

Calvary Maternity Unit Breastfeeding your baby



Calvary

Lenah Valley Hospital

Continuing the Mission of the Sisters of the Little Company of Mary

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Support groups

Calvary Lenah Valley's Breastfeeding Clinic

49 Augusta Road, Lenah Valley 7008
Telephone enquiries welcome at any time. Phone: 03 6278 5328

Australian Breastfeeding Association

Phone: 1800 686 2 686
(1800 mum 2 mum) for local group contacts, enquiries and breastfeeding counsellors.
www.breastfeeding.asn.au

Family and Child Health Services

Southern Tasmania
Phone: 03 6222 7641
Northern Tasmania
Phone: 03 6336 2130

For advice on your nearest Family and Child Health Clinic.

Parenting Centre

Southern Tasmania
Phone: 03 6233 2700 or 1800 808 178
Northern Tasmania
Phone: 03 6326 6188

For advice on information and support programs.

Centacare Family Services

Southern Tasmania
Phone: 03 6278 1660

Northern Tasmania
Phone: 03 6332 0600

For advice on information and support programs.

Southern Tasmanian Multiple Birth Association

www.tasmba.org.au for advice on information and support programs.

Parent Information Telephone Assistance Service (PITAS)

1800 808 178 for advice and support for any stressful parenting issues that need immediate attention. This is a free service and available 24 hours, 7 days a week.

Exclusive breastfeeding

Calvary Lenah Valley's Maternity Unit has adopted a breastfeeding policy that is based on the 'Ten (10) Steps to Successful Breastfeeding'. This policy is specified in the joint WHO/UNICEF statement dated 1989. Our Breastfeeding Policy is readily available upon request. WHO recommends exclusive breastfeeding for 6 months.

The hospital does not routinely give formula, boiled water, teats or soothers to healthy, breastfeeding babies, unless medically indicated and with your permission.

- The baby's suck on a bottle is different to the baby's suck on the breast, which may result in difficulty in latching on to the breast correctly.
- Even one formula or water feed in the newborn period can interfere with the protection against infection that colostrum or breast milk creates in the baby's gut.
- Formula is more slowly digested than breast milk. This increases the time between feedings. Less stimulation of the breast leads to reduced breast milk supply.
- Frequent drainage of the breast prevents engorgement. Giving formula or water complements can interfere with breast drainage and thus contribute to engorgement.
- Both soy and cows milk formula have the potential to create an allergic response.

- Studies have highlighted that breast feeding a healthy new born on demand, without giving formula/water:
 - encourages early milk production (within 24-48 hours)
 - decreases the likelihood of Jaundice in babies
 - supports better weight gain in infants
 - is associated with a longer and more successful lactation.

The recommendations from WHO on infant feeding are for continued breast feeding beyond six months once complementary foods have been introduced. The guidelines for introduction of complementary foods are when infants are 6 months of age.

Some important reasons to continue breastfeeding are:

- nutritional benefits
- emotional benefits
- positive effect on maternal behaviour
- positive effect on the mother child relationship
- convenience
- delayed menstruation.

Breastfeeding provides protective factors against maternal breast cancers.

Putting your baby on the breast

It is common for new mothers to feel awkward for the first few breastfeeds; breastfeeding is a learned skill. With practice, both you and your baby will learn to breastfeed well. Please ask for help from the nursing staff.

Preparing to feed

- Find a comfortable position.
- Sit upright with your back well supported.
- Allow your breast to fall naturally.
- Unwrap baby so you can hold him close.

Position baby

- The baby's whole body should be turned towards you, held in closely.
- Support him behind the shoulders, not the head; his head should be free to tilt back slightly.
- The baby's lower arm can be out of the way, around your waist, or tucked at the baby's side.
- The baby's mouth should be at the level of your nipple.

Attaching baby

- Place your finger or thumb just above the nipple; parallel with baby's lips.
- The fingers on the underside of the breast need to be well away from the areola.

- Use your thumb or finger to tilt the nipple towards the baby's nose, making the breast tissue on the underside easier to latch onto.
- Aim to offer the breast tissue rather than the nipple itself.
- Encourage baby to open his/her mouth wide, by stroking the lower lip with the breast tissue.
- Bring your baby to the breast. Plant the lower lip well down on the areola, then roll baby on, aiming the top lip just above the nipple.
- The baby's tongue should then be well under the breast, and the nipple should roll back to the soft palate.
- You may use your thumb or finger to help guide the breast and then the nipple into the baby's mouth.
- Check that the baby's chin is well against the breast; this will also leave the nose clear.

Indications of good attachment

- The baby should have his/her mouth wide open with both lips flanged out, creating a seal.
- NO PAIN. Some tenderness is normal on initial attachment but should not continue throughout the feed.
- Rhythmic sucking and no clicking noises.
- Well-rounded cheeks.
- The nipple should not look flattened or whitened at the end of the feed.



Breastfeeding after a caesarean birth

A caesarean delivery does not prevent you from breastfeeding in any way. The earlier you can put your baby to the breast, the less likely you and your baby are to have breastfeeding problems.

Feeding positions

The following positions may be more comfortable for the first week or so. Make sure you do not have pain, are relaxed and comfortable before you commence to feed. Following are a few suggestions that may help you.

- Sit up in bed or on a chair using pillows to support your back and arms.
- Lie down in bed with your baby lying beside you, and place a pillow

under your head and pillows behind your back.

- Lie on your side, cradling baby with your arm and feed from the upper breast.
- Sit up with one or two pillows positioned next to your thigh. Place your baby on a pillow with his feet toward your back. Use your hand under the baby's shoulder to lift baby so he is being fed slightly sitting up. If you are sitting on a chair, use a small stool to support your feet.

Going home from hospital

Beware of over tiredness and try not to do too much. Ask for assistance from family and friends and rest as often as possible. Do not let anyone persuade you that you 'cannot breastfeed after a caesarean'.

Your milk supply

A guide for breastfeeding mothers

Most new mothers want to breastfeed their baby, yet at three months almost half are no longer breastfeeding their babies.

Why do so many mothers wean early? For some it is a matter of choice. For many more it is a question of regret or sadness.

One of the most common reasons mothers give is the fear they don't have enough milk. This may be based on a variety of factors; a change in feeding pattern or baby's behaviour or weight gain. Sometimes, this concern is unfounded, and the baby is receiving enough, and at other times, the baby may be hungry and need more milk.

The following check list will help you decide whether your milk supply is low and what you can do about it.

How can you tell if your baby is getting enough milk?

Your baby is getting enough milk if he/she:

- is fully breastfed (no other fluids or solids) and having six or more very wet cloth nappies with pale inoffensive smelling urine in a 24-hour period. There may be less than six wet nappies if using disposables
- has some loose unformed bowel motions, ranging in colour from yellow through to greenish gold

- is alert with bright eyes, moist lips and good skin tone
- is reasonably content for some time between feeds
- has some weight gain averaged over a four-week period
- is fed according to need rather than schedule, although some sleepy babies may need reminding
- is allowed to stay on the breast until he/she is satisfied.

Why could your milk supply be low?

This could be because:

- your breasts are not getting enough stimulation
- your baby is not attached correctly
- your milk is not letting down efficiently due to tension, pain or over-tiredness
- regular use of complementary foods or early introduction of solids
- hormonal changes or illness in your body
- some drugs (including contraceptives) may lower milk supply.



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How can you increase your milk supply?

- Check that baby is well positioned at the breast.
- Feed your baby more frequently than usual.
- Help your 'let down' work by relaxing and breathing deeply.
- Allow baby to decide on the length of the feed, especially from the first breast.
- Offer each breast twice at each feed. First breast, second breast, short break for nappy change and cuddle, then first breast, second breast.
- Express some milk from your breasts between feeds.
- Look after yourself; take things easy for a couple of days, good diet.

Signs that your baby may be ready for a breast feed

- Baby is beginning to wake.
- Wriggling, tossing and turning or being restless.
- Signs of rooting.
- Attempting to suck fingers and/or hands.

Frequency of feeds

Babies should have unrestricted access to the breast to ensure regular drainage and stimulation of the breast and to ensure an adequate milk supply.

Most babies need 8 – 12 feeds per day in the early weeks. The amount of breast milk produced is tailored to the baby's needs, when baby is demand fed.

Most babies will feed from both breasts. Allow baby to finish first side then change to other breast. Most babies will come off the breast when finished feeding.

What if this does not work?

If the problem persists, talk to your local health professional or a breastfeeding counsellor.

Some medical conditions can interfere with baby's ability to take milk from the breast or to digest it. These situations need careful diagnosis and treatment. However, remember that most problems of low supply can be managed successfully with skilled help.

Advice is available 24 hours a day. If you have any concerns regarding breastfeeding our staff are available by phone on 03 6278 5328.

Soothers or dummies are known to cause suck confusion and decrease breast stimulation in the full term healthy infant. It is recommended that they be not used until breastfeeding is well established. Soothers may occasionally be offered to a premature baby in the Special Care Nursery, before the sucking reflex is fully developed to aid in the digestion of nasogastric feeds.



Sore and cracked nipples

Some nipple tenderness is common in the early days of breastfeeding. Problems can be painful and upsetting, but with help, can be quickly overcome.

To help relieve nipples

- Feed your baby often, and avoid delaying feeds. Frequent feeding helps because the baby is less impatient at feed times and sucks more gently as a result. Also, breasts will remain softer, allowing your baby to maintain adequate attachment.

Before feeds

- Make yourself comfortable and relaxed; breathe deeply.
- Massage breasts gently.
- Apply heat – warm shower and/or warm face washer.
- Express some milk to soften the areola, this will get the milk flowing and lubricate the nipple.

For pain relief, try applying a covered block of ice to the nipple and also ask your medical adviser regarding other alternatives.

During feeds

- Offer sore side last.
- Make sure your baby is properly positioned at the breast. That is, chest to chest and chin to breast. Positioning and attachment are the most common causes of nipple soreness.
- If you wish, you can restrict comfort sucking whilst the nipples are tender. Gently break suction with a clean finger before removing your baby from the breast.

After feeds

- Check your nipples for lines of stress and observation of shape.
- Express a few drops of milk and smear on nipple.
- Keep nipples dry; expose to air or gentle warmth.

To prevent sore nipples – avoid:

- Using anything drying or damaging to your nipples. For example, soap, shampoo, harsh towels.
- Wearing poorly fitted bras.
- Using suction breast pumps.

(If soreness persists, seek medical advice).

To help relieve cracked nipples

- Follow the suggestions above for sore nipples. Pay special attention to correct positioning and attachment, and allow air to circulate around the nipples.
- If feeding is too painful, take your baby off the breast temporarily to rest nipple and allow healing.
- Express milk by hand, or with a breast pump on a LOW setting.
- Commence feeding again gradually.
- See your medical adviser if healing is slow or you need pain relief.
- Discuss with hospital staff, lactation consultant, child health nurse or NMAA counsellor in regard to using a nipple shield.

REMEMBER, BREASTFEEDING SHOULD NOT HURT, IF IT DOES, ASK FOR ASSISTANCE.

For family and friends

Things you might like to know

Should a baby be fed on demand?

- Yes, this type of feeding suits both the mother and the baby, rather than feeding by a set schedule. All babies need to be treated as individuals.
- **How often?** There should be no limit to the number of feeds a baby has each day. 8 – 12 feeds are normal in the newborn period, however, the interval between feeds may vary.
- **How long?** Breastfeeds do not need to be timed. The baby will suck for as long as he needs to satisfy his/her hunger. Both breasts should be offered at each feed. The baby should feed from the first side until he/she appears satisfied before changing to the other side. Some babies may only need one breast per feed.

What does breast milk look like?

Colostrum

Colostrum or early breast milk is a clear yellow sticky substance. It is low in volume but is a concentrated nutritional source of both protein and antibodies. It supplies all the nutrition the baby needs in the first few days of life.

Transitional milk

Transitional milk is produced from the third or fourth day after birth. It varies between mothers from yellow to creamy white.

Mature milk

Mature milk is bluish white in appearance and translucent. It does not look like cow's milk or formula. It contains all the fluid and food nutrients required by the baby.

Is baby getting enough?

- An initial weight loss of 10% of birth weight is expected. At the end of the first week the baby should be gaining weight, be alert, be content between most feeds and have 6-8 well-soaked cloth nappies per day.

What should a baby's bowel action look like?

- A breast fed baby will usually have soft unformed bowel actions ranging in colour from yellow to greenish gold. They may have their bowels open every feed, or go several days without a bowel action.

Does a baby need to feed at night?

- Continuing to feed a baby overnight on demand will help to improve and maintain the supply of breast milk. It also helps to prevent breast engorgement as milk is being removed regularly.

What is 'rooming in' and is it necessary?

Rooming in is the practice of mother and baby staying together after birth until discharge, and is encouraged. This helps parents get to know and learn how to care for their baby, also it facilitates bonding. At night, mother and baby synchronise their sleep patterns and tend to wake up together.

Is it alright for a baby to have both breast and a bottle?

- The use of formula and water can interfere with the establishment of successful lactation. Formula feeds take longer to digest, reducing the need and desire to breastfeed. Also, because the sucking action is different on an artificial teat, the baby may not latch on to the breast well.
- If the baby needs extra fluid, for example on a very hot day, extra breastfeeding will provide it. Water is not required.
- Even one formula or water feed in the newborn period can interfere with the protection against infection that colostrum/breast milk is creating in the baby's gut.

Should a baby have a dummy?

- It is best to avoid soothers or dummies until breastfeeding is well established. The confusion over sucking action and the decrease in breast stimulation can delay the establishment of breastfeeding.

What are growth spurts?

- If the baby seems more hungry than usual it is often because he is growing and his appetite has increased. This is common at 5 – 6 weeks and again at 12 weeks. Giving extra feeds for a few days will increase the milk supply to meet the baby's new needs.

IT IS NOT a sign of decreased milk supply.

Should babies be swaddled?

- Because of recent research into Sudden Infant Death Syndrome (SIDS), it is recommended that babies not be wrapped tightly to sleep.

Does a mother need to avoid certain foods if breastfeeding?

- Breastfeeding mothers need to eat a well balanced diet. There are no particular foods, which should be avoided. Mothers should drink to thirst requirements.

Engorgement and coping with an oversupply

On the second or third day following the birth of your baby, your milk starts changing to thinner bluish white milk. Sometimes when this change occurs, there is suddenly a very large amount of milk and an increased amount of blood flow to the breasts. Engorged breasts may feel very tight, hard and uncomfortable.

If your baby is allowed to feed when he wants to, any engorgement quickly settles down and the right amount of milk is there for your baby. Let the nursing staff know if your breasts become too full or uncomfortable.

Suggestions to relieve engorgement

- Your baby may find it difficult to latch onto an engorged breast. To soften the areola, gently express some milk before attaching your baby.
- Warm washers placed on your breasts before a feed can help the milk to flow.
- Following feeding, cold washers and cold packs can relieve the pain. Some mothers find that clean, cold, crisp cabbage leaves placed over the affected area relieve engorgement. Cabbage leaves should be washed prior to use and changed approximately every 2 hours or when they become limp.
- Avoid giving your baby fluids other than breast milk. Other fluids will reduce your baby's appetite for breast milk.
- Remove your bra prior to commencing to feed your baby.
- Some mothers find one complete expression with an electric pump is helpful.
- Wake your baby for a feed if your breasts become too full and uncomfortable.
- If you notice lumps, soreness or redness with your breasts, be aware of the risk of blocked ducts and mastitis.

Engorgement is less common after the first week of breastfeeding. Sometimes it can recur if there is a sudden major change to your baby's feeding pattern. For example, if your baby sleeps through the night, is suddenly weaned or an illness in your baby.

Even after the early days of establishing breastfeeding, some mothers find that they will have 'too much' milk.

Some ways of coping with oversupply

- Use only one breast per feed. The reduced sucking will lower your milk supply. With one-sided feeding, it may be necessary to express the second breast for comfort after feed times.
- Express only enough milk for your comfort.
- If you notice lumps, soreness or redness on your breasts, commence treatment immediately for blocked ducts and / or mastitis.

If your baby has trouble coping with a fast flow of milk

- Lie down on your back to feed. This is often only necessary with morning feeds. Finish feeds sitting upright so that your breasts are adequately drained.
- Express the fast flow of milk away, or remove your baby from the breast after the 'let down' until the flow subsides.

Caring for your breasts during breastfeeding and preventing blocked ducts and mastitis

Breast infection – mastitis

The risk of developing breast infection (mastitis) in the first few weeks of breastfeeding is about 10 – 20 percent. With immediate and appropriate management, mastitis can often be prevented. Below are some tips to help you prevent, identify and manage this problem.

Causes

The factors that may contribute to Mastitis are:

- nipple damage (grazes and cracks), may be caused by poor positioning and attachment of the baby to the breast
- oversupply in the early weeks while your milk supply is adjusting to baby's needs
- sudden changes in feeding pattern, leaving the breasts too full
- being over tired, skipping meals and not caring for yourself.

Prevention

Nipples – correct attachment

- Your nipple should not look distorted when the baby comes off the breast.
- Early nipple tenderness should be improving. If not, please seek professional help as soon as possible.



- Maintain good hygiene (wash your hands) after nappy changes and before you handle your breasts.

Breast drainage

- By the second week, your baby may be feeding from both breasts more regularly.
- Offer the second breast after the baby comes off the first breast or if sucking slows down and swallowing occurs only occasionally.
- Changes in the feeding pattern, rushed feeds or baby going longer than usual between feeds can cause a temporary pooling of milk which could develop into mastitis.

- Make sure your breasts are well drained and comfortable by expressing as necessary.

Identification

- Gently check your breast after feeds, especially the late night feed or if baby drops a feed.
- You are looking for tender spots, lumps, firm areas not drained by the baby, which may develop into a problem between feeds. This may be a blocked duct.
- Prompt treatment will help prevent this temporary blockage / pooling from developing into a problem.

Signs and symptoms

- You may feel unwell and flu-like with a mild temperature or suddenly very sick with a high temperature.
- A tender or red, hot painful area may be noticed on the breast.

Management of the affected breast

Heat

- Apply moist heat (shower, hot packs and / or face cloths) to the affected area for at least 10 – 15 minutes before you feed.

Massage

- Gently massage the affected area towards the nipple (a drop of vegetable oil, eg canola on your fingers will prevent skin friction).

Empty the breast

- Wake baby for a feed, or hand express under the shower, as soon as you can.
- Feed baby in a position that directs baby's chin to the affected area, if possible.
- Feed baby on this breast first, for at least the next two feeds – do not limit sucking time on this breast. Express the second breast for comfort if necessary.

This is not the time to wean – continuing breastfeeding will resolve the problem quickly.

Rest

If you have developed an infection you need to give your body a chance to fight it by:

- Rest
- Accept any offers of help
- Increase your fluids
- Eat healthy foods.

After the feed

- Gently check your breasts.
- Apply cold packs (eg. Iced nappies, cabbage leaves) for 10 – 15 minutes after feeds.
- If there is no improvement contact:
 - Calvary Breastfeeding Clinic on 03 6278 5328
 - Australian Breast Feeding Association of Australia on 1800 686 2 686 (1800 mum 2 mum)
 - Your Obstetrician / General Practitioner if the problem does not resolve itself in 8 – 12 hours, or immediately if you feel ill.



Antibiotics

- If symptoms continue for more than 24 hours, it is essential that antibiotics be commenced.
- Research has shown that a broad-spectrum antibiotic (such as Flucloxacillin or Dicloxacillin) taken for 10 days is essential for treatment to be effective. The extended period for taking the antibiotics is required to prevent recurrence. Your doctor will order an antibiotic that will not harm your baby.

Herbal remedies

- Herbal remedies may be beneficial when used with conventional management.

REMEMBER THIS IS NOT THE TIME TO WEAN.

- If weaning at this time, it is important to try and delay it until the infection has resolved. Then, gradually reduce the number of feeds you give the baby, balancing this with your breast comfort.

Expressing milk

How to express milk

Expressing is when a mother collects her own milk by gently milking her breasts. This can be by hand or with a hand operated or electric breast pump.

Why express?

- If you need to go out without your baby.
- If you are returning to work.
- If the baby is premature or hospitalised.
- If you need to boost your milk supply.
- If you are overfull and uncomfortable or have a blocked duct or Mastitis.

Remember

- Express breast milk at least 20 minutes following a feed.
- It is important that your milk lets down when you express.
- Sit comfortably.
- Relax and breathe deeply.
- Warmth – you may apply gentle heat from a warm face washer.
- Massage – lightly massage your breasts towards the nipple before and while expressing.
- Stimulation – gently roll your nipple between your fingers.
- Positive images of your baby – think about your baby and / or look at his photo.

How to hand express

- Gently warm the skin and stimulate the nipples.
- Place your four fingers under your breast with your thumb on top several centimetres back from the nipple. Press the thumb in slightly towards the chest wall and then

move it towards your fingers on the other side of the breast.

- Squeeze the ‘knobbly’ sinuses under the skin and the breast milk will squirt out. Keep squeezing the breast in a rhythmic way like a baby sucking until the flow of milk stops.
- Move your hand around the breast, continuing to rotate the position of your hand until you feel you are getting very little milk from that breast.
- Your hands may tire easily to start with, so change hands and breasts often to rest them. Your hands will become stronger with practice.
- Use a clean, wide-mouthed deep plastic bowl to catch the breast milk.
- Place a clean towel over your knees to catch drips and dry your hands. When expressing, cleanliness is very important
- Wash your hands well with soap and water.
- Express into a wide-mouthed deep plastic bowl.
- Pour milk carefully into a plastic container, put the lid on and label with the date.

Expressing milk by hand is most like the action of your baby sucking. With a little practice you will become faster. Never judge your overall production by what you are able to express, as your baby drains the breast more efficiently.

Frequency

- Full term breastfed babies feed 8 – 10 times in 24 hours. This is an initial guide to the frequency of expressing, reducing to about 6 – 8 times in 24 hours when the supply of breast milk is established.
- The time interval between expressions does not have to be regular.
- It is important to express at night at least once to maintain supply.

Hand pumps

- Various kinds of hand pumps are available. They may be purchased at most pharmacies, are relatively inexpensive, easy to clean and are portable.
- The hand pump should be placed centrally over the nipple and pressed firmly against the breast.
- Pumping should not be painful. If it is, the 'pull' should be decreased.

Electric pumps

- Electric pumps may be hired or purchased for long-term use. Electric pumps may be purchased from various sources - consult your midwife to discuss your requirements.
- Expressing should be commenced with the pressure on low, and increased only to the level needed to draw the milk out.

Amounts to feed baby

All babies are individuals and should be fed to appetite. However, baby's fluid requirements may be worked out as shown below:

- from discharge to the end of the 1st week you should calculate as 150 mls per kilogram per day
- from the 2nd week onwards you should calculate as 200 mls per kilogram per day
- a baby weighting 3000 grams (or 3 kilos) at 2 weeks and having approximately 6 feeds per day is calculated as 200×3 divided by 6 = 100 mls per feed.

If you require assistance in relation to baby's fluid requirements please speak with one of our lactation consultants.

Storage of expressed breast milk

The following information applies to mothers with normal healthy infants, who are storing their breast milk for home use.

Cleaning

- Equipment used with breast milk does not need to be sterilised, just scrupulously clean. Wash all equipment in hot soapy water and rinse in hot water.

Storing

- All breast milk should be dated before storing. Store and freeze in plastic containers or sealable bags.
- Fresh breast milk may be kept at room temperature for 6 – 8 hours.
- Fresh breast milk may be kept refrigerated for up to 3 days.
- Frozen breast milk may be kept in a freezer compartment of a fridge for 2 weeks.
- Frozen breast milk may be kept in a separate refrigerator/freezer door for 3 – 4 months.
- Frozen breast milk may be kept in a separate deep freeze at a constant 0 degrees for 6 – 12 months.

Thawing

- Thaw breast milk by placing container under warm running water. Once thawed, milk needs to be used within 24 hours.

Heating

- Heat breast milk by placing container in a jug of hot water. Shake container well before testing temperature on the inside of your wrist.
- Do not use a microwave oven to heat or thaw breast milk.
- Do not reheat unused milk.

Transporting expressed breast milk

- Store expressed breast milk in a clean container.
- Put the container in an insulated cooler/esky bag with a freezer brick or ice to keep it chilled.
- Place breast milk into a fridge as soon as you can.
- Frozen milk should be placed into the freezer as soon as you arrive in the Special Care Nursery.

Why is my baby crying?

The crying of a young baby can be very worrying, but it is his way of telling his parents that he needs something. Picking up and cuddling or nursing your baby will not start 'bad habits' or spoil him. If he cries more than a few minutes, he needs you.

Some things for you to check

- **Is this your first few days at home from the hospital?**
Your baby may be unsettled because of the change in surroundings and routine.
- **Does your baby need more sucking?**
Sucking is very comforting to a baby. Let baby finish the first breast and then change sides.

- **Is your baby hungry?**

Watch the baby, not the clock. If he wakes 1 or 2 hours after a feed, he may be hungry. If your baby is unsettled immediately after a feed, there is probably another cause. Periods of increase in appetite can occur when your baby will want to feed more. This usually happens at 10 days, 6 weeks, 3 months and 6 months. Remember the more milk the baby takes from the breast, the more milk you will make.

- **Is your let down reflex working?**

Your milk is letting down if you can see a change in your baby's sucking rate after you start to feed. Before you feed, try to relax by making yourself comfortable. Breathing deeply together with a warm drink may help you.

- **Is your baby unsettled in the evenings?**

During the first weeks, many babies cry in the late afternoon and evening.

- **Is your baby lonely?**

A small baby needs to feel the warm reassurance of your presence.

- **Does your baby cry during the night?**

This is not a 'bad habit'. Most young babies need a feed during the night. Many mothers with 'colicky babies' find that many of the usual ways of comforting a baby do not work.

The causes are not fully understood but are usually thought to be something in the baby and will occur if the baby is breast or bottle-fed.

This type of crying can last for 3 - 4 months, but will eventually get better!

Some things to try

These suggestions may not work all the time - keep trying different things.

- Soothe your baby. Leaving him to cry could make it worse.
- Try cuddling, holding, patting, massaging or carrying your baby in a sling.
- Try walking, rocking or taking him for a ride in a pram or a car.
- Extra sucking on the breast.
- Warmth. Try cuddling him against your body or giving him a deep warm bath.
- Lay the baby on his/her stomach on your lap or chest, over your shoulder or along your arm.
- Music. Try singing or making rhythmical noises.
- Raise the head of your baby's cot.
- Let your baby kick without a nappy, to help expel wind.
- Talk to your medical adviser about any possible food allergens in your diet, which may be upsetting your baby.

Why is my baby refusing to breastfeed

The reason why a baby refuses to feed can be many and varied. Although it is distressing, breast refusal is usually a temporary condition. Some possible causes for you to consider are:

- your baby may be sick – teething, sore throat, ear infection or oral thrush are just a few conditions that may affect your baby's feeding
- immunisation – some babies refuse to lie on a sore arm or bottom
- use of a bottle, nipple shield or dummy may cause your baby to be confused by the different sucking actions required
- sometimes solid food given too early and too often may lead a baby to refuse the breast
- as babies get older, their feeding patterns change. Often they do not need as many feeds, as they can suck more efficiently and often feel full more quickly. If no other fluids are being given, 6 – 8 pale wet cloth nappies in 24 hours indicate that your baby is receiving enough breast milk
- some babies around 4 – 6 months become easily distracted during feed times
- some babies refuse to feed if they are exhausted or distressed from being left to cry for long periods
- your baby may remember a painful and upsetting experience at the breast. For example, nose drops
- in hot weather, some babies do not like the skin-to-skin contact

- sometimes, too much and too tight clothing that is putting pressure on sore areas can lead to breast refusal
- a baby may refuse if a mother's milk supply is low or the let down is slow, or if the flow is too fast and there are too many let downs
- a change to the taste or smell of the milk due to hormonal changes. For example, menstruation, the contraceptive pill, pregnancy, medication, premenstrual tension or mastitis
- a change in the taste, smell or appearance of the mother. For example, a different soap, perfume, deodorant, haircut or new glasses
- sometimes, if the mother is feeling stressed, the baby also may become unwilling to relax and feed
- if the mother has been separated from the baby for a long period
- sometimes a baby may refuse if switched to the second side too soon. The baby is fighting the high volume of milk in the second breast.

Often the reason for a baby's refusal is never discovered. Please see over for tips on coaxing your baby back to the breast.

Breast refusal

How do I coax my baby back to breastfeeding?

As the reason for your baby's refusal may never be discovered, you may need to try a wide range of methods to coax your baby back to the breast. You could try some of the following methods:

- if your baby is teething, ask your medical advisor/pharmacist for an appropriate teething gel. Also ice rubbed on the baby's gums before feeds may also be helpful
- express until your milk lets down. Trickle some breast milk into your baby's mouth with a spoon while he is positioned close to the breast
- relaxation for you both. For example, baby massage and deep breathing for yourself
- try feeding your baby whilst he is sleepy or still asleep
- limit the body contact by lying down to feed
- cuddle and play with your baby whilst naked from the waist up, then gradually offer the breast
- try different feeding positions, lying down, carrying the baby in your arms or a baby sling while moving around
- minimise distractions by feeding in a quiet darkened room with a monotonous background noise
- in hot weather, feed in the bath, use a fan or feed more frequently at night when it is cooler

- soothe your baby with a finger while rocking and singing, and then gently replace it with the breast
- if your baby is too used to a bottle, try using ice on your nipple to draw it out
- cut down on solids and other fluids
- wrap and hold your baby firmly, walk and talk kindly but firmly to your baby while offering the breast
- have someone else calm your baby, then attach the baby to your breast keeping physical and/or eye contact with baby to a minimum
- spend more time with your baby, smiling talking and lots of eye contact
- reduce your baby's sucking from other sources. For example, the use of a dummy or a bottle.

It is also important to note

- Every baby is different, and different approaches work for each baby.
- Hand express your milk while your baby is refusing your breast so that your milk supply doesn't decrease.
- Feed your expressed milk to your baby by spoon or cup.
- Keep a check on your baby's wet nappy count.
- This can be an upsetting and difficult time for you as a mother, please ask for support from your family and friends.
- Contact Calvary Lenah Valley's Breast Feeding Clinic or the Australian Breastfeeding Association in your area for further information and support with breastfeeding.

Supplementary feeding/use of dummies

Calvary Lenah Valley's Maternity Unit has adopted a breastfeeding policy that is based on the 'Ten (10) Steps to Successful Breastfeeding'. This policy is specified in the joint WHO/UNICEF statement dated 1989. Our Breastfeeding Policy is readily available upon request.

The hospital does not routinely give formula, boiled water, teats or soothers to healthy, breastfeeding babies, unless medically indicated and with your permission.

- The baby's suck on a bottle is different to the baby's suck on the breast, which may result in difficulty in latching on to the breast correctly.
 - Even one formula or water feed in the newborn period can interfere with the protection against infection that colostrum or breast milk creates in the baby's gut.
 - Formula is more slowly digested than breast milk. This increases the time between feedings. Less stimulation of the breast leads to reduced breast milk supply.
 - Frequent drainage of the breast prevents engorgement. Giving formula or water complements can interfere with breast drainage and thus contribute to engorgement.
 - Both soy and cows milk formula have the potential to create an allergic response.
- Studies have highlighted that breast feeding a healthy new born on demand, without giving formula/water:
 - encourages early milk production (within 24 – 48 hours)
 - decreases the likelihood of Jaundice in babies
 - supports better weight gain in infants
 - is associated with a longer and more successful lactation.
 - Soothers or dummies are known to cause suck confusion and decrease breast stimulation in the full term healthy infant. It is recommended that they be not used until breastfeeding is well established. Soothers may occasionally be offered to a premature baby in the Special Care Nursery, before the sucking reflex is fully developed to aid in the digestion of nasogastric feeds.

Cup feeding

Cup feeding is an alternative method of feeding your baby.

Why cup feed?

- Mother ill.
- Baby not latching on.
- Mother resting damaged nipples.
- Slightly pre-term baby who cannot take sufficient from the breast.
- Cleft palate.

The advantages of cup feeding

- The baby controls the feed (how quick, how much, rests etc).
- It does not take much energy.
- It is safe. Aspiration will not occur if you do not pour the milk into the baby's mouth.
- It stimulates the olfactory nerves, lingual lipases and saliva.
- It promotes good eye contact.

The disadvantages of cup feeding

- A little milk may be lost, because the baby has an active tongue.

How to cup feed

- Babies learn to cup feed quickly and will open their mouths in readiness for the cup. Any small cup with a smooth lip or edge will be suitable (for example, a medicine measure). The baby is held in a semi-upright position, with his hands gently restrained. Rest the cup on the baby's lower lip and dribble the milk just into the front of the baby's mouth. The baby will soon learn to lap or sip the milk. He may push some of the milk back out with his tongue, so ensure the cup is kept resting on the lip to ensure no milk is wasted. The baby pauses when he needs to – he 'controls' the feed.
- Do not pour the milk into the baby's mouth. Avoid a 'tidal wave' of milk into the baby's mouth, as this may cause him to cough and splutter.

Cup feeding is easy both for the mother and baby. It should be a pleasant experience.

Silicon nipple shields

Nipple shields can be an option for some nursing mothers. When used correctly, with follow up support and advice, they may allow the continuation of breastfeeding for mothers who otherwise may suppress lactation.

Silicon nipple shields have helped some lactating mothers to continue breastfeeding. However, it is important that when considering the use of a nipple shield the following information is understood.

Research has shown in some cases the following:

- prolonged use of a nipple shield can reduce milk supply
- prolonged use of a nipple shield may reduce nipple and areola stimulation
- use of a nipple shield may alter the suck pattern of babies
- nipple shields may be difficult to withdraw
- baby may need to suck longer when using a nipple shield.

It is not appropriate to use a nipple shield before mother's milk 'comes in'. If you are experiencing problems at this stage, the colostrum should be expressed and given to the baby by cup or spoon.

For successful use of a nipple shield it is important to remember the following:

Follow up regularly with the Calvary Breastfeeding Clinic or your Child Health Nurse for advice on:

- your baby's weight and well being
- withdrawing use of the nipple shield. When your nipples improve and you feel confident to begin feeding without the shield make an appointment at the Calvary Breastfeeding Clinic for assistance with correct position and attachment
- to allay any fears you may encounter.

This information is provided to support your decision to successfully breastfeed your baby.

References

1. Australian Breastfeeding Association.
2. Brodribb W, Breastfeeding Management 4th Edition (2012).
3. National Health & Medical Research Council, Infant feeding guidelines (2012).
4. WHO/UNICEF, 'Ten steps to successful breastfeeding' (1999).

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About Calvary

Calvary is a Catholic, charitable organisation with more than 12,000 staff and volunteers operating public and private hospitals, retirement communities and a national network of community care services across Australia. We are a leading provider of palliative and end of life care, continuing the Mission of the Sisters of the Little Company of Mary.



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