

Key information for breastfeeding mothers

BHSCT Maternity Services



Before you are discharged from the Maternity Unit you should receive take home hard copy resources (see over) which include this information.

You will also get a list of support contact numbers which include details of the local Breastfeeding Support Groups, numbers to obtain Professional help and Breastfeeding voluntary helpline numbers.

The Belfast Trust Maternity Services are 'UNICEF Baby Friendly Accredited'. We believe that breastfeeding is the healthiest way to feed your baby as it provides important short and long term health benefits for you and your baby.

Our staff support the right of all mothers to make an informed choice about infant feeding and will help you whatever your chosen feeding method.

Breastfeeding information in this booklet can be found in the green **Birth to five book** or the '**Off to a good Start**' book produced by the NI Public Health Agency.

Please ensure you have a copy before discharge.



Your baby's tummy

A newborn baby's tummy is tiny and can't take large volumes of milk. In the first day or two, small amounts at each feed will fill him up. This means that babies need to feed frequently in the early days (8 to 12 times in a 24-hour period) and this is normal. It also helps your body to produce the right amount of milk for your baby, and to keep up your supply. It's a great opportunity to put your feet up, have a cuddle and get to know your baby. Remember, it's not possible to overfeed a breastfed baby.

His tummy will start to grow in size over the next few days and weeks, and he will start to take a bit more at each feed. The pictures below will give you an idea of the size of a baby's tummy.



day 1:
size of
a cherry



day 3:
size of a
walnut/
Brussels sprout



1 week:
size of an
apricot/plum



1 month:
size of a
large egg

Gradually the amount of milk you make will increase to match the needs of your baby. Feeding him as often as he wants will help your body prepare a good supply of milk for the days, weeks and months ahead.

As he feeds more, your breasts will make more milk and the gaps between some of the feeds will get longer as he grows. Responding to your baby's feeding cues will ensure he feeds frequently and this is entirely normal.

How do I know my baby is getting enough milk?

- In the first 48 hours, your baby is likely to have only two or three wet nappies. Wet nappies should then start to become more frequent, with at least six every 24 hours from day five onwards.
- Most babies lose weight initially. They should be weighed by a health professional some time around day three to five. From then on, they should start to gain weight. Most babies regain their birth weight in the first two weeks.
- At the beginning, your baby will pass a black tar-like stool (poo) called meconium. By day three, this should be changing to a lighter, runnier, greenish stool that is easier to clean up. From day four and for the first few weeks, your baby should pass at least two yellow stools every day. These stools should be at least the size of a £2 coin. Remember, it's normal for breastfed babies to pass loose stools.



Wet nappies: rough rule in first few days: No. of wet nappies = No. of days old

Dirty 'Poo' Nappies:

Day 1-2

One or more dark
Green/ black 'tar like'
(meconium)

Day 3-4

2 or more 'changing' stools
brown/ greenish/yellow

Day 5-6 and on

At least 2 or more yellowish
Often runny/watery or just soft
Later sometimes 'bird seed'
type consistency

- Your breasts and nipples should not be sore. If they are, do ask for help.
- You can look at the feeding checklist in '[Off to a Good Start](#)' page 70 & 71 if you think your baby isn't getting enough milk.
- Your baby will be content and satisfied after most feeds and will come off the breast on their own.
- If you are concerned about any of these points, speak to your midwife or health visitor.
- After four weeks or so some breastfed babies will only poo once every few days and some will occasionally only poo once a week.

Breastfeeding Positioning and attachment

(Page 17&18 'Off to a good Start' ask for your own copy)

Breastfeeding seems natural, but is actually a learned skill. Many mothers and babies enjoy the experience, but that doesn't mean it's always easy for everyone. Breastfeeding has to be learnt, and you and your baby may need some practice to get it right.

The way your baby is positioned and attached to your breast can make the difference between a happy, comfortable and successful feed and one which is painful for you and frustrating for your baby.

Midwives and midwifery support workers are here to help

Helping baby feed

Remember **C-H-I-N-S** (**C**lose, **H**ead free, **I**n line, **N**ose to nipple, **S**ustainable)*:

- Bring your baby in **close to your body** so that he doesn't have to stretch to reach your breast.
- Support his neck, shoulders and back (see photo 1). make sure his **head is free** to be able to tilt back.
- Check his head and body are **in a straight line** facing the same way as he will be uncomfortable if he is twisted when feeding.
- Move your baby so that he starts the feed with his **nose pointing to your nipple** (see photo 2). Starting 'nose to nipple' like this allows him to reach up and get a mouthful of breast from underneath your nipple (see photo 3).



- Ensure your position is sustainable and you are supported as feeding can take some time. Maybe you need something under your elbow/ or need to know how to sway your arms to be more comfortable.

What you'll see and feel: how to know he is correctly attached

- Your baby has a large mouthful of breast.
- Your baby's chin is touching your breast.
- Feeding is comfortable and doesn't hurt you (the first few sucks may feel strong).
- If you can see the dark skin around your nipple, there will be more dark skin above your baby's top lip than below your baby's bottom lip.
- Your baby's cheeks are full and round while sucking.
- Your baby takes long rhythmic sucks and swallows with pauses.
- Your baby finishes the feed and comes off himself.



Other Positions to try- the principles are always the same

Rugby hold

Tuck the baby's body under your arm (the 'rugby hold'). Your arm should be supported by pillows or on the arm of a chair ensuring baby is safe.



Laid Back Feeding

This is useful when you need to relax or if your baby is reluctant to feed in the early days. It uses the baby's natural reflexes and instincts to crawl and search for the breast. As the baby is supported with gravity it sometimes helps get a deeper latch.



Lying Down

You can feed lying down with the baby's body parallel to yours. This can take time to master.



Remember:

- your baby shouldn't have to twist, turn or flex his Head/ Neck or waist.
- support your breast from underneath with your hand if you need to, but be careful not to put your fingers near the nipple or areola – you could prevent your baby attaching well
- it's 'baby to breast' not 'breast to baby' – try not to 'post' your nipple into your baby's mouth
- try not to push your baby's head onto your breast – this can frighten some babies and put them Off the whole idea.

Check out the DVD from 'Global Health Media'- 'Attaching your baby at the breast' on Youtube.

<http://globalhealthmedia.org/portfolio-items/breastfeeding-attachment/>

Responsive feeding – breastfeeding

This term replaces Baby-led and Demand feeding and describes a more ‘in-tune ‘mother/baby relationship.

WHAT DOES RESPONSIVE FEEDING MEAN FOR A BREASTFEEDING MOTHER AND BABY?

Responsive feeding can encourage loving relationships between parents and babies and in doing so produces high levels of OXYTOCIN, low levels of stress hormones which can help promote **optimal brain development.**



It means feeding baby when:

- Baby shows feeding cues (stirring, nuzzling, licking lips, sucking hands, crying is the last feeding cue)
- Mothers breasts are full (prevents engorgement and encourages supply)
- Baby needs comforting(when upset or distressed)
- Mum and/or baby need to rest and relax and enjoy each other or mum needs to feed early to accommodate other activities.

BREASTFEEDING MOTHERS SHOULD BE AWARE THEY CAN'T OVERFEED THEIR BABY AND IT IS ALWAYS APPROPRIATE TO OFFER THE BREAST

Check out pages 70 & 71 in your 'Off to a good Start Book'

How can I tell that breastfeeding is going well?

 Breastfeeding is going well when:	 Talk to your midwife if:
Your baby has 8 feeds or more in 24 hours	Your baby is sleepy and has had less than 6 feeds in 24 hours
Your baby is feeding for between 5 and 30 minutes at each feed	Your baby consistently feeds for 5 minutes or less at each feed Your baby consistently feeds for longer than 40 minutes at each feed
	Your baby always falls asleep on the breast and/or never finishes the feed himself
Your baby has normal skin colour	Your baby appears jaundiced (yellow discolouration of the skin) <small>Most jaundice in babies is not harmful, however, it is important to check your baby for any signs of yellow colouring particularly during the first week of life. The yellow colour will usually appear around the face and forehead first and then spread to the body, arms and legs. A good time to check is when you are changing a nappy or clothes. From time to time press your baby's skin gently to see if you can see a yellow tinge developing. Also check the whites of your baby's eyes when they are open and the inside of his/her mouth when open to see if the sides, gums or roof of the mouth look yellow</small>
Your baby is generally calm and relaxed whilst feeding and is content after most feeds	Your baby comes on and off the breast frequently during the feed or refuses to breastfeed
Your baby has wet and dirty nappies (see chart over page)	Your baby is not having the wet and dirty nappies explained overleaf
Breastfeeding is comfortable	You are having pain in your breasts or nipples, which doesn't disappear after the baby's first few sucks. Your nipple comes out of the baby's mouth looking pinched or flattened on one side
When your baby is 3-4 days old and beyond you should be able to hear your baby swallowing frequently during the feed	You cannot tell if your baby is swallowing any milk when your baby is 3-4 days old and beyond
	You think your baby needs a dummy
	You feel you need to give your baby formula milk

INFANT FEEDING SUPPORT FOR BABY IN THE NEONATAL UNIT

Mother's own milk - an essential part of treatment

How to give the best start to my baby?

Research shows that **every mother's breastmilk is unique** and tailor-made for their baby. Breastmilk changes often, adapting to meet the changing needs of the baby. Breastmilk not only delivers **essential nutrition but also provides protection from infections and promotes optimal growth and development of the baby including the baby's brain and other vital organs.**

Expressing and breastfeeding is also good for your health and can help you feel closer to your baby and be more involved in their care.



Getting Started

1. Start as **early** as possible, preferably **within 2 hours** of delivery as this helps kick start your breast milk production (**10 minutes each side**).
2. **Hand expressing is best for the first few days**, as colostrum (1st milk) volumes are low and because touch helps hormone production. Every small drop can be collected in a syringe for your baby. You will be given some small syringes, caps and labels to collect this precious first milk. Remember it is quality not quantity that matters.
3. **Don't worry** as often the first few expressions are very small amounts - 1ml or less but keep going as frequent effective expressing is the key to a good supply.
4. **By expressing 8 to 10 times in a 24 hour period, including at least once overnight** (with no gaps greater than 5 hours) you will maximise your milk supply quickly.
5. When your baby is stable, **skin to skin contact (Kangaroo care)** will help with your milk supply and bonding with your baby.
6. Once your milk supply has started to increase you can start to use an **electric pump in addition to or instead of hand expressing** (usually around 48hours). Any excess milk will be frozen until it is needed.

All breastfeeding mothers should be shown how to Hand Express
P.T.O. for details on how to.....

How do I express by hand? (Page 31 & 32 in the 'Off to a good start')

Step 1

Start off by encouraging your milk to flow – being near your baby will help. (if your baby is ill a photograph or something to remind you of the baby can help if you cannot be close to baby.)



To express by hand, start by gently massaging your breast and nipple to stimulate the hormones needed to release milk.

Step 2

Position your thumb and fingers in a 'C' shape, 2 to 3 cm back from the base of your nipple. (sometimes you can feel a change in the underlying tissue at this point)



Step 3

Gently press and release, press and release, and keep repeating until your milk starts to flow. This may take a few minutes.



Step 4

When the flow slows down, move your fingers round to a different part of your breast and start again. If your baby only feeds from one breast, you could express from the other.

Collect milk in a small sterile container.

Tip:

When hand expressing you may get more milk by changing from one breast to the other. Each time you stop managing to produce spurts of milk, change to the other breast.

Hand expression can be used :

- In the early days to tease a baby
- Kick starting a milk supply for a sick baby
- To provide milk for a baby who is sleepy or reluctant to feed in the first few days
- as a first aid measure to deal with challenges such as engorgement, a blocked duct or mastitis

Check out the 'Small Wonders' DVD for parents online.

<https://www.bestbeginnings.org.uk/small-wonders> Chapter on Expressing or

The Baby Friendly Initiative 'Hand Expressing' Video

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/video/hand-expression/>



Who are we?

We are Mums who have breastfed our babies and we are now volunteering to give support to other Mums breastfeeding their babies.

We are all supportive of babies being breastfed and want to help others who wish to breastfeed their baby.

We have received training on breastfeeding management and attend regular update sessions.

Breastfeeding benefits the whole family. Breastfed babies are healthier as they have less illnesses and fewer admissions to hospital.

Where can you find us?

For more information contact the Breastfeeding Coordinator for Peer Support
T: 07738 945080.

You will be put in contact with a local Breastfeeding Peer Supporter.

What we offer?

- We can give support to all mothers who live in the Belfast Trust area over the phone or we can arrange to meet
- We are willing to listen
- We are friendly and approachable
- We can give information on real life experiences and concerns about breastfeeding. We may be able to direct you to a health professional if needed
- We can give you time
- All information is confidential.



Mum to Mum
Breastfeeding Peer Support

Further help

If you have any concerns about breastfeeding and are unable to contact your Peer Supporter, contact your Community Midwife, Health Visitor or GP.

Breastfeeding Coordinator for Peer Support

T: 07738 945080

T: 07738 945081

Your Peer Supporter's Name:

BT15-1098



Mum to Mum Breastfeeding Peer Support

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