

Breastfeeding your baby



Government
of South Australia

SA Health

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Introduction

Feeding is one of the main things that babies do when they are awake, so it is an important time for parents and babies to love, enjoy, learn and relate to each other.

This book has three main aims:

- > To help you breastfeed so your baby will grow to be strong and healthy.
- > To support you with any breastfeeding challenges.
- > To help you feel confident when breastfeeding your baby.

You may like to know more about some of the things in this book – or you may have some concerns or difficulties that you would like help with.

Places to get help:

- > Your local child and family health centre 1300 733 606.
- > New mothers groups.
- > Women’s and Children’s Health Network (WCHN) website: www.cyh.com
- > Parent Helpline 1300 364 100.
- > Australian Breastfeeding Association (ABA) 1800 686 268.
- > Lactation consultant.
- > Your midwife.
- > Your doctor.

Find out more in ‘Where to go for help’ at the end of this book.

Quick guide

This book is divided into the following parts:

- > Breastfeeding is good for you and your baby.
- > Starting breastfeeding.
- > Breastfeeding – the first six months.
- > Breastfeeding – six months and beyond.
- > Breastfeeding challenges.
- > Partners and breastfeeding.
- > Where to go for help.

The contents give helpful information about the topics. We hope that you will find it useful in breastfeeding your baby.

Breastfeeding is good for you and your baby

There are many health benefits of breastfeeding for both you and your baby. Your risk of developing some diseases such as cancer of the breast or ovaries and osteoporosis can be reduced. Breastfeeding may help you get back to your pre-pregnancy weight sooner.

Breastmilk is produced by you as natural food for your baby. It is safe, easily digested and always ready when your baby needs it. Breastfeeding is free and takes no time to prepare! Breastmilk is all that your baby needs for the first six months of life.

Breastmilk helps develop your baby's immune system. A breastfed baby is healthier and is less likely to get gastroenteritis as well as chest, ear and bladder infections.

The World Health Organisation (WHO) and the United Nations International Children's Fund. (UNICEF) jointly developed a strategy to improve the health, growth and development of infants and young children.

The WHO and UNICEF recommends:

'...infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.'

World Health Organisation/UNICEF. Global Strategy for Infant and Young Child Feeding. Geneva: Switzerland: WHO; 2003. The WHO/UNICEF have implemented a global 'Baby Friendly Health Initiative' strategy to help health services give every baby the best start in life. Find out more in Further Reading on page 36.

When you breastfeed your baby there is a lot going on in your relationship. It is a special time for both of you and helps you and your baby to feel close. As your baby looks into your face, they will see how you feel towards them.

The moments you have with your baby during breastfeeding are important. It is a great time for you to look into their eyes, stroke them, talk gently or sing to them.

How long to breastfeed

Breastmilk is very good for your baby until well into their second year, even after they have started with solid foods. However, even a few months, weeks or days of breastfeeding, is good for your baby and for you. Breastmilk will continue to be a valuable part of your baby's diet for as long as you feed.

Your baby developing teeth is not a signal to stop breastfeeding. You may experience a playful nip at the beginning or end of a feed, but it is impossible for a baby to bite if they are attached properly. Breastfeeding can offer comfort for your teething baby. Offering teething rings and gel can also help.

If you are having some challenges with breastfeeding you can seek help from your local child and family health nurse, ABA counsellor or lactation consultant. This can help you breastfeed for longer.



Starting breastfeeding

How breastfeeding works

While you are pregnant you will notice changes in your breasts as they get ready to make milk for your baby. Your breasts may get larger and firmer and your nipples may look darker.

You may notice some colostrum coming from your nipples. Colostrum is the first milk produced in the breast during your pregnancy and the first few days after your baby is born. Colostrum is very rich, clear to yellow in colour and is very nutritious. A newborn baby's stomach only holds about four teaspoons which is why they only need small amounts to be satisfied. After a few days your breasts gradually change from making colostrum to making milk. The colour of the milk will change from yellowish to bluish-white and watery looking.

When your baby sucks, your breasts are stimulated to let-down milk. The let-down reflex happens every time you breastfeed, and while it may take a few minutes to happen when you first begin breastfeeding, over time it will become more efficient and take place within a few seconds of starting breastfeeding.

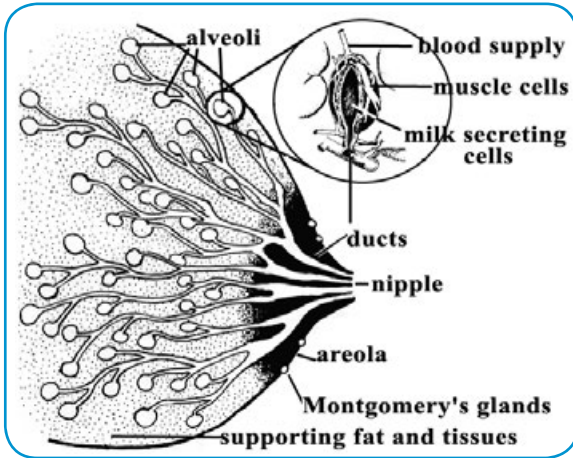
During the let-down some mothers will feel a range of sensations. These may include:

- > A tingling pins-and-needles sensation that starts under your arm and then moves across and down the breast.
- > Milk dripping (or spraying) from the other breast.
- > Some cramping in your uterus in the early days after giving birth.
- > Feeling hot or nauseous (less common)

This discomfort usually settles when your baby starts swallowing. You may experience a tingling feeling between feeds, this is normal. Some mothers may not feel their let-down at all, but will hear their baby suck and swallow and may see the milk dripping from their breasts.

The more often your baby breastfeeds, the more milk your breasts will make. Your baby's appetite has an effect on how much is taken at the feed. A hungry baby will take more milk. Breastmilk is digested very quickly, in about an hour and a half. Your new baby will breastfeed often (around eight to 12 times each day).

This picture shows you what your breasts look like inside. Breastmilk is stored inside sacs called alveoli, and when you have a let-down, the milk travels along the ducts, out the nipple and into the baby's mouth. The size of your breasts does not affect your ability to breastfeed and women with large or small breasts can feed successfully.



© World Health Organisation.
Baby-friendly Hospital Initiative: Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff. c2009. [cited 2010 July 9]. Available from www.who.int/nutrition/publications/infantfeeding.

Although breastfeeding is the natural and normal way to feed your baby, many mothers and babies need to learn how. The first few weeks are a time for parents and baby to learn how to live together, so you may need to try different ideas and get some help before things settle down.

Skin to skin contact

Having your baby skin to skin with you immediately after your baby is born helps you and your baby to start breastfeeding.

Skin to skin contact can help your baby to start breastfeeding by allowing them to search for the breast and attach by themselves. There are lots of benefits of skin to skin contact and mother and baby are best undisturbed for the first hour. Skin to skin contact helps to regulate your baby's temperature and is a great way to get to know your new baby.

Your baby may suck straight away, or may just nuzzle and lick the nipple the first time. If you are separated from your baby, your partner can have skin to skin time with your baby.

It is important to ask your midwife to help you, especially if you have had a caesarean birth.

Skin to skin time is also good later on if you are having any challenges with breastfeeding. See page 21 for help with challenges.



Feeding cues

It is important for you to recognise the cues that show when your baby wants to feed, before your baby starts to cry. These cues are when the baby is beginning to wake such as:

- > Wriggling, tossing and turning or becoming restless.
- > Moving their head from side to side searching for the breast.
- > Attempting to bring their hands to mouth.
- > Moving their hands and legs.

If the early cues for breastfeeding are ignored, your baby may fuss and not attach well. Try to feed your baby before they start to cry, otherwise you may need to calm them first. It may help to leave changing the nappy until later.

Here are some examples of cues:



Hands to mouth



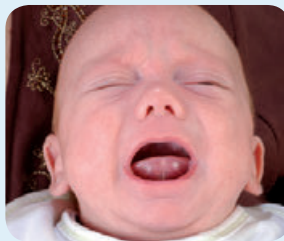
Mouth open wide



Eyes open searching



Ready to feed



Crying is too late

Positioning for mother

Start breastfeeding from a comfortable position to help you relax. Most mothers prefer to sit, but you could lie on your side if sitting is uncomfortable.

You may want some privacy to feed until you feel comfortable and more confident. Assistance from your midwife or child and family health nurse can be helpful to see what works for you.



Cradle hold

Sit so you are comfortable:

- > Relax your shoulders.
- > Have your feet flat on the floor or use a footstool if needed.
- > Once attachment has been achieved you may find it easier to have a pillow on your lap to support your baby (but not too high).



Underarm or football hold

You might prefer to feed with your baby under your arm. This is helpful sometimes when you have sore nipples or a blocked duct, to change the position of where your baby sucks from.



Lying down

Lie on your side with your head supported.

Positioning and attaching your baby

It is best to un-wrap your baby so you can hold them close. Hold them with their whole body facing you and their nose opposite your nipple.

Support your baby's head with a hand behind their shoulders, not on their head. Holding their head makes it hard to attach. You can use your other hand to support your breast.

Make sure your baby's mouth is wide open. The contact point when you bring baby to the breast should be about three to four centimetres below the nipple. You will need to have your fingers well back, away from the nipple.

If your baby has attached well you will notice:

- > Mouth wide open, with both lips curled out.
- > A big mouthful of breast.
- > Chin touching the breast and the nose is clear.
- > More areola visible above the top lip than the bottom lip.
- > No or very little pain on attachment.
- > Regular suck and swallow sound.

This helps to position the nipple at the back of baby's mouth so the nipple does not get sore. If it hurts your baby may not be well attached, so take your baby off the breast and start again. You can do this by putting your finger in the corner of your baby's mouth to break the suction.

Once your baby is attached, after a few rapid sucks you should be able to hear a regular suck and swallow, as they start to get milk following the let-down. After a few minutes your baby may stop for a little rest before sucking again. Towards the end of the feed your baby slows down sucking and usually becomes sleepy. Sometimes though, your baby might look as if they are finished, but may have become sleepy as the let-down has slowed. You can switch to the second breast to keep them feeding. When you switch to the second breast your let-down is stimulated on this side and your baby should start sucking and swallowing again.



It is best to offer both sides at each feed and allow your baby to stop feeding on his / her own accord by coming off the breast spontaneously, finish the first side before offering the second. This is because the milk towards the end of the feed has a higher fat content to satisfy hunger and help your baby to gain weight. In some cases your baby may not be interested in the second side, even if offered. Give your baby a break, change their nappy, talk to them and then try the breast again. If after offering the second side your breast still feels full, you may need to express a small amount so your breast feels comfortable. Make sure to start on this side next time.

Ask for help from your midwife, child and family health nurse, ABA counsellor or lactation consultant to check if your baby is attaching properly to the breast.



Breastfeeding the first six months

The early days

In the early days when your milk first 'comes in' your breasts may feel full. This often happens within the first two to four days, but it can happen later. Feeding often, (newborns can feed 8–12 times in 24 hours) will help your milk to come in and to keep your breasts from becoming overfull. If your breasts are overfull and uncomfortable, you may need to express a little milk before feeding so your baby can attach to the breast properly. See how to hand express on page 17. You may notice that your breasts leak milk between feeds. This is quite normal and tends to get less as your supply settles down.

Now you are home

When you get home with your new baby there is a lot to learn and cope with, at a time when you are tired, both from giving birth and from being woken up several times a night!

Breastfeeding may be going well, or you may still be getting used to it. You are both still learning. It is important to ask for help if you need it. Read more about looking after yourself on page 13.

Find a comfortable position for feeding and be as relaxed as you can to help your milk let-down. Try taking a few deep breaths, or shrugging your shoulders then letting go. Have a drink of water every time your baby feeds. This can help your let-down. Before you start to feed have everything you need within reach eg tissues, bib. Make sure your baby has their mouth wide open and is attached well on to the breast. Refer to page 8 for positioning and attaching your baby. It is common for your nipples to feel a little tender as they get used to the baby sucking. Ask for help from your midwife, child and family health nurse, ABA counsellor or lactation consultant.



It is best to avoid giving a dummy or bottle teat for the first four to six weeks, when breastfeeding is being established. The reason is, if your baby is sucking a dummy, they spend less time at the breast which can affect your breastmilk supply. Also, some babies may show a preference for the bottle teat.

You can try to burp your baby between breasts and after feeds – but if nothing happens in a few minutes don't worry. Remember that babies swallow more air when they are crying than when they are feeding. It is common and normal to bring up milk with the burp. Babies can seem to 'spill' quite a lot of milk and still be healthy. Check with your midwife, child and family health nurse, ABA counsellor or doctor if you are unsure.

Sometimes your baby has a growth spurt and may want to feed more often. Your baby's appetite will regulate your supply. This does not mean that you do not have enough milk, but more frequent feeds will help increase the amount of milk you make to meet your baby's increased appetite. All mothers have up and down days with milk supply, but if you are concerned that your supply is low, try to feed more often for a few days. You may need to wake your baby to do this. There is more about low supply on page 27.

After the first month your breasts may not feel as full as the early days. This does not mean that your milk supply is less, just that the breast is more efficient at producing enough milk to match your baby's needs.

Feeding and sleeping

Only a few babies will develop a feeding and sleeping pattern during the first months. Most will feed and sleep without a set pattern, or the pattern changes. It's normal for young babies to wake and have night feeds. As your baby gets older they will breastfeed less often.

Your baby may have more frequent feeds at one particular time of the day (usually in the evening) and go longer between feeds at other times. This is very common and is sometimes called 'cluster feeding'.

If your baby is sleeping long periods in the day and demanding more at night you can gently wake and feed your baby more often during the day. This may help them to establish a day and night time pattern. Also encourage play times after day feeds. Respond to your baby at night but keep the light low and resettle as quickly as possible with no playtime. Read more about sleep and settling in the 'Settling Your Baby' book or www.cyh.com.

Communicating cues

Your baby is communicating with you during breastfeeding with subtle signs or cues that change as they grow, such as:

- > Leg, arm and hand movements.
- > Facial expressions e.g. smiles, sleepiness.
- > Sounds such as laughter or babbling.
- > Looking away and looking back to you.



It is common around four months for babies to become distracted when feeding. You may notice that your baby looks away at times during feeding. This is because they need small breaks from feeding or your gaze. They are also very interested in what is going on around them. You will notice that after a break their gaze will come back to you. They will return to the breast in a little while.

Watch, wait and wonder at the way they are interacting with you. If they babble or talk during feeding, try to respond to them with some words or mirror their sounds.

If your baby is unsettled or fussy during feeds you may be frustrated and tired and this is reflected in your face during feeding. Try to show your baby that, even though things are tough, you do not blame them. If you are finding things hard and are feeling low it is important for you to get help for yourself as well as support for breastfeeding. You can find out about looking after yourself on page 13.



Breastfeeding – six months and beyond

Breastmilk alone is all that your baby needs for the first six months. Around six months your baby may be ready for solid foods. Breastfeeding is still an important part of your growing baby's diet for the first 12 months and for two years and beyond.

You can find out about starting solids in our 'Foods for babies and toddlers' book or www.cyh.com.

Many mothers return to work about six months after giving birth. Read more about how you can combine your breastfeeding with returning to work on page 30.

During this time, there may be some challenges and it is important to look after yourself and your baby. Read more about breastfeeding challenges on page 21.

Looking after yourself

You are the most important person to your baby. For your baby's sake and for your own, make sure you take good care of yourself. Breastfeeding usually gets easier with time and can be a very enjoyable experience. The hormone (oxytocin) released during breastfeeding helps you to relax and enjoy your baby.

The following hints can help especially in the early days and weeks:

- > Try not to rush to do all the housework while your baby is sleeping.
- > Accept offers of help and do not be afraid to ask for help.
- > Have a rest when you can.
- > Gentle exercise can help. As well as your post-natal exercises, try walking in the fresh air. This is good for you and your baby.
- > Involve your partner, friends or relatives for support. You may like to join a new mothers' group or your local ABA group. See your local child and family health centre for information on parenting groups.
- > If you are feeling overwhelmed it is important to get help. You can ring the Parent Helpline (South Australia only) or the helpline in your state, or see your local child and family health nurse, midwife or doctor.

Eating and drinking well

You do not need to eat special foods to make milk. It is important to eat well and drink plenty of water (or at least to your thirst) to provide enough energy for you and your baby. Drinking more than this though, will not increase your milk supply. Most mothers like to have a drink with each feed time. Be careful with any hot drinks near your baby.

Making breastmilk for your baby uses more energy (calories) than at any time during your pregnancy. You may feel hungrier than usual.

It is normal to have gained weight while pregnant and you are likely to gradually lose this while breastfeeding. If you gain weight after the birth it may mean you are eating too much or the wrong types of food. Regular exercise will help control your weight also. Avoid weight reducing diets though.

Here is a guide to eating well:

- > Eat a variety of foods each day.
- > Eat plenty of different vegetables and fruits each day.
- > Eat plenty of breads and cereals, rice, noodles and pasta – especially whole grains.
- > Eat protein foods every day; lean meat, fish, chicken, eggs, cheese, legumes
- > Your body needs even more iodine when you are breastfeeding. Try to have two to three serves of ocean fish a week and if using salt, use iodised salt.
- > Eat foods containing calcium every day (three to four serves a day). Milk and dairy products (e.g. cheese, yoghurt, and custards) are the easiest way to get calcium.

You can also get calcium from:

- > Soymilk that has had calcium added (check the label).
- > Tinned fish with bones (salmon, sardines).
- > Tofu, legumes, almonds, hommus, and green vegetables also contain a small amount.

If you are vegetarian, you can get all you need by eating a good variety of non-meat foods. Vegans, who do not eat any animal foods (milk, cheese or eggs) may have more difficulty. They will need to take Vitamin B12 supplements while pregnant or breastfeeding.

There are many 'old wives tales' about foods you should not eat for fear of upsetting your baby. Some mothers find that if they eat a lot of rich or spicy foods, or particular fruits or vegetables, their babies may be upset, but others can eat anything – so it is a matter of trial and error. If you find you need to avoid several foods from one of the groups listed above, check to be sure that you are still getting all the important nutrients.

Breastfeeding mothers who eat a range of different flavours are more likely to have babies who will accept new flavours themselves when they are introduced to solids.

For extra advice on good nutrition ask to speak to a Dietitian at your local hospital or community centre.

Caffeine

If you drink a lot of tea, coffee or cola drinks, your baby may be wakeful and irritable from the caffeine. Try not to have more than two to three cups of these drinks a day. You may like to try some of the caffeine free drinks available.

Alcohol

If you are breastfeeding the safest option is to not drink alcohol. Regular drinking or having several drinks at one time is not good for babies or for mothers! It can slow your let-down.

Women should not have more than two standard drinks of alcohol a day and should have two to three alcohol free days a week.

Alcohol passes into the breastmilk quickly and may take a few hours to leave depending on the number of drinks. Drinking water will not affect this time. As a general rule it takes two hours for alcohol to leave the breastmilk for one standard alcoholic drink and therefore four hours for two drinks, six hours for three drinks and so on.

If you choose to drink alcohol while breastfeeding:

- > You can have up to two standard drinks, but not every day, once your baby is a month old.
- > Breastfeed before you have alcohol.
- > Express some breastmilk before drinking alcohol if you think your baby will need a feed.
- > Eat before and while you are drinking.
- > It is better to give a breastfeed with a small amount of alcohol than to feed with infant formula.

Ask your child and family health nurse or midwife for a copy of the brochure 'Alcohol and breastfeeding: a guide for mothers. Australian Breastfeeding Association'. This brochure shows a table for weight linked to the number of standard drinks and the time for the alcohol to leave the breastmilk.

Drugs and medicines

Anything you take into your body may come through the breastmilk and affect your baby. Check with your doctor or pharmacist before taking any medicines or tablets, even 'over-the-counter' medications. Most of these will be okay, but you need to be sure.

If you need medical treatment your doctor can usually prescribe something that will not affect the baby. To find out more about particular medicines and breastfeeding, ring the Medicines and Drug Information Centre at the Women's and Children's Hospital (08) 8161 7222 or your local pharmacist if you do not live in South Australia. If possible, take any medication straight after feeding, so there is less in the breastmilk by the next feed.

Smoking

If you smoke, the nicotine passes into breastmilk. Smoking can affect your let-down and may reduce your breastmilk supply. Even if you are a smoker, breastfeeding is still better than formula feeding.

If you smoke around your baby at home or in the car, they will breathe in smoke which can increase their risk of having chest problems (e.g. bronchitis, asthma). Babies whose parents smoke are at more risk of SIDS (Sudden Infant Death Syndrome) and ear infections. If you smoke and sleep with your baby, this also increases the risk of SIDS.

You can get help to stop smoking from the NATIONAL QUIT LINE 137 848

See more about safe sleep at www.cyh.com and the 'Settling Your Baby' book.

Illegal drugs

Illegal drugs all pass into the breastmilk and can affect your baby, so they should not be used. You can find out more about recreational and medication drugs from the Alcohol and Drug Information Service 1300 131 340.

How to express breastmilk

Though young babies can easily be taken with you on many outings, you may want to leave your baby with someone else for a feed from time to time. You may like to express milk for an occasional night out or regularly if you go back to work.

As a rough guide, try to get about 30 millilitre (mls) each feed time during the 24 to 48 hours before you need it. If your baby is having about eight feeds a day leave about 100mls for each feed. For an older baby (over six months) you may need more, perhaps 180mls milk for a feed. It is a good idea to express just after the baby has fed. You can freeze the extra breastmilk for later if you do not need it.

If you need to give small amounts of breastmilk you can do this using a cup. Babies can be fed by cup from birth. This might be messier and take a little more time. Ask your midwife or child and family health nurse for help with this. Otherwise you would need to give your breastmilk from a bottle and teat.



Hand expressing

- > Ask your midwife or child and family health nurse for help with hand expressing the first few times.
- > Always wash your hands thoroughly before you start.
- > Have a clean container (glass or hard plastic) ready. There are specially designed plastic bags available for storage of breastmilk, but these are not recommended if your baby is preterm or sick.
- > Gently massage the breast to start the let-down, stroking towards the nipple.
- > Place the forefinger and thumb on either side of the areola at about the edge of the areola, push back towards your chest and then press together. Let go and press again in a rhythmic way.
- > Gradually move your fingers around the areola to express different parts of the breast.

Breast pumps

You may find it easier to use a breast pump. If you need to express regularly this may be a better option.

There are many different types of hand, battery and electric pumps available. Electric pumps may be hired from:

- > The Australian Breastfeeding Association 1800 686 268
- > Pharmacies

Follow the instructions for cleaning, sterilising and using each pump.

How to store breastmilk

Fresh breastmilk

Cover the expressed milk and put it into the back of a refrigerator where it is coldest – (5°C or lower) not the door. It will keep for three days, but it is better to use (or freeze) it within two days. The milk may look bluish, or separate into layers. This is normal and it can be shaken up before using. Freshly expressed breastmilk that is being refrigerated or frozen should be stored in a new container rather than added to previously refrigerated or frozen milk. If adding more expressed breastmilk to stored breastmilk in the freezer, it must be chilled first.

If no fridge is available, fresh breastmilk will keep for six to eight hours at room temperature (less than 27°C) for a healthy term baby. If your baby is preterm the milk will only keep for four hours. However, it should be cooled if at all possible.

Frozen breastmilk

Breastmilk freezes well. Label the container with the date, and always use the oldest milk first. Frozen milk will keep for:

- > Two weeks in a freezer compartment inside a fridge.
- > Three months in the freezer section of a fridge (with a separate door).
- > Six to twelve months in a deep freeze (-18°C or lower). However, if your baby is preterm it is best to store for no longer than three months.

Thaw frozen breastmilk in the fridge or by standing it in warm water. If milk is thawed in the fridge and not warmed, use within 24 hours. If milk is thawed in warm water use within four hours.

Never refreeze thawed breastmilk.

Do not thaw or warm breastmilk in a microwave. The microwave can damage the goodness of the breastmilk and also cause hot spots which could burn your baby's mouth. You can warm breastmilk once thawed (if still cold) by standing it in warm water (not hot). Once the baby has started to feed from a bottle of expressed milk, any leftover milk needs to be thrown out. Clean and sterilise bottles after use.

Cleaning expressing and feeding equipment

- > Thoroughly wash and dry your hands.
- > Rinse all items used (e.g. cup, breastpump parts, bottle, teat) with cold running water straight after use, then wash with warm water and detergent.
- > Use a bottle brush to clean inside the bottles thoroughly.
- > Do a final rinse of all items using warm water. You can wash bottles (but not teats) in a dishwasher if you have one.
- > Place items on a clean disposable paper towel and cover with another paper towel while they air dry.
- > Sterilising is optional and you may use one of the following methods on page 20.
- > Store in a clean covered container until next use.

Sterilisation

Your expressing and feeding equipment must be clean before you sterilise it. You can sterilise the equipment using one of the following three ways: boiling, steaming or using chemicals specifically for baby equipment.

Boiling

- > Put all items in a large saucepan and completely cover with cold water.
- > Put the lid on and bring to the boil, and boil for five minutes.
- > Leave to cool before taking the equipment out with your clean, washed hands.
- > Shake items to remove excess water and store everything in a clean covered container.

Steam steriliser

- > There are electric steam sterilising kits and microwave kits.
- > Follow the product instructions carefully.
- > Glass bottles or metals must not be put in a microwave steriliser.
- > Once you are finished, clean out the unit as per the instructions.
- > Store items in a covered clean container.

Using chemicals for baby feeding equipment

- > Always follow the instructions for use.
- > Make up the solution in a large glass or plastic container or bowl.
- > Anything metal should not be put into chemicals to sterilise.
- > Fully cover everything you put into the solution and make up fresh solution according to the manufacturer instruction.

Breastfeeding challenges

A lot of mothers have some breastfeeding challenges in the early days and weeks. Sore nipples are common in the first couple of weeks but they will heal as your breastfeeding is established and becomes easier. You may need some extra support at this time from your midwife, local child and family health nurse, lactation consultant, ABA counsellor or doctor. You can be referred for a day stay or an extended overnight service if available in your area.

Baby not attaching well

Babies have a sucking reflex but this may be weak at first, or they need help to learn to suck properly. If your baby is too small (e.g. premature) or unwell and unable to suck at birth, you can start your milk supply by hand expressing or using a pump. Your midwife or child and family health nurse can show you how to do this. Having your baby skin to skin when your baby is born will help your baby learn to breastfeed. When your baby is able to go to the breast, allow plenty of time and be patient.

If your baby will not attach, try to:

- > Express until your milk lets down.
- > Wake them up if sleepy by:
 - Unwrapping.
 - Changing their nappy.
 - Stroking their limbs, playing with their toes.
 - Stroking their lips and cheeks.

Refer to page 8 for advice on positioning and attaching your baby.

Sore or cracked nipples

The most common cause of sore or cracked nipples is when your baby is not attaching well. It is usual to have some tenderness when you start breastfeeding but it should settle quickly.

The following ideas may be useful:

- > Check that your baby is going on to the breast properly with their mouth well onto the areola. If you are not sure, get someone who knows about breastfeeding to watch you feed, see your local child and family health nurse or contact an ABA counsellor, or lactation consultant.
- > Start the feed on the least sore side.
- > Do your best to relax. Take some deep breaths and drop your shoulders.
- > Express a little milk to start your let-down before putting the baby on.
- > To take your baby off the breast, break the suction with your finger in the corner of their mouth rather than just pulling them off as this could hurt your nipple.
- > Let your baby suck as long as they need to, but if they start to doze off and just 'nibble', take them off and try the other side. This will start the let-down on the other breast and they should start swallowing again.
- > Express a little of the fatty milk left at the end of the feed and smear it over the nipple.
- > Allow air to your nipples after feeds. Leave your bra off for a while, or use nipple protectors or breast shells that you can buy from a pharmacy.
- > Purified lanolin ointment sometimes helps with the healing. This can be purchased from a pharmacy.
- > Another way of helping with sore nipples is to use patches called hydrogel discs. If you find the hydrogel discs make your nipples too moist, stop using them. You may find these at your local supermarket or pharmacy.
- > Keep breast pads dry and change them often.
- > Check your bra is not too tight and rubbing.
- > Do not use soaps or drying lotions on your nipples.

Check with your child and family health nurse, lactation consultant or doctor if a cracked or painful nipple persists. There may be other causes (e.g. thrush infection or dermatitis).

Full breasts

As you may be discharged home before your milk supply comes in you may experience full breasts after you come home.

Full breasts usually settle down after a couple of weeks. If your breasts become tight and uncomfortable, the best way to relieve them is to breastfeed more frequently or express a little after feeds for comfort.

Sore breasts (blocked ducts)

If you notice a tender, hard lump in your breast, you may have a blocked milk duct. The area may also be hot to touch and look red. Here are some ways to help this:

- > Ask your midwife or child and family health nurse to check the way your baby is attaching to the breast.
- > Feed frequently from the sore side to help clear the blockage.
- > Try different positions. Change from a front hold to an underarm hold see page 7.
- > Try to point your baby's chin towards the sore area and make sure they take a good mouthful of nipple and areola.
- > Use heat (e.g. hot showers, hot cloth) before the feed to help milk flow.
- > Massage the sore spot gently during the feed and express after feeds to empty your breast as much as you can.
- > Relieve pain with a cold pack after feeds and take paracetamol if you need to.

Fast flow

Sometimes you might notice that your milk lets down very fast. This is usually when you have plenty of milk and your breasts may be quite full. You may notice your baby gulping milk and this may make them unsettled. Your flow should settle down after the first six to eight weeks when your milk supply is established.

To help with a fast flow you can try:

- > To feed more frequently as this helps the let-down to be not as strong.
- > As soon as your let-down happens you may notice your baby gulping, swallowing fast, or spilling milk from the corners of their mouth. If this happens you can take your baby off the breast. While you wait for the let-down to slow you can let the fast flowing milk leak into a cloth nappy or towel and massage your breast with one hand and express some milk before reattaching.
- > Check the positioning of your baby at the breast and make sure your baby's head is well supported and is higher than the breast. For example hold your baby underarm in an upright position. Feeding with your baby lying on top of you sometimes called 'posture feeding' is not a good idea as this can block your milk ducts.
- > You can use a breast sling for support if you have large breasts. The picture on the left shows the straddle hold and will help your baby to be able to swallow more easily and cope with the flow.



Mastitis

You may find that despite trying to fix the blocked duct the lump or red area gets worse and more painful. You may have a fever and start to feel as if you have the 'flu'. This might mean you have a breast infection or mastitis. See your doctor as you may need antibiotic treatment (there are several types that are safe for your baby).

Keep feeding from both breasts. This is the best way to make sure your breasts are drained well. Milk from the affected breast will not harm your baby. Keep doing all the suggestions for blocked ducts. Get some extra rest and ask family and friends for help and support.

Some women find they still keep getting breast infections. These ideas might help:

- > Treat sore or cracked nipples and blocked ducts (lumps) quickly.
- > Try to avoid over-full breasts and rushed, interrupted feed times.
- > Express if you miss a feed for some reason.
- > Make sure your bra and other clothing are comfortable and not pressing on part of your breast especially if you wear your bra at night.
- > Avoid lying on your stomach to sleep which can cause pressure on the breast.
- > Avoid pressing on the breast during a feed (e.g. to clear it from the baby's nose).
- > Make sure you take care of yourself – eat well and get enough rest.

Breast refusal or fussy feeding

Breast refusal can happen at any time for some or all feeds and can be quite sudden. It is common when your baby is between three to eight months old. It can be very distressing for you as you feel rejected when your baby screams and refuses to feed. Also, after one bad feed you may tense up so your milk does not flow well next time and the problem gets worse.

Breast refusal does not mean that your baby is rejecting you and is usually temporary and can be overcome with some help. Be patient with your baby until they settle again. It is best not to force your baby as it may take time to persuade them back to the breast. Do not try to keep them at the breast longer than they want. Your older baby may get enough milk in as little as three to five minutes on each side, and will object if pushed to take more.

What you can do to help (with time and patience these methods usually work):

- > Check that your baby is well and look for signs they are getting enough breastmilk. Your baby should have good skin tone and have at least five to seven heavily wet disposable nappies or six to eight very wet cloth nappies in a 24 hour period. A sore throat, ear infection or teething may upset the feeding and be a reason for the refusal.
- > Check for a change in smells (e.g. a new perfume) or taste (which can happen after mastitis, with the start of your period or a new pregnancy).
- > Try extra skin to skin time with your baby which can help relax you both and may help your baby to feed. For example, relaxing with your baby in a warm bath together. Have someone help with getting in and out of the bath.
- > If your baby is easily distracted, you can try to feed in a quiet, dark room for a while. Around four months babies tend to be easily distracted when they are feeding and may pull off the breast to have a look if someone comes near.
- > Try feeding your baby when they are drowsy, or almost asleep. These babies often feed best at night.
- > Get your baby to suck on your finger then quickly slip in the breast. Express a little to get the milk flowing.
- > Try walking around and patting the baby as they feed.

If breast refusal continues check with your doctor, midwife, child and family health nurse, ABA counsellor or lactation consultant.

Low milk supply

Mothers often worry about their milk supply when really all is well. It is common for the breasts to feel very full in the first week or so, but then settle to feel quite soft much of the time although they still make plenty of milk. It may take up to six to eight weeks for your milk supply to establish for your baby. Even after that you will have times when your breasts feel less full.

Look for these signs to be sure your baby is getting enough breastmilk:

- > There is some weight gain (although there may be ups and downs). Your child and family health nurse can help you know if your baby is growing well and help you to plot your baby's growth chart.
- > Three to four (or more) dirty nappies each day in the first four to six weeks. Their poo will usually be fairly runny and straw-coloured with small soft lumps. After six weeks some babies poo less often so this is not a sign of low milk supply.
- > Five to seven wet disposable nappies a day or at least six to eight cloth nappies. Your baby's urine should be pale looking.
- > Your baby looks well and is bright and alert, with some contented times.

You may also worry that your milk is not good enough for your baby but this is not the case. Even if you were starving your milk would be good, though you might not make as much.

If your milk supply does seem to be low (and it is normal for everyone to have low days), try these ideas:

- > Check that your baby is attaching and sucking properly. Get someone who knows about breastfeeding to watch you feed if you are not sure.
- > Give more frequent feeds than usual for a few days.
- > Offer both breasts at each feed, switching sides several times if your baby will only suck briefly.
- > Get more rest and relax when you can.
- > Make sure you are eating and drinking well.
- > Try a top-up feed at the breast about half an hour after main feeds if your baby is still unsettled. This also helps to boost your supply. Remember your breasts are never empty.
- > If your baby is not sucking well or will not go back to the breast, express any milk left after feeds.

Unless there is a medical reason from your doctor, do not give bottles of extra formula. These can make your baby less interested in the breast and your milk supply may then go down even further. Once your baby is used to getting a lot of his milk from a bottle, it can be very hard to get back to full breastfeeding.

Breastfeeding twins or more

Breastmilk is especially important for twins and most women can breastfeed twins. There is no one right way to breastfeed twins, this is up to you and your babies. Twins can be fed together, but you may prefer to feed them separately while they are very young, either when they wake and demand, or one after the other.

Alternating breasts has benefits of stimulating each breast. It is also good for your baby's head shape. Your midwife or child and family health nurse can show you the different feeding positions. Some mothers find special twin feeding pillows help in the early weeks.

Make sure you eat well to have energy to cope with caring for two babies. If you have three or four babies you may like to breastfeed two each time and have someone bottle feed the others – then swap next time.

Regardless of how the babies are fed, parents of twins or more need plenty of help and support. You may like to contact the Multiple Birth Association in your state see 'Where to go for help' on page 34.



Premature babies

If your baby arrives early you may not be as prepared physically and emotionally, than if your baby was born around its due date.

A premature baby can be born from four to sixteen weeks earlier than the normal 40 weeks and will need special care in a Neonatal Unit. Initially they will be fed through a tube but gradually as they grow and become more mature they will begin to start sucking feeds.

Breastmilk will provide the best nutrition for your premature baby. It is easily digested and can provide extra protection and more protein that is essential for the premature baby. To give your baby breastmilk it is very important that you start expressing as soon after or at least within six hours of birth. Begin by hand expressing and then move on to an electric pump which you can hire from the hospital or a pharmacy. See page 18 for more information about breast pump hire. Do not worry if you express more milk than your baby needs as the extra can be frozen and stored.

When your baby is stable but is not ready to have breastfeeds you can begin to have skin to skin contact or 'kangaroo care' with them each day. Skin to skin contact not only allows you to relax and spend time together but it can also increase your milk supply and regulate your baby's temperature. Partners can also share in skin to skin contact. This will allow them to have special time with their baby. Always remember to express after skin to skin contact.

When your baby is ready to start breastfeeds your baby's nurse or midwife will help you. You may start with one breastfeed a day, gradually increasing as your baby is able to, or you may start with more if your baby is more mature. It may take a little time for them to learn to suck, but be patient and keep trying. It can be done! See suggestions on page 8 for positioning and attaching your baby.

A new pregnancy

Although you are unlikely to become pregnant while fully breastfeeding, especially early on, it does sometimes happen. You may become aware you are pregnant because your baby is fussy at the breast or your nipples become tender.

There is usually no rush to wean your baby. You can keep feeding as long as you and your baby want, unless there is a medical reason not to. Most women like to gradually wean around the middle of the new pregnancy. The older baby is often taking other foods by then anyway.

Some mothers prefer to keep feeding both their older child and the new baby. This is called 'tandem feeding'. This can be done safely if the mother eats well, gets enough rest and makes sure the new baby's needs are met first. If you want more information about tandem feeding you can contact your ABA Counsellor, see the section 'Where to go for help'.

Breastfeeding and your baby's teeth

We know that breastmilk does not pool around the teeth when your baby is sucking and swallowing at the breast. However, it is best to remove your baby from the breast after the feed at night and not allow continuous sucking at the breast. This is because some babies who are breastfed continually at night may get dental decay.

Balancing breastfeeding and work

It would be great if mothers could stay home as long as they can but this is not always possible. Babies can adapt quickly to their mothers change in patterns when returning to work and usually breastfeed more often before and after work. Every mother can find different ways to continue breastfeeding and working.

The law in Australia protects you from being discriminated against because you are a breastfeeding mother. When you return to work there are a number of things your employer can do to help you to continue breastfeeding. Talk to your employer about how you can take breaks during the day to express milk or to breastfeed your baby. This might mean making up the time later or reducing the hours you are paid for.

You need to discuss your options with your employer.

Here are some ideas that might help:

- > If you have a choice, you may find it easier to work part-time, work at home or try for flexible hours. You can discuss support for combining breastfeeding and work with your employer.
- > Plan ahead well before returning to work and trial what you are going to do. See if your baby will take your breastmilk from a bottle.
- > Work-based childcare can make breastfeeding much easier if it is available.
- > You could express your milk while at work, store it in a fridge and take it home (in an insulated container) to be fed to your baby the next day (good for younger babies).
- > Breastfeed before leaving for work and have the carer give your expressed breastmilk while you are at work.
- > For a baby over six months who has started on solid foods you could change your breastfeeding pattern to have more feeds before and after work hours. A cup can be introduced for water as an extra fluid. Do not worry if your baby wants more feeds when you are home, this is normal.

Stopping breastfeeding

The WHO recommends that breastfeeding continue for two years or beyond. If you have to stop breastfeeding, you may be feeling sad about this. This is a normal feeling. Remember that any length of time of breastfeeding is good for you and your baby. If you need to stop suddenly see your child and family health nurse or contact an ABA counsellor for help.

If you choose to stop breastfeeding, do this gradually because this is better for you and your baby. This allows the breast to get used to not making milk.

If you want to (or have to) stop breastfeeding in the first 12 months your baby will need to be fed on infant formula from a sterilised bottle. See more information in our book 'Guide to safe preparation and feeding of infant formula' or www.cyh.com.

In the second six months your baby is becoming used to a range of foods and drinks and is learning other ways to relate to people and get comfort. These gradually replace the need for sucking at the breast. When replacing breastmilk, infant formula is required until 12 months of age.

Once your baby is only having a couple of comfort breastfeeds a day you can help them give these up when you are ready. A good age to start introducing the cup is about six months.

Cows milk should not be given as the main milk feed before 12 months. Read more in our 'Foods for babies and toddlers' book or www.cyh.com.

Partners and breastfeeding

Having a new baby is a huge change for partners as well as mothers. Part of the challenge for mothers is getting breastfeeding working well.

How you can help breastfeeding

For most mothers breastfeeding works well with support but for some it is difficult to get started. If this is the case your encouragement may be vital to your partner establishing or continuing breastfeeding. Some things you can do include:

- > You can help your partner get comfortable for feeding by bringing her a pillow or a drink.
- > You can take over more of the housework, especially in the early weeks. In particular, you can make sure that there is good, nourishing food available in the house by doing the food shopping and cooking.
- > Take care of the older children and look after the baby when they are fed so your partner can get some rest or have a shower.
- > You can encourage your partner to keep going when times are tough and seek help if they need it. If unable to breastfeed your partner will need your support.
- > Your partner may need to breastfeed in public. If this is difficult for you talk about it with her.

Some partners feel that, because they cannot breastfeed, they will not become close to their baby in the first months and beyond. Some partners feel left out of the relationship between mother and baby.

There are lots of other ways for you to bond with your baby besides feeding them such as:

- > You can pick up your baby when they cry for a feed, change their nappy and bring them to your partner.
- > You can carry them in a baby sling and have skin to skin contact which also helps bonding.
- > After a feed, you could help by burping, bathing and settling your baby.
- > Talk and play with them when they are awake.
- > As your baby gets older you can do things with them like reading books, feeding them and going for walks in the pram or stroller.

Sex and breastfeeding

A new mother needs her partner to be patient and sensitive as she recovers from the birth and increases her confidence in breastfeeding. Help from their partner is important for a new mother.

Not all women are ready for sex at the same time after birth. For some women the emotional and physical effort of looking after a baby makes them feel 'out of touch' by the end of a day. Soreness, hormones, lack of time and extreme tiredness are just some of the reasons why some mothers lose interest in sex for a while. Some mothers experience vaginal dryness while they are breastfeeding. This can make intercourse uncomfortable, but can be easily overcome by using lubricating products available at supermarkets or pharmacies.

Breastfeeding delays the return of a woman's periods, but cannot be relied upon as a form of contraception. If you are returning to sexual activity, you should use some form of contraception. A discussion with your doctor or family planning clinic either before the birth or soon after is a good idea to help you choose the method that's best for you both.

Breasts leaking milk can be an issue for some couples, but others do not have a problem with it. If this is an issue, try feeding and settling the baby just before you have sex. If there are physical symptoms that make sex uncomfortable seek help from your doctor.



Where to go for help

Places to get help:

- > Women's and Children's Health Network (WCHN) – South Australia only
- > Your midwife
- > Your local child health centre and child and family health nurse 1300 733 606
- > Australian Breastfeeding Association counsellor
- > Lactation consultants
- > New mothers groups
- > Parent Helpline 1300 364 100
- > Web site: www.cyh.com
- > Your local doctor

The following list of services may be helpful

Australian Breastfeeding Association

Mum2Mum helpline, provides one on one counselling over the phone for breastfeeding issues.

Ph. 1800 686 268
www.breastfeeding.asn.au

beyondblue

For help with depression and anxiety.

Ph. 1300 22 4636
www.beyondblue.org.au

Women's and Children's Health Network website

For information on child health and parenting.

www.cyh.com

Health Direct helpline

24 hour call centre for non urgent health advice.

Ph. 1800 022 222
www.healthdirect.org.au

Immunisation Australia Program

Provides information for a number of agencies, organisations and groups related to immunisation and vaccination.

Ph. 1800 671 811
www.immunise.health.gov.au

Multicultural Health Communication Service

For information about infant health in many languages.

www.mhcs.health.nsw.gov.au

Men's Line

A dedicated service for men with relationship and family concerns.

www.mensline.org.au

National Poisons Information Centre

Trained staff can provide information about what to do if a child swallows something that might be dangerous.

Ph. 131 126

Quit SA

Provides state-wide programs to help smokers quit smoking.

Ph. 137 848
www.quitsa.org.au

South Australian Parent Helpline

24 hours, 7 day support and information on child health, behaviour, nutrition, parenting.

Ph. 1300 364 100

South Australian Multiple Births Association

Provides information about all aspects of multiple births and living with multiples.

Ph. 08 8342 2330
www.multiplebirthsa.org.au

Further reading

Women's and Children's Health Network books

- > 'Foods for babies and toddlers' (2011)
- > 'Bottle feeding – a guide to safe preparation and feeding of infant formula'. Free download www.cyh.com/library/bottlefeeding.pdf
- > 'Settling Your Baby' (2013)

Drugs and Breastfeeding

- > Australian Drug Foundation (ADF): www.adf.org.au
- > Drug and Alcohol Services, South Australia (DASSA): www.dassa.sa.gov.au
- > Alcohol and Breastfeeding: A guide for mothers [pamphlet]. Melbourne: Australian Breastfeeding Association (ABA) Lactation Resource Centre; 2009
www.breastfeeding.asn.au/system/files/ABA_Alcohol_BF_for_website.pdf

Global Initiatives and Breastfeeding

- > UNICEF – United Nations International Children's Fund
www.unicef.org/programme/breastfeeding/
- > WHO – World Health Organisation
www.who.int/nutrition/topics/infantfeeding/en/

Australian Initiatives and Breastfeeding


- > Baby Friendly Health Initiative Australia: www.babyfriendly.com.au
- > **For information about how employers can create a supportive environment for breastfeeding mothers returning to work from maternity leave:**
- > Breastfeeding Friendly Workplace Accreditation (BFWA)
www.breastfeedingfriendly.com.au/

For information on how the law in Australia protects breastfeeding mothers from discrimination refer to the following websites:

- > The Australian Human Rights Commission: www.hreoc.gov.au/
- > Equal Opportunities Commission: www.eoc.sa.gov.au/
- > The Attorney-General's Department: www.legislation.sa.gov.au

For more information

Child and Family Health Service
295 South Terrace
Adelaide SA 5000
Telephone: (08) 8303 1522
www.cyh.com

 If you do not speak English, request an interpreter from SA Health and the department will make every effort to provide you with an interpreter in your language.



www.ausgoal.gov.au/creative-commons

