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Size: 131.18 sq. cm.

Step-by-step guide



1 Holding your baby Support your baby so he's lying on his side with his body in a straight line against yours. His body should face your breast so he doesn't have to turn his head to feed.

2 Rooting Touch his top lip and nose with your nipple to encourage him to open his mouth.

3 Latching on With your baby's mouth wide open, aim your nipple at the roof of his mouth. His mouth should take the nipple and a large part of the areola. You should see

more areola above his mouth than below it. If you have flat or inverted nipples or your baby has a weak suck, press your breast between your thumb and forefinger – this holds the milk ducts forward and makes it easier for him to keep his grip.

4 Checking his mouth His mouth should be wide open with the bottom lip curled back towards his chin. He gets milk by sucking and squeezing the nipple against the roof of his mouth. You feel tingling or a let

down reflex as the milk flows.

5 Continuing the feed Your baby will suck quickly at first, then settle into a slower rhythm. If he dozes off, gently wake him so he starts to suck again.

6 Finishing the feed Your baby usually stops sucking of his own accord. If you need to unlatch him, slide your little finger into the corner of his mouth to break the suction. He'll soon let you know if he's still hungry.



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get the fatty hindmilk, which is more filling.

Most lactation consultants agree that it is best to not time your feeds. If your baby is hungry but not allowed to feed because of a rigid schedule, your breasts will remain full and your milk production will slow down.

If you use a top-up with a bottle, your baby won't be sucking the whole amount from your breasts so you won't produce enough milk and will need to keep topping up.

When feeding becomes difficult, you'll find support in many guises in your local community. Karitane for example, has a national helpline 1300 CARING and offers a free service where a trained lactation consultant can help you over the phone with feeding issues. If you need urgent hands-on help, breastfeeding mums with problems are

what's happening."

Karitane can also help with volunteers who can come to your home to keep feeding on track if you don't have home support.

"It can be empowering for mums to know there are a whole lot of services out there to help," Kate says.

COMMON

seen as a top priority, says Kate Mejaha, a nurse unit manager at Karitane's Liverpool Family Care Centre. "Mums can come in and get crisis assistance with breastfeeding. They might be having difficulties attaching a baby onto the breast, or may have cracked or sore nipples and may be having problems with poor weight gain in the baby. So, we assess them and support the mums and build their confidence. Usually with a few small adjustments, everything goes fine."

Kate encourages mums to use the free service before things get desperate. She explains that many mums are disappointed. "We just say to them: 'You have an unexpected outcome, this is not what you expected, but this is what has happened.' We congratulate them for coming in and explain that it's very normal

PROBLEMS & SOLUTIONS

Lee King explains how the Australian Breastfeeding Association helps mums.





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"It can help so much for a counsellor to sit with a mum and watch how she holds the baby. There are simple things you can do to adjust the baby's position so feeding doesn't hurt – if it hurts something is wrong

with the position of the baby," says Lee.

This is when the baby's mouth is positioned so the nipple isn't completely taken into the mouth. Lee

says, "Often it's most helpful for the mum to come in so one of our consultants can see how the baby is latching on. We can also help with this over the phone because our

consultants are quite skilled at describing how the baby's mouth should look on the breast."

With cracked, sore or bleeding nipples Lee says if position and latching on aren't working sore nipples will occur. "Once mums have damaged nipples getting the position right will help and mums can express milk to help their nipples to heal. Going back to the basics, latching on and position, once these are right the breasts will heal quickly. You will keep getting sore nipples if the basics aren't sorted out."

Lee says: "If your breasts are like rockmelons it's really important to express a little milk. Your baby can get very frustrated if he can't get the nipple in his mouth and after a while he can

get tired. Think about the size of a baby's tummy – that little bit of milk you express isn't going to make a difference." **P&B**

TIP "I really loved it when I discovered I could feed lying down. It makes night feeds easier and you can almost feed in your sleep!"

**Kerri Smythe,
mum of Sebastian,
9 months**