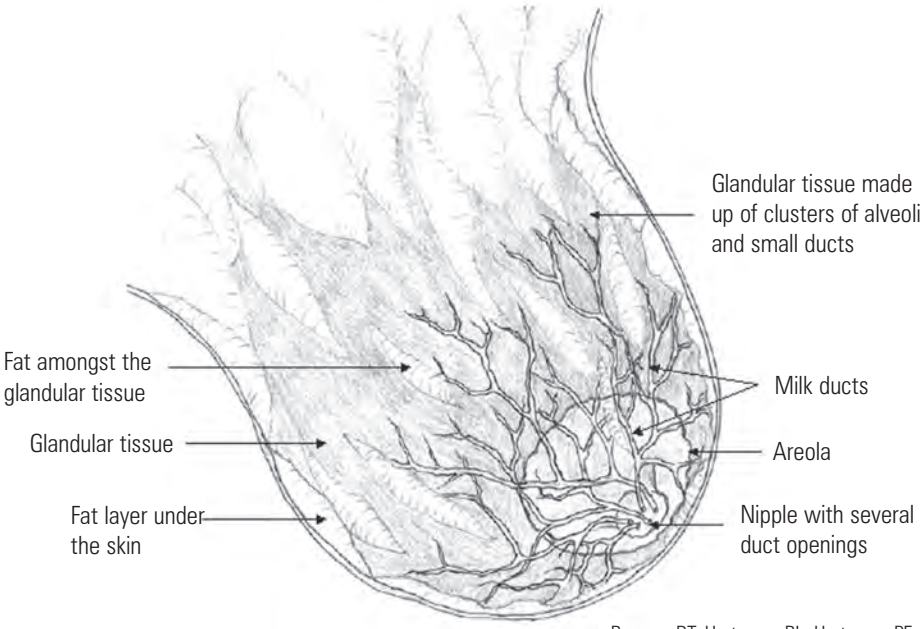
Correct positioning and attachment of baby at the breast is the key to the prevention of most breastfeeding problems.

Occasionally some babies do not feed well for a couple of days after birth. This can be frustrating for the new mother, but it is a valuable time for learning positioning skills. Offering the breast frequently is important in establishing a good milk supply. Skin to skin contact at this time is important.

Mother and baby should look and feel comfortable. If feeding in a chair, choose one that is straight backed and preferably with arms (initially). A footstool may be necessary and a pillow(s) may be required after attaching baby to the breast to get into a comfortable supportive position. If you plan to use a 'peanut' or specific breastfeeding pillow, bring them into hospital to learn to use them. It may be a good idea to have your chair facing a distraction, such as the garden or the television. This will encourage you to look up and move your head and neck, so preventing the sore neck commonly associated with new breastfeeding mums.

Learning to breastfeed lying down can allow you to make the most of your rest time, generally learned after you can correctly attach your baby independently.

Anatomy of the human breast



Ramsay DT, Hartmann RL, Hartmann PE

Most common breastfeeding positions.

Experiment to see which position suits you best. Varying breastfeeding positions is also useful if you have sore nipples, blocked ducts or mastitis. Attachment should be manageable and correct in whatever position you chose. Baby should be unwrapped when feeding.

Cradle Hold. The most common position used by mothers.

Transition Hold. New mothers find this hold helpful during attachment of the baby to the breast. The cradle arm can then be brought around baby after attachment is achieved.

Lying Down. This position is good for getting additional rest or during night feeds or for women post caesarean section or with a sore perineum.

Underarm Hold. This hold is often more comfortable if you have large breasts and/or after caesarean section.

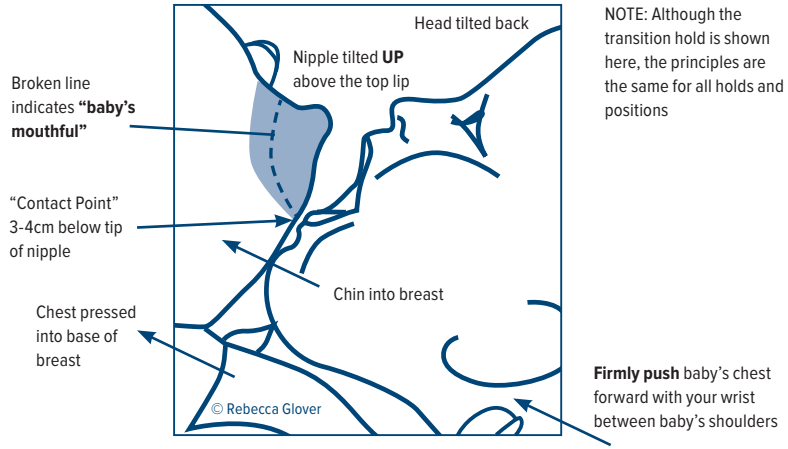
Positioning and attachment checklist

1. Make sure you are comfortable before you start, using a pillow and/or footstool if necessary. If you wear a bra it may be helpful to remove this while you are learning. This also allows your breast free drainage.
2. Unwrap your baby.
3. Baby's whole body should be turned facing towards you. Support your baby behind the neck and shoulders, with your wrist relaxed between the baby's shoulder blades, not the head.
4. Bring your baby to the breast not breast to the baby.
5. Hold your baby at the same level as your breast (in its natural, unsupported position). Align your baby's nose with the nipple.
6. Encourage your baby to have a wide gape prior to attaching, by teasing the baby's nose and mouth with your nipple. Your baby's head will tilt back and their tongue and lower jaw can then scoop a large amount of breast into their mouth. Ensure that the bottom jaw and lip is level with the lower areola edge.
7. Bring the baby's back and shoulders into your chest while attaching and then relax and keep the baby close to your body whilst feeding.
8. If attached correctly, baby's chin will be well tucked into the breast with the head tilted back slightly so the nose is free for breathing. Pulling in the baby's bottom and legs close to your body will help achieve this.
9. When attached well, baby's mouth should be wide open and the lips flanged out. Your baby's chin will sink into the breast, as the baby's mouth is filled with the breast. Your baby's nose will be clear. The absence of pain is a good indication of your baby being well attached to your breast.
10. After the initial period of rapid suckling - (lasts a few seconds and stimulates your hormones into action) baby should commence a strong steady rhythmical action of suckling and swallowing. There will be short breaks, about 6-8 seconds, between bouts of suckling. This is the normal pattern of suckling once your milk has come in. In the early days before the milk comes in there is a pattern of less swallowing and 11. Remember to bring your cradling arm in and around baby once baby is attached well.
12. Any discomfort is telling you that the baby is not attached in the best possible way and this can cause damage. It is best to remove your baby from the breast, by gently sliding your finger into the side of the baby's mouth and gums to break suction and try again.

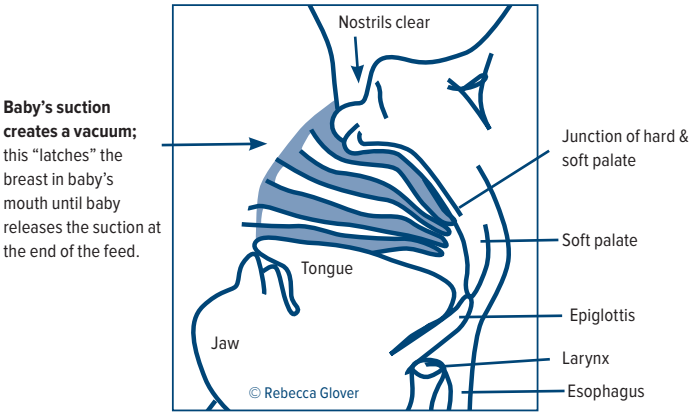
See the following diagrams and photos for illustrations of correct attachment.

Getting attachment right

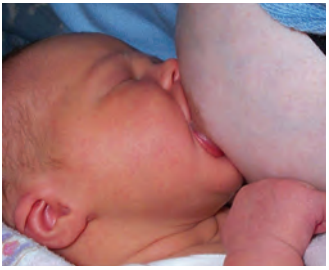
Positioning baby – mother's view left breast.



'A good latch' – Baby tilts head back and scoops nipple and breast tissue into mouth. Nipple is drawn back to the soft palate. Tongue is forward over gums, lower lip rolled out, chin against breast and nose free.



(Graphics used with permission from Rebecca Glover - www.rebeccaglover.com.au).



Newborn baby breastfeeding.
Mouth is wide.
Chin is tucked in and nose is free.

A 10 week old baby attached at the breast whilst gazing up at mum.

Signs of poor positioning and attachment

Things to avoid:

- A compressed, flattened or white nipple after feeds. There is often an obvious ridge across the nipple.
- Clicking noises or pursed lips during feeding.
- Baby sliding off the breast or lunging backwards and forwards.
- Breast and/or nipple pain.
- Hollow cheeks and dimples when sucking– both are signs that the tongue is not positioned correctly.
- No suck/swallow rhythm once the milk comes in. There should be bouts of rhythmical suck and swallowing at least 6-8 in a row with a pause of a few seconds, then continuing sucks/ swallow. With colostrum swallowing should be heard intermittently and the pattern of feeding will be different.
- Avoid attempting to feed a crying and frustrated baby. Settle baby first and then try again.

How often will my baby feed?

We recommend baby receives a minimum of 6 to 8 feeds in 24 hours however most breastfed babies feed on average around 8 -12 times in a 24 hour period, once the milk is in. How often a baby feeds can depend on many factors such as the individual baby's temperament and physical needs, and on the amount of milk available at each feed.
The storage capacity for milk can vary greatly between mothers and indeed between mother's individual breasts. Some mothers can store large amounts of milk in their breasts at any one time. A mother with a smaller storage capacity may find she feeds her baby differently, for example, offering both breasts at a breastfeed, whereas a mother with a large storage capacity may only be offering her baby one breast at a breastfeed. A mother with a smaller storage capacity may also find she may need to feed her baby more frequently for her baby to get the milk he needs. Breast size is not related to storage capacity.

Duration between feeds may also vary. Some babies may routinely feed, for example, every 2 to 3 hours. Other babies may “cluster feed”, where they feed very frequently, one feed after another, for several feeds and then have a big long sleep for several hours. Every mother/baby breastfeeding relationship is individual. What is normal for one baby may not be normal for another.

Unrestricted feeding is an important factor in the establishment of successful breastfeeding. It is the baby who should regulate breast milk intake.

These are some of the signs your baby may give you to indicate he is ready for a breastfeed:

- Baby is beginning to wake from a restful sleep - he/she becomes restless. You do not have to wait until they are crying.
- Your baby makes mouthing movements, sucking the bedclothes and making hand to mouth movements.

How do I know when my baby has had enough?

It is not necessary to time feeds at the breast. All babies have individual needs in regard to breastfeeding, some requiring as short a time as 10-15 minutes and others may need to feed for longer. Some may only need to feed from one breast at a feed, whilst most others require both breasts. Time spent at the breast can also vary from feed to feed.

Recent research using ultrasound on babies over 4 weeks of age, shows that babies self regulate the time they spend at the breast. The volume a baby takes at one feed is not always related to the time spent at the breast.

Very long feeds spent at one breast may interfere with milk synthesis, as research has shown the temperature of the breast drops significantly as the feed progresses. Therefore, if baby shows the need to feed for long periods it may be helpful to switch sides several times rather than leave baby at the one breast for a long period of time.

Before the milk comes in, when your breasts are producing colostrum, you may also find it useful to switch sides frequently. As colostrum is present in small volumes this will enable your baby to easily access the colostrum available in both breasts and will reduce pressure on your nipples in those first few days whilst learning to feed.

You may find the following helpful in guiding you on how your baby will feed once your milk "comes in".

- At first baby will suckle rapidly - summoning up the milk by triggering your let-down reflex and then will settle into long rhythmical sucks - a pattern of approximately 8-12 sucks/ swallows then a pause of about 6-8 seconds. Swallowing will be seen and will be audible.
- If baby is attached well this suckling cycle will continue without prompting. There is no fixed time that this will last.
- As the baby nears the end of a feed the suck/swallow cycles become shorter and the pauses become longer. Some babies will detach themselves automatically at this stage but others may continue to suckle for comfort. If you wish to detach your baby from the breast you can do this by gently breaking the suction between breast and baby.
- You may like to change your baby, giving baby the best chance to wake up and be ready for the second part of the feed. Usually your baby will "burp" unaided whilst being changed.
- It is a good idea to feel your breast at this stage and if it feels like there is more milk in the first breast then offer that same breast again. If the breast feels soft and comfortable and baby wants more offer the second breast. By feeling your breast before a breastfeed, during the feed and after the feed you will become aware of how the breasts are draining and how your baby is feeding.
- Baby's body language is going to change as they feed. Initially their limbs are bent, muscles tight and fists clenched. Once the baby starts to feel satisfied their limbs straighten, muscles relax and fists become unclenched. The floppy, drunk looking baby is a well-fed baby and should then settle for a few hours.

Nipple and breast care

Some nipple tenderness is normal and will settle quite quickly, once your milk is flowing and once you have mastered correct attachment. In the first week or so women also often experience discomfort during attachment, sometimes referred to as "attachment pain / nipple stretching pain". This is caused by the pulling of the nipple back to the baby's soft palate and will disappear within the first few seconds to a minute after attachment. Maximising baby's attachment onto the breast by encouraging mouth opening and directing the nipple deep into baby's mouth will help alleviate this discomfort.

The following points will help to keep tenderness to a minimum, and assist in preventing any damage:

- Correct positioning, attachment and detachment.
- If pain occurs and persists beyond the first let-down ie. when the suck/swallow rhythm establishes, it is necessary to detach the baby and start again, checking your positioning and baby's attachment. Ask a midwife to observe you feeding and to assist if you are having difficulty.

- Apply colostrum or hindmilk after each feed and allow nipples to air dry.
- Avoid the use of soap on your nipples as soap will remove natural oils.
- If your breasts become very firm, your baby may have some difficulty grasping the breast. If this does happen expressing enough milk to soften the areola before the feed may help with the attachment.
- Note the shape of the nipple after baby has detached. Misshapen or blanched nipples after feeding is evidence that your baby needs some extra help to attach properly.
- Assess your breasts before and after each feed. You will soon become very proficient in knowing how well baby has drained the breast.

Rooming-in and night feeds

In hospital we encourage rooming-in with your baby immediately from birth. Newborn babies need close maternal contact after having spent the last 9 months growing inside you. Separation, even just to the cot, may cause some babies to become very unsettled. Rooming-in allows you to get to know your baby and develop the breastfeeding and parenting skills you will need when you return home. Rooming-in promotes bonding, enables breastfeeding on demand and allows closer contact with the father and siblings.

When rooming-in your midwife will support you by providing assistance with breastfeeding and education with the various parenting skills such as bathing and settling. Should you be ill or require some time-out, your midwife can assist by caring for your baby for the periods between feeds.

Night feeds

Night feeds have many advantages:

• Your milk supply will be established sooner.

- The chance of engorgement is reduced and this therefore helps prevent nipple damage. Promotes quality sleep for mother, due to the hormones released whilst breastfeeding.
- Your breasts will feel more comfortable and you will therefore sleep better.
- An adequate milk supply will be maintained for your baby.

You may find it easier to adapt to night feeds if you are able to rest during the day whenever possible.

The sleepy baby

It is normal for some babies to have a prolonged period of sleep after their first breastfeed. However, some babies are affected by long labours, assisted births, and some drugs given during labour, and will therefore be sleepy for long periods. These babies need to be carefully assessed by your midwife and encouraged to feed if not waking to demand feeds. The first 72 hours are very important in the stimulation of lactation and the establishment of prolactin receptors for ongoing lactation. If attempts to breastfeed are unsuccessful then expressing and offering colostrum ensures the establishment of lactation and a more vigorous baby.

The snacking unsettled baby

Low supply

The snacking baby does not settle for long periods, always looks hungry and always seems to be in someone's arms. Sometimes all is resolved once "the milk comes in" about Day 3. However some babies may continue to snack and never really have a good feed. Lactation may drop off because of lack of drainage of the breast and so a cycle occurs. Snack - lack of drainage - low supply - tired baby - short feeds.

This baby is hungry, has few wet nappies, the urine is concentrated and the bowel actions are scant.

On going to the breast, baby will suck vigorously for a few minutes and then drop off to sleep. Once put down baby wakes in a very short time and repeats the whole cycle.

This situation can be corrected by switching sides (switch feeding) as soon as baby loses interest and will then be motivated to keep suckling. Switching sides 4 times during any one feed will ensure a better feed for baby and more stimulation for you. Baby will be more wakeful and enthusiastic during the feed and will sleep better. If your supply is low your lactation will increase dramatically over the next 48 hours. Once this is achieved, baby will mostly be satisfied with fewer switches and settle into a more normal feeding pattern.

Over supply

Alternatively, if you have a frequently snacking baby and an oversupply of milk your breast/s may remain very full of milk after baby has fed. This may make your baby very unsettled. Baby will also generally have a lot of wet nappies and the bowel actions tend to be green, frothy and numerous.

Typically, on going to the breast this baby will suck vigorously for a few minutes and then drop off to sleep. Once put down, baby wakes in a very short time and repeats the whole cycle. If the baby is not draining the breast effectively then this situation can be corrected by waking or stimulating baby to feed longer on the first breast and not offering the second breast until you are sure the first breast is feeling soft and comfortable. Discuss with your midwife and ask them to assess a breastfeed.

What do I do about?

1. Hiccoughs

Babies hiccough in utero, in the bath, whilst feeding and when going off to sleep. They cause no distress to the baby and therefore require no special treatment. It is not necessary to interrupt any procedure such as bathing, feeding or sleeping to cure hiccoughs.

2. Wind

Some babies bring up wind while others rarely do. Wind is rarely the cause of crying. (Babies cry with their whole bodies including their legs, so that the normal leg action of a baby is often misinterpreted as wind). Babies pass any air swallowed from their bowel while sleeping or feeding.

The process of winding wakens the baby into action for the rest of the feed, but you do not have to wait for a “burp” before continuing the feed or settling baby to sleep.

3. Crying

Normal newborn behaviour usually involves at least one unsettled period a day, commonly occurring during the late afternoon to evening. Your baby may want to feed frequently, is unsettled and doesn’t like to be put down. This time is often referred to as “evening unsettledness” and is common to most babies in the first 12 weeks of life. It appears to be a normal part of the breastfeeding process. Offering a bottle of formula will interrupt the delicate balance of supply and demand. If a bottle is given your baby will go off to sleep and not waken to stimulate your lactation as often as is needed.

Prepare for this unsettled time by:

- resting during the day whenever possible
- preparing the evening meal in the morning
- having your main meal at lunch time
- eating and drinking regularly throughout the day

A baby should not be left to cry for more than a few minutes especially in the early weeks. Lengthy periods of crying will exhaust your baby and make feeding even more difficult.

Some problems that may occur

Conflicting advice

During the early days of breastfeeding, you will come in contact with many different people, and therefore much advice, some of which may be conflicting and confusing. As well as health workers who come from many different backgrounds, experiences and training, your friends and relations, though well meaning, have had different experiences and expectations of breastfeeding.

Try to have confidence in yourself and what you can do, and what your body can provide for your baby.

- Listen to what your baby is telling you.
- Do not let people blame you - eg. “your milk is too thin!” • Or your baby - eg. “she just likes to be picked up!”
- Or your genes - eg. “I couldn’t breastfeed either!”

Be mindful that breastfeeding is a “work-in-progress” and the advice you will be given from health professionals will change as the days pass and according to your needs.

If you are having difficulties seek advice from a specialist such as a lactation consultant at your Ramsay Health Care hospital.

Visitors

Your time in hospital after the birth is important for you and your partner to get to know your baby and learn the special skills needed for parenting.

Having visitors in hospital, particularly with your first baby, can be like hosting a party every afternoon and evening, leaving very little quality time for you and your partner to spend with your baby. Try not to feel you are offending your visitors by expressing your true feelings, ie. “I am feeling really tired, so would you mind if we catch up when I am home and settled”.

Remember that you and your baby’s needs should take priority over your visitors. Enlist the help of your partner or midwife to restrict visitors if necessary. Tell visitors to only come in correct hours.

Cracked, painful or damaged nipples

As you learn to attach your baby in the first few days, your nipples may become grazed or cracked, if not attached correctly. Prevention is better than cure, but is sometimes difficult while you are both learning. Pain is an indication that something is wrong. The cure is getting positioning and attachment right. Check the diagrams and ask for support with attachment to assist you in getting it right. Enlist the help of your midwife until you are confident or ask to see the lactation consultant if you are experiencing ongoing problems.

If the nipple is not round and pink when baby comes off the breast ie. the nipple is ridged or misshapen or white, then attachment needs to be improved. Ask a midwife to check attachment and to give you assistance.

If your nipples have become so sore that you dread every feed, you may need to rest your nipples for a day or two, by expressing and feeding baby your milk by alternate means. This gives you time out and your nipples a chance to heal.

After each feed or expression, apply breast milk to your nipples and allow to dry. Sore nipples heal very quickly once attachment is correct. It is probably best not to wear your bra during this healing time, but if you do, and you wear breast pads, make sure that you do not pull the pads off your healing nipples. Wet the pad with your milk or with water and remove very gently. Replace with dry breast pads after each feed.

Other management tips, if you have cracked nipples.

- Feed the baby whenever baby is ready. Putting off feeds may make baby more frantic making good positioning and attachment more difficult and baby's suckling painful.
- Offer the least sore breast first and have the painful side uncovered. After the first let down, change over to the other breast as it may now be less painful.
- Express some milk to soften and lubricate the areola.
- Ensure adequate analgesia (eg. paracetamol) is taken if required prior to feeding.
- Use Riteway hydrogel pads (or equivalent) to aid healing.
- Take baby gently off the breast breaking the suction when sucking stops.

Some mothers find using a nipple cream increases their comfort. Should you wish to use a nipple cream we only recommend a medical grade purified lanolin. This can be applied after feeds. The cream should not be used for any other purpose and great care should be taken that the cream does not become contaminated with bacteria. Always wash your hands before applying the cream.

Tongue tie

Tongue tie is where the tongue is anchored to the bottom of the mouth by a short frenulum (a band of vertical tissue). If the tongue tip can not move over the lower gum then attachment to the breast may be inhibited.

Tongue tie in the baby may be a factor in persistently sore nipples and may be associated with poor drainage of the breast. The pain typically seems to increase after the let down. (This is different to the pain caused by poor attachment/damaged nipples where the pain actually goes away once the let-down commences). It seems that as soon as the tongue has to start working in earnest, the tied tongue causes a rasping or a friction. It cannot efficiently strip the breast of milk, and thus causes poor drainage.

Once again a careful history and supervision of feedings will eliminate other causes, and if necessary a referral to the appropriate doctor would be arranged.

Nipple shields

Nipple shields are made of transparent silicon and fit over the nipple and areola. The baby attaches over the shield and receives breast milk through the holes in the top of the shield.

Women experiencing breastfeeding problems sometimes use nipple shields, however they are not considered a routine part of breastfeeding. They may reduce the transfer of milk to the baby and over time may reduce milk production. A lactation consultant should be involved in the use of a nipple shield, so that on going advice and follow-up can be given.

If a nipple shield does become a necessity, it would not be used until there is a good flow of milk (ie. from at least 48 hours or more). Excellent attachment over the shield and onto the breast is important to ensure adequate transfer of milk through the shield.

If a nipple shield is used, rinse with cold water first, (this will prevent the milk fat setting in the teat), then wash with hot soapy water. Invert the shield to clean both sides. Rinse and air dry. Hygiene is very important if using a nipple shield especially if you have cracked or grazed nipples.

Thrush

Occasionally sore nipples can be caused by a thrush infection. Symptoms include persistently sore, irritable, and red nipples and/or areola. You may also experience periods of throbbing or shooting needle-like pains in your breast either during and/or after feeds. A careful history taken by a doctor, lactation consultant or midwife will help to make a correct diagnosis. These symptoms can also indicate the presence of a staphylococcal infection, especially if the nipples are cracked.

Treatment for thrush would involve the use of an anti-fungal gel in both your baby's mouth and on your nipples. Your doctor or a lactation consultant will advise you of the necessary treatment. Sometimes oral tablets may be necessary for you, and a change in your diet, to eliminate sugars and yeasts until a cure is achieved.

Blocked milk ducts

This may occur when milk is not flowing well from one area of the breast. It can be felt as a thickening or hardness in the breast. You can have more than one lump present. Sometimes a white spot can be seen on the nipple as the end point of a blocked duct (like a head on a pimple).

Relieving the blockage as quickly as possible is important to prevent further problems such as mastitis occurring. You may find it useful to commence feeds on the affected breast for the first 2 to 3 feeds. This is because your baby always sucks more effectively at the beginning of a feed. Check your baby is well attached and positioned at the breast. Poor positioning and attachment may lead to ineffective milk removal, causing a blockage in the breast. Massaging the area just prior to and during a feed can facilitate movement of the blockage.

When concentrating on clearing a blocked area from one breast it is important not to neglect the unaffected breast. If the unaffected breast becomes full, because feeds are temporarily being offered first on the affected side, you should express this breast for comfort. Using hotpacks before breastfeeding/expressing can help.

Should the blockage not clear within 24 - 48 hours, or if blockages become a recurrent problem, you should seek advice from your child health nurse, doctor or lactation consultant. Therapeutic ultrasound by a physiotherapist may be helpful.

Mastitis

Mastitis is caused by an inflammation or infection of the breast.

1. Part of your breast may become hot, painful and look red.
2. You may feel hot all over.
3. You may feel unwell, like you are getting the flu, with chills and shivers, headaches and aching joints and muscles.

Do not stop breastfeeding.

Your baby is your best pump and drainage of the breast is very important. Your doctor may need to prescribe antibiotics in case of any infection, but most importantly you should breastfeed your baby frequently. Start each feed on the affected side until it begins to clear, and pay particular attention to your attachment. If unable to breastfeed ensure you continue to remove the milk from the breast(s) by expressing. You may find using hot packs prior to breastfeeding and applying cold packs after a breastfeeding helpful.

Rest is important (you may find it easier to rest if you take your baby to bed with you). Paracetamol, or an anti-inflammatory such as ibuprofen, may help to relieve some of your symptoms. Take care to keep the other breast comfortable until your baby is back to alternating sides again. Express, if needed, on the unaffected breast.

Mastitis occurs usually because:

1. You may not have fed your baby as often as usual.
2. Your baby has not been well positioned.
3. Your clothing, particularly your bra, or your fingers have been restricting the flow of milk and the blood supply to the breast. Choose clothing wisely and remember that if baby is well positioned there is no need to hold the breast away from the nose.
4. Unresolved blocked ducts. You may need to visit a lactation clinic to help resolve it and to prevent it happening again.
5. An infection has entered the breast (cracked nipples increase this risk).
6. Persistent over supply.
7. Repeated trauma to nipple/s.
8. Times of stress, fatigue and general poor health.

Further useful information

Hand expressing

Hand expressing may be useful as it allows the breastfeeding mother

- to rest damaged nipples.
- to stimulate supply.
- to relieve temporary breast engorgement or soften a full breast.
- to feed her baby expressed breast milk if she is not able to breastfeed.

With practice it is easy to do. It can be done anywhere, any time and needs no special equipment...only practice. While learning, the bath or shower is a good place to practice, because you do not need to worry about collecting the milk.

You will need to:

- Choose a time to learn to express when your breasts are fullest. This may be before a morning feed or after a feed when you have fed from only one breast. Use the breast that has not been fed from.
- Gently massage your breast towards the nipple. Thinking about your baby helps.
- Cup your breast with your hand and place the thumb and forefinger (of the same hand) at the edge of the areola and opposite each other. If your areola is particularly large or small, place your fingers about 3.5cms from the nipple.
- Gentle squeeze your thumb and forefinger together and at the same time press your whole hand back towards your chest. You should not rub along the skin.
- Do most of the work with your cupped hand around the breast, the same way that the baby makes the milking action with his lower jaw.
- Once you have mastered the movement, maintain the action until the milk starts to flow - usually 1 or 2 minutes.
- Reposition your fingers to rotate around the breast and gather more milk.
- If expressing milk to collect for a feed ensure you follow the steps outlined for cleaning and sterilising equipment and storage of expressed breast milk.

Once you are confident try collecting milk by holding a wide necked container under your breast. Remember to always wash your hands before expressing your milk.

Cup feeding

Parents who wish their baby to be primarily breastfed, but on occasion may need an alternative method of feeding can use the cup. It is also very helpful when there are initial attachment problems, as it may help prevent confusion between breast and teat suckling actions.

Advantages

- Provides an alternative method of feeding when a mother is not available to breastfeed.
- Avoids an inappropriate suckling technique that can arise from the introduction of bottles, especially in the first few weeks.
- Allows babies to pace their own intake in time and quantity.
- Requires little energy expenditure.
- Stimulates tongue and jaw movements.
- Encourages good eye contact, with baby held closely for feed.
- It is easy for parents to learn.

How to cup feed

Talk to your midwife, lactation consultant or maternal & child health nurse who will demonstrate the correct technique and supervise you while you learn.

Cleaning breast pumps, bottles, teats and breast milk containers

Equipment can be boiled or immersed in a chemical sterilising solution (active ingredient sodium hypochlorite) after thorough cleaning (as described below). Steamers can also be used following the manufacturer's instructions. Instructions for chemical and boiling sterilisation are on the following pages.

Procedure for cleaning and/or sterilisation

It is important when preparing any feeds for your baby, that the area you use is very clean.

1. Wash hands before cleaning and preparation.
2. All used feeding equipment should be rinsed with cold water.
3. Turn teats inside out if possible and scrub with brush.
4. Turn teat back again and squirt hot soapy water through the hole several times.
5. Repeat with hot water.
6. Scrub bottles, caps and tops, pumps, cups and milk containers with hot soapy water and bottle brush. Rinse with hot water and drain.
7. Proceed with sterilisation if required.
8. Bottles can be capped and stored in refrigerator until needed.
9. Wrap pump parts in another clean tea-towel, or store in a clean sealable container, which has been thoroughly washed and dried.

Resterilise all unused feeding equipment every 24hrs.

Sterilising utensils by chemical method

(sodium hypochlorite active ingredient)

1. Wash hands before cleaning and preparation.
2. All used feeding equipment should be rinsed with cold water.
3. Turn teats inside out if possible and scrub with brush.
4. Turn teat back again and squirt hot soapy water through the hole several times.
5. Repeat with hot water.
6. Scrub bottles, caps and tops, pumps, cups and milk containers with hot soapy water and bottle brush. Rinse with hot water and drain.
7. Proceed with sterilisation if required.
8. Bottles can be capped and stored in refrigerator until needed.
9. Wrap pump parts in another clean tea-towel, or store in a clean sealable container, which has been thoroughly washed and dried.

Resterilise all unused feeding equipment every 24hrs.

Sterilising utensils by the boiling method

1. Follow points 1-6 (on previous page).
2. You will need a pot large enough to take all the utensils.
3. Wash all equipment thoroughly, rinse and place in boiling water for 5 minutes.
4. After boiling, drain and store equipment in container in the fridge.

Storing and reheating expressed breast milk (EBM)

Storing

1. Ensure hands are very clean and that all containers have been sterilised, either by steaming, boiling or by chemical sterilisation.
2. Use plastic containers or pre-sterilised plastic storage bags (available from pharmacies, pump hire stations or Australian Breastfeeding Association). When your baby is small you may wish to store your EBM in small quantities to avoid wastage. A plastic sterilised ice cube tray is useful for this. Seal in a freezer bag.
3. Label with the date and time and refrigerate or freeze.
4. EBM can be kept in the refrigerator at the back or the coldest area (not the door) for up to 72 hours.
5. Ring the manufacturer of your fridge/freezer to get accurate information on their recommended length of time. If your freezer is a “frost free” you will need to surround the milk containers with other frozen items, so that there is no loss of temperature during the defrost cycle.
6. Refer to the following chart for recommended storage times.

Storage of breastmilk for infant use

Breastmilk	Room Temperature	Refrigerator	Freezer
Breastmilk freshly expressed into closed container	6-8 hours (26 degrees or lower) If refrigeration is available, store milk there	72 hours (4 degrees or lower) Store in back of refrigerator where it is coldest	2 weeks in freezer compartment inside refrigerator 3 months in freezer section of refrigerator with separate door 6-12 months in deep freeze (-18 degrees) or lower
Breastmilk previously frozen – thawed in refrigerator but not warmed	4 hours or less (ie. Next feeding)	Store in refrigerator 24 hours	Do not refreeze
Breastmilk thawed outside refrigerator in warm water	For completion of feeding	Hold for 4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding then discard	Discard	Discard

Effects of giving breast milk substitutes

Other fluids, whether water or milk formula, adversely affect the establishment and maintenance of successful breastfeeding, by interrupting the interaction between the baby's demand and the breasts' response. Sometimes there may be a medical reason for giving other fluids, (such as low blood sugar), but such a feed would always be counteracted by expressing your milk, and the giving of such feeds stopped as soon as possible. Whenever possible breast milk should be offered before other fluids.

Dummies/Pacifiers

Unrestricted access to the breast is necessary for your baby to learn how to suckle at the breast effectively, and for your breasts to establish and maintain an adequate milk supply. The use of dummies may interfere with successful breastfeeding. When babies suck on a dummy they use a very different action than when suckling at the breast. This may lead to ineffective breastfeeding if the baby is trying to suckle at the breast in the same way they suck on a dummy. Also, replacing suckling time at the breast with dummy sucking may lead to a drop in your milk supply.

The later months

Many mothers wean at 6 weeks or 3 months because they doubt their own ability to keep producing milk when baby becomes temporarily harder to satisfy. Babies have growth spurts at 1 week, 6 weeks, 12 weeks and 24 weeks (approximately) and they require extra feeding for a couple of days (like a growing teenager constantly at the refrigerator). This extra feeding at the breast will stimulate the increased supply of milk now needed by your rapidly growing baby. After a day or two baby will be once again satisfied. During this time the feeding pattern is similar to the first few days after birth.

Take things easy during this time and allow baby to organise your supply and your workload.

Breastfeeding and working

Returning to work does not have to mean the end of breastfeeding. In fact it is important that your baby continues to have your breast milk and some breastfeeding at this time, especially if being placed in a childcare situation, with exposure to many other children and new infections. Breast milk will offer some protection, and also the ability to recover much faster from any illness. Many women find great consolation in continuing to breastfeed, as it helps to ease the pain of separation from the baby.

Breastfeeding women can work outside the home. However, a successful breastfeeding relationship takes time to develop and can be assisted by mum and baby spending lots of quality time together in the early weeks and months. When returning to work, breastfeeding need not be stopped. Some women choose to express at work so that the milk is then available for the next day. Others may wish to breastfeed before and after and on days-off.

An excellent booklet is available from the Australian Breastfeeding Association on breastfeeding and returning to work. Advice and assistance is also available from your Ramsay Health Care hospital and/or your community health service.

Siblings

It is normal for a sibling to feel insecure and displaced for a short time after the birth of a new baby. Some may display difficult/different behaviour such as regression of toilet training, aggressive behaviour, showing off, and being very demanding of your attention and affection.

This is a time for understanding and patience and at the same time maintaining the normal boundaries of discipline.

The following tips may prove helpful:

- Have a box of toys and books that only comes out when you are sitting to feed the baby.
- Sit and watch a video while feeding with emphasis on being with the sibling.
- Ensure the child has been to the toilet and has had something to eat or drink.
- Try and spend some time alone with the older sibling each day. This does not need to be a long time but a time when he/she has your undivided attention eg. bath time or bed time with a story.
- Encourage extended family members to play a greater role in caring for the siblings, to assist with the transition to life with a new baby.
- Talk to your community health nurse about your child and their expected responses at certain ages.

Some myths you may encounter

Breastfeeding is an art that in the past was passed on naturally amongst female family members. In doing so many myths emerged in order to try and help explain some of the behaviour of babies whilst adjusting to life outside the womb. Unfortunately they were not always true.

Many of these can be dispelled. Here are a few:

- **Eating vegetables such as brussel sprouts, cabbage, peas etc. will cause wind in the baby.** Very rarely some babies will show a sensitivity to a certain food or food group, but as a rule there is no need to change your diet. Think of the many and varied diets around the world. A well balanced diet with all foods in moderation is important for your health and therefore your baby's.
- **You have to drink at least 2 jugs of water a day to produce enough milk for your baby.** Stimulation by baby suckling correctly or/and by expressing is the factor behind sufficient milk production, not the drinking of copious amounts of fluid. Satisfy your thirst, and you will be well hydrated. The dry mouth you get while feeding will encourage you to have a drink, so have a glass of water handy while feeding.
- **Drinking milk makes milk**
  Milk has a place in your diet (if you like milk) providing quick easy nutrition for you and an important source of calcium. It should still only be taken as part of a well balanced diet and does not affect the production of your breast milk.
- **Soft breasts mean little milk**
  Once supply and demand is established - usually during the first few weeks - your breasts will begin to soften down to their pre-lactation state. This is normal and a sign that over time your breasts are becoming more efficient at producing milk.

Weaning

The World Health Organisation recommends exclusive breastfeeding for all babies for the first 6 months of life to ensure optimal health, prevention of infection and reduction in the formation of allergies. It is further recommended that breastfeeding be continued until 12 months and beyond, for as long as the mother and child desire. At first solids are introduced slowly to introduce taste and texture, with breastfeeding still the most important part of your baby's diet. Your community health service will assist you with information regarding introducing solids. Even when solids become established as the main diet, breastfeeding can continue for as long as you and baby wish.

To the father of the breastfed baby

The key to successful breastfeeding is motivation and support. This will be your major role as the father of the breastfed baby, as your partner will need both your practical and emotional support.

Here are some suggestions as to how you can best do this:

1. Help with baby care. Breastfeeding does not mean that you will have less time with your baby. Feeding is only one of the many tasks involved in the physical and emotional nurturing of your baby. True, it does involve a large amount of time in the early weeks, but there are many other ways to interact with and care for your baby, such as bathing, massage, playing together or going for walks.
2. Breastfeeding is a learned skill. Often people think that breastfeeding is instinctive because it is a natural process. Not only do mum and baby have to learn new skills, they have to learn to do them together. Encourage her along the way, assist her when possible by ensuring that she is comfortable, that she gets the appropriate help if having difficulties, and that she gets some rest and time to herself.
3. Breastfeeding and sex. Sensitivity to your partners needs is important as she gains confidence in breastfeeding and recovers from the birth and interrupted sleep. She may lose interest in sexual intercourse temporarily, because of the physical and emotional changes and adjustment, but this can happen whether she breast or bottle-feeds.
4. Be a breastfeeding advocate. Your advocacy role may take many forms:
    - Answer telephones or doorbells when your partner needs to rest or desires privacy for nursing.
    - Voice your support of the breastfeeding mother and baby, to well meaning people who make statements like, "Are you sure she has enough milk?"
      (Your answer - "Yes, because he has 6-8 wet nappies a day").

- Fix your partner a drink or a snack while she is breastfeeding. Sit and have a chat while your baby is quietly feeding.
- Give your partner at least three hugs a day! Let her know that you support her breastfeeding and that you love her.
- Enjoy your baby and your new family.

To the grandparent(s) of the breastfed baby

Grandparents are enormously important to the new family. Your support is invaluable. As parents and now grandparents, you have seen fashions in infant rearing come and go, particularly in the area of infant feeding. The last 20 years has seen a great deal of research into breastfeeding and breast milk, giving us valuable information about the benefits to be gained and the best ways to establish successful breastfeeding.

Consequently, more parents are choosing to breastfeed their babies. Feeding practices have changed dramatically from when you were rearing your children, so we would like to take this opportunity to offer some suggestions as to how you can best support your children to parent their new baby.

- Read this booklet.
- Perhaps buy or borrow one of the breastfeeding reference books listed at the back of this booklet. This will give you information based on current research to which you can refer.
- Attend a breastfeeding antenatal class with your daughter/daughter-in law.
- If possible, perhaps offer to help your daughter/daughter-in-law with household duties or other children, to enable time for a successful breastfeeding relationship to be developed. When breastfeeding is established you may wish to offer babysitting for an occasional night out or afternoon coffee with friends. Your new grandchild can be fed expressed breast milk by cup or bottle.
- Offer words of encouragement, praise and reassurance.
- Share some of your feelings about what being a grandparent means to you.
- Provide practical support in the form of preparing meals, doing the ironing, or taking baby for a walk in the pram while the new mum catches up on some sleep.

Resources post discharge

There are several resources, which may be useful during the first few months at home.

These include:

- Early Childhood Centres/Maternal & Child Health Centres
- Community Health Centres
- Australian Breastfeeding Association
- Post Natal Support/mother baby units
- Lactation Consultants/Clinic

The Personal Health record book will also contain useful information.

Additional reading

There are many publications available. Some recommendations are:

1. Breastfeeding...Naturally - Australian Breastfeeding Association
2. Breastfeeding with Confidence - Sue Cox
3. Bestfeeding - Getting Breastfeeding Right For You - Mary Renfrew, Chloe Fisher and Suzanne Arms. (A very clear, practical book designed to teach - and yes it is Bestfeeding).
4. Breastfeeding - A New Mother's Handbook - Hilary Tupling. (A very readable, sensible book).
5. The Australian Breastfeeding Association booklets: These are inexpensive and cover a large range of topics (eg: Breastfeeding Multiples, Breastfeeding after Caesarean Section, Low Supply and many more). Some recommended for pre birth reading are:
    - Breastfeeding: breast & nipple care
    - Breastfeeding: expressing and storing breastmilk
    - Breastfeeding: and crying babies
    - Especially for Grandparents
    - Breastfeeding through pregnancy and beyond
6. Baby Love - Robin Barker (recommended by ABA - overall baby development)
7. Three in a Bed - Deborah Jackson (1989 Bloomsbury) (A sensible approach to breastfeeding and parenting).
8. Parenting by Heart - Pinky McKay (a practical and humorous approach to parenting and breastfeeding from birth to "letting go").


CONSUMER
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