

Making an informed choice about feeding and caring for your new baby

PREGNANCY to 2 YEARS

Mother's and others Guide

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Issue 9

Skin to skin contact
with your newborn

Step by step
guidance on
breastfeeding

Baby led weaning

...and much more



This booklet conforms with 'best practice standards'
These standards are recommended by NICE and The Baby Friendly Initiative

Feeding

Your new baby

Contents

Your Choice

This booklet has been designed to give you all the information you will need about making your feeding choice. We do not expect you to absorb it all at once but gradually during your pregnancy. Keep it handy for use after birth too.

These guidelines apply only to healthy full term babies. Your midwife will advise you if your baby is small, premature or ill.

For ease of understanding, the baby will be called he.

We hope that you find this guide useful. However, it should not replace the professional support you can obtain from your midwife, health visitor and GP.



what is start4life?

Start4Life is an initiative to help you give your baby a healthier start in life. There are 6 Start4Life building blocks, based on the latest infant health research:

1. mum's milk - why mums are the baby milk experts
2. every day counts - how each day of mum's milk makes a difference to your baby's health
3. no rush to mush - signs that your baby is ready to start on solid foods
4. taste for life - how giving your baby a variety of food now may stop them turning into a fussy eater later
5. sweet as they are - how to avoid giving your baby a sweet tooth
6. baby moves - why it's important for all little ones to be lively and active

0300 123 1021

www.nhs.uk/start4life

For more information speak to your midwife or Health Visitor

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A Parents Guide...

...to a joint hospital / community breastfeeding policy

Aims

We support the right of all parents to make informed choices about infant feeding. All our staff will support you in your decisions. Breastfeeding is the healthiest way to feed your baby and we recognise the important benefits which breastfeeding provides for both you and your child. We therefore encourage you to breastfeed your baby.

Ways in which we will help mothers to breastfeed successfully

All staff have been specially trained to help you to breastfeed your baby.

During your pregnancy, you will be able to discuss breastfeeding individually with a Midwife or Health Visitor who will answer any questions you may have.

We recommend that you hold your new baby against your skin as soon as possible after birth. The staff will not interfere or hurry you but will be there to support you and to help you with your first breastfeed.

A Midwife will be available to explain how to put your baby to the breast and to help with feeds in the early days. A Health Visitor will provide support later on.

We will show you how to hand express your breastmilk and we will give you written information about this.

We recommend that you keep your baby near to you whenever you can so that you can get to know each other. If any medical procedures are necessary in hospital, you will always be invited to accompany your baby. We will give you information and advice about how to manage night feeds once you are at home.

We will encourage you to feed your baby whenever he or she seems to be hungry and we will explain to you how you can tell that he or she is getting enough milk.

We recommend that you avoid using bottles, dummies and nipple shields while your baby is learning to breastfeed. This is because they can make it more difficult for your baby to learn to breastfeed successfully and for you to establish a good milk supply.

Most babies do not need to be given anything other than breastmilk until they are six months old. If for



some reason your baby needs some other food or drink before this, the reason will be fully explained to you by the staff.

We will help you to recognise when your baby is ready for other foods (normally at about six months) and explain how these can be introduced.

We welcome breastfeeding on our premises. We will give the information to help you breastfeed when you are out and about. The Government supports women who want to breastfeed their babies. The Equality Act 2010 makes it clear that it is against the law to stop you breastfeeding your baby in a public place.

We will give you a list of people who you can contact for extra help and support with breastfeeding, or who can help if you have a problem.

(This is your guide to the breastfeeding policy. Please ask a member of staff if you wish to see the full policy.)

Initiatives

Working to improve care for you and your baby

The Baby Friendly Initiative

The Baby Friendly Initiative has been launched by the World Health Organisation and UNICEF to improve the care that mothers and babies receive in the hospital and community. This is now recommended by NICE March 2008 (For more information about NICE guidelines on postnatal care visit www.nice.org.uk/CG037).

The Baby Friendly Initiative is an award that is given to healthcare facilities that implement 'best practice standards'. These best practice standards are represented by Ten steps in the hospital and Seven Points in the Community. You will see these 10 steps or 7 points displayed in various health facilities. Health Facilities (hospital and community) apply for the award. www.babyfriendly.org.uk.

The Ten Steps to successful breastfeeding

- Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
- Train all healthcare staff in the skills necessary to implement the breastfeeding policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding soon after birth.
- Show mothers how to breastfeed and how to maintain lactation even if they are separated from their babies.
- Give newborn infants no food or drink other than breastmilk, unless medically indicated.
- Practice rooming-in, allowing mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or dummies to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

The Seven Point Plan for sustaining breastfeeding in the community

- Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
- Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Support mothers to initiate and maintain breastfeeding.
- Encourage exclusive and continued breastfeeding, with appropriately timed introduction of complementary foods.
- Provide a welcoming atmosphere for breastfeeding families.
- Promote co-operation between healthcare staff, breastfeeding support groups and the local community.

Breastfeeding Manifesto

This Manifesto has been produced in consultation with over thirty UK organisations working to improve awareness of the health benefits of breastfeeding and its role in reducing health inequalities across the UK.

In the United Kingdom nine out of ten women who stop breastfeeding before their baby is six weeks old would have liked to breastfeed for longer. Every year more than 300,000 women across the UK are not receiving the support or information they need. If these women had received consistent, accurate information and support, the vast majority of them could have continued to breastfeed their babies.

The UK Government and the World Health Organisation (WHO) recommend that babies be exclusively breastfed for the first six months of life *, yet fewer than 2% of babies in the UK are exclusively breastfed at six months.

Evidence demonstrates that breastfeeding also leads to significant health benefits for mothers, can counteract health inequalities, leaves no ecological footprint and saves money.

* Returning to work is the most common reason for stopping breastfeeding for mothers with babies over six weeks old.

Guiding Principles of Breastfeeding Manifesto

We Look Forward To A Society Where:

- Women feel enabled to initiate and continue breastfeeding for as long as they wish.
- Parents are supported to make informed choices about feeding their babies.
- Everyone is aware of the significant benefits associated with breastfeeding.

Objectives

1. Implement the global strategy for infant and young child feeding.
2. Implement postnatal care guidance from the national institute for health and clinical excellence * and the accompanying public health evidence into practice document www.who.int/child-adolescent-health/New_Publications/NUTRITION/gs_iycf.pdf

3. Improve training for health professionals.

4. Work with employers to create a supportive environment for breastfeeding mothers.

5. Develop policy and practice to support breastfeeding in public places.

6. Include breastfeeding education in the curriculum.

7. Adopt the World Health Organisation international code of marketing of breast milk substitutes and subsequent relevant resolutions.



Achieving these seven objectives is crucial if the UK is to initiate and sustain improvements in infant feeding practice. Working towards these objectives will help to ensure that women, irrespective of their socio-economic or ethnic background, are empowered to breastfeed for as long as they choose.

The breastfeeding manifesto call upon parliamentarians, policy makers and relevant organisations to demonstrate their support for this and help realise its vision.

Breastfeeding

Support

Who's who

There are many different organisations that offer breastfeeding support. They are all trained to listen, empathise, support and empower mothers along their breastfeeding journey. They never give advice. They keep up to date with current information and are able to direct you to different places to source information. Ask your Midwife or Health Visitor about these.

Here is a brief explanation of each:

BREASTFEEDING COUNSELLORS/LEADERS

Breastfeeding counsellors/leaders have undergone a longer, more in-depth training course and must have had experience of breastfeeding their own child/children. These are usually volunteers.

PEER BREASTFEEDING SUPPORTERS / COUNSELLORS / MOTHER HELPERS

These are supporters who have completed a short course of approx. 30 hours and offer local mum to mum support. They must have had experience of breastfeeding their own child/children. Peer supporters that are recruited usually reflect the diversity of the community in which they live. They can be either voluntary or paid. Some may adopt group identities, i.e. Breastmates, Breast Friends, Cherubs etc.

LACTATION CONSULTANTS

International Board Certified Lactation Consultants are often employed in the health care system as midwives, neonatal nurses, or health visitors. Others work as breastfeeding counsellors in voluntary organisations. Some are in specialist hospital or community posts such as Infant Feeding Advisers or Breastfeeding Coordinators. To become a Lactation Consultant they are not required to have had a personal breastfeeding experience. They have to undertake various courses of study covering many aspects of infant feeding, including anatomy and physiology of lactation, infant development, child protection, use of medication in nursing mothers, and counselling skills.

To find a Lactation Consultant near you go to:
<http://lcbg.org/locallc.htm>

Voluntary breastfeeding organisations

If you would like to train as a breastfeeding supporter contact any of the organisations directly. All have Helpline numbers. Each organisation's supporters have slightly different names and slightly different roles and responsibilities.

THE NATIONAL CHILDBIRTH TRUST (NCT)

The NCT have specialist workers, who run antenatal classes, breastfeeding helpline and drop-in sessions, and postnatal courses.

THE BREASTFEEDING NETWORK (BFN)

The Breastfeeding Network (BfN) aims to be an independent source of support and information for breastfeeding women and others.

LA LECHE LEAGUE (LLL)

La Leche League helps mothers to breastfeed through mother-to-mother support, encouragement, information and education.

ASSOCIATION OF BREASTFEEDING MOTHERS (ABM)

Members of the ABM are mainly mothers who are breastfeeding or have breastfed their children in the past and offer up to date, accurate evidence-based breastfeeding information.



Newly trained breastfeeding supporters

During Your Pregnancy

Information

How you feed your baby is a very personal decision dependant on many factors. However we are aware that sometimes women make decisions without enough information and may make a different choice after having more facts. This is what we call 'informed choice'

We encourage you not to make any feeding decisions antenatally but wait until your baby is born and is being held in skin to skin.

All mothers, regardless of feeding intention, are given the opportunity to 'give breastfeeding a go'. This gives babies a first feed that contains important antibodies which protect babies from germs, giving them their first 'immunisation'.

DURING YOUR PREGNANCY YOUR MIDWIFE OR HEALTH VISITOR WILL DISCUSS WITH YOU THE HEALTH BENEFITS OF BREASTFEEDING. THEY WILL ALSO DISCUSS WITH YOU AND EXPLAIN THE IMPORTANCE OF THE FOLLOWING:

- Skin to skin contact.
- Offering help with the first feed as soon as possible after birth.
- Babyled feeding (feeding when baby shows signs of wanting to feed).
- Keeping your baby close to you 24 hours a day (in hospital and at home).
- Importance of good positioning and attachment for breastfeeding.
- Avoiding teats and dummies.
- Not giving your baby anything other than breast milk for the first six months.

You will have a feeding checklist to be completed by 32/34 weeks of your pregnancy. Here is a sample.

The image shows a sample of an 'Infant Feeding - Antenatal Checklist' form. The form is titled 'Infant Feeding - Antenatal Checklist' and includes sections for 'Health benefits of breastfeeding', 'Benefits for the baby', 'Benefits for the mother', 'Getting off to a good start', and 'Further discussion'. Each section contains several items with checkboxes for completion. The form is partially obscured by a large orange watermark that reads 'NOT FOR CLINICAL USE'.

They will also let you know about the help and support available to help you successfully breastfeed. More information is on page 6 and on the back cover.

In brief... some of the health benefits for you and your baby if you breastfeed

FOR BABY

- Protection against ear infections
- Protection against chest infections and wheezing
- Lower risk of diabetes
- Less allergic disease (eczema, asthma, wheezy)
- Protection against diarrhoea, gastro-enteritis and stomach upsets
- Better mental development
- Better mouth formation and straighter teeth
- Less obesity

FOR MOTHER

- Lower risk of ovarian cancer
- Lower risk of pre and post menopausal breast cancer
- Stronger bones in later life (osteoporosis)

NICE and the Healthy Child Programme recommends that parents need to be aware of some of the health risks of not breastfeeding

Compared with a full breastfed baby, a baby who is artificially fed is:

- More likely to be hospitalised with vomiting and diarrhoea.
- More likely to suffer from urine infections.
- More likely to suffer from ear infections.
- More likely to develop allergies especially where there is a family history.
- More likely to develop insulin dependant diabetes (type 1).
- Increase risk of being obese, therefore more likely to develop type 2 diabetes and other illnesses later in life.
- If a baby is born premature, they are ten times more likely to develop a serious bowel disease.
- More likely to develop childhood cancers.
- More likely to develop heart disease in later life.

During Your Pregnancy

Information continued

Studies have shown that artificially fed babies are disadvantaged in health terms compared with breastfed babies and have a greater tendency towards developing many other illnesses in later life

Other Considerations...

- Artificial milk cannot be compared with the superiority of breast milk. However 34% of people surveyed for the NCT believed that artificial milk (formula) is 'very similar' or 'the same as'. This confusion may have arisen because formula companies have made bold claims about their products being closer to breast milk? These claims are not compliant with British regulations.
- Artificial milk is made to a standard composition and cannot adapt as breast milk does to a growing baby's needs.
- It does not contain any antibodies or properties that help fight against infections.
- It is not a sterile product. The Department of Health no longer recommend that artificial milk should be made in advance and stored because of the risk of bacteria growing in it.
- It costs approx £700 to artificially feed you baby.

Why is breast milk so special?

- ♥ Your milk provides the only nourishment your baby needs until he is around 6 months old when solids can be introduced.
- ♥ Your milk is made just right for your baby and it constantly changes to meet your baby's needs, as he grows, unlike artificial milk. It provides special factors that promote growth, which cannot be found in any other milk.
- ♥ Your milk contains antibodies, which provide protection for your baby from infection. Chest, tummy, ear and urine infections are more likely in babies who receive artificial milk, because it does not contain properties which help prevent or fight infection.
- ♥ Your milk also makes your baby's digestive system more acidic. This prevents harmful bacteria (bugs) thriving.

Did you also know?

The Foundation for the Study of Infant Deaths has launched new information for parents advising that **breastfeeding can reduce the risk of cot death.**

The advice is based on research that showed that babies who were at least partly breastfed were a third less likely to die of a cot death than babies who were never breastfed.

- ♥ Research shows that if all 4 month old babies were exclusively breastfed it would reduce hospital admissions for under ones by over 50%.
- ♥ Breastfed babies are less likely to develop 'flat head syndrome' as their position is changed more frequently during feeding.
- ♥ Breastfeeding your baby eliminates the risk of accidental scalds or burns which can occur whilst preparing and heating up artificial milk.
- ♥ Breastfeeding can reduce the pain experienced by your baby during painful procedure i.e. immunisations.
- ♥ If you breastfeed your baby (or babies) for a total of 2 years, it can reduce your risk of developing breast cancer by 8%.

♥ If all women breastfed for the recommended time then 400 lives would be saved from premenopausal breast cancer in England and Wales every year.

♥ Breastfeeding help reduce obesity and lowers the risk of heart disease in later life.

♥ If a mother chooses to breastfeed a toddler whilst pregnant, her milk will adapt to produce colostrum for her newborn.

Vitamin D - It is recommended that all pregnant women take a daily supplement of 10 megs of Vitamin D. You will get these free if you are eligible for Healthy Start Benefit. Speak to your midwife.

Skin to skin contact

This is when you hold your baby in close contact, skin to skin, as soon as possible after birth. This should be unhurried and unlimited in time. Ideally it should last for a minimum of one hour or until after the first breastfeed. Some mothers ask for the weighing etc to be done straight away so that there are no interruptions once the skin to skin has been started. It might be helpful to write this on your birth plan if you have one.

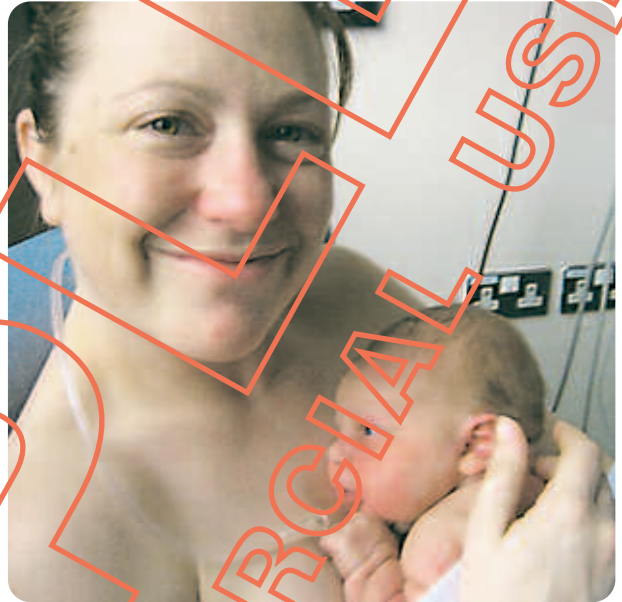
WHY THIS IS IMPORTANT:

- It helps calm your baby and helps to steady his breathing and heart rate.
- It helps to keep your baby warm: this will maintain your baby's blood sugar.
- It helps you to start bonding with your baby.
- Your baby will cry less.
- It helps your baby initiate his first feed.

Your baby needs skin to skin contact to stimulate his brain and to use his sense of smell. This triggers your baby to self attach to your breast, which primes his brain to breastfeed optimally. Try to ensure that you are given this opportunity as soon as possible after birth.

HOW IS MILK MADE?

Your breasts will have been producing small amounts of milk from 16 weeks of pregnancy. Once your baby is born and the afterbirth (placenta) is expelled, your



hormone levels start to fall and milk production starts. This is helped by offering the first feed as soon as possible after birth.

When your baby sucks at your breast it stimulates the nipple and a message is sent to a gland in your brain called the pituitary. Part of this gland sends prolactin into the blood stream to the milk producing cells. The other part of the gland sends out oxytocin, which makes the muscle cells around the milk producing cells squeeze the milk down the ducts. This is called the "let down" reflex.

Milk production will be reduced if your baby does not suckle effectively at the breast. This is because there is a special substance found in breast milk which, if not removed, will tell your breast to stop producing milk. This substance allows each breast to individually produce its own volume of milk.

The size of your breasts size are unrelated to the amount of milk they produce.

New Breast Anatomy Research

New research clarifies our knowledge about the anatomy of the human breast. Reservoirs do not exist as we first thought. Ultrasound imaging of the breast during the let down period seems to show that milk ducts expand and contract all along their length.



Positioning

There are many different ways to hold your baby whilst breastfeeding

Each mother and baby are a unique feeding couple. How you hold and feed comfortably will depend very much on you and your baby as individuals.

Key points for any position used.

- Make sure you are in a position that will remain comfortable for the duration of the feed.
- Baby's head and body in straight line so he can tilt his head back and swallow easily.
- Baby held close.
- Baby's nose to your nipple. This allows him to take a big mouthful of breast from underneath the nipple.

Here are some of the most commonly used holds.

Mother centred approach to holding i.e. biological nurturing



This is when you instinctively hold and cuddle your baby in a natural way. This can be prone with your baby long ways, sideways or slanting. Your baby always has close contact with the breast and can have unrestricted access to your breast for feeding.

Cradle hold



This is the position that mothers spontaneously use. Your baby is turned towards your body and his shoulders are supported on your forearm to allow his head to tilt back so he can open his mouth wide and attach.

Cross cradle hold



This is a hold successfully used by many first time breastfeeding mothers. You may find it easier to support and guide your baby to your breast. Once your baby is feeding, it will be more comfortable to bring your other arm to rest under the arm which supports your baby's body.

Start off holding your baby horizontally which your baby's nose opposite your nipple. Turn your baby towards you. Support your baby's back. He should be able to tilt his head back easily and he shouldn't have to reach out to feed.

TOP TIP If your arms need supporting put cushions in place after your baby is attached.

Underarm hold (rugby ball)



This position may be useful if you have had a:

- Caesarean section.
- Small or premature baby

Or if you have:

- Larger breasts or inverted nipple.
- Difficulty attaching your baby using other holds.

Side lying hold



This allows you to rest whilst your baby feeds, it may be useful if you have had a:

- Caesarean section.
- Find it uncomfortable to sit.

Start off by lying on your side. Turn your baby completely on his side to face you. Bring his body close to you making sure his head is tilting back and can then attach.

Side lying feeding from top breast



This mother is feeding her **older** baby from the TOP breast. She found it much easier to do it this way!

Attachment

A

How to attach your



1 Ensure that his nose is level with your nipple, let his head tilt back so he can open his mouth wide.

TOP TIP Try to imagine a piece of Velcro attached to his bottom lip and a matching piece of Velcro attached about 2.5 cm (1 inch) from the base of the nipple. These pieces of imaginary 'Velcro' need to be matched together first.

2 His bottom lip and chin touches your breast first so he's able to scoop the underneath of the breast first, similar to how you bite on an apple - not like eating spaghetti.

B

How to guide him if he



1 If you are going to feed from your left breast, cup your breast underneath with your left hand. Your fingers should be away from the areola (that is the brown area) and nipple. Your thumb should rest on top of your breast (usually on the edge of the areola). Your nipple should then be lined up with your baby's nose. Your nipple should not be aimed centrally into the baby's mouth.

2 If your baby is reluctant to open his mouth wide, try and 'hover' your breast close to his lips without making contact. He will make a wider mouth and then you need to be ready to swiftly attach. Ensure that his bottom lip has made contact well away from the base of your nipple.

Then your thumb needs to quickly slide or roll the nipple forward under the roof of his mouth.

2



baby for breastfeeding



is unable to self attach



3 Once your baby has established a good feeding rhythm, your hand should be slowly released from your breast and brought to rest under him.

Do not be tempted to pull the breast away slightly to look at lips and chin as this may lessen your good attachment. Try and go more on how it feels.

More breast in = good intake of milk and comfortable feeds.

Signs that you (or an observer) look for in a good attachment:

- Baby's mouth is open very wide as he starts to attach
- More brown area showing above baby's top lip
- Baby's nose is free and his chin is pressed into the breast
- Baby's cheeks should not be sucking in during feeding
- Baby takes long sucks and swallows with short pauses
- After the initial attachment, it should feel comfortable
- After day 5 lots of wet and dirty nappies

Relax your shoulders and enjoy watching your baby feed contentedly. You should feel a drawing sensation and after the initial attachment you should not feel any discomfort. If you feel pain, take your baby off by releasing the suction between the baby's gums with your finger and try again. If it remains painful ask for help from a health professional or breastfeeding supporter.

Once the feed has been completed apply some expressed milk to your nipples.

REMEMBER! Breastfeeding is instinctive for the baby but sometimes needs to be a learned skill for you.

Attachment

Continued

TOP TIP Hands! Hands! Hands! Everywhere - Is this what you find when attaching your new born?



Does he;

- Try and put his fingers in his mouth?
- 'Box' your breast?
- Windmill his arms?

Here's a top tip - Undress to vest and nappy. Undo the poppers and fold the vest back over his arm so it looks like a sling, securing the extra material with the hand you're supporting him with. This way he can still move his arm but it will not be in the way of the good attachment you are trying to achieve.

Early Days

Early days

Healthy term babies may not feed very much in the first 48 hours; they have energy stores that they can use to provide food. However, they may cry for cuddles if they feel insecure at this time. Do not be afraid to cuddle, stroke or talk to your baby, as this will give him added security. You cannot 'spoil' babies with lots of love and cuddles!

Babies systems are not designed to take large amounts of fluid during the early days, as their kidneys are very immature. Your breast will provide the exact amount of colostrum that your baby needs, so do not feel that there is 'not enough there'.

Your midwife will offer help with the second breastfeed within six hours of birth. Pain relief given in labour (e.g. pethidine or morphine) can make babies sleepy. If you feel that your baby needs extra encouragement to feed, it can be helpful to offer your baby a feed at regular intervals and if necessary give him hand expressed colostrum.

Breastfeeding should be a rewarding and satisfying experience for both you and your baby. However, some mothers and babies need a little more help than others.

Breastfeeding assessment form		Baby's name:	Date of birth:
Date of assessment:	Baby's age:	Birth weight:	Last recorded weight:
What to observe/ask about:	Answer indicating effective feeding	✓	Answer suggestive of
Urine output	At least 6 heavy wet nappies in 24 hours		Fewer than 5 wet nappies that do not feel heavy
Appearance and frequency of stools	2 or more in 24 hours; normal appearance (i.e. at least 12 cm size, yellow, soft/runny)		Fewer than 2 in 24 hours
Stool's colour, softness and tone	Normal skin colour; alert; good tone		Jaundiced/scorched or lethargic; not waking to feed; or reluctant to suckle
Weight (following initial post-birth loss)	Gaining weight		Static weight or continue
Number of feeds in last 24 hours	At least 6 - 8 feeds in last 24 hours		Fewer than 6 feeds in 24 hours
Baby's behaviour during feeds	Generally calm and relaxed		Baby comes on and off the breast or refuses to suckle
Sucking pattern during feed	Initial rapid sucks changing to slower sucks with pauses and soft swallowing		No change at sucking (feeding is g. clicking)
Length of feed	Baby feeds for 5 - 30 minutes at most feeds		Baby consistently feeds longer than 40 minutes
End of the feed	Baby lets go spontaneously, or does so when breast is partly flat		Baby does not release mother removes breast
Order of second breast?	Second breast offered; Baby feeds from second breast or not, according to appetite		Mother restricts baby insists on two breasts
Baby's behaviour after feeds	Baby content after next feeds		Baby unsettled after feeds
Shape of mother nipple at end of feed	Same shape as when feed began, or slightly elongated		Misshapen or pinched
Mother's report on her breasts and nipples	Breasts and nipples comfortable		Nipples sore or damaged
Use of dummy/nipple shield / formula?	None used		Yes (state which)
			Ask why: Difficulty with latch? Baby not g. Baby unwell?

If any boxes in right-hand column are ticked it is essential to observe a full breastfeeding and develop an individualised plan of care. If any boxes in right-hand column are ticked it is essential to observe a full breastfeeding and develop an individualised plan of care. If any boxes in right-hand column are ticked it is essential to observe a full breastfeeding and develop an individualised plan of care.

Each mother/baby partnership is unique and even mothers who have successfully breastfed before may need a little help.

All babies differ in their needs and therefore each mother/baby experience will be different. Knowing what is normal and why it is happening helps mothers develop their own coping strategies.

Your midwife/neonatal nurse will give you extra information if your baby is small, premature or ill.

Keeping your baby close

Your baby should stay with you all the time whilst you are in hospital. This will help you to get to know each other and enable you to recognise your baby's early feeding signals, before your baby cries. Keeping your baby close is especially beneficial for night feeds. You can easily lift your baby for feeding without your sleep being disturbed too much.

At home it is recommended that your baby sleeps in a cot in your room until he is at least 6 months old. It is also now advised that babies should also sleep in the same room you are in during the daytime too. Research suggests that most mothers and babies share their bed at some time, and may unintentionally fall asleep together. The joint UNICEF/FSID leaflet 'Sharing a bed with your baby' provides clear, comprehensive and evidence-based

information for parents (obtained from www.babyfriendly.org.uk) or ask your midwife & health visitor about the risks and benefits of bed sharing.

Never share a bed with your baby if you or your partner;

- Smoke.
- Have drunk alcohol.
- Are taking medication or drugs, legal or illegal, that make you sleep deeply.
- Are excessively tired.
- Have a 'saggy' bed.



IT IS UNSAFE FOR ANYONE TO FALL ASLEEP WHILST HOLDING A BABY IN AN ARMCHAIR OR SOFA

The incidence of SIDS (cot death) on a sofa/chair has increased fourfold despite a 75% decline in SIDS overall.

Gestation at birth: _____ on (date): _____

Plan of care: _____ and assessment of how breastfeeding is being supported has been agreed.

Information for breastfeeding mothers

Postnatal checklist

At primary unit

- Breastfeeding assessment completed
- Discussion with mother about:
 - Signs that baby is getting enough milk
 - Signs that breastfeeding is not progressing normally
 - Positioning and attachment (importance and confidence)
 - Demanded feeding (keeping baby close, feeding cues)
 - Night feeds (importance and safe management)
 - Importance of exclusive breastfeeding for first 6 months
 - Use of teats (only if introduced too early)
 - Use of dummies (only if introduced too early)
 - Hand expression (why it's useful and how to do it)
- Information given/confirmed:
 - Contact information for:
 - health professional
 - local community-based breastfeeding support
 - national support nos. (incl. National Breastfeeding Helpline)
 - help outside office hours (NB does not have to be 24 hrs)
 - Relevant leaflets given and explained
 - Mother has 'From Birth to Breastfeeding' DVD

At primary unit or as soon as possible afterwards

- Discussion with mother about:
 - Breastfeeding outside the home (pup and local information)
 - When to introduce solids (not before 6 months)
 - Options for maintaining breastfeeding on return to work

Date: _____

In the community

At every contact you have with a member of the community health care staff, there will be an opportunity to discuss breastfeeding. They will complete a breastfeeding check list and a breastfeeding assessment form. These will ensure that you have all the information to be able to breastfeed effectively and confidently at home and when you are out and about.

Early Days

Do I wait for my baby to cry before I feed him?

Babies have signals when they want to be fed. Keeping your baby close will help you to recognise these.

These signals can be;

- Rooting

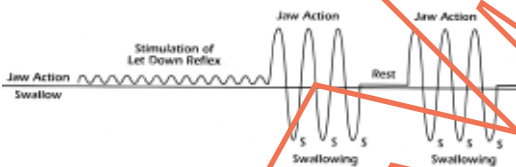
- Licking fingers/sucking fists
- Wriggling/restlessness
- Rapid eye movements

When your baby is crying and upset it is sometimes difficult for him to settle and feed. So lift him for feeding when he shows the signs! Watch your baby not the clock!

How can I tell my baby has had enough?

Observe your baby's body language as well as his sucking behaviour. Initially your baby should suck rapidly to stimulate your let down reflex. This then changes to longer slower sucks as your milk begins to flow. Your baby will have regular pauses. Knowing your baby is having good swallows will give you the reassurance that his attachment is good and he is taking plenty of milk.

See the diagrammatic sucking pattern below.



Eventually your baby's sucking will get slower with the occasional swallows. This may mean that he is coming to the end of the first breast. His body will also become more relaxed as you can see in the photos.

Your confidence will grow and you will begin to recognise the signs when he has completed the first breast. Your baby will release your breast spontaneously. Use this break to change his nappy and offer the second side. He may not always need it.



This baby has just started the feed. Note the position of his arm.



Now look at the position of the arm as the baby progresses through the feed.



When the first breast is almost complete, you can see the arm is completely relaxed and is at rest.

Your Questions

About breastfeeding

One breast or two?

Always offer both breasts at each feed, but both may not be taken. You should let your baby have as much as he wants from the first breast. Some mothers have read or been told that their babies have to 'empty' the first breast. It is not possible to 'empty' the breast as it's a continual circle of milk production that never runs out. This word is very misleading and best avoided.

Observing your baby's body language and sucking behaviour is your best guide. Page 16 helps explain this.

After the first breast, let your baby stretch out somewhere safe. You can use this break to get a drink and now is also an ideal time to change your baby's nappy. If he "roots" around, then offer the second side.

Which breast do I use first at each feed?

Start on a different breast to the one you started on last time.

How long and frequent should feeds be?

Feeding should be baby led (often called demand feeding) which means feeding whenever your baby shows signs of wanting to feed. If feed times appear very long ask your midwife, health visitor or breastfeeding supporter to check the way your baby is attached to the breast.

Can I give my baby a dummy?

If you introduce a dummy at a very early stage it may discourage your baby from feeding. If your baby does not breastfeed frequently you may not make enough milk to meet his future needs. Babies suck differently from a dummy and it may confuse him.

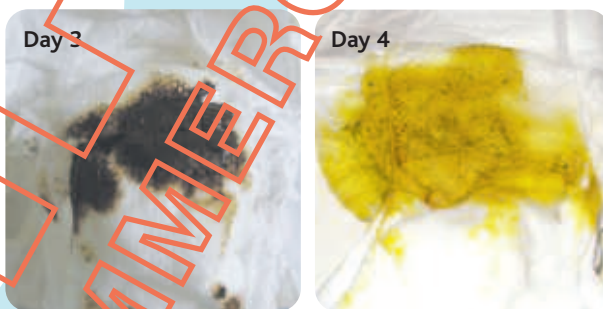
Some reports and leaflets have suggested that parents settle their baby with a dummy in order to reduce the risk of sudden infant death. The Foundation for the Study of Infant Deaths states that dummies should not be used for breastfeeding babies for the first four weeks in order to allow for breastfeeding to become established. For more information visit www.babyfriendly.org.uk.

How do I know if my baby is getting enough milk?

Take a note of the nappies. Your baby should be having the appropriate wet and dirty nappies for his age.

Wees Day 1 and 2 2-3 wet nappies.
Days 3 and 4 the frequency should be increasing.
Day 5 onwards at least 6 in 24 hours.

Poos At first black tar like poos.
Day 3 changing to a runnier, lighter, greenish poo.
Day 4 onwards should change to a bright yellow sometimes looks like it has seeds in it.



▲ If you see some of these crystals (you may think they look like small spots of blood but they are not), it may be a sign that your baby needs to increase his intake of milk. Seek advice.

- Your baby passes stools (poo) regularly and the colour has changed to a bright yellow (within the first week). As above.
- Your baby is contented after feeds.
- Your baby starts to gain weight and looks well.

Your Questions

About breastfeeding

Does my baby need extra drinks?

No – the milk that you produce at the start of a feed is more watery and very thirst quenching. During hot weather babies tend to have shorter, more frequent feeds, quenching his thirst.

Extra drinks are not needed and if given may affect your future milk supply.

What is a growth spurt?

Your breast fullness will gradually settle down and your breasts will feel very soft most of the time. This is natural. It does not mean that your milk is 'going' or is 'too thin' neither does it indicate that you do not have enough milk for your baby. There will be times when your baby needs extra milk for his growing needs. This is often referred to as a 'growth spurt'.

A growth spurt is when your baby changes his normal feeding pattern and starts to feed more frequently e.g. feed, short rest, feeds, short rest etc. This only lasts for about 24 hours, so for this time it is important to relax and respond to your baby's needs.

Growth spurts, which soon pass, can occur at any age but are more commonly noted at 3 weeks, 6 weeks and 3 months.

My baby is very unsettled in the evening, is there something wrong?

Many mothers say their babies have very unsettled evenings and this is quite normal. It may be referred to as evening colic but this has not been proven. It is difficult to know why babies do this, but it is very common. Try and work with it. It does pass!

Here are some things you can try.

- Follow your baby's lead and let him have short feeds and sleeps. Cluster feeding is normal in the evening.
- Place him in a baby sling (you or partner) and go for a walk in or out of the house.
- Give him a nice relaxing bath.
- You, your partner or helper can have skin to skin contact with the baby.

- Plan what you are going to have for your evening meal and prepare as much as possible earlier in the day. If anyone asks if they can do anything to help then say putting a meal in the freezer would be very useful.

If there is constant crying, look at the problem solving charts initially, then seek help as there maybe other things you can try.

If I get sore nipples could I use a nipple shield?

Sore nipples are normally caused by poor attachment; seek help as soon as possible to overcome this (see problem solving guide for other causes). Nipple shields are not recommended because they reduce the quality and quantity of milk the baby receives and feeds generally are much longer.

If it is your informed choice to use them, they should be used for as shorter period as possible. Ask for help to re-establish breastfeeding without them.

Will my baby have a routine for feeding and sleeping?

Not necessarily. All babies are different. Babies are only babies for a very short time. Think of it as 9 months nurturing inside your womb and 9 months nurturing outside your womb. After this time they start on their road to independence, feeding themselves and becoming mobile.



Individual differences

All babies are individuals and should not be compared to each other. Here are some of the individual feeding differences. All these babies are thriving, happy and contented but their feeding patterns are all different.

Maisie – She fed for twenty minutes from the first breast and then dozed off. She then had her nappy changed and fed for fifteen minutes from the second breast, and went to sleep.

Jack – He fed relentlessly for thirty minutes from the first breast and he came off the breast himself. He had a “blissful” look and did not wake during his nappy change. He was left to sleep contentedly.

Max – Max fed for 30 minutes on the first breast and after the nappy change he did not want the second side. His mother tried to put him down but every time he started to cry. He just didn't seem to want to sleep during the day. One feed seemed to run into the

other. Her family had very conflicting views about what she should do and listening to them made her very confused. In the end she decided to buy a 'hammock' type sling and keep him with her whilst doing her jobs. Both mum and baby were happy! She fed him whenever she felt he was hungry.

Elizabeth – She fed well for fifteen minutes and then started to fuss around. She was offered the second breast and fed for ten minutes and finished. She looked around contentedly in her chair whilst her mother potted around chatting to her.

Mohammed – He fed for five minutes on his least favourite breast. He then lost interest. He had his nappy changed and was still rooting around. He was offered his favourite breast and fed contentedly for thirty minutes. His mother always had to offer his least favourite breast first; otherwise he would refuse it if it were offered as the second breast.

How does my milk adapt as my baby gets older?

The first milk you produce is called colostrum. It is often called “liquid gold”. It provides everything your baby needs in the first few days.

Then between days 2 and 4 your baby becomes ready for more milk and you will start to produce more.

Over a period of time your milk will then “mature”.

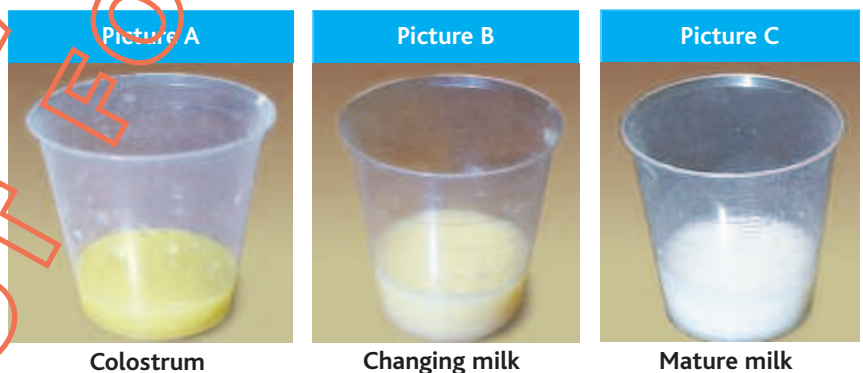
This is where at the start of the feed your baby receives

a thirst quenching drink followed by the more satisfying rich milk. The amount of fatty milk your baby receives is dependant on 3 main factors.

1. A good attachment on the breast.
2. Allowing your baby to finish one breast completely.
3. Both breasts offered at each feed. (according to your baby's appetite).

Which photo, A, B or C contains the most fat?

The Answer is C. Despite its pale colour this milk has the most fat.



Colostrum

Changing milk

Mature milk

These photographs show how the milk changes

Expressing

Hand expressing

Hand expressing is a useful technique to learn, especially if it has been practised antenatally.

This is because:

- It is a more effective method of removing your colostrum in the first few days than breast pumps.
- You can tempt your baby to feed and help your milk start to flow.
- It can help your baby attach if your breasts are full, or to clear blocked ducts or to relieve mastitis.
- Obtain milk to cup feed your baby if not able to breastfeed.

How to hand express

You should be shown how to hand express your milk either antenatally or soon after your baby is born. Please ask for help.



Breast massage

Gentle breast massage can be used at any time to start the milk flow.

The correct place to press is a few centimetres back from the base of your nipple where your breast feels firmer. Position your thumb and fingers in a "C" shape – photo 1.



To express, gently squeeze and release, squeeze, release, squeeze, release and keep repeating this until your milk begins to flow. - photos 2 and 3.



This may take a few minutes. When the flow slows down move your fingers round to express a different part of your breast.

Repeat this for your other breast.

Expressing your milk

Expressing your milk is not necessary unless you plan to be separated from your baby at any time before he is having solid food, or you are returning to work.

When to start

You can start expressing by hand or with an electric or hand pump, as soon as you feel ready. How soon may depend on your future plans if you are returning to work

early or planning to be separated from your baby, expressing in the early days may make it easier. This is because mothers often have an over-supply in the early days so practising at this time can help you be more successful and confident at expressing.

However try not to put pressure on yourself if the time is not right or you feel it's not what you really want to do.



Double pumping - Expressing both breasts together. This reduces the time spent and there is no dripping wastage from the other breast. The fat content of your milk and volume can be increased if double pumping is accompanied by breast massage/gentle breast compression (i.e. squeezing).

This is useful if you...

- Intend to express for a long time (i.e. if you have a baby on the Neonatal Unit).
- Have a premature baby
- Have had twins or triplets etc
- Need to reduce time spent pumping.

If your baby is unable to breast feed, it is important that you start expressing as soon as possible after birth, ideally combine hand expressing and using a breastpump. If you have a baby, or babies in the Neonatal Unit it is important to express at least 8 times in 24 hours and at least once during the night. Prolactin (the hormone that produces milk) is at its highest during the night and expressing at this time will ensure a good ongoing supply.

What are the different types of breast pump?

	Advantages	Disadvantages	Points to consider
Hand Pump (for occasional use)	<ul style="list-style-type: none"> • Low cost • Quiet • No need for electric supply 	<ul style="list-style-type: none"> • May be time consuming • Hand action may be tiring 	<ul style="list-style-type: none"> • Easy when breast is full but sometimes difficult later on when breast is soft • Quick and efficient
Mini Electric Pumps (for long term use) Mains / battery	<ul style="list-style-type: none"> • Not tiring • Requires one hand only • Can be noisy • More costly 	<ul style="list-style-type: none"> • If battery run only, may need frequent battery changes • Facility for double pumping action can save time 	<ul style="list-style-type: none"> • Check if battery or mains options are available • Good for long term use • Efficient
Large Electric Pump (for long term use)	<ul style="list-style-type: none"> • As above • Available in hospitals • Large to carry around 	<ul style="list-style-type: none"> • More expensive to hire over long periods than buying mini electric • Good for long term use and can double pump 	<ul style="list-style-type: none"> • Variable suction/cycles useful, if available

When are the best times to express?

- About 30 minutes after your baby has been fed. (Express both breasts once or twice if required).
- In the morning after your baby's first feed.
- If your baby only takes 1 breast per feed, express from the unused one or both if more milk is required.
- In between feeds, or when your breasts feel particularly full.
- When the baby is feeding from one side, express the other at the same time (this can be the most successful).

Some mothers find they can hardly express any milk at all and worry that they are not producing enough for their baby. How much you express may not bear any relation to what the baby is getting. Some mothers can express lots of milk with one type of pump and not much with another!

Expressing using a breast pump

Do I need to do it?

No, there is no need to express if you never plan to leave your baby. However some mothers like to have a small stock in the freezer for emergencies.

Single breast pumping - This is ideal if you are combining some expressing with breastfeeding.

- Massage first breast and stimulate the nipple, express the breast until the milk slows to a drip. Gentle breast compression (i.e. squeezing) during pumping can increase the flow.
- Swap over to the second breast, massage, stimulate and express again.
- When the milk flow slows to a drip, return to the first breast and repeat steps 1 and 2.
- Expressing is complete when your breasts are soft or the required amount of milk is obtained and no more can be expressed.

How much milk should I express each time?

This is going to vary from mother to mother depending on the reasons why you are expressing. If you are expressing because your baby is not breastfeeding you really need to express as much as you can each time. If you're expressing for social reasons, here is a very rough guide to how much your baby will need each feed:

This is because the weak and rich milk will mix in the bottle and the baby will not have the high fat content at the end to "switch off" his appetite.

Every baby is an individual, so express more than you think he is going to take.

Baby's weight in kilos x 150 mls = amount in 24 hours. Divide this by number of feeds in 24 hours.

i.e. 5kg baby x 150 mls = 750 mls divided by 8 = 93 mls approx.

Storage of milk in your home

Fresh breast milk

You may read differing times from different sources and it may be very confusing. Here is some information to help you. Ideally use fresh breast milk wherever possible as this preserves its properties better than freezing. Avoid long storage as fridge temperatures vary according to how many times the door is opened in a day. Freeze breast milk as soon as possible, if it is not going to be required.

The recommendations from NICE (Maternal and Nutrition document March 2008) are:

- Store in fridge - 0 to 4°C, up to 5 days.
- Never in the door.
- Store low down, towards the back.
- Up to 2 weeks in the freezer compartment of a fridge.

Frozen breast milk

Store in a freezer-18 C or lower for 6 months

To defrost milk

- Thaw in the fridge and use immediately
- If needed quickly stand the bottle in a jug of warm water, replacing the water when it becomes cold & use immediately. Defrosted milk does not keep.
- Shake to mix the creamy separated particles

MICROWAVES SHOULD NEVER BE USED TO HEAT/DEFROST BREAST MILK.

How do I give expressed breast milk to my baby?



Breast milk can be given using a small cup. Early introduction of a teat may confuse your baby and may result in a poor breastfeeding technique which may reduce your milk supply.

It is only safe to use a cup for a baby who is alert and who can swallow when milk is in his mouth.

Seek help and advice from your midwife if you need help with cup feeding.

Where do you get a suitable cup from?

There are many cup feeding cups you can buy usually from breast pump hire people (see back page) or you can use a 30ml medicine pot that has been sterilised.

Guidelines for cup feeding

Wrap your baby securely to prevent their hands knocking the cup. Place the bib under the baby's chin. It is normal to lose some milk from around the cup.

Support your baby in an upright sitting position on your lap, so that you are both comfortable.

Think about how you drink from a pint glass, you don't pour it into your mouth as you would be overwhelmed. The same applies to cup feeding a baby.

The cup should be tilted so the milk is just touching your baby's lower lip.

It should not be poured into the baby's mouth.

Direct the rim of the cup towards the corners of the upper lip and gums, with it gently touching/resting on the lower lip. Do not apply pressure to the lower lip. Your baby will lap or slurp.

Leave the cup in the correct position during the feed. Do not remove when your baby stops drinking. The baby will take the milk at their own pace.

Should I use artificial milk occasionally?

Giving artificial milk may reduce the protective effects of breastmilk and is best avoided unless given for medical reasons.

Breastfeeding works on a supply & demand basis. If this is interrupted with artificial milk, you may not produce enough milk.

Suckling from a teat is different from breastfeeding and may confuse the baby, making it more difficult for your baby to attach to your breast correctly.

Breasts can become full and uncomfortable (engorged) if your baby does not feed frequently enough. This can make it painful and more difficult to attach your baby to your breast.

Babies given large amounts of artificial milk may be less satisfied with subsequent breast feeds.

Babies digestive system contains a range of normal bacteria. Artificial milk destroys the protective coating in the gut that breast milk provides. This can increase the risk of your baby getting infections.

If there is a history of diabetes, asthma, eczema or allergies in the family, giving artificial milk may increase the risk of baby developing these.

Before giving your baby artificial milk, please speak to your midwife, health visitor or breastfeeding supporter.

Weaning

Parent or baby led?

In brief... parent led tends to be when the parent decides the time is right and they start off by offering foods, usually pureed, given with a spoon.

Baby led weaning gives your baby the opportunity to eat from 6 months old. It allows a baby to start when they are ready and to eat at his own pace. The parent never puts food into his mouth, it's always the baby doing it himself.

Your breast milk is the perfect first food. The Department of Health recommends waiting until your baby is around 6 months (26 weeks) of age before giving any other food or drink.

At around 6 months most babies show signs of readiness for starting solids, which include:

- The ability to sit up with minimal support.
- The ability to hold his head steady.
- When his tongue stops pushing food out of the mouth.
- Ability to pick up food and put it into his mouth and readiness to chew.

It is also much better for your baby's long-term health if you wait until 6 months because:

- Younger babies are more likely to choke on solid foods.
- Your baby's kidneys need to be mature enough to cope with an increased concentration of different nutrients. Extra stress is put on them if they are given solid foods too soon.
- It considerably reduces the risk of gastroenteritis (diarrhoea and sickness).
- It protects the baby's immune system so there is less chance of getting infections.
- It reduces the risk of developing food related allergies and intolerances because the baby's bowel has matured enough to prevent larger molecules passing through the wall of the bowel.
- It increases the ability of your baby to digest solids, as younger babies do not produce all the enzymes needed to digest starchy foods and fat.

- It decreases the risk of developing obesity.

Leaving solid foods until around 6 months means that less time is spent preparing purees, as babies can move onto mashed/lumpier foods quicker. This makes going out with a weaning baby much easier as there is no need to take food with you.

Breastfeeding should continue for as long as possible, ideally for 2 years and beyond.



For more information use a search engine and type in baby led weaning. A DVD is available called "Baby led weaning - A developmental approach to the introduction of solids" and is available from sales@markittelelevision.com / 0117 9391117. A book "Baby Led Weaning" by Gill Rapley and Tracy Murkett is available.

Weaning

Babyled weaning



round until he grabs something and then chews it – simple as that. It is quite messy – but then feeding babies is – and we lose quite a lot of stuff overboard, so it's worth making extra. He still had access to the breast whenever he wanted.

He sits at the high chair or on my knee at family mealtimes and joins in with the rest of us. Some days he eats very little – even nothing – and on other days he has lots, but this doesn't seem to matter (and hasn't affected his sleep at all). If he doesn't want something I don't tend to offer an alternative, I just presume he's not hungry. And because it's his choice as to pick things up – or not then I don't worry half as much as I did first and second time round.

After a month Thomas was having a go at chilli with rice and turkey stir-fry. A lot of people ask me about choking, but babies have a natural gag reflex and he manages just fine. In fact, I suspect because he is controlling it himself, he is much less likely to choke anyway. Incidentally he never had anything else to drink and at age one has just had his first drink of water.

I am definitely a convert – and wonder why on earth I went through all that stress with Sam and Ben! This seems to be such a sensible and natural approach – and I would definitely recommend it.

Third time round – Emma's story.

So what is it? It basically involves allowing baby to choose what they want to eat and feeding themselves with their hands. There is no spoon-feeding or coaxing baby to have another mouthful; no pureeing or mashing. The idea is that when baby is ready he just sits on your knee and helps himself off your plate.

Having found the weaning process really quite stressful with my first two boys – hours of making purees, transporting it out, offering different food when something is rejected – this baby-led approach sounded like a breath of fresh air. And, quite frankly with two older boys, there isn't a great deal of time for making purees or sitting for ages spoon-feeding at meal times.

So, when Thomas reached 6 months weighing 20lbs, we started. His first foods were chunks/wedges of steamed courgette, banana, roasted sweet potato/parsnip/carrot, baby rice cakes, broccoli florets. Usually I just put a couple of things on the tray of his high chair. He chases them



Returning To Work

Make a plan as early as possible to help things go smoothly. This may depend on your personal feelings, family circumstances, type of job, number of hours worked, and the facilities available at work and also when you plan to return to work.

However soon you plan to return to work after the birth of your baby, breastfeeding is possible and very beneficial to you both.

Exclusive breastfeeding for around 6 months provides the maximum health benefits to both you and your baby. Continuing to breastfeed for a year and beyond has added health benefits.

You may wish to discuss your individual needs with your midwife, health visitor or a breastfeeding supporter so that you can make informed decisions about the best way to return to work.

Plans 1-4 - returning to work before 6 months.

Plan 1 To maintain exclusive breastfeeding

- This can be possible if your baby is close to your place of work.

Plan 2 To provide expressed breast milk (EBM) whilst you are separated from your baby

Prior to returning to work ensure you have a small stock of expressed breast milk in the freezer.

- When at work you need to consider the entire time you will be away from your baby and should make plans to express at usual feeding times.
- Breastfeed immediately before leaving your baby, and on return; it will reduce the number of times you need to express. Expressing regularly prevents your breasts becoming full and will maintain your milk supply.
- Ensure you are aware of correct methods of cleaning and sterilising equipment.
- Ensure the person responsible for your baby's care knows how to safely store and use your expressed breast milk. Ask to see a Nursery's policy.
- Use fresh expressed breast milk where possible. It can keep in a fridge for a number of days (see storage guide).

- If you are having problems with your milk supply please seek further advice.

Plan 3 Using artificial milk when you are not there and continue breastfeeding at other times

- If you wish to use artificial milk whilst you are away at work, it is wise to replace those breastfeeds gradually with a whey based artificial milk.
- Substituting one feed every 4-7 days to allow your supply to gradually reduce.
- You will usually need to allow 2-4 weeks to make the change. Many mothers manage to maintain breastfeeding at other times. This will provide some protection from infections.

Plan 4 Changing over gradually to artificial milk before returning to work

- Try to discuss this with your midwife/ HV/ breastfeeding supporter. They will be able to help you explore ways of maintaining a small amount of breastfeeding. This will greatly benefit you and your baby.
- If you wish to change completely to artificial milk before returning to work, this may take 3-4 weeks. This allows your supply to gradually reduce and will prevent problems occurring such as engorgement.
- It is important to choose a whey based milk, i.e. 'First Stage'. Progressing to other milks is not necessary.



Returning To Work

Plan 5 Returning to work after 6 months

Your baby will show signs of readiness to wean around 6 months but remember breastfeeds should still be offered on a demand. You may find that his feeds are much shorter than when he was younger.

In preparation for returning to work you can start practising giving him a beaker of expressed breast milk or water. He may be reluctant at first, so persevere. Often he will take it better when given by a carer. If not, some weaned babies do manage on very little fluid when they are away from their mothers and tend to make up for it on their return!

At work you can express your milk and use the fresh expressed breast milk for his next day's drinks.

Breastfeeding can then continue at all other times when you are with your baby. This is particularly important as when your milk supply decreases, the antibody levels in your milk increase; giving your baby added protection against infection.

This is especially important if your baby goes to a nursery where they are more likely to catch infections.

On returning home from work the breastfeeding reunion between you and your baby can be a most amazing experience! The excitement on his face followed by the contentment, as you both snuggle down together is very special.

Your breastfeeding rights at work

Tell your employer in writing that you are breastfeeding, before returning to work. Your employer must carry out a risk assessment to identify any causes of harm to you or your infant.

Discuss further needs with your employer before returning to work. A request for flexible working can be made if the employee has over 26 weeks continuous service and is a parent with a child under 6yrs old. Ask your employer for the correct procedure to follow.

If the nature of your job is not conducive to breastfeeding or expressing milk, your employer must

find a suitable alternative with the same terms and conditions.

If your working conditions prevent you from continuing to breastfeed successfully, your employer has a legal duty to make reasonable adjustments to your job. Examples may include breaks for expressing milk, visiting your baby if cared nearby, offering hours conducive to breastfeeding or allowing a shorter working day.

Employers are obliged to provide a suitable place for expressing/storing your milk for breastfeeding mothers.

(REF) Equal Opportunities Guidance. Check out Promoting breastfeeding for mothers. Returning to work, a guide for employers www.healthpromotionagency.org.uk/breastfeeding



Your Personal...

Return to work plan

Use pages 25 and 26 to help identify your best plan and discuss with your midwife or health visitor. The following checklist may help you plan your return to work.

Initial brief discussion (Ideally as soon as possible)

Early thoughts about considering returning to work and maintaining breastfeeding i.e. benefits to mother and baby, WHO recommendations.

Discuss expressing – how (by hand or with a pump), best times, milk storage times.

Discuss equipment – pumps, hand or electric (double pumping), containers

Expressing can be started once a day as early as day 5 if mother wishes and EBM frozen (mothers often feel reassured if they have emergency supplies)

Differing methods of giving breast milk – (If returning to work before baby is weaned).

Making a plan – use pages 18 and 19 to help identify the best plan

Baby's age on returning to work _____ How many days in work _____ No of hours per day _____

Facilities at work (fridge, private room) _____

Childcare arrangements. Can your baby be close to your work place? So can...

Maintain breastfeeding _____

Plan formulated _____

Write to employer stating baby will still be breast feeding when returning

(very important to protect your rights)

Date sent _____ Discussion with employer Risk assessment performed by employer

Good reasons why employers should recognise that breastfeeding is good for business!

- More mothers will return to work which reduces the need to take on new staff and have to train them.
- You are less likely to feel stressed about returning to work if your employer supports you in combining work and breastfeeding.
- If you carry on breastfeeding your baby is less likely to become ill so you are less likely to need time off work to look after him
- Employers who enable their staff to continue breastfeeding find that their staff are more committed to the company. If your employer believes in equal opportunities point out that support for breastfeeding is crucial to enable women to combine work and family.
- It is good for public relations for your employer to be a family friendly employer.
- Your employer has legal obligations to enable you to continue breastfeeding once you have returned to work. In 2000 the European Commission issued guidelines (COM2000 466 final) which are intended to form the basis of risk assessments for pregnant and breastfeeding workers in the UK.

Also check out, www.workingfamilies.org.uk or www.rjw.co.uk click on Equality Express if you have difficulties with your employer whilst pregnant or on maternity leave.

Eating & Drinking

Whilst breastfeeding

- There is some evidence that lactation increases the mother's need for calories. This is why mothers often feel more hungry when breastfeeding. A varied healthy diet is as important at this time as any other. There is no need to avoid any particular food, be guided by your own hunger and thirst.
- Caffeine can pass into breast milk and can cause irritability in your baby. So try to avoid large amounts of tea, coffee, chocolate and cola.
- Foods restricted during pregnancy can now be enjoyed freely without any adverse effects on your baby e.g. raw/undercooked egg, soft cheeses and liver. However, there are still the same risks to mothers (e.g. salmonella from eggs).

Drugs

Taking drugs, prescribed, over the counter whilst breastfeeding does not necessarily always mean that you have to stop. The many advantages of breast milk should never be underestimated alongside the potential risks of a baby receiving artificial milk instead.

In most situations breastfeeding can continue or an alternative can be found. The Breastfeeding network runs a drug line for mothers and professionals. You can either email, BfNDrugline@aol.com or telephone 0844 4124665.

Smoking

Smoking is unhealthy for both you and your baby. If you have been successful in giving up smoking during pregnancy, it is important not to start smoking again. Nicotine gets into breast milk. If you do smoke, avoid smoking just before breastfeeding, as this is when nicotine will be at the highest level. If you require help to stop smoking please phone the free Quitline number 0800 00220. The use of nicotine replacement therapy (NRT) is safer than smoking and breastfeeding. NRT is now licensed for breastfeeding mothers. Babies will be exposed to less nicotine through NRT than smoking and will avoid all the other chemicals in smoke. However if you really can't give up smoking it is still better than giving your baby formula milk. You may notice your baby is colicky if you smoke too much so you may have your own small 'quit advisor'. For more information visit www.nhs.uk/gosmokefree or Text QUIT and your postcode to 88088.

Alcohol

It is advisable not to drink alcohol as it passes into breast milk. If you do have a drink it is recommended that your intake should not exceed 2 units per day e.g. 1 unit = ½ pint of beer / 1 small glass of wine.

To reduce baby's exposure to alcohol avoid breastfeeding 2-3 hours after drinking. Peak levels in the milk appear 30-90 minutes. It is not necessary to pump off breast milk to clear it of alcohol. As your blood levels fall, the level of alcohol in your breast milk will decrease.

Chronic consumption of alcohol is more likely to cause harm than occasional social drinking.

Please Note!!! It is unsafe to fall asleep with your baby if you have been drinking, smoking or taking drugs.

Peanuts - Pregnancy/Breastfeeding

If mothers would like to eat peanuts or foods containing peanuts during pregnancy or whilst breastfeeding they can choose to do so as part of a healthy diet, irrespective of whether they have a family history of allergies. www.dh.gov.uk. Full text can be found on Food Standards Agency (FSA) website.



Vitamin D supplementation

NICE Maternal and child nutrition recommend that pregnant women and breastfeeding mothers should be given information and advice on the benefits of taking a Vitamin D supplement. 'Healthy Start' vitamins are suitable and available to women who are eligible for Healthy Start benefit. Otherwise speak to your community pharmacist. Further information can be obtained from SACN 2008 (Scientific Advisory Committee on Nutrition) pages 13-16 on sources, (dietary and sunshine) of Vitamin D. and pages 35, 36 on the UK recommended intakes in the prevention of rickets.

Mothers who choose to cover up and/or receive little exposure to sunlight are less likely to have adequate vitamin D in pregnancy or whilst breastfeeding hence the advice that you and your baby have supplements.

The UK recommended daily intake of Vitamin D is 10ug daily. Very little Vitamin D is transferred through breast milk but it is all the baby needs if you have had adequate levels during pregnancy.

Discuss this with your midwife, Health visitor or GP.



Cynthia Good Mojab, MS, IBCLC, RLC

The amount of sunlight exposure needed to prevent vitamin D deficiency depends on such factors as skin pigmentation, latitude, degree of skin exposure, season, time of day, amount of pollution, degree of use of sunscreen, altitude, weather the vitamin D status of the lactating mother and the current status of vitamin D stores in the infant's body. Recommendations do and should, therefore, vary around the world, taking into account local conditions and practices.

World Health Organization information [Butte 2002, p. 27] states, "Two hours is the required minimum weekly amount of sunlight for infants if only the face is exposed, or 30 minutes if the upper and lower extremities are exposed". This guideline is from a study [Specker 1985] of exclusively breastfed Caucasian infants under six months old at latitude 39°N (Cincinnati, Ohio, USA). Darker skinned infants may require a longer time outside (three to six times the sunlight exposure) to generate the same amount of vitamin D [Good Mojab 2002]

It is not necessary to get sun exposure every single day, as the body stores vitamin D for future use. Per [Good Mojab 2003], "Studies have shown that children can store enough vitamin D to avoid deficiency for several months when they are exposed to only a few hours of summer sunlight".

Which I the author thank formally Cynthia Good Mojab for the use of.

From www.kellymom.com

Breastfeeding Challenges

Most breastfeeding problems that mothers experience can be linked to the way your baby attaches to the breast.

IF YOU THINK THAT ANY OF THESE APPLY TO YOU THEN YOU MUST ASK FOR HELP (see problem solving chart).



Signs of poor attachment

1. You can see the baby's bottom lip just under the base of the nipple
2. Discomfort or pain
3. His mouth has not opening very wide
4. Cheeks sucking in with each jaw movement
5. Your baby appears not to have sufficient breast in his mouth
6. There is a space between the chin and breast
7. He keeps sliding off the breast
8. Rapid sucking with not many swallows
9. Noisy feeding (usually clicking noises)
10. Your nipple is misshapen when your baby releases your breast

Breastfeeding problem

This is to help you do some initial troubleshooting. It should not replace contacting any of the people below that have been specially trained in breastfeeding.

😊 This symbol means you should seek additional help from feeding advisor, midwife, health visitor or breastfeeding supporter.

📖 = Seek more details from websites on back page. LC = Lactation Consultants.

Baby			
Problem	Symptom	Causes	Solutions
Prolonged feeding	Feeding more than 30 minutes each breast (after early weeks)	<ol style="list-style-type: none"> 1. Poor attachment 2. Not recognising when to change breasts 	<ol style="list-style-type: none"> 1. Improve, even if it looks OK. See page 30 😊 2. Baby does not release breast spontaneously, no swallowing heard. Move to second breast
Frequent feeding	Baby not settling	<ol style="list-style-type: none"> 1. Poor attachment 2. Unrealistic expectations 3. Insufficient milk 4. Not offering both breasts 5. Over tired/anxious 	<ol style="list-style-type: none"> 1. Improve attachment 😊 2. Seek reassurance 😊 3. Very rare, seek help 😊 4. Change nappy after first breast, wake up and offer second breast 5. Seek help
Poor weight gain - healthy baby	Weight static or slow increase	<ol style="list-style-type: none"> 1. Poor attachment 2. Too good baby 3. Not offering both breasts 4. Slow lactation 	<ol style="list-style-type: none"> 1. Improve attachment 😊 2. Encourage more feeds 3. See page 7: "One breast or two?" 4. Increase stimulation by expressing, top up with EMB - not formula unless baby at risk. Switch feed. i.e. use both breasts twice 😊
Colic (Evening only)	Unsettled baby	Babies normally unsettled in the evening	Keep to one breast during evening only, use different breast next evening 😊
Colic (All day)	Fretful baby, appears to have discomfort, windy, watery stools	Various causes: oversupply, reflux, smoking etc need specialist advice	Contact 😊



Dylan is 3 days old and his mother is finding breastfeeding very painful.

- Dylan's mouth is wide open but there is not enough breast tissue in his mouth
- His chin isn't in close contact to the breast
- His body is turned away from his mother

Help was given to improve attachment and breastfeeding was comfortable.

Problem solving charts

Mother			
Problem	Symptom	Causes	Solutions
Inverted Nipple	Difficulty in getting the baby to attach on the breast properly		Need a very good attachment, avoid dummies, nipple shields 😊
Sore Nipples	1. Nipple damage 2. Sore pink shiny nipples	1a. Poor attachment 1b. Tongue Tie 2. Thrush	1a. Improve attachment. Use photos on page 12 to help you 1b. 😊 Ask to be referred for simple procedure to release it. Many LCs are able to do it W6 2. Treatment needed - CONTACT GP HV ASAP for diagnosis W4
Breast Pain	Shooting pains after feeding	1. Thrush in milk ducts 2. High caffeine levels 3. Mastitis	1. Treatment needed 😊 CONTACT GP HV ASAP 2. Reduce caffeine - found in tea, coffee, cola, chocolate. Consider analgesia. 3. See mastitis section
Milk Arrival Engorgement	Red, painful breasts	1. Poor attachment 2. Restricting feeds or baby not waking enough	1. Hot flannels aid milk flow, Remove backlog, express breasts after feed, use ice packs with care. Improve attachment. 2. Encourage baby to feed more frequently (and follow above) 😊
Cessation Engorgement	Red, painful breasts	Abruptly stopped breastfeeding	Not recommended to stop suddenly. Try to gradually replace feeds with formula, this will prevent mastitis / abscess 😊
Blocked Duct	Painful lump	1. Poor attachment 2. Pressure on breast	1. Improve attachment, massage whilst feeding. Check for white spot on nipple (fatty blockage) 😊 2. Check bra / baby sling etc 😊
Mastitis	Red, lumpy area of breast. Pain and flu symptoms and / or high temperature.	1. Blocked duct untreated. 2. Poor attachment 3. Bra /baby sling pressure 4. White spot (fatty blockage of nipple opening)	1-3. Submerge breast in hot bath, massage and express. Massage whilst feeding. Improve attachment, feed under arm, express after feed until resolved. Contact GP if doesn't resolve within 12-18 hours 😊 4. Squeeze gently to relieve blockage

please see back page for helpline telephone numbers

You're Never Alone

NATIONAL NUMBERS FOR LOCAL BREASTFEEDING SUPPORT



Automatic Connection to a **local breastfeeding support person**. This system recognises the area code of your phone to do this. You will therefore not be connected to a local supporter if your telephone number is withheld or you use a mobile telephone.

National Breastfeeding Helpline	0300 100 0212
National Childbirth Trust (8am-10pm)	0300 330 0771
La Leche League	0845 120 2918
Breastfeeding Network	0300 100 0210
Supporter Line in Bengali বাংলা ভাষায় সাহায্য পাওয়ার ফোন নম্বর	0300 456 2421
Supporter Line in Sylheti সিলেটি ভাষায় সাহায্য পাওয়ার ফোন নম্বর	0300 456 2421
Association of Breastfeeding Mothers	08444 122949

BREAST PUMP HIRE (FEEDING CUPS SUPPLIERS)

Medela UK	0161 7760400
Amber Medical Ltd	01823 336362
Express Yourself Mums Ltd (Both Ameda & Medela pumps)	0870 3895576

WEBSITES FOR FURTHER INFORMATION:

- 1 www.babyfriendly.org.uk
- 2 www.nc.pregnancyandbabycare.com
- 3 www.laleche.org.uk
- 4 www.breastfeedingnetwork.org.uk
- 5 www.abm.me.uk
- 6 www.tonguetie.net
- 7 www.breastfeeding.nhs.co.uk
- 8 www.multiplebirths.org.uk
- 9 www.littleangels.org.uk
- 10 www.thebabycafe.co.uk
- 11 www.nhs.uk/start4life
- 12 www.babyfriendly.org.uk
- 13 www.lcgb.org
- 14 www.kellymom.com

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Find out about your local Children's Centres.

- They can be very useful to ask for any help and support
- Help you and your baby socialise
- Discuss any concerns
- Offer one to one support in your home
- They have many drop in, stay and play sessions that are open to all

Contact your Midwife / Health Visitor for more information about what you have in your area

