



BREASTFEEDING

For ease of reading the female gender has been used throughout this brochure.

The following information provides a brief guide to breastfeeding.

It is recommended to exclusively breastfeed your baby until the introduction of solid foods at about 6 months of age. Breastfeeding continues to be an important part of your baby's diet into her 2nd year and beyond while you and your baby are happy to do so.

As with any new skill when you begin breastfeeding there is a learning period. It takes some practice for many mothers and during this time you need the support of others such as a health professional, family and friends as you learn and gain confidence.

Some of the Benefits of Breastfeeding For Baby

- Breastmilk is an excellent food source that is just right for your baby
- The composition of breastmilk is never static, it changes during the feed, from feed to feed, from day to day and over the course of your lactation to meet her individual needs
- Provides her with valuable antibodies and other protective factors which help her to resist and fight infection and reduce the risk of a number of illnesses both now and later in life (e.g. diabetes type 1, allergic diseases, respiratory infections, middle ear infections (otitis media), gastro-intestinal infections, cardiovascular disease and certain childhood cancers).
- Research into childhood obesity has shown that babies who are breastfed are less likely to be overweight in childhood and adolescence.
- Helps to promote and strengthen the bond between mother and baby.
- Provides optimal development of eye sight, language, speech and intelligence.

For Mother

- The hormone oxytocin that stimulates milk to be released also acts on the uterus causing it to contract, assisting your body to return to the pre-pregnant state.
- Reduces the risk of excessive blood loss after the birth.
- Reduces the risk of pre-menopausal breast cancer.
- May help reduce the risk of ovarian cancer.
- Provides some protection against osteoporosis.
- Is free, clean and environmentally friendly and readily available at the correct temperature.
- Can be an effective contraceptive but you will need to speak to your doctor regarding your choice. To be effective you need to be exclusively breastfeeding your baby until 6 months of age and not menstruating.

How Breast Milk is Produced & Released

When your baby sucks at the breast, your body releases the hormones prolactin and oxytocin. Prolactin acts on the cells in the alveoli to produce the milk. Oxytocin is released from your pituitary gland and causes the milk to flow this is called the 'let-down' reflex.

Breastfeeding mothers can have many 'let-downs' during a feed though you may only be aware of the first 'let-down'. The letdown reflex can also be affected by your emotions. It helps to try and relax, and make yourself as comfortable as possible while you are breastfeeding, (i.e. if you are very anxious or uncomfortable it may interfere with the 'let-down' reflex). Pain, embarrassment, fear, tiredness and stress may also interfere with the 'let-down'.

Signs of 'Let-down'

The most dependable sign of a let-down is a change in your baby's sucking pattern. It becomes longer, with more 'drawing' rhythmical sucks and increased swallowing, as the 'let-down' occurs. The following signs are helpful to understand the way your body may respond to breastfeeding (an absence of these signs DOES NOT mean that your breasts are not 'letting-down' the milk).

- You may be aware of a 'pins and needles' sensation in your breasts.
- You may experience an increase feeling of thirst while feeding.
- You might notice leaking of milk from your breast.

- You may feel uterine contractions, sometimes called “afterbirth pains” while breastfeeding in the first few days after the birth. This is more common for women who have had more than one baby.
- She may gulp, pull off the breast and the milk may spurt from your nipples
- A 'let-down' can also be triggered by a baby's cry, the sight or even the thought of your baby (or on some occasions someone else's baby).

Attaching Your Baby to Your Breast

The following points will help you with attaching her to your breast:

- Sit or lay in a comfortable well supported position making sure that you have good support for your back, arms and feet.
- Turn her towards you; hold her close to you with her chest facing your chest (unwrapped).
- Support your baby behind her neck and shoulders, not her head. You may find it comfortable to use the opposite arm to the breast you are feeding from. Place your forearm along her back and support her whole body. This will provide her with plenty of support and allow you to move her into position at the breast.
- Hold her at the level of your breast. Her lower arm can be wrapped around your waist.
- Express a few drops of colostrum or breastmilk on to your nipple by squeezing the areola.
- Hold your breast with the hand on the same side of the breast you are attaching your baby, make a 'C' shape with your fingers and thumb, hold your breast without changing its position. Remember to keep your hand and fingers well back from the areola (not close to the nipple) in order to allow room for her to take plenty of breast tissue into her mouth.
- Position her nose at the level of your nipple.
- Encourage her to open her mouth widely by teasing her lips or cheek with your nipple. This encourages her “rooting reflex” and she will open her mouth wide and lower her tongue.
- Tuck her chin into the breast and as her mouth is opening move her towards your breast quickly (not your breast to her) to enable her to attach correctly to the breast. She needs to reach your breast when her mouth is open as wide as possible.



Your Baby is Correctly Attached to Your Breast When:

- More areola will usually be visible above the baby's top lip than her bottom lip.
- Her bottom lip is curled back.
- Her tongue is over the lower gum.
- Her chin is tucked well into the breast. This ensures her nose is free from the breast.
- As she sucks you will notice her jaw and ears moving up and down.
- No clicking noises are heard & her cheeks are full. Swallowing noises are fine.
- You do not feel any pain (there may be some discomfort when you first start breastfeeding). Pain is an indication that she is not attached correctly. If you feel pain after the initial attachment, remove her from your breast by placing your little finger in the corner of her mouth and press lightly on her lower jaw. This will encourage her to open her mouth so that she will let go and you can re-attach her.
- After an initial short burst of sucking the rhythm becomes slow and even with deep jaw movements and swallowing sounds will be heard. You will notice that her sucking rhythm will vary throughout the feed. Each time her sucking becomes faster she is working to stimulate another 'let-down'. When the milk flows more freely with the 'let-down' her sucking slows.

NOTE: Allow her to finish the first breast before offering the second. This allows your baby to receive the milk with the higher fat content necessary for growth and development. Although you will offer both breasts, sometimes your baby will be satisfied with just one side. Her feeding may vary at different times of the day and she will become more efficient at breast feeding as she gets older. The feeding will become quicker (sometimes only a few minutes).



Is Baby Getting Enough Nourishment?

Sometimes parents become anxious because they do not know exactly how much milk she is drinking. Newborns tend to breastfeed 8 to 12 times plus each day but not necessarily at regular intervals. It takes approximately 4 weeks for a mother's milk supply to fully adapt to her baby's needs. Many women have more milk than needed initially. In time your body will respond by increasing or decreasing your supply in response to the amount of milk your baby takes from the breast. During periods of rapid growth, you may find she will feed more frequently to increase your supply to meet her needs. This frequent feeding will settle down within a few days.

The makeup of colostrum and breastmilk is different. Colostrum, the milk in the first 1-3 days contains higher levels of antibodies & lower levels of fats and lactose than breastmilk. Colostrum also acts as a laxative, helping her to pass the meconium (the blackish-green bowel motion that a baby first passes).

Breastmilk changes during a feed, throughout the day, and according to her age (to adapt to her changing needs). In hotter weather, babies will need to feed more frequently at the breast and do not need extra water as breastmilk contains everything that your baby needs.

It is recommended that you start each feed from the opposite breast to the one you started with the previous feed. This encourages stimulation of both breasts and helps to maintain an adequate supply of breastmilk

The use of dummies is discouraged in the first 4 weeks while breastfeeding is being established for the following reasons:

- Sucking on a dummy is a different sucking action than sucking at the breast.
- Can interfere with her ability to suck correctly at the breast.
- Can reduce the amount of stimulation of the breast which can lead to a reduction in the milk supply.
- May cause problems such as engorgement, breast refusal and cracked nipples.



Your Baby is Getting Enough Breast Milk When:

- She is generally content after feeds. It is helpful to remember that most babies will have at least one period each day (often in the evening) when they will seem more unsettled and want to be breastfed more frequently. This is often referred to as cluster feeding and is common in the afternoon and evenings.
- She has 6 or more wet nappies each day and her urine is a clear pale yellow colour.
- Bowel motions are soft and occur many times a day in the first 6-8 weeks. After this time there might be several days between bowel motions and this is a very common pattern for breastfed babies.
- Weight gains are within the normal ranges. It is important to look at the 'big picture'. Look at the average weight gain over a four week period rather than becoming too concerned about weight gains on a week-by-week basis. She may put on more weight some weeks and less in others.
- She is alert and has good skin colour and muscle tone.
- Her anterior fontanelle (soft spot on the top of her head) is not sunken



Returning to Work and Breastfeeding

Continuing to breastfeed when you return to work is beneficial for both you and your baby. You will both gain from the many health benefits associated with breastfeeding including the excellent protection for your baby from infections she may come in contact with. Continuing to breastfeed can also help make separating to go to work a little easier knowing that you will both be able to enjoy the special contact and closeness of breastfeeding.

Talk to your employer prior to returning to work about your breastfeeding needs. Some workers have lactation breaks included in their awards. You might be able to negotiate working part time or working shorter days initially. Her breastfeeding needs will depend on her age and how often she is feeding. You might express once or twice a day (depending on how your breasts feel and how often she feeds). If she is in childcare at your workplace you could go to her during your breaks or have her brought to you for breastfeeds.

Returning to Work and Breastfeeding continued

If possible, wait until she is around 4 weeks before you start expressing extra milk. You can express by hand or by a manual or electric pump.

As you prepare to return to work you might start offering a bottle of expressed breastmilk (EBM) once a day to help her become used to a bottle. If she is over 6 months you could offer her EBM from a cup. If she is not happy drinking from a bottle and is over 6 months then you could meet some of her milk needs by adding milk to her solids. If she wants more milk than you are able to express you can offer her infant formula but make sure you give her your EBM first.

She may not want to drink a lot of milk while you are at work and might instead take larger breastfeeds when you are together before and after work or overnight (depending on her age).

Keep your EBM in a sterile plastic bottle, container or storage bag (labelled with the date and time) in a refrigerator while you are at work if possible. When transporting your EBM it needs to be kept chilled in an insulated container with an ice brick. This milk can then be given to the person caring for her to use the next day.

Breastmilk	Room Temperature	Refrigerator	Freezer
Freshly expressed into a closed container	6–8 hrs (26°C or lower). If refrigeration is available store milk there	3–5 days (4°C or lower) Store in back of refrigerator where it is coldest	2 weeks in freezer compartment inside refrigerator. 3 months in freezer section of refrigerator with separate door. 6–12 months in deep freeze (-18°C or lower).
Previously frozen— thawed in refrigerator but not warmed	4 hours or less (ie the next feeding)	Store in refrigerator 24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feeding	Hold for 4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding, then discard	Discard	Discard

Source: 2003. Australian Dietary Guidelines for Children and Adolescents.

RECOGNISING & MANAGING BREASTFEEDING DIFFICULTIES

The following information provides brief descriptions of some breastfeeding difficulties and suggestions for managing each situation.

Breast Engorgement/Fullness occurs most often during the first few weeks of lactation. It is the result of your body's attempt to adjust to the feeding needs of your baby. This can also be a result of missed feeds, restricting feeds or over expressing. The alveoli become distended which in turn restricts the blood supply causing swelling and discomfort. Your breasts may become hard and large and the skin surface appears shiny and this can make it difficult for her to latch on to the breast. Express enough breastmilk prior to a feed to soften the areola to make it easier for her to attach correctly. Once she is attached to the first breast allow your other breast to flow with the 'let down' reflex (you will probably need to remove your bra and have a towel for the milk to drip into). Always make sure that the first breast is soft and comfortable before you offer her the other breast. You may need to express for comfort if she isn't emptying the breast sufficiently. Wear a well fitting nursing bra to help support your breasts. Applying a cold pack between feeds has been shown to relieve venous engorgement without having an effect on the letdown reflex.

Nipple Pain is not a normal part of breastfeeding. It may be caused by incorrect positioning and attachment, grazed or cracked nipples, engorgement or thrush. The best way to avoid nipple pain is to make sure she is positioned and attached correctly to the breast. If you are unsure if she is attached correctly (e.g. it just doesn't feel right) remove her from the breast and re-attach her (see section "your baby is correctly attached when"). If your breast is very full express enough breastmilk prior to the feed to soften the areola to enable her to attach correctly. Trying a different feeding position might be helpful. Apply a little breastmilk to the nipple after each breastfeed and allow the milk to dry for a few moments before replacing your bra and change damp breast pads frequently. If your nipples are cracked or damaged seek the advice of a health professional. If you are finding it too painful to put her to the breast, you can rest your nipples and express by hand or breast pump and feed her the expressed milk from a bottle or cup for a short period of time. It is best to limit this strategy to 24-48 hours. See your health professional for support when resting your nipples and when putting her back to the breast.

Thrush is often described as a 'shooting burning' pain, which radiates from the nipple back into the breast. The pain is sometimes more noticeable during feeding despite her being attached correctly. The nipple may appear slightly pinker than usual. There may or may not be a rash on the nipple and areola. The nipples can be itchy or dry. She may also have thrush in her mouth, or nappy area, your health professional will be able to diagnose and advise you regarding the use of a suitable medication. Keep your nipples dry by changing your nursing pads frequently and air dry your nipples when possible. If she has a dummy this should be boiled for five (5) minutes several times throughout the day and replaced every week whilst the thrush is present. Make sure you wash your hands with soap and water before and after you change her nappy and before you breastfeed.

Blocked Ducts can be indicated by a hard lump in the breast. To help clear a blocked duct gently massage toward the nipple while in the shower, or while she is breastfeeding. Position her with her chin pointed towards the blocked area if possible. Check your breasts regularly after feeds to ensure that she is draining the breast adequately. If the blockage persists consult your health professional.

Mastitis is an inflammation of the breast, which if left untreated can develop into an infection. Symptoms of mastitis include a tender, hot, red, hard area on the breast, flu-like symptoms may also be experienced eg, fever, chills, joint aches and pains.

Mastitis can be a result of:

- Incomplete drainage of the breast
- A change in her feeding patterns such as missing a night feed
- Nipple damage
- Pressure on the breast, especially during feeding i.e. a tight bra, pressure from your fingers (if you are trying to keep the breast away from her nose)
- Tiredness and poor diet may increase your chances of developing mastitis
- Over supply
- 'White spot' blockage on the nipple

Positioning and attachment plays an important part in preventing mastitis. If you are experiencing any pain when she is feeding or if you can see any damage to your nipples it is important to see a health professional who can assess your breastfeeding. Drain your breasts well. Become familiar with your breasts and nipples by checking them at the beginning & the end of each feed to identify any tenderness, lumps or damage.

Points to Remember with Mastitis:

This is not a good time to stop breastfeeding

It is important to continue to drain your breast when managing mastitis.

- Feed her from the affected breast first for 2 feeds in a row.
- Express the second breast for comfort if she doesn't feed from that breast.
- Apply moist, gentle heat (eg. a washer) if she is over 10 days old to the affected area, before feeding, to promote milk flow.
- Gently massage the affected area during the feed to help drainage.
- Apply a cold pack between feeds.
- If she won't feed, hand express or use a breast pump to drain your breast.
- Try to get as much rest as possible and increase your fluid intake.
- Take a gentle pain reliever such as paracetamol or ibuprofen as directed by your health professional for discomfort if required.
- Always wash your hands before breastfeeding.
- Change your nursing pads frequently.



You should start to notice an improvement after a few feeds.

- Antibiotics will be needed if there is no improvement within 24 hours, or the situation worsens. Consult your General Practitioner (GP) for the appropriate antibiotic. It is important to continue the antibiotic treatment for 10-14 days; even if you are feeling better (you will need two prescriptions for the antibiotics). There are antibiotics available that are safe to use when breastfeeding. Your baby will not get sick because the infection is in your breast tissue not in the milk.



Low Milk Supply

There are a number of reasons why your supply may be low including poor positioning and attachment, stress, sleepy baby, premature baby, drug interactions and some hormonal contraceptives. Supply will usually be equal to demand though sometimes may take a day or so to catch up.

To Improve Your Milk Supply:

- Make sure she is correctly positioned and attached.
- Feed her more frequently. Cluster feeds in the late afternoon and early evening are normal and help to improve your supply
- Avoid giving her infant formula, instead give some extra breastfeeds to provide greater stimulation to your breasts. This gives your body the message to produce more milk for her.
- Feel your breast before she starts to feed so that you have some idea how full it is. Make sure she has softened the first breast before offering the second breast.
- Express each breast, by hand or a breast pump, after as many feeds each day as possible for about 10 minutes (use this expressed milk instead of formula if needed). You can go back and forth between breasts when the flow stops, gently massaging your breasts will help to stimulate them. It may take some time until you notice an increase in your supply. The extra stimulation will tell your body to increase your supply.
- Look after yourself. Rest as much as possible. Ensure that each meal is nutritious, try not to miss meals. Accept offers of help from family and friends, they may be able to do some housework or cook some meals for you.
- Drink enough fluids to satisfy your thirst.
- Make feed times your opportunity to relax. Maybe even take the phone off the hook.
- If she is sleeping through the night, pick her up and breastfeed her at least once during the night



The following websites may be useful:

<http://www.breastfeeding.asn.au> (Australian breastfeeding Association)

<http://www.lalecheleague.org>

REMEMBER if you have any queries please consult:

- Child and Family Health Nurse
- Lactation Consultant
- Australian Breastfeeding Association (02) 8853 4999
- General Practitioner
- Karitane Careline on 1300 CARING (1300 227 464)



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