FEEDING YOUR BABY 101

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It's never too early to start thinking about how you are going to feed your baby. Breastfeeding gives your baby the best possible start in life as it has lots of benefits for both you and your baby that last a lifetime. Discuss your plans with your partner and family as their help is important. You might like to watch the *Bump to Breastfeeding* DVD together to see what feeding your baby might be like. The DVD can be seen at www.bestbeginnings.org.uk/watch-fbtb

- Your breastmilk is the only food designed for your baby. It contains everything your baby needs for around the first six months of life. After that, giving your baby breastmilk along with solid food will help them continue to grow and develop. The World Health Organization recommends breastfeeding for two years or longer.
- Breastfeeding protects your baby from various infections and diseases. It also offers health benefits for mums. Every day makes a difference to your baby, as the longer you breastfeed, the longer the protection lasts. Formula milk cannot provide your baby with the same ingredients or give the same protection.
- Breastfeeding helps build a strong bond between mother and baby, both physically and emotionally.
- Breastfeeding reduces the risk of cot death.

What does breastfeeding help protect against?

Your baby:

Ear infections

Allergies

Eczema

Chest infections

Obesity

Gastro-intestinal infections

Childhood diabetes

Urine infections

You:

Breast cancer

Weak bones later in life

Ovarian cancer

Women who breastfeed get their figures back faster

Help and support

Midwives, health visitors, trained volunteers and peer supporters can all offer advice and practical help with breastfeeding. Peer supporters are mothers who have breastfed their own babies and have had special training to help them support other mothers. Talk to your midwife or health visitor about the help that is available in your area.

A list of support groups can be seen at www.breastfedbabies.org/support-groups

Northern Ireland has a breastfeeding Facebook page which provides an opportunity to network with other breastfeeding mums at www.facebook.com/groups/BreastfeedinginNorthernIreland

BREASTFEEDING

Just like any new skill, breastfeeding, may take time and practice to work. In the first few days, you and your baby will be getting to know each other. Close contact and holding your baby against your skin can really help with this.

The more time you spend with your baby, the quicker you will learn to understand each other's signs and signals. The next few pages will help you to understand how breastfeeding works. And remember, it's OK to ask for help.

Immediately after your baby is born

Every pregnant woman has milk ready for her baby at birth. This milk is called colostrum and it is sometimes quite yellow in colour. It is very concentrated, so your baby only needs a small amount at each feed. In the first few days it may seem like your baby wants to feed all the time or some babies can be sleepy and will need to be encouraged to feed. It is full of antibodies to boost your baby's ability to fight off infection.

Holding your baby against your skin straight after birth will calm them, steady their breathing and keep them warm. It will also encourage them to breastfeed. Babies are often very alert in the first hour after birth and keen to feed. Your midwife can help you with this.

The first few days

Each time your baby feeds, they are letting your body know how much milk it needs to produce. The amount of milk you make will increase or decrease in line with your baby's needs. Most babies will want to breastfeed at least 8-10 times in a day. Around the 2nd–4th days your breasts will become fuller and warmer.

This is often referred to as your milk 'coming in'. To keep yourself as comfortable as possible, feed your baby as often as they want for as long as they want. Your milk supply will vary according to your baby's demands . It will look quite thin compared with colostrum, but gets creamier as the feed goes on. Let your baby decide when they have had enough.

You may need to wear breast pads and to change them frequently, if you need to quickly stop your milk flowing you can apply some pressure to your nipple with the flat of your hand for a few seconds.

'Liquid gold': the perfect food for your newborn

Colostrum is sometimes called 'liquid gold'. This extra-special breastmilk is full of germ-fighting antibodies that will help protect your baby against infections that you have had in the past. The first few feeds 'coat' your baby's gut to protect them from germs and reduce the chances of them developing allergies as they get older.

Later on, your breastmilk will still contain antibodies, and as you come across new infections you will produce new antibodies in your milk. This means that if you get colds or flu while you are breastfeeding, your baby will automatically get some immunity from those illnesses.

You can learn more about breastfeeding from the Public Health Agency booklet *Off to a good start* ask your midwife for a copy or visit www.publichealth.hscni.net/publications/good-start-all-you-need-know-about-breastfeeding-your-baby

How to help baby breastfeed.

There are many different positions you can use to breastfeed such as sitting up, lying down or feeding your baby in the underarm position. In the beginning your baby will need your help in order to stay comfortable during a feed and to help him attach well to the breast. The following four words may be helpful to remember when starting off breastfeeding

Close (hold baby in close so that he can reach your breast easily).

Head free (try not to hold the back of your baby's head as he needs to be able to tilt his head back, instead support his neck and shoulders and allow his head to be free to tilt back).

In-line (make sure the baby's head and body are all facing you and not twisted).

Nose to nipple (start the feed with your baby's nose opposite your nipple so that when baby attaches your nipple goes up over the baby's tongue and into the top of the baby's mouth).

In the beginning, your baby will need help to be fed frequently, this helps to ensure you build up a good supply of milk. Gradually your baby will get into a pattern of feeding and the amount of milk you produce will adapt to the baby's needs. Your baby will be happier if you keep them near you and feed them whenever they are hungry. This will quickly help your body to produce the amount of milk your baby needs. At night, your baby will be safest sleeping in a cot in the same room as you. This makes feeding easier and will reduce the risk of cot death. Try to take each day as it comes. If your breast are uncomfortable or sore, ask for help.

First steps: starting to breastfeed

You can breastfeed in a number of different positions. Find one that is comfortable for both of you.

If you are lying back in a well supported position with your baby lying on your tummy, they will often move themselves onto your breast and begin to feed. Remember at all times to keep your baby safe.

You can try feeding lying on your side or in a chair, supported in an upright position. This will make it easier to hold your baby so their neck, shoulders and back are supported and they can reach your breast easily. Their head and body should be in a straight line.

Your baby's sucking causes milk stored in your breasts to be squeezed down ducts inside your breasts towards your nipples. This is called the 'let-down' reflex. Some women get a tingling feeling which can be quite strong, while others feel nothing at all. You will see your baby respond and their quick sucks change to deep rhythmic swallows as the milk begins to flow. Babies often pause after the initial quick sucks while they wait for more milk to be 'delivered'. If your baby falls asleep quickly before the deep swallowing stage, check that they are properly latched on. It might be easier to get someone else to check for you. Sometimes you will notice your milk flowing in response to your baby crying or when you have a warm bath.

After your baby has finished feeding, you can hold them upright on your shoulder to wind them – that is, until they burp. Breastfed babies don't usually get as much wind as formula-fed babies.

Hold your baby's whole body close with the nose level with your nipple.

Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide open mouth.

When your baby's mouth opens wide, the chin is able to touch the breast first, with the head tipped back so that the tongue can reach as much breast as possible.

With the chin firmly touching, and with the nose clear, the mouth is wide open, and there will be much more of the darker skin visible above your baby's top lip than below their bottom lip. The cheeks will look full and rounded as your baby feeds.

a strong bond

How do I know that my baby is feeding well?

- Your baby has a large mouthful of breast.
- Your baby's chin is firmly touching your breast.
- It doesn't hurt you to feed (although the first few sucks may feel strong).
- If you can see the dark skin around your nipple, you should see more dark skin above your baby's top lip than below their bottom lip.
- Your baby's cheeks stay rounded during sucking.
- Your baby rhythmically takes long sucks and swallows (it's normal for your baby to pause from time to time).
- Your baby finishes the feed and comes off the breast on their own.

If you have any concerns about any of these points, talk to your peer supporter, midwife, GP or health visitor, or contact the National Breastfeeding Helpline on 0300 100 0212.

Note that if your baby seems unusually sleepy and/or is slow to start feeding, **they may be ill**, so contact your GP as soon as possible.

Helpful tips

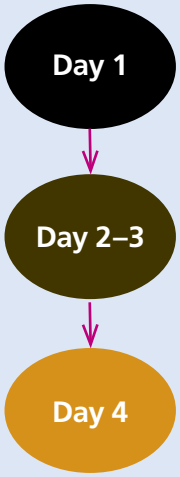
Breastfeeding should feel comfortable. Your baby should be relaxed. You should hear a soft swallowing. If it doesn't feel right, start again. Slide one of your fingers into your baby's mouth, gently break the suction and try again.

How do I know my baby is getting enough milk?

- Your baby should be healthy and alert.
- 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 the 3rd–5th day. 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 the 3rd day, this should be changing to a lighter, runnier, greenish stool that is easier to clean up. From the 4th day 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. It's normal for breastfed babies to pass loose stools.
- Your breasts and nipples should not be sore. If they are, do ask for help.
- 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.

Colour guide for a baby's stools for the first few days



Tips for breastfeeding

- Make sure your baby is well attached to your breast (see pictures on page 104). This will help your body make the right amount of milk and stop your breasts getting sore. The more you breastfeed your baby, the more milk you will produce. When your baby comes off the first breast, offer the second. It doesn't matter if they are not interested or don't feed for long, or even if they feed for longer on the second breast. This is fine – just start with this breast next time. Sometimes your baby might seem hungrier than usual and feed for longer or more often. Your body responds automatically and makes more milk to provide the extra needed. This is why you can feed more than one baby at the same time (see next page).
- There is no need to offer formula milk in addition to breastmilk. If your baby seems more hungry, feed more often, rather than offer formula milk.
- Breastfeeding mums are now encouraged to practice responsive feeding. This means offering feeds before crying starts (such as when your baby is restless or sucking her fingers). It involves offering the breast for food and comfort, which helps maintain a good milk supply, as the more often your baby is fed, the more milk is produced. Breastfeeding can be a nice chance to sit down and rest; it can soothe, comfort and calm both baby and mum.

  By the time a newborn baby starts crying, they will normally have been hungry for a while.
- Try not to give your baby any other food or drink before the age of about six months as this will reduce your milk supply.
- If you do decide to give formula, keep you milk supply going by breastfeeding as much as possible.
- Try not to give your baby a dummy until breastfeeding is going well, as this can confuse the baby too much and also reduce your milk supply.
- When you are out and about, wear a t-shirt or a vest top and a cardigan so that you can lift your top up from the waist to feed. If you are worried about showing your tummy you can wear a belly band or a second vest

  The Public Health Agency Breastfeeding Welcome Here Scheme helps support mums who are breastfeeding, by asking businesses to display a sticker which says breastfeeding is welcome; look for the pink and white heart. Visit breastfed babies to see where your local members are www.breastfedbabies.org
- Breastfed babies cannot be overfed so you can breastfeed to calm and soothe your baby, or as a lovely way of spending time together, or just for having a rest.

Breastfeeding more than one baby

Twins, triplets or more can be breastfed. Because multiple babies are more likely to be born prematurely and to have a low birth weight, breastmilk is especially important for their well-being. To start with, you may find it easier to feed each of your babies separately, until you feel confident about handling them at the same time and feeding is well established. This may take up a lot of your time, so it can be really helpful to accept any offers of help around the house from family and friends.

Over time, you will learn what works best for you and your babies.

Triplets can be breastfed either two together and then one

after, or all three rotated at each feed. Alternatively, you can use a combination of breast and formula, depending on the babies and your milk supply. Tamba, the twins and multiple birth association provides information and support on feeding. To find out more visit www.tamba.org.uk/ni

How long should I breastfeed?

Exclusive breastfeeding (with no other food or drink) is recommended for around the first six months of a baby's life. After this, you can carry on giving your baby breastmilk along with other foods for as long as you and your baby want. This can be into the second year or beyond.

Every day you breastfeed makes a difference to you and your baby. There is no need to decide at the beginning how long you will breastfeed. Many mothers continue to breastfeed when they return to work or college. The practicalities will depend on how old your baby is and

don't forget to ask for help if you need it!

Dummies

Try not to give your baby a dummy until breastfeeding is established, usually when your baby is about a month old. Using dummies has been shown to reduce the amount of breast milk that is produced. If your baby becomes accustomed to using a dummy while sleeping, it should not be stopped suddenly in the first six months. You should stop using a dummy when your baby is between six and 12 months old as it may affect the development of the baby's teeth and speech.

how many feeds they need while you are apart, but it's often easier to manage than people think. Your peer supporter, midwife, health visitor, local support group or the National Breastfeeding Helpline (0300 100 0212) can explain the options and talk them through with you.

If you stop breastfeeding, it can be difficult to start again. Giving formula milk to a breastfed baby can reduce your supply of breastmilk.

If you want to breastfeed your baby in public, it is possible to do so discreetly under a loose top. In Northern Ireland, some shops and restaurants welcome breastfeeding mums, look out for the 'welcome to breastfeed here' sign as part of a scheme known as Breastfeeding Welcome Here. Look out for the window sticker or check the list on www.breastfedbabies.org

Expressing milk

Expressing milk means removing milk from your breast. You may want to express milk if your breasts are feeling uncomfortably full, or if your baby is not sucking well but you still want to give them breastmilk.

If you have to be away from your baby – for example, because your baby is ill or premature, or because you are going back to work – you may wish to express milk so that somebody else can feed your baby.

You can express milk very effectively by hand or with a breast pump. Different pumps suit different women, so ask for information to compare them. A pump needs to be clean and sterilised each time it is used.

Expressing by hand

It is more effective to express milk by hand than to use a pump in the first few days. If you want to collect the milk, you will need a sterilised container. The following suggestions should help:

1. Before you start, wash your hands thoroughly then gently massage your breast to stimulate the milk to start flowing.
2. If you are going to collect the milk, use a sterilised jug or bowl to catch the milk.

3. Place your thumb on top of your breast and the rest of your fingers below about 2–3 centimetres from the base of your nipple, with your thumb and fingers in a sort of C-shape.

4. Release the pressure then repeat, building up a rhythm. Avoid sliding your fingers over the skin. At first, only drops will appear, but just keep going as it will increase. With practice, and a little time your milk will flow freely

5. When no more drops are coming, move your fingers round to try a different section of your breast and repeat.
6. When the flow slows down, swap to the other breast. Keep changing breasts until the milk is dripping very slowly or stops altogether.
7. If the milk doesn't flow, try moving your fingers slightly towards the nipple or further away, and try giving your breast a gentle massage.

positive feeding

Breastfeeding and returning to work

Many mothers continue to breastfeed when they return to work or college. Your employer may wish to carry out a risk assessment as detailed in the HSENI leaflet New and expectant mothers who work (www.hseni.gov.uk)

The Public health Agency have also produced a guide for employers, which can be downloaded from www.publichealth.hscni.net/publications/promoting-breastfeeding-mothers-returning-work-guide-employers-0

If you are planning to continue to breastfeed after returning to work, it is important that you plan ahead as much as possible. Let your employer know in writing that you intend to continue breastfeeding and that you will need some privacy and a little extra time at breaks to express milk or, if possible, to feed your baby.

Checklist for breastfeeding and returning to work

- Before you return to work, write to your employer and let them know you are breastfeeding
- Decide how your baby will be fed while you are at work e.g. bottle or cup, breastmilk or formula
- Decide if you need to express milk while at work
- Practise expressing your milk using a pump or by hand
- Learn about safe storage of breastmilk
- Have a few trial runs before you go back to work.

Expressing milk if your baby is premature or ill

It is important to start expressing your milk within six hours of birth. To ensure that you produce plenty of milk, you will need to express at least 8 to 10 times in 24 hours, including during the night, just as your baby might be doing if they were able to feed directly. Ask the hospital staff about having skin-to-skin contact with your baby as soon as possible after the birth. This will help with bonding and keeping up your milk supply.

Baby units often have breast pump machines for expressing milk, and staff will show you how to use one. If you go home from hospital before your baby you may need to use an electric breast pump for many weeks. You can borrow a breastpump from Tiny Life the preamture baby charity by contacting them on 028 90815050 http://tinylife.org.uk/

If you want to freeze breastmilk because your baby is premature or ill, ask the staff caring for your baby for support and information.

Your midwife, health visitor or peer supporter can also give you practical help and answer any questions. You can download the leaflet *Breastfeeding your ill or premature baby* at www.publichealth.hscni.net

Helpful tips

Breastfeeding should feel comfortable. Your baby should be relaxed. You should hear a soft swallowing. If it doesn't feel right, start again. Slide one of your fingers into your baby's mouth, gently break the suction and try again.

Storing breastmilk

You can store breastmilk for:

- up to five days in the fridge at 4ºC or lower. This means putting the milk in the coolest part of the fridge, usually at the back (do not keep it in the door)
- up to two weeks in the freezer compartment of a fridge, or
- up to six months in a domestic freezer, at minus 18ºC or lower.

Breastmilk must always be stored in a sterilised container. If you use a pump, make sure you wash it thoroughly after use and sterilise it before use.

Milk should be defrosted in the fridge. Once it's defrosted, you will need to use it straight away.

Heat the bottle of milk in a jug of warm water. Test the temperature of the milk on your forearm before giving it to your baby. Milk that has been frozen is still good for your baby and better than formula milk. Milk should not be refrozen once thawed. Don't use a microwave oven to warm or defrost breastmilk as this can alter the proteins in your milk and there is a risk of scalding..

Some common breastfeeding problems and how to solve them

It can be hard to ask for help, but tackling any problems as soon as they start will help you to enjoy these early days. In lots of cases, the solution is as simple as changing your baby's position slightly or feeding them a bit more often.

Unsettled feeding

If your baby is unsettled at the breast and doesn't seem satisfied by feeds, it may be that they are sucking on the nipple alone, and so are not getting enough milk. Ask for help to get your baby into a better feeding position.

Sore or cracked nipples

If your nipples hurt, take your baby off the breast and start again. If the pain continues or your nipples start to crack or bleed, ask for help so you get your baby latched on comfortably (see page 113 for information on how to get help). It can sometimes take a little while to sort out how to prevent the soreness, but it is important to get support as soon as possible.

In Northern Ireland, guidelines have been produced by GAIN on the management and treatment of mastitis. You can view the guidelines and a leaflet for mothers at www.gain-ni.org

The following suggestions may also help:

- Try squeezing out a drop or two of your milk at the end of a feed and gently rubbing it into your skin. Let your nipples dry before covering them.
- If you are using breast pads, they need to be changed at each feed (if possible, use pads without a plastic backing).
- Avoid soap as it dries your skin out.
- Wear a cotton bra, so air can circulate.
- Some mothers treat any cracks or bleeding with a thin smear of white soft paraffin or purified lanolin. Put the ointment on the crack (rather than the whole nipple) to help it heal and prevent a scab forming.

Tender breasts, blocked ducts and mastitis

Milk can build up in the ducts for a variety of reasons. The most common are wearing a too-tight bra, missing a feed, or a blow to the breast. It's important that you deal with a blocked duct as soon as possible so that it doesn't lead to mastitis (inflammation of the breast).

If you have mastitis, your breasts will feel hot and tender. You may see a red patch of skin which is painful to touch. You can feel quite ill, as if you have flu, and you may have a temperature. This can happen very suddenly. It is very important to carry on breastfeeding as this will help you get better more quickly.

If you think you might have mastitis (or a blocked duct), try the following:

- Take extra care to make sure your baby is attached well to your breast.
- Feed your baby more often.
- Let your baby feed on the tender breast first.

- If your breasts still feel full after a feed, or your baby cannot feed, massage your breasts and express your milk (see page 108 for more information on how to do this).
- Applying warmth to your breast eg use a warm flannel before a feed can help milk flow and make you feel more comfortable.
- While your baby is feeding, gently stroke the lumpy area with your fingertips towards your nipple. This should help the milk to flow.
- Get lots of rest. Go to bed and catch up on your sleep whenever you can.
- Take a painkiller such as paracetamol or ibuprofen (follow instructions on the back).
- Ask for help with how you get your baby latched on properly (see page 113 for information on where to get help).

Mastitis may also be a sign of infection. If there is no improvement within 12 to 24 hours, or you start to feel worse, contact your GP or healthcare professional. If necessary, they can prescribe antibiotics that are safe to take while breastfeeding.

Thrush

If you suddenly get sore, bright pink nipples after you have been feeding without problems for a while, you might have an infection known as thrush. The pain may be felt right inside the breasts. Ask for help to check that your baby is latched on properly, and make an appointment with your GP.

You and your baby will both need treatment. You can easily give thrush to each other, so if your baby has it in their mouth they will need oral gel you will still need some cream for your nipples to stop it spreading to you. You can also ask your pharmacist for advice. Some antifungal creams can be bought over the counter from a pharmacy but you need to ensure it is suitable for continued breastfeeding. you can also obtain more information on breastfeeding and thrush from www.breastfeedingnetwork.org.uk

Tongue-tie

Some babies are born with a tight piece of skin between the underside of their tongue and the floor of their mouth. This is known as tongue-tie, and it can affect feeding by making it hard for your baby to attach to your breast. Tongue-tie can be treated easily, so if you have any concerns talk to your midwife or health visitor or contact the National Breastfeeding Helpline on 0300 100 0212.

Staying healthy

You don't need to eat anything special while you are breastfeeding, just make sure you have a varied and balanced diet.

Your milk is good for your baby whatever you eat, but there are a few foods to avoid (see next page). Being a new mother is hard work though, so it's important to look after yourself and try to eat as varied and balanced a diet as you can. Aim to eat healthily as a family. A healthy range of food includes:

- at least five portions of a variety of fruit and vegetables a day (including fresh, frozen, tinned, dried and juiced)
- starchy foods such as wholemeal bread, pasta, rice and potatoes
- plenty of fibre, found in wholegrain bread and breakfast cereals, pasta, rice, pulses (such as beans and lentils) and fruit and vegetables. After childbirth, some women experience bowel problems and constipation – fibre helps with both of these
- protein, such as lean meat and poultry, fish, eggs and pulses

- at least two portions of fish each week, including one portion of oily fish, and
- dairy foods, such as milk, cheese and yoghurt, which contain calcium and are a useful source of protein.

It's also important to drink plenty of fluid. Aim for at least 1.2 litres (six to eight glasses) each day. It's a good idea to have a drink and a healthy snack beside you when you settle down to breastfeed. Water, milk and unsweetened fruit juices are all good choices.

To find out more about healthy eating, go to www.eatwell.gov.uk

Healthy snack ideas

The following snacks are quick and simple to make and will give you the energy and strength you need:

- Fresh fruit.
- Sandwiches or pitta bread filled with salad vegetables, grated cheese, salmon or sardine or cold meat.

- Yoghurts and fromage frais.
- Hummus and bread or vegetable sticks.
- Ready-to-eat dried apricots, figs or prunes.
- Vegetable and bean soups.
- Fortified unsweetened breakfast cereals, muesli or other wholegrain cereals with milk.

- Milky drinks or unsweetened fruit juice.
- Baked beans on toast or baked potato.

Vitamins

You should be able to get all the other vitamins and minerals you need by eating a varied and balanced diet. While you are breastfeeding (just as when you were pregnant) you should take supplements containing 10 micrograms (mcg) of vitamin D each day. Your skin makes vitamin D naturally when it's exposed to the sun between April and September.

Ask your GP or health visitor where to get vitamin D supplements. You may be able to get free vitamin supplements without a prescription if you are eligible for Healthy Start (see page 33).

Foods to avoid

Eating fish is good for your health. But don't have more than two portions of oily fish a week. This includes fresh tuna (not canned tuna, which doesn't count as oily fish), salmon, mackerel, sardines and trout.

The general advice for all adults is to avoid eating more than one portion of shark, swordfish or marlin a week, because of the levels of mercury in these fish. Avoid these fish altogether during pregnancy or if you are trying to get pregnant.

Small amounts of whatever you are eating and drinking can pass to your baby through your breastmilk, so it's a good idea to think about how much alcohol and caffeine you are having. These may affect your baby in the same way they affect you.

If you think a food or foods that you are eating are affecting your baby, talk to your GP or health visitor, or contact the National Breastfeeding Helpline on 0300 100 0212.

Drinks containing caffeine can also affect your baby and may keep them awake, so drink them only occasionally rather than every day while your baby is young.

See page 111 for more information on alcohol and breastfeeding.

Caffeine

Caffeine occurs naturally in lots of foods and drinks, including coffee, tea and chocolate. It's also added to some soft drinks and energy drinks and to some cold and flu remedies. In the early days, it is important that you don't have too much caffeine. Try decaffeinated tea and coffee, fruit juice or water and limit the number of energy drinks, which might be high in caffeine.

Helpful tips

- Eat when you feel hungry, and choose healthy snacks.
- You will probably feel quite thirsty. Have a drink and a healthy snack beside you before you sit down to breastfeed.
- Try to eat a wide variety of foods (see page 30).
- Try not to restrict your diet unless you think a food is upsetting your baby. Always talk to your health visitor or doctor before cutting out foods.
- Keep your alcohol intake low. Alcohol in breastmilk can affect your baby's feeding or sleeping. Avoid drinking alcohol shortly before feeding your baby.
- Avoid drinking too much strong tea or coffee.

Peanuts

Peanuts are one of the most common causes of food allergy. Peanut allergy affects about 1% of people and can cause severe reactions. Your baby may be at higher risk of developing a peanut allergy if you, the baby's father, brothers or sisters have a food allergy or other allergic condition such as hayfever, asthma and/or eczema.

- If you would like to eat peanuts or foods containing peanuts (such as peanut butter) while breastfeeding, you can choose to do so as part of a healthy balanced diet, unless you are allergic to them or your health professional advises you not to.
- You may have heard that some women have, in the past, chosen not to eat peanuts while they were breastfeeding. This is because the government previously advised women that they may wish to avoid eating peanuts while they were breastfeeding if there was a history of allergy in their child's immediate family (such as asthma, eczema, hayfever, food allergy or other types of allergy), in case small amounts of peanut in their breastmilk increased the chance of the baby developing a peanut allergy. But this advice has now been changed because the latest research has shown that there is no clear evidence to say that eating or not eating peanuts while breastfeeding has any effect on your baby's chances of developing a peanut allergy.
- If you have a child under six months and are not breastfeeding (for example because you are feeding your baby on formula), then there is no reason why you should avoid consuming peanuts or foods containing peanuts.

Alcohol

Generally, adult women should not regularly drink more than two to three units of alcohol per day. During pregnancy, women are advised to avoid drinking.

By breastfeeding, you are giving your baby the best possible start in life. We do know that alcohol passes through to the baby in very small amounts in your breastmilk. Because of this, when you are breastfeeding it is sensible to avoid drinking alcohol.

The website www.knowyourlimits.info contains more information on units, including the units found in typical drinks.

Helpful tips

Breastfeeding and alcohol

If it's a special occasion and you know you are going to be drinking, consider expressing milk in advance. To reduce the exposure of your baby to alcohol:

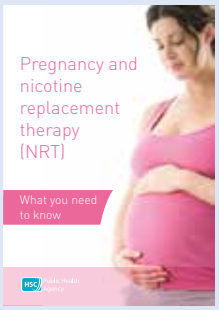
- avoid breastfeeding for at least two to three hours after drinking, or
- have your drink after the last feed of the day – if you can predict when that will be!

If you drink alcohol or take other drugs and breastfeed, it can affect your baby in a number of ways:

- your milk may smell different and put your baby off feeding
- the alcohol may make your baby too sleepy to feed, or
- your baby may have difficulties with digestion and problems with their sleeping patterns.

Smoking

Smoking is bad for you, bad for your partner and bad for your baby. One of the best things you can do for your own and your baby's health is to stop smoking. Each year, more than 17,000 children under the age of five are admitted to hospital because of the effects of secondhand smoke.



Avoid smoking in the home or car, and ask your partner, friends and family to do the same when they are around your baby.

If you do smoke and you are finding it difficult to quit, breastfeeding will still protect your baby from infections and give them nutrients they cannot get through formula milk. Smoking after feeds, rather than before, will help reduce your baby's exposure to nicotine.

You are up to four times more likely to stop smoking successfully using specialist support and licensed stop smoking medication. Visit www.want2stop.info for further information.

You can speak to your GP or pharmacist about the stop smoking medications available to help you manage your cravings and become smokefree. For more information on NRT ask your midwife for a copy of the Pregnancy and NRT leaflet.

Medicines and breastfeeding

Many illnesses, including depression (see page 76), can be treated while you are breastfeeding without harming your baby. Small amounts of whatever medicines you take will pass through your breastmilk to your baby, so always tell your doctor, dentist or pharmacist that you are breastfeeding.

Medicines that can be taken while breastfeeding include:

- most antibiotics
- common painkillers such as paracetamol and ibuprofen (but not aspirin)
- hayfever medicines such as loratadine and cetirizine
- cough medicines (provided they don't make you drowsy)
- asthma inhalers, and
- normal doses of vitamins.

You can use some methods of contraception but not all, so check with your GP or pharmacist. Some cold remedies are not suitable.

Non prescribed drugs - illegal drugs

If you are breastfeeding and you take any street drugs, or any drugs that have not been prescribed for you it is really important for you to get the right advice. Talk to your midwife, health visitor or doctor as the drugs may be dangerous to your baby.

It's fine to have dental treatments, local anaesthetics, injections (including mumps, measles and rubella (MMR), tetanus and flu injections) and most types of operations. You can also dye, perm or straighten your hair, use fake tan and wear false nails.

Illegal drugs are dangerous for your baby, so talk to your midwife, health visitor, GP or pharmacist if this is a concern.

More information

For more information go to www.breastfeedingnetwork.org.uk/drugline.html

Your GP or pharmacist can check at the information from the National Formulary for Children (www.bnfc.org) to see what medicines can be given to babies and children, as these are likely to be safe for mothers to take when breastfeeding.

Medicines for minor ailments when breastfeeding

- Make sure the medicine is safe to take when breastfeeding.
- Watch your baby for side effects such as poor feeding, altered bowel movements, drowsiness and irritability. Stop taking the medicine if your baby gets side effects.
- For further information, speak to your pharmacist.

Minor ailment	First choice	Second choice	Do not use
Constipation	Eat more fibre Bulk laxatives that contain ispaghula Lactulose	Bisacodyl Senna	
Cough	Honey and lemon in hot water Simple linctus		Medicines that contain codeine or guaifenesin
Diarrhoea	Oral rehydration sachets	Occasional doses of loperamide	
Haemorrhoids (piles)	Soothing creams, ointments or suppositories	Ice pack	
Hayfever, house dust mite and animal hair allergy	Antihistamine eye drops or nasal sprays Steroid nasal sprays	Antihistamines – cetirizine or loratadine	Other antihistamines unless advised by your doctor
Head lice	Wet combing Dimeticone lotion	If ineffective, then head lice lotions that contain permethrin	
Indigestion	Antacids (indigestion mixtures)	On your doctor's information: medicines that reduce acid production, e.g. omeprazole	
Nasal congestion (stuffy or runny nose)	Steam inhalation	Oxymetazoline or xylometazoline nasal sprays. Occasional doses of pseudoephedrine	Medicines that contain phenylephrine
Pain (e.g. headache, mastitis, toothache)	Paracetamol	Ibuprofen	Medicines that contain aspirin Medicines that contain codeine (e.g. co-codamol, co-dydramol), unless advised by your doctor
Threadworms	Mebendazole		
Vaginal thrush	Clotrimazole pessaries or cream	Fluconazole	

Help and support

Breastfeeding help and support

Don't be afraid to ask for the support and information you need to make breastfeeding work for you and your baby. No problem is too small – if something is worrying you, the chances are that other mothers will have felt the same.

You can get help from a peer supporter, your midwife or health visitor. You might also want to join a local breastfeeding group. It's a great way of making new friends as well as sharing the ups and downs of looking after a new baby. Most groups usually include a mix of healthcare professionals and local trained volunteer mothers (peer supporters). These mothers have breastfed their own babies and have had some training in basic breastfeeding techniques. Some peer supporters will have had more in-depth training to help them support new mothers.

have a specific concern or difficulty.

A list of breastfeeding groups for Northern Ireland can be found on www.breastfedbabies.org

To find out what is available in your area, talk to your midwife or health visitor, or contact the **National Breastfeeding Helpline** on 0300 100 0212 (lines are open from 9.30am to 9.30pm) or go to the website at www.nationalbreastfeeding helpline.org.uk

You can also get information online from the **Association of Breastfeeding Mothers** (www.abm.me.uk) and the **Breastfeeding Network** (www.breastfeedingnetwork.org.uk). The Breastfeeding Network runs a Supporterline on 0300 100 0210, and also offers a helpline for speakers of Bengali/Sylheti on 0300 456 2421. Lines are open from 9.30am to 9.30pm.

Breastfeeding information and support contacts are available from the Public Health Agency website www.breastfedbabies.org

The booklet Off to a Good Start should have been given to you in hospital soon after or before you gave birth. You can also view this at www.publichealth.hscni.net/publications/good-start-all-you-need-know-about-breastfeeding-your-baby

The following voluntary organisations can also provide information and advice:

La Leche League
0845 120 2918
www.laleche.org.uk

NCT Breastfeeding Line
0300 330 0771
www.nct.org.uk

The **Unicef Baby Friendly** site at www.babyfriendly.org.uk provides information and links to useful resources about the benefits of breastfeeding.

The **Breastfeeding Network's Drugs in Breastmilk Helpline** can provide information about breastfeeding and medicines. Call 0844 412 4665.

All these voluntary organisations provide training for peer supporters.

The *Bump to Breastfeeding (Best Beginnings)* DVD is a useful source of information and will give you an insight into other mothers' experiences of breastfeeding. You can view the DVD visiting www.bestbeginnings.info

support for you

WHAT DADS SHOULD KNOW ABOUT BREASTFEEDING

The father or partner's support is vital to helping you continue to breastfeed, as they can help by:

- making sure mother and baby are comfortable while feeding;
- explaining to family and friends about the importance of breastfeeding;
- bringing you a drink or a healthy snack to eat, such as a piece of fruit or a slice of toast;
- preparing meals and doing the housework so you can concentrate on feeding your baby;
- encouraging you, particularly when you are very tired or finding things difficult;
- protecting you from others' opinions about breastfeeding which may be undermining.

How fathers and partners can help

After the first few weeks when breastfeeding is going well, you might decide to express some milk so someone else can help with an occasional feed.

Expressing milk can be done by hand or, more usually, by using a pump to collect milk from the breast and store it in a bottle. Your health visitor or community midwife will be able to give advice on this. See also www.breastfedbabies.org

It's important to remember:

- breastfeeding must be well established before a bottle is introduced as some babies can get confused or develop a preference for the bottle. This is because the sucking action required to feed from a bottle is different to that used to feed from the breast;

- maintaining a good milk supply depends on milk being removed regularly either by breastfeeding or expressing. Long periods between expressing or feeds may lower milk supply.

Knowing what helps

- There are very few women who cannot breastfeed because of medical reasons. However, many women experience difficulties if the baby is not latched onto the breast properly.
- The more often your baby breastfeeds the more milk will be made – it works on supply and demand. Most babies will want to feed frequently, especially in the first weeks, so some feeds will seem very close together.
- You and your partner may worry that your baby is not getting enough milk because you can't measure the amount he gets. But if he is having wet and dirty nappies and is gaining weight at a normal rate, that means he's getting enough.
- In fact, as your baby gets both a drink and food from the breast, there is no need for anything else for the first six months.
- You and your partner may feel self-conscious about breastfeeding in public but it can be done without anyone noticing. Mum can lift her top from the waist and perhaps use a blanket, scarf or shawl. It can look as if your baby is just having a cuddle.
- Breastfeeding is sometimes used as a method of contraception. If you definitely don't want to have another baby just yet, it is best to use other more reliable methods of contraception which are suitable while breastfeeding.
- Keeping mother and baby together at night is important as it makes it easier for mum to feed baby in a responsive way.
- Breastfeeding is handier than bottlefeeding at night and when away from home as there's no need to worry about keeping milk fresh and heating bottles, plus it's free – bottlefeeding a baby costs well over £600 a year.
- Mum will lose weight more quickly after the birth if she breastfeeds.

How dads and partners can get involved

If your baby is breastfed it is important for mum to feed baby initially, but dads and partners can be involved in many other ways of caring for, and being close to, your baby. Here are some suggestions that might be useful to new dads:

- change your baby's nappy;
- settle your baby after a feed by winding him;
- hold and soothe your baby;
- play with your baby;
- place your baby on your bare chest for skin-to-skin contact;
- give your baby a massage;
- carry your baby in a sling or baby carrier;
- talk, read and sing to your baby;
- take your baby for a walk in his pram;
- bath your baby.

Your relationship with your partner

Some parents worry that breastfeeding will affect the physical side of their relationship with their partner. Some women lose interest in sex after having a baby and for most couples it is difficult to find the time and energy to make love, but it is possible for you both to enjoy an active sex life.

It is a good idea for mum to feed baby first so that she is more comfortable and your baby is settled so you are less likely to be disturbed by him crying.

Remember that breastfeeding may make your partner's breasts feel more sensitive.

Some men really like the changes in their partner's breasts during breastfeeding whereas others may be concerned that breastfeeding makes breasts less attractive, but there is no evidence that any breast changes due to breastfeeding are permanent.

You and your baby

The more dad gets involved with caring for your baby, the more quickly he will develop a strong bond. Try to enjoy this time – it is busy and tiring but the rewards are amazing and it won't last forever!

If you want to find out more about breastfeeding,

you may find these websites useful:

www.fathersdirect.com

www.workingwithfathers.com

Types of milk to avoid

Cows' milk should not be given as a main drink to a child under the age of one year. Small amounts of cows' milk can be used for cooking after six months of age. Condensed milk, evaporated milk, dried milk, sheep's milk, goats' milk, or any other type of 'milk' drink (such as rice, oat or almond drinks, often known as 'milks') should never be given to a baby under the age of one year. You should not use soya formula unless it has been prescribed by your GP.

If you are giving your baby infant formula, first infant formula (whey-based) is the only formula they will need in the first year.

Follow-on formula is not suitable for babies under six months.

FORMULA FEEDING

The following advice is based on guidance from the Department of Health and the Food Standards Agency. It may differ from what you have done before if you have older children, but to minimise any risk it is recommended that you follow this advice.

Helpful tips

There are a number of different brands of infant formula milk available in the shops. All should meet the legal standards for formula milk, and it's up to you to decide which one to use. In the past it was thought better to stick to one brand, but there is no evidence to suggest that changing brands does any good or any harm.

Choosing a formula

Infant formula milk usually comes in powder form and is based on processed, skimmed cows' milk, and is treated so babies can digest it. Vegetable oils, vitamins, minerals and fatty acids are added to make sure the milk contains the vitamins and minerals that young babies need. This information will be on the contents list on the pack. Infant formula powders are not sterile, so it is important to follow the **cleaning and sterilising** instructions on page 116.

Formula is either 'whey dominant' or 'casein dominant', depending on the balance of proteins it contains. It may also be referred to as stage one or stage two milk.

Whey-dominant milk is thought to be easier to digest than casein-dominant milk, so should always be the first formula you give your baby.

There is little nutritional difference in the two forms of milk, so if whey-dominant formula milk suits your baby, they can stay on it for the first year or even longer.

'Ready-to-feed' infant formula milk in cartons is also available. This is generally more expensive than powdered milk. Once opened, the carton should be stored in the fridge with the cut corner turned down. Discard any unused milk after 24 hours.

Vitamin drops

If your baby is formula fed, you should give them vitamin drops from the age of six months or if they are drinking less than 500ml of formula a day. You can buy suitable drops at any pharmacy. Ask your midwife or health visitor where you can get vitamin drops.

You can continue giving your baby infant formula when they are older than six months.

If you have any worries about the infant formula milk you are giving your baby, ask your midwife, health visitor or GP for advice.

Responsive bottle-feeding

Hold baby close in a semi-upright position so that you can see their face, look into their eyes and talk to them during the feed. Encourage baby to open their mouth by gently rubbing the teat against their top lip.

Gently insert the teat into baby's mouth and keep the bottle in a slightly tipped position not too upright so that you can stop milk from flowing too fast.

Learn to notice his early feeding cues, such as getting restless and sucking his hands, which tell you he wants to be fed, try not to wait until he is really crying and upset before you offer a feed. When feeding, notice when he has had enough and don't try to force him to take more than he wants.

Don't let other people feed your baby, keep feeding as a special time for you, his Dad and a few family members as this will help your baby feel safe and secure and will build up a close and loving bond with your baby.

Using formula milk safely

Powdered infant formula milk must be prepared as carefully as possible. It is not a sterile product, and even though tins and packets of milk powder are sealed, they can contain bacteria such as *Cronobacter sakazakii* (formerly known as *Enterobacter sakazakii*) and, more rarely, salmonella.

If the feed is not prepared safely, these bacteria can cause infections. Infections are very rare, but can be life-threatening. Very young babies are at most risk, and it is better to use sterile, liquid ready-to-feed products for premature or low birth weight babies. Formula must therefore be made up with water hot enough to kill the bacteria – at least 70°C. In practice, this means **boiling the kettle and leaving it to cool for no longer than 30 minutes**. Mix the formula and water and **cool quickly to feeding temperature in cold water**.

It's also essential to **make up a fresh bottle for each feed**. Throw away unused formula within two hours. Bacteria multiply rapidly at room temperature and can even survive and multiply slowly in some fridges, so storing formula milk for any length of time increases the risk

Sterilising

All the equipment used for feeding your baby must be sterilised. By sterilising your feeding equipment, washing your hands and keeping the preparation area clean, you will reduce the chance of your baby getting sickness and diarrhoea.

The following cleaning and sterilising instructions apply whether you are using expressed breastmilk or infant formula milk.

1. **Clean and rinse.** Clean the bottle and teat in hot soapy water as soon as possible after a feed, using a clean bottle brush. Rinse all equipment in cold, clean running water before sterilising.
2. **Cold water sterilising.** Follow the manufacturer's instructions. Change the sterilising solution every 24 hours, and leave feeding equipment in the solution for at least 30 minutes. Make sure there is no air trapped in the bottles or teats when putting them in the sterilising solution once it is sterilised. Keep all the

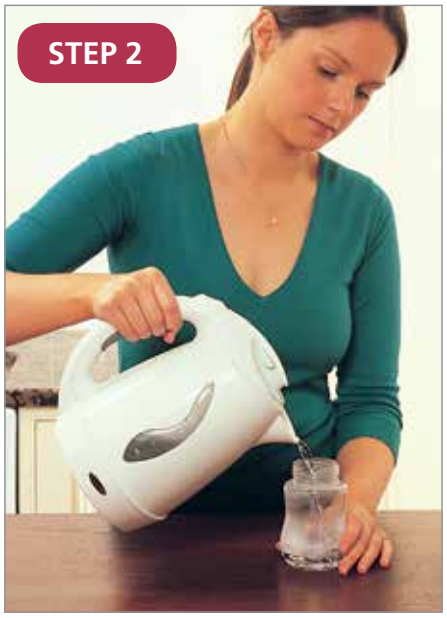
careful preparation

equipment under the solution with a floating cover.If you are using a cold water steriliser, shake off any excess solution from the bottle and the teat or rinse the bottle with cooled boiled water from the kettle (not the tap).

3 **Steam sterilising (electric or microwave).** Follow the manufacturer's instructions. Make sure the openings of the bottles and teats are facing down in the steriliser. Any equipment not used straight away should be re-sterilised before use.

Preparing a feed

STEP 1: Before making up a feed, clean and disinfect the surface you are going to use. Wash your hands carefully, stand the bottle on a clean surface. Keep the teat and cap on the upturned lid of the steriliser. Don't put them on the work surface.



STEP 2: Use fresh tap water to fill the kettle. After it has boiled, let the water cool for no more than 30 minutes. Don't use artificially softened water or water that has already been boiled. If you have to use bottled water, you will still need to boil it. The water must still be hot, otherwise any bacteria in the milk powder might not be destroyed.

For information about using bottled water, go to www.eatwell.gov.uk

Always put the partially cooled boiled water in the bottle first.

Be careful – at 70°C, water is still hot enough to scald. Always check that the water level is correct. Failure to follow the manufacturer's instructions may make your baby ill.

STEP 3: Loosely fill the scoop with milk powder and level it off using the flat edge of a clean, dry knife or the leveller provided. Do not pat it down.

STEP 4: Add the milk powder to the water. Repeat, until you have added the number of scoops specified in the manufacturer's instructions.

It is important to use only the scoop that is enclosed with that milk powder. Using too much powder can give your baby constipation and lead to dehydration; too little could mean that your baby is not getting the nutrients they need. Don't add sugar or cereals to the feed in the bottle.

STEP 5: Holding the edge of the teat, put it on the bottle. Screw the retaining ring onto the bottle. Cover the teat with a cap. Shake the bottle until the powder dissolves.

Make sure you make up a fresh bottle each time you feed your baby and throw away unused feed after two hours. Using stored formula milk can increase the chance of your baby becoming ill.

You can download the leaflet *Bottlefeeding* at www.publichealth.hscni.net/publications/bottlefeeding-0

Feeding your baby

Always cool your baby's milk down before feeding. At 70°C, it is still hot enough to scald. To cool it, hold the bottle, with the cap covering the teat, under cold running water. Test the temperature of the feed by dropping a little onto the inside of your wrist. It should just feel warm to the touch, not hot.

If the milk is too cool, and your baby doesn't like it that way, you can warm it up a little by putting the bottle upright in some hot water, keeping the teat out of the water. Never warm milk in a microwave oven. It will continue to heat up for a time after you take it out of the microwave, even though the outside of the bottle may feel cold.

The milk inside may be very hot and could scald your baby's mouth.

Get everything you need ready before you start feeding. Find a comfortable position to hold your baby while you are feeding. You may need to give your baby time. Some babies take some milk, pause for a nap, and then wake up for more. So you might have to be patient. Remember, feeding is an opportunity to feel close to your baby and get to know them. Even when your baby is a little older, they should never be left alone to feed with a propped-up bottle, as they may choke.

You should check regularly that teats are not torn or damaged.

When feeding, make sure you keep the teat full of milk, otherwise your baby will take in air and get wind. If the teat becomes flattened while you are feeding, pull gently on the corner of your baby's mouth to release the vacuum. If the teat gets blocked, replace it with another sterile teat.

Help and support

If you want help or advice on formula feeding, talk to your midwife or health visitor. See the list of useful organisations at the back of this book.

Bottles and teats

You might find it useful to have about six bottles and teats, so you can always have at least one or two bottles clean, sterilised and ready for use.

You should always buy new teats for your new baby. They come in different shapes and with different hole sizes, and you may have to try several before you find the one that suits your baby. If the hole is too small, your baby will not get enough milk. If it's too big, the milk will come too fast.

It's best if you can buy new bottles too. Check regularly to make sure the bottles are in good condition. If they are badly scratched, you will not be able to sterilise them properly. If in doubt, ask your midwife or health visitor for more information.

Bottled water

Bottled water is not a healthier choice than tap water and usually is not sterile. In fact, some natural mineral waters are not suitable for babies because of the amount of minerals they contain. If you need to use bottled water, remember that any bottled water that is labelled 'natural mineral water' might contain too much sodium for babies.

If you are giving bottled water to babies under six months, you should boil and cool it just like tap water. If you need to use bottled water to make up infant formula (for babies of any age), you should boil it and allow it to cool for no more than half an hour. Make up the formula feed and cool as previously stated.

At the end of the feed, sit and hold your baby upright and gently rub or pat their back for a while to bring up any wind. There is no need to overdo it – wind is not as big a problem as many people think. Talk to your baby as you rub or pat. This will help them feel closer to you and get them used to listening to your voice. Don't forget to throw away any milk that is not used within two hours.

Most babies gradually settle into a pattern. Babies vary in how often they want to feed and how much milk they want to take. Feed your baby when they are hungry, just as you would if you were breastfeeding, and don't try to force your baby to finish a bottle. They may have had enough for the time being or just want a rest.

out and about

Feeding away from home

The safest way of feeding your baby away from home is to carry a measured amount of milk powder in a small clean and dry container, a flask of boiled hot water and an empty sterilised feeding bottle. Make up a fresh feed whenever you need it. The water must still be hot when you use it, otherwise any bacteria in the milk powder might not be destroyed. Remember to cool the bottle under cold running water before you use it.

Alternatively, you could use ready-to-drink infant formula milk when you are away from home.

If it's not possible to make up a fresh feed, or if you need to transport a feed – for example to a nursery or childminder – you should prepare the feed at home and cool it in the back of the fridge for at least one hour. Take it out of the fridge just before you leave, and carry it in a cool bag with an ice pack and use it within four hours.

If you reach your destination within four hours, take it out of the cool bag and store it at the back of a fridge for a maximum of 24 hours. Re-warm for no more than 15 minutes.

Helpful tips

It is always safer to make up a fresh feed whenever possible. When this is not possible, feeds should never be stored for longer than 24 hours.

Coping with allergies

If you think your baby might be allergic to formula milk, talk to your GP. They can prescribe formula feeds called extensively hydrolysed protein feeds.

Some formulas are labelled as hypoallergenic, but they are not suitable for babies with a diagnosed cows' milk allergy. Talk to your GP before using this milk. Always get their advice before using soya-based infant formulas, too. Babies who are allergic to cows' milk may also be allergic to soya.

Babies sometimes grow out of allergies, and you may find that you can introduce cows' milk into your baby's diet as they get older. Always ask your GP or health visitor for advice before making any changes to your baby's diet.

Some common problems with formula feeding

Crying and colic

For information about crying and colic, see pages 138–139.

Sickness and vomiting

Some babies bring up more milk than others during or just after a feed. This is called 'possetting', 'regurgitation' or 'gastric reflux'. It is not unusual for babies to bring up quite a lot, but it can be upsetting when it happens and you may be worried that something is wrong.

As long as your baby is gaining weight, there is usually nothing to worry about. But if your baby is violently sick or appears to be in pain, or you are worried for any other reason, talk to your health visitor or GP.

Cover your baby's front when feeding and have a cloth or paper towels handy to mop up any mess. Check too that the hole in your baby's teat is not too big, as giving milk too quickly can cause sickness. Sitting your baby upright in a baby chair after a feed can also help. The problem usually stops after six months when your baby is starting on solid foods and drinking less milk.

If your baby brings up a lot of milk, remember that they are likely to be hungry again quite quickly. Don't force your baby to take on more milk than they want during a feed. Remember, every baby is different. Some prefer to feed little and often.

Constipation

Always stick to the recommended amount of infant formula milk powder. Using too much can make your baby constipated or thirsty. Breastfed babies don't usually get constipated. If your baby is under eight weeks old and has not passed a stool for a few days, talk to your health visitor or GP.

Water

In very hot weather, babies fed on infant formula milk can get thirsty. If this happens, you can give them cool boiled tap water if they seem unsettled between feeds. Talk to your health visitor or GP if you have any concerns.

Breastfed babies do not need any water. Instead, you may notice that they have shorter, more frequent feeds if the weather is hotter.

Breastfeeding is the healthiest way to feed your baby. If you use formula milk, it is very important to follow all instructions carefully. It is possible to reverse a decision not to breastfeed or to re-start breastfeeding once you have stopped. Introducing partial bottlefeeding will reduce a mother's breastmilk supply.