

Calvary Maternity Unit

Prenatal breastfeeding
information



Calvary

Lenah Valley Hospital

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



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Breastfeeding - a vital health issue

A child health issue

- Breast milk contains all the nutrients a baby needs for at least the first six months of life.
- Breast milk provides resistance to disease by:
 - providing antibodies to fight bacterial and viral infection
 - lessening the risk of allergy
 - reducing the risk of SIDS, ear infections, urinary infections and bacterial meningitis.
- Breastfed babies have a lower risk of developing:
 - insulin dependent diabetes mellitus
 - heart disease in later life.
- Breastfeeding enhances eyesight, intelligence, and speech and jaw development.
- Breastfeeding reduces the risk of hospitalisation, even in developed countries.

A women's health issue

- Breastfeeding helps the uterus return to its pre-pregnant state and aids weight loss.
- Breastfeeding reduces the risk of pre-menopausal breast cancer and ovarian cancer.
- Breastfeeding delays the return of menstruation.

A family issue

- Breastfeeding is convenient and budget conscious.
- Breastfeeding is environmentally friendly.

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

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 six months.

- 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 breastfeeding 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 importance of continuing to breastfeed

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

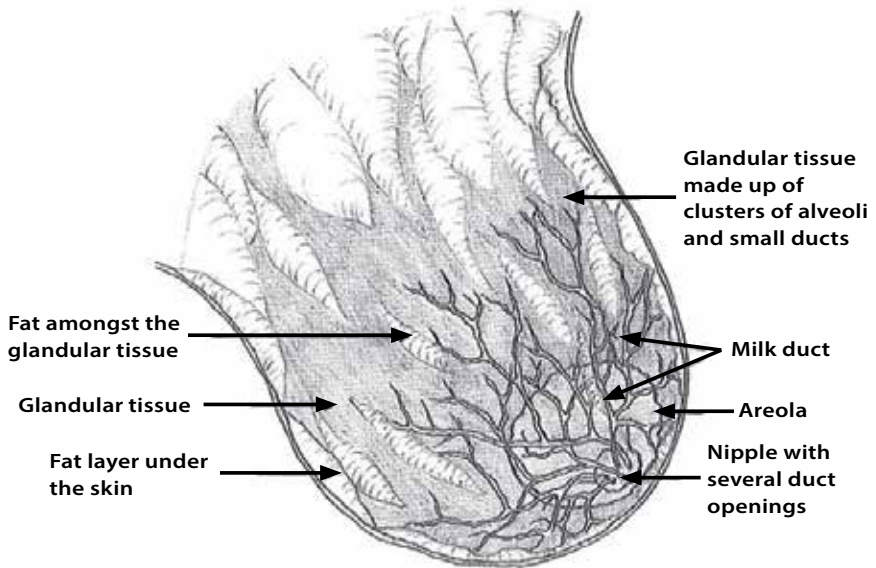
Research has shown continued breastfeeding gives mothers protective factors against maternal breast cancer.

Breastfeeding

It helps to know

- Women successfully breastfeed without any nipple preparation. Finding out about breastfeeding by reading and talking to other mothers who have breastfed is useful.
- Nipples come in many different shapes and sizes. The size or shape of your breast does not affect the breast's ability to make milk, and babies feed by milking the breast tissue and underlying milk pools, not just sucking on the nipple.
- Avoid washing your nipples with soap and putting drying lotions or creams on them.
- Handle your breasts and nipples gently by patting them dry after washing.

- If you wear a bra, check that it fits comfortably as breasts change during pregnancy.
- Many women do not notice any milk in their breasts during their pregnancy, but some would notice a thick yellowish liquid leaking from their nipples toward the latter half of their pregnancy. This is called colostrum and it is the first milk produced when the baby is born. There is no need to express this milk.
- Women with extremely flat or inverted nipples may like to discuss this with their medical adviser. Some extra help attaching the baby for the first few weeks may be needed. However, the normal changes during pregnancy and birth often correct flat and inverted nipples.
- Some women have very large nipples and need to teach the baby to open his mouth wide at the beginning of the feed so that the nipples do not become sore.



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How breastfeeding works

The more breast milk your baby drinks, the more milk your breasts will make. When your baby sucks at the breast, hormones are released which make the milk and cause the breast to push out or 'let down' the milk.

After your milk lets down, it gradually becomes creamier and richer in calories and fat. This hindmilk is needed for your baby to grow and to satisfy his/her hunger.

You can tell if your let down is working by:

- a change in your baby's sucking rate. At first your baby will suck and swallow rhythmically, at about one suck each second.
- some mothers feel a tingling sensation within the breast, or a pins and needles sensation
- sometimes there is a sudden feeling of fullness in the breast and your other breast may start to leak milk
- you may become thirsty.

Emotions like anxiety, embarrassment, tension or extreme tiredness sometimes affect the let down. Being relaxed helps your milk to let down more readily.

- Make yourself comfortable with pillows, a warm drink etc.
- Express a few drops of milk before putting your baby to the breast.
- Gently massage your breast as your baby feeds.
- Check that your baby is well positioned at the breast.

The importance of early uninterrupted skin to skin contact and the first breastfeed

Healthy newborns placed immediately on the mother's abdomen/chest for uninterrupted skin to skin contact from birth exhibit behaviour that leads the infant to find the mother's nipple and commence suckling. Typically, after the cry at birth, the infant lies still and relaxed, then becomes more active with opening of his/her eyes and putting his/her hands to his/her mouth and touches the nipple.

At some stage during this active period the infant usually tries to bend his/her head back and sense brushing the nipple and areola with his/her open mouth and or hands to stimulate the nipple.

When the nipple is erect enough the infant gapes widely and grasps the nipple and begins to suckle. Immediate and undisturbed skin to skin contact between the mother and baby, which is continued until the baby has had the first breastfeed, is very important. The baby is allowed to follow his/her normal sequence of innate feeding behaviours and initiate breastfeeding when ready in an unhurried environment, taking advantage of the baby's natural alertness present at this time.

It enables him/her to learn to suckle more effectively and has been shown to increase the duration of breastfeeding. Midwives can provide assistance by keeping mother and baby together and encouraging the mother to recognise her baby's innate feeding behaviour.

For mothers who have had a caesarean birth (and not a general anaesthetic), the above skin to skin contact should commence preferably in theatre unless a medically indicated procedure is required or the mother's or baby's condition prevents.

Skin to skin contact is also important for babies whose mothers have decided to feed their baby with a breast milk substitute.

Healthy newborns placed immediately on the mother's abdomen/chest for uninterrupted skin to skin contact from birth exhibit behaviour that leads the infant to find the mother's nipple and commence suckling.



Baby's first breastfeed

Getting breastfeeding right, from the start, can help mothers and babies to be successful, with minimal or no problems.

There is evidence that starting to breastfeed within the first hour or so of birth has a beneficial effect on breastfeeding. A successful first breastfeed will build the mother's confidence in her ability to breastfeed. Additionally:

- the baby starts receiving the immunological benefits of the colostrum
- peristalsis (the gut's movement) is stimulated to promote the passage of meconium, lessening the risks of jaundice
- correct sucking at the breast at this early time may avert the possibility of sucking difficulties later
- the bonding and attachment of the mother and baby are appropriately enhanced
- stimulation of uterine contractions for the delivery of the placenta, minimising blood loss
- skin to skin contact early maintains infant body temperature, lessening infant energy requirements
- helps to stabilise infant blood sugar levels
- increased skin to skin contact will help the newborn to breastfeed
- evidence shows that mothers will breastfeed for longer

- less risk of engorgement through the regular drainage of the breast
- increased stimulation of the breast and synthesis of breast milk, with less infant weight loss.

After delivery, the baby is usually in an alert state. Recent research suggests that most babies, if unaffected by analgesia given during labour, will exhibit a spontaneous pattern of behaviour.

In this research, the babies were placed in a prone position on the mother's chest. The babies opened their eyes, and then start mouthing. Hand to mouth movement starts at an average 34 minutes post delivery. Without assistance, the babies gradually moved and found the nipple.

The babies finally attached and suckled an average 55 minutes after birth. Another study confirms these observations and also found that even brief separation from the mother for measuring and dressing had a strong negative effect on the first breastfeed.



So after birth, the baby should remain with the mother, and preferably her partner should be with them. This period immediately after birth should be private, relaxed and peaceful for the new family. When appropriate, tasks such as the mother showering, or bathing the baby, or ringing all the family, can wait until later.

Unless there is a medical reason (eg prematurity), the mother and baby remain together, and routines adjusted so that the initiation of lactation takes place at the 'right' time. Breastfeeding then proceeds according to the baby's needs, with no restrictions on sucking frequency or length.

In summary

- You should discuss your wishes with birthing unit staff on arrival.
- After birth, the baby is placed on your chest, dried and kept warm by wrappings over you and the baby, or an overhead heater if necessary. Continuous skin to skin contact until the first feed.
- The baby will gradually find his/her way to the breast, and latch on and suckle. You should respond naturally to the baby, including appropriate positioning of yourself and the baby.
- The baby should not be hurried, or 'forced' to the breast.
- The baby should suckle until he/she comes off naturally.



Signs that your baby may be ready for a breastfeed

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

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, and 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.

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.

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, maintain a healthy diet.

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.

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

Soothers or dummies

Soothers or dummies are known to cause suck confusion and decrease breast stimulation in the full term healthy infant. It is recommended that they not be 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.

Rooming in

This means that the baby stays with its mother at all times, from birth.

The advantages of rooming in are:

- it facilitates baby led-breastfeeding
- it promotes mother-infant bonding
- it helps prevent cross-infection
- it allows the new mother and baby closer contact with the father and other family members
- you quickly learn about your new baby, its patterns of behaviour and feeding and how to cope with and care for your baby.

After delivery, the baby remains with you, and subsequently goes with you to your room.

The midwife provides support and assistance to you with the night time feeds if you so desire – handing your baby from the cot, helping you to be in a comfortable position. It is not always necessary to change the napkin, as minimal disturbance of the baby will help it to settle quickly after a feed.



Contrary to popular opinion, mothers who have their babies with them at night do not lose sleep, in comparison with mothers whose babies are in a nursery. In fact, there maybe some beneficial effects including better quality sleep. You are less likely to be disturbed by the sound of other babies in the night.

Rooming in after caesarean section requires extra support and assistance from the midwife which will be provided as needed.

Working and breastfeeding

It is possible to continue to breastfeed after your return to work or study. Many women do this successfully. Breast milk is the best food for your baby, so even if you are planning to return to work, consider that breastfeeding for a short time, or partial breastfeeding is better for your baby than ceasing breastfeeding. The following will provide you with ideas to assist you in continuing to breastfeed.

Young babies (6 weeks to 6 months)

- Go to your baby for each feed. This can be achieved by:
 - having the baby at work with you
 - have your carer bring the baby to you
 - arrange childcare close to your work place.
- If the above is not possible, express milk for your carer to feed to your baby. You will need to leave enough for at least two feeds. Feed your baby prior to leaving for work and again as soon as you come home. While you are at work, you will probably need to express your milk once or twice, depending on how long your working day is and also how full your breasts feel. You could do this in your breaks, and if possible, store the milk for your baby's next day feeds.



- Arrange for the baby to have bottles of infant formula when you are at work, and to breastfeed frequently for the remainder of the day, at nights and weekends.

The older baby

- Continue to leave expressed milk and other suitable food.
- Partially wean the baby. The baby is given infant formula or other suitable weaning food when you are away, and breastfeeds when you are at home.
- Always breastfeed before giving solids to maintain your supply.



Common questions

Doesn't breastfeeding mean that my baby won't take a bottle?

Some mothers worry that a breastfed baby will not feed from a bottle and this is going to be a problem when they return to work.

- Ensure baby is used to taking a bottle occasionally. After the baby is a few weeks of age, give some expressed breast milk in a bottle or cup. Try this once or twice a week.
- Ask someone else to give your baby a bottle feed, and stay out of your baby's sight. If the person who will be caring for your baby later is available, this is often the best way for your baby to get used to the changes.

- Some mothers find it easier to teach their baby to drink from a cup rather than a bottle. For small babies, use an ordinary cup or glass with a fine rim. Older babies (six months or more), like to drink from baby cups, which are available in shops.

Isn't it more difficult to leave a breastfed baby?

- Breastfed babies are no more difficult to leave than bottle fed babies.
- Breastfed babies are all individuals, and just as with bottle fed babies, some are clingier than others. However, you can make it easier to leave your baby by gradually increasing the time you are away and leaving him with the same familiar carer.

Support groups

Calvary Lenah Valley 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.

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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