



56 Rawhiti Avenue, Matamata  
07 881 9100 ext 3

## CLIENT INFORMATION

Na to raurau me toku raurau ka ora ai te tangata e  
With your contribution and my contribution we will be well

# BREASTFEEDING YOUR BABY

This information is intended as a guideline only.  
If you have any questions please talk to your LMC or to Maternity Staff.



## CONTENTS

Pohlen Hospital Breastfeeding Policy	3
WHO 10 Steps to Successful Breastfeeding	4
Benefits of Breastfeeding	5
Newborn Behaviour	6
Skin to Skin	7
Initial Breastfeed	8
Demand Breastfeeding	8
Feeding Cues	8
Milk and Milk Composition	9
Getting the Balance Right	9
Positioning for Feeding	10
Attachment	12
Signs of Milk Transfer	13
Rooming In	13
Safe Sleeping for Baby	13
When will Baby Sleep Through the Night	14
Father's Role in the Breastfeeding Family	14
What a Mother Eats	14
Expressing and Storing Breastmilk	14
Breastmilk Storage Tips	16
Helpful Hints for Breastfeeding Problems	17
References	19
Breastfeeding Support Contact Numbers	20

**POHLEN HOSPITAL Breastfeeding Policy** is based on the WHO 'Ten Steps to Successful Breastfeeding'. A full copy of the Pohlen Hospital Breastfeeding Policy is available for viewing.

**POHLEN HOSPITAL:**

- Promotes and protects breastfeeding, acknowledging that breastfeeding provides for optimal health.
- Staff comply with the World Health Organisation (WHO) Code of Marketing of Breastmilk Substitutes by promoting breastfeeding as the preferred feeding option for the first six months of life and by implementing the WHO Ten Steps to Successful Breastfeeding.

Breastfeeding will be a unique experience for you and your baby, regardless of whether you have breastfed a baby before. While breastfeeding comes naturally for many women, it is also natural for many women to require assistance and support to initiate and maintain breastfeeding.

Breastfeeding is a learning process for both you and your baby. It looks easy but it often takes several attempts to get it completely right. Your time and patience will be rewarded.

The staff in the Maternity Unit are committed to supporting breastfeeding and are here to help and guide you towards successful breastfeeding. A Lactation Consultancy Service is available through Waikato Hospital as well as other support networks available in the local community. Please ask your Midwife if you would like to make contact with any of these external networks.

## THE WORLD HEALTH ORGANISATION (WHO)

### Recommends that:

- Breastfeeding is exclusive to 6 months. (This means that no juice, water or other food be given to the breastfeeding baby for the first six months of life.)
- That breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired.

### The World Health Organisation

#### *Ten Steps to Successful Breastfeeding:*

1. To have a written breastfeeding policy that is communicated to all health care staff.
2. To train all health care staff in the skills necessary to implement this policy.
3. To inform all pregnant women about the benefits and management of breastfeeding.
4. To help mothers initiate breastfeeding within a half-hour of birth.
5. To show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. To give newborn infants no food or drink other than breast milk unless medically indicated.
7. To practise rooming-in – allow mothers and infants to stay together – 24 hours a day.
8. To encourage breastfeeding on demand.
9. To give no artificial teats or pacifiers (also called dummies and soothers) to breastfeeding infants.
10. To foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

### **NGĀ KŌRERO WHAKAMARAMA**

#### Ngā Arawhata Tekau mō te Ūkaipō

1. Me whai kaupapa here mō te ūkaipō, mō ngā kai mahi Hauora.
2. Me whakapakari i ngā kai mahi hauora i ngā pūkenga, kia whakatinanahia e rātou te kaupapa.
3. Pānuitia ki ngā wāhine hapū ngā painga o te ūkaipō, me te whakahaere hoki i taua kaupapa.
4. Āwhinatia ngā whaene ki te ūkaipō ā rātou pēpi, i roto i te haurua hāora muri tata mai i te whānautanga.
5. Tohutohu ki ngā whaene ki te ūkaipō ā rātou pēpi, me pēhea hoki ka mau tonu te rere o te waiū, ahakoa wehe rātou i a rātou pēpi.
6. Tohutohu ki ngā whaene, kia kaua e whāngai ā rātou pēpi ki ētehi atu tūmomo kai, wai rānei, ko te wai ū ānake. Waiho mā te takuta te kī menā ka whāngai ērā atu kai.
7. Me nohotahi te whaene me tōnā pēpi i te ruma kotahi mō te rua tekau mā whā hāora ia rangi.
8. Me akiaki kia whāngai i te wā e tangi kai ana te pēpi.
9. Tohutohu ki ngā whaene, kia kaua e hoatu tētehi tūmomo tītī tawhaiwhai, ki ngā pēpi kai ū.
10. Me whakaatu ki ngā whaene kei whea ngā roopu whakahaere ūkaipō mō te wā ka puta rātou i te hohipera.

## **THE BENEFITS OF BREASTFEEDING ARE KNOWN AND ARE WORLD-WIDE**

In the initial weeks after birth, your baby's organs are still developing. The immune system which fights infection and disease is not well developed until baby is 4-6 months old. Your breast milk contains cells that protect your baby during this time.

Giving other fluids such as water or formula in the early days can reduce the amount of stimulation your baby's sucking provides to assist the establishment of your milk supply. This may reduce your milk supply. Formula may also upset the protective coating that colostrum provides in your baby's bowel, which helps fight off infection and prevents allergies developing. If you have a full term, healthy baby, your colostrum should be all your baby needs until your milk supply establishes.

Some babies do need extra fluid for medical reasons. Expressing at this time will maintain your supply and you can give your baby your expressed breast milk.

Breastfeeding provides advantages with regard to general health, growth and development, while significantly decreasing risk for a large number of acute and chronic diseases.

### **For Example:**

#### ***For baby:***

- Better mental development
- Less eczema
- Protection against ear infection
- Better oral development

#### ***Breastmilk is the perfect food***

- It is easier to digest
- No constipation
- Supply increases with demand

#### ***Breastmilk offers Protection from Chronic Illness***

- Lymphoma
- Allergic diseases
- Crohns disease
- Insulin-dependent diabetes
- Other chronic digestive diseases

#### ***Breastmilk offers***

- Special properties for brain development

#### ***Breastfeeding decreases incidence and severity of***

- Diarrhoea
- Meningitis
- Pneumonia
- Ear infections
- Urinary tract infections
- Lower respiratory tract infections

## **FOR MOTHER:**

### **Health benefits**

- It helps the uterus return to its pre-pregnancy size faster and with less bleeding.
- Faster return to pre-pregnancy figure and weight.
- Reduced risk and increased prevention against:
  - Obesity
  - Osteoporosis
  - Breast Cancer
  - Ovarian and Uterine Cancer

### **Convenience**

- No preparation
- Very portable
- Ready on demand
- Always at the right temperature
- Free
- Time saving
- Safe and clean

## **NEWBORN BEHAVIOUR – Breastfeeding Patterns**

There is a wide variation in what is normal. In the early days it is normal for baby to want to breastfeed long and often, and feed almost continuously for several hours at a time then sleep for several hours and repeat this pattern until your milk is more plentiful. Newborn babies tend to be most wakeful during the night and sleepest during the day. Babies fed 10 or more times a day during their first days of life are less likely to develop jaundice around days 5 or 6. The healthy baby will give you 'cues' that he/she is ready to feed.

Some babies are not interested in feeding or are very sleepy for the first few days. This may be because of a long labour or caesarean birth. Encourage your baby to breastfeed 8-12 times a day, by trying to rouse him/her during a light sleep cycle. (Look for rapid eye movements, arm, leg, lip movements and changes in facial expression.)

During the first day or two, baby will only wet one or two nappies each day. As your milk 'comes in', the number of wet nappies will increase and baby's stools will change from black meconium to green and by the fifth day, to yellow.

All babies tend to lose weight during the first 3-4 days after birth due to shedding excess fluid in baby's tissues at birth and the passing of meconium. A weight loss of up to 10% is normal.

Babies cry for many reasons – overtiredness, overstimulation, loneliness, discomfort. Also babies have different temperaments; some are extremely sensitive to change and stimulation while others are more adaptable. If feeding doesn't seem to help settle a crying baby, look to see if there is another cause for baby to be unsettled.

## SKIN TO SKIN

In Pohlen Hospital we aim to promote skin-to-skin contact for each baby born. Babies are placed in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.

### Why is skin-to-skin contact important?

*It helps with the following:*

1. Assists with bonding.
2. The baby is more likely to latch and breastfeed.
3. Prolongs breastfeeding duration.
4. Releases colostrum ready for the baby.
5. Enhances “baby-led” breastfeeding. Breastfeeding is a programme in the baby’s hindbrain and is “baby-driven”.
6. Assists in the transition period – from foetal to neonatal life – for the baby. It enhances stabilisation of behaviour, and facilitates adaptation to the outside world.
7. Encourages breastfeeding – driven by smell, taste, voice – the unwashed breast is best.
8. Stabilises heart rate, temperature, blood pressure, pulse, oxygen saturation and therefore bloody sugars.
9. Babies cry less (therefore aids blood sugar stabilising).
10. Offers pain relief during painful procedures.
11. Colonises baby with maternal pathogens.
12. Takes advantage of the baby’s alert period after birth.
13. A latch usually occurs by 50 minutes as long as there is no influence from drugs given during labour.
14. Separation from the mother doubles the baby’s stress hormones. These levels decrease when baby is given back to mother.
15. Higher maternal oxytocin levels. This helps:
  - a. To increase lactation
  - b. With the delivery of the placenta (high oxytocin levels at 15, 30, 45 minutes after birth are significantly elevated)
  - c. To increase the temperature of maternal chest wall
  - d. To provide a sedating and calming effect

Reference: New Zealand Breastfeeding Authority

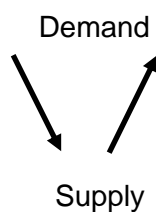
## INITIAL BREASTFEED

**Breastfeed as soon as possible after birth.** If you are able to have immediate skin-to-skin contact with your baby after birth, for an uninterrupted period of at least an hour and ideally longer, this will help the establishment of breastfeeding when you are both ready. Skin to skin contact will help you get to know and bond with each other and help with breastfeeding success and increased breastfeeding duration. Babies will normally be dried at birth, and a blanket placed over the baby and mother to ensure the baby remains warm.

**Keep your baby with you day and night.** Rooming-in allows you and your baby to know one another and you to develop confidence in meeting baby's needs.

## DEMAND FEEDING

Milk supply is assured by demand feeding / baby led feeding. Breast stimulation / milk removal increases milk supply.



Babies are the best judges of their nutritional needs.

With research we now know that:

- Breastfed babies need to feed when they demand to.
- Mothers should let baby feed as he/she wants to.
- Baby will feed frequently.
- It is normal during the initiation period of breastfeeding that the pattern of feeds is different from day-to-day.
- Baby will cluster feed (have lots of feeds close together) at times.
- Baby needs no timing, just free access to the breast.
- A newborn baby has a small tummy.
- Breast need the stimulation of feeding to ensure a good milk supply.

## FEEDING CUES

### Early Feeding Cues

*Baby wants to be fed when these early cues are first noticed:*

- Rapid eye movement
- Moving his/her head from side to side/tossing and turning
- Wriggling
- Mouthing
- Licking/sucking sounds or movements
- Hands to mouth movements
- Beginning to 'squeak' or make soft cooing or sighing sounds
- 'Fussiness'

### Late Feeding Cues

If baby is left until he/she shows late feeding cues (especially crying), it may be more difficult to get baby to 'latch' onto the breast.

- Sucking on their fingers or fists
- Crying



## **MILK AND MILK COMPOSITION**

Breast milk is a constantly changing food that adjusts to the age and needs of your baby.

The composition of your breast milk is never constant. The amount of protein, fat, sugar (lactose), and other components change. The milk you produce if your baby is delivered prematurely is different from milk you would produce after nine months of pregnancy. And that milk is different from the milk you will produce after a few months. Mothers make milk that is suited to the needs of their own babies.

The first milk your body produces is called colostrum. This looks yellowish and creamy. A small amount of it is produced, but it is exactly what is needed until milk supply establishes approximately day 3-4. You should not need to supplement with anything else.

Colostrum is high in protein and helps your baby resist infection. It also acts as a laxative, helping babies pass the thick, green/black meconium (the first stool). This is important in reducing the risk of development of jaundice.

Your milk will gradually change from colostrum to mature breast milk. However, truly mature milk is not present until about three weeks postpartum. Colostrum remains in the transitional milk for up to 14 days. This milk is thinner and sometimes slightly bluish in colour, rather than the yellow colour of colostrum. Some women become anxious that their milk is not thick enough now to satisfy their babies. But in fact, it is all your baby needs for the next six months; normally, no artificial formula, water, or juice are needed.

## **GETTING THE BALANCE RIGHT**

Milk composition also changes throughout every breastfeed. The milk your baby takes at the end of a feed is different from the milk at the beginning of a feed. As you start she will get a lot of milk quickly. This milk (called the foremilk) is high in volume, low in fat. So although your baby gets a lot quickly, this milk is low in calories, but high in protein and other good things to help her grow and resist infection.

As your baby feeds, the composition of your milk gradually changes. After the first few minutes the amount of milk she gets slows down. You will see that her sucking also slows down, with longer pauses between periods of sucking.

As she sucks less frequently, she starts to get milk that is low in quantity and higher in calories; it is called the hindmilk. This is a gradual change that happens throughout the feed.

**It is essential that your baby get a good balance of both the foremilk and the hindmilk.**

Only in this way will she be able to take in enough milk and enough calories.

The only person who knows when your baby has had the right balance of foremilk and hindmilk is your baby.

Your baby understands her own appetite, and she knows when she is full. To ensure that she gets a good balance, therefore, all you need to do is:

- Let baby feed when hungry
- Let baby stay on each breast until had enough and comes off the breast

## POSITIONING

**Holding baby:** There are different ways you can hold your baby to breastfeed:

### ***Football hold***

This position may be a good choice if you're recovering from a C-section, you have large breasts or you're nursing two babies at once. Hold your baby at your side, with your elbow bent. With your open hand, support your baby's head and face him or her toward your breast. Your baby's back will rest on your forearm. It may help to support your breast in a C-shaped hold with your other hand. For comfort, put a pillow on your lap and use a chair with broad, low arms.



### ***Side-lying hold***

A lying position may help your baby latch onto your breast correctly in the early days of breastfeeding, especially after a C-section. It's also a good choice when you're tired.

Lie on your side and face your baby toward your breast, supporting him or her with the hand of the arm you're resting on. With your other arm and hand, grasp your breast and then touch your nipple to your baby's lips. Once your baby latches on, use the bottom arm to support your own head and your top hand and arm to help support the baby.



### ***Cradle hold***

The cradle hold is similar to the cross-cradle hold, but you support the baby with the arm on the same side as the nursing breast, rather than the opposite arm. As with the cross-cradle hold, sit up straight — preferably in a chair with armrests. Cradle your baby and rest his or her head in the crook of your elbow while he or she faces your breast. For extra support, place a pillow on your lap.



### **Cross-cradle hold**

Breast-feeding can be awkward at first. Experiment with various positions until you feel comfortable. The cross-cradle hold is ideal for early breast-feeding. Sit up straight in a comfortable chair with armrests. Hold your baby crosswise in the crook of the arm opposite the breast you're feeding from — left arm for right breast, right arm for left. Support the baby's trunk and head with your forearm and palm. Place your other hand beneath your breast in a U-shaped hold to guide the baby's mouth to your breast. Don't bend over or lean forward. Instead, cradle your baby close to your breast.



© Mayo Foundation for Medical Education and Research. All rights reserved.

Experiment to find one that is comfortable for you and your baby.

### **Positioning at the breast:**

- Lie your baby on its side with the body facing you
- Support your baby's back with your arm
- Hold your baby close to your body
- Bring baby to your breast – not your breast to baby
- Make sure that baby's mouth is wide open, baby's tongue is forward and right down so that the tip of the tongue extends past the bottom gum line and baby's chin touches your breast
- Bring baby to your breast quickly

### **When your baby is on your breast the right way:**

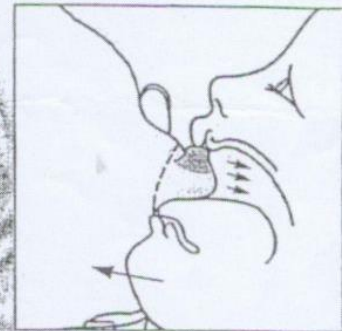
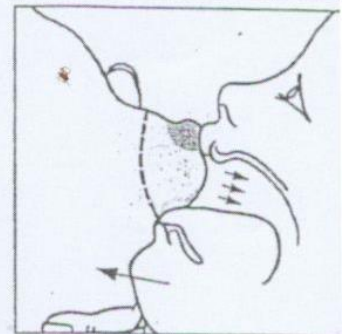
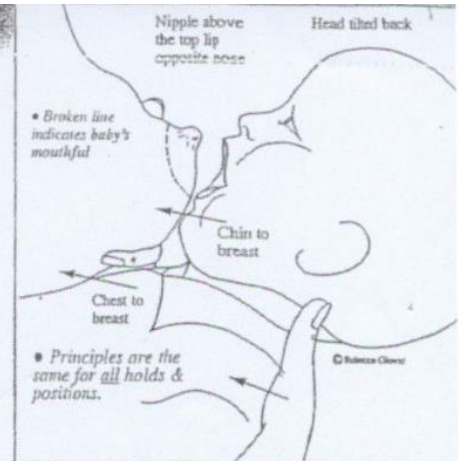
- Your baby has a big mouthful of breast
- Your baby's chin is close in against your breast
- If you listen you will hear your baby swallow
- The initial latch may feel a bit tender at the start of a feed when baby draws the nipple into his/her mouth, but this should ease off

### **Breastfeeding should feel good**

- If it doesn't – start again – slip your finger in the side of your baby's mouth to break the seal. Letting your baby suck the wrong way can cause problems.
- If you feel pain in your nipples or breasts get assistance.

## ATTACHMENT – THE KEY TO SUCCESSFUL BREASTFEEDING

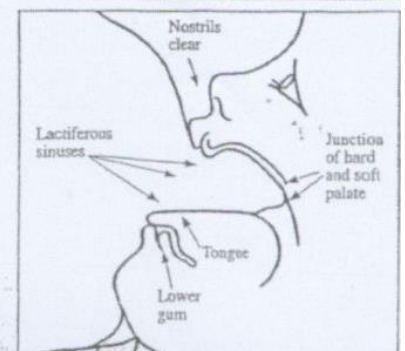
- Sit upright, with your back well supported.
- Hold your unwrapped baby behind the chest and shoulders.
- Allow baby's head to fall back onto your wrist/forearm, presenting baby's chin first. This is essential for baby to take the proper mouthful.
- Position baby underneath your breasts.
- Use your hand & arm to snuggle baby's chest up into the base of your breast. Make sure baby's chest & your breast are touching.
- Ensure baby's whole body is facing you.
- Position baby so your nipple is above baby's top lip & opposite baby's nose.
- Tease baby's bottom lip & chin with the breast & areola.
- Wait for baby to respond with wide open mouth, tongue down.
- Quickly bring baby onto the breast. Push behind baby's chest & shoulders, never behind baby's head.
- Watch: baby's bottom lip curl out & take 3-4cms of breast below the nipple, baby's chin sink into your breast & your nipple brush or fold under baby's top lip.



### Milk Is Removed By Baby's Tongue



A muscular wave rolls backwards squeezing milk out into baby's throat.



Anatomical Press © Barbara Glover

## **SIGNS OF MILK TRANSFER TO BABY:**

When baby is positioned correctly, the milk ducts located beneath the areola are drawn into the baby's mouth and compressed between the roof of the mouth above and the tongue below. A wave-like movement of the baby's tongue puts pressure on the milk ducts, causing milk to flow out through the openings in the nipple. A sudden release of milk from the breast is called the let-down reflex or milk-ejection reflex. You may feel a tingling or burning sensation in the breasts or you may see milk leaking from one breast while the baby feeds on the other breast. Don't be concerned if you see or feel nothing as every mother is different. Watch your baby – listen for signs of swallowing. His sucking pattern will change from short, rapid sucks to a slower, rhythmic suck-swallow pattern. The suck-swallow pattern causes movement in the upper jaw that makes the baby look like he/she is wiggling the ears.

## **ROOMING IN**

Rooming in is keeping your baby beside you at all times while you are in hospital. Studies show that there are benefits for both you and your baby when you are together day and night throughout your stay in hospital.

### **Why is rooming-in important?**

1. Significant increase in the successful initiation of breastfeeding
2. Promotes successful breastfeeding
3. More likely the baby will be exclusively breastfed
4. Increases the duration of breastfeeding
5. Mother learns to identify baby's cues
6. Separation is stressful for both mother and baby
7. Babies breastfeed more frequently
8. Decreases the risk of breast engorgement
9. Breastmilk supply increases earlier
10. Mothers produce more milk
11. Babies gain more weight
12. Decreases jaundice
13. Encourages bonding
14. Improves the infants sleep
15. Makes no difference to maternal fatigue
16. Most medical procedures will be performed in mother's presence
17. Reduces the rate of infection
18. Reinforces (to the mother) her importance to the baby

## **SAFE SLEEPING FOR BABY**

SIDS is the unexpected and unexplained death of an infant under one year of age. The following information promotes a safe sleeping environment for your baby.

Safe sleeping is a baby lying flat and on the back in a baby bed, on a firm and fitting mattress, with bedding tucked securely so as not to come loose (or no bedding and baby in a sleep sac), the space bare and face clear, baby breathing smokefree air, and in the same room as a sober carer when that carer is asleep.

### **Facts to consider when co-sleeping**

- No adult sized duvets, only cotton sheets and blankets.
- Only one pillow per adult.
- Ensure all pillows are kept well clear of baby. Baby does not need to rest or lie on pillows.
- Do not over wrap or over dress a baby who is co-sleeping.
- If breastfeeding make sure you have attached baby to the breast correctly.
- Make sure you are using the correct side-lying breastfeeding position for breastfeeding in bed if you intend to sleep while breastfeeding in bed.
- Have a look at the bed environment, has baby enough space and won't fall / roll out of bed.
- Ensure you can get up out of bed if you need to.
- Don't co-sleep with your baby if you are excessively tired and would not wake easily to respond to your baby's needs.

- Don't co-sleep with your baby if you smoke or smoked during pregnancy and / or if you have been drinking alcohol or taking drugs.
- Don't co-sleep with your baby if you are on any type of medication which would make it difficult for you to respond easily to your baby's needs; ie. strong painkillers or sleeping tablets.
- Don't co-sleep with your baby if there is another adult who will be sleeping in the bed who is excessively tired, or who smokes, or who has been drinking alcohol or taking drugs, or who is taking any medication which would make it difficult for them to respond to the baby; ie. strong painkillers or sleeping tablets.
- Don't co-sleep with your baby when there are other children sleeping in the same bed.
- Never leave baby unattended on an adult bed.
- Never co-sleep with your baby on a water-bed or on a couch.
- Make sure fitted sheets and bottom sheet is fitted snugly so it cannot cover baby's face.
- Make sure mattress is flush against head and foot boards.
- Remove toys or other objects.
- Avoid strings or ties on night clothes.

### **WHEN WILL BABY SLEEP THROUGH THE NIGHT**

Every baby is different. Some babies will breastfeed every 2-3 hours, day and night, for many weeks. Others will breastfeed every 1-2 hours when awake and sleep for longer periods of time. By 6-12 weeks of age, many babies will sleep from midnight until 4 or 5 o'clock in the morning. You may simply need to change your idea of *night!*

### **A FATHER'S ROLE IN THE BREASTFEEDING FAMILY**

You and your partner have made an important decision to breastfeed your baby. Breastfeeding benefits everyone who is a part of your baby's life as breastfed babies make parenting easier. Breastfeeding does take time and energy, especially in the early weeks. It is easy to get discouraged – especially fathers. Let your partner know how much you need his support as you learn to care for your baby.

Hints for fathers:

- Learn all you can about breastfeeding
- Help with nappy changing, burping and positioning mother and baby for feeding
- Each day spend time alone with your baby – go for a walk, bath baby, sing to, play with, read to and cuddle baby
- Listen to your partner's worries and let her know that you are very proud of her and behind her 100%
- Offer practical help with meals, housework or looking after other children
- Spend time alone each week with your baby's mother

### **WHAT A MOTHER EATS:**

- For breakfast affects the baby in the late afternoon and evening
- For lunch affects the baby in the middle of the night – midnight until about 4.00am
- For tea affects the baby from about 5am and throughout the day

### **EXPRESSING AND STORING BREASTMILK:**

There may be times that you need to express breastmilk to give to your baby and it is important that you know how to do this.


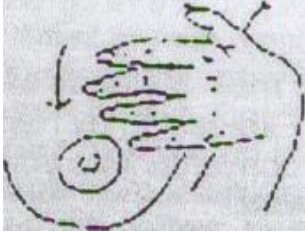
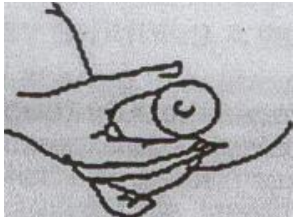
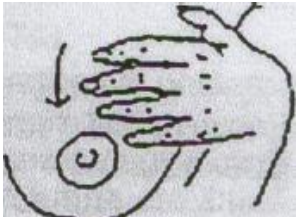
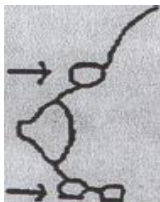

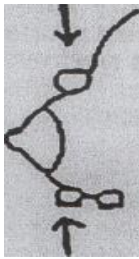
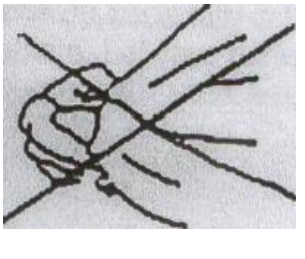
The main methods of expressing breastmilk are:

- Expressing by hand: This is a skill that is easy to learn, is gentle, cost free and convenient as you are able to express at any time or place that is suitable for you.
- Hand Pump: If this is necessary for home use there are a variety of pumps that can be purchased.
- Electric Pump: In hospital you may have used an electric pump. A limited number of these may be available for home use in some circumstances.

## Expressing Breastmilk and Storage Guidelines

- Ensure equipment used is sterilised and your hands are washed thoroughly.
- Ensure you are seated in a comfortable position and feel relaxed while expressing. Thinking about your baby will help stimulate your let-down reflex.
- If expressing for a baby who is initially unable to feed at the breast, start expressing as soon as possible after delivery. Express 6-8 times in 24 hours for 15-20 minutes at a time or until the flow of milk is reduced to a few drops. You are trying to mimic, as closely as possible, normal breastfeeding. Don't panic if your supply drops. As your baby begins to feed at the breast, your supply will increase.
- If you need to go out without your baby, express a little milk *after* the early morning feed (when your milk supply is often best). Put this into the fridge to cool and then into the freezer. The next day express again at the first feed, and when the milk has *cooled* place in the freezer. Repeat each consecutive day until you have sufficient stored to cover your outing. Take your breast pump out with you and express while you are out and place in the freezer when you arrive home, ready for the next outing.

### Instructions for hand expression of Breastmilk

	Before starting to express it can be helpful to massage each breast in a circular action, using the fingertips. Finish by stroking the breast toward the nipple.	
	Place the pad of the index finger centrally underneath the breast on the outer edge of the brown areola. Place thumb in a similar position above the top of the areola.	
	Hold the breast <b>back</b> toward the chest wall. Do not slide the fingers down toward the nipple. This is the 'trick' to hand expressing.	
	Gently but firmly, rhythmically compress and release the breast. Imagine that the finger and thumb are going to meet. Repeat the action after moving the fingers to a different place around the edge of the areola.	

## BREASTMILK STORAGE TIPS

- When freezing breastmilk leave space at the top of the container. Milk expands as it freezes.
- Solid plastic containers are the best for storing breastmilk as human milk cells adhere to glass after 24 hours. This means baby will not receive these cells if the milk is stored for more than 24 hours in the fridge or freezer.
- Always label each container with the date and time you expressed. This will allow your milk to be used in date order.
- Defrost breastmilk by either putting it in the refrigerator overnight or place it under warm (not hot), running water. **Never use a microwave to thaw or warm breastmilk as it may create hot spots and it destroys some beneficial vitamins and enzymes.**
- Fat in breastmilk will separate and rise to the top, so gently remix the fat with the rest of the breastmilk.

## STORAGE DURATION FOR HUMAN MILK

Note that these guidelines are for expressed breast milk that is fed to healthy, full-term infants who live at home.

Storage Conditions	Storage Time	Comments
Room Temperature (<26°C)	4 hours	Cover containers and keep them as cool as possible (eg surround the closed container with a cool towel to help to keep the milk cooler)
Refrigerated	48 hours	Store milk in the back of the main body of the refrigerator
Frozen		Store milk toward the back of the freezer, where the temperature is most constant
• Freezer box in refrigerator	• 2 weeks	
• Separate door fridge / freezer	• 3 – 6 months	
• Separate deep freeze	• 6 – 12 months	

Information supplied by the Ministry of Health



## HELPFUL HINTS FOR BREASTFEEDING PROBLEMS

### Sore Nipples:

During the first few days of breastfeeding nipple tenderness may occur at the beginning of a feed when baby latches on the breast and draws the nipple and areola into the mouth. If the baby is positioned correctly on the breast, the soreness will only last a minute. If the baby is positioned incorrectly on the breast, the soreness will continue and nipple damage may occur.

Hints for relieving sore nipples:

- Ensure the baby is correctly positioned on the breast. His/her chin should touch the breast and the mouth should be wide open.
- If your breasts are full and hard, express a small amount of milk to soften the breast before baby latches on.
- Breastfeed the least sore breast first and when the let-down reflex occurs and milk begins to flow, move baby to the sore breast and breastfeed only long enough to relieve the fullness and soften the breast.
- If both breasts are sore, use a warm, wet flannel and gently massage to start the flow of milk before you put the baby to the breast.
- If necessary, breastfeed more often – every 1-2 hours and for shorter periods of time – 10-15 minutes or until the breasts are soft.
- After feeding put a small amount of colostrum or breast milk on the areola and nipple and air dry.
- If soreness, cracking or bleeding continues, call your Health Care Provider for ongoing assistance and support.

### Use of a Nipple Shield

A nipple shield is a device made of silicone, designed to be placed over the nipple during breastfeeding. (Bottle teats should never be used as shields.) Nipple shields should be considered as a last resort and used in conjunction with skilled help.

Before deciding to use a nipple shield consider asking for a second opinion about your feeding difficulty. Better results may be achieved by spending more time in learning how to position and 'latch' baby to the breast.

### Breast Engorgement:

During the first week after birth, your milk supply will increase and your breasts will get larger and heavier. Frequent breastfeedings will relieve the fullness, but if you delay or miss feeds, engorgement can occur. Your breasts will be swollen, hard and painful.

Hints for relieving engorgement:

- Hand express or pump a small amount of milk or colostrum before the feed. This will soften the breasts and make it easier to position the baby correctly.
- If the breasts are leaking freely, a warm shower may make milk expression easier. However, as heat can increase swelling; do not use this unless the breasts are leaking freely.
- You can increase the flow of milk by gently squeezing the breast when baby pauses from sucking or, gently massage the breast in a circular pattern during the feed.
- Hand express or pump after the feed, only to relieve fullness.
- Put ice packs on your breasts between feeds – for no more than 20 minutes at a time. After a 20 minute break, repeat the application of ice packs for a further 20 minutes. (Wet then frozen, disposable nappies make good ice packs.)

### Establishing and maintaining a milk supply:

The following suggestions will help you build and keep a good milk supply.

- Breastfeed whenever your baby seems fussy or hungry. During the early weeks, expect to breastfeed at least 8-12 times in 24 hours or every 1-3 hours during the day and every 2-3 hours at night. Sometimes a sleepy baby will not ask or demand to feed often enough, therefore, during the first four weeks, keep your baby with you day and night. Watch for early signs of hunger and offer the breast at those times.

- Breastfeed as long as the baby wishes on the first breast before offering the second breast. If the baby falls asleep while breastfeeding and the first breast is still firm and full, break the suction, burp and wake baby and put him/her back on the first breast.
- Offer both breasts at every feed. However, do not be concerned if your baby seems satisfied with one breast as each breast can provide a full meal. It is more important that baby breastfeeds well on one breast than breastfeeds on both breasts. If necessary, hand express or pump a little milk to soften the other breast, and then begin the next feed from that side.
- Avoid the use of water or formula supplements/substitutes.
- Drink to satisfy your thirst and eat a balanced diet.
- Get plenty of rest.

## **Growth Spurts**

Your baby will let you know when he/she needs more milk due to a growth spurt. During growth spurts, baby needs a few days of more frequent feeding. This lets your breasts know that more milk is needed. Your breasts usually take 1-2 days to respond by producing more milk. Growth spurts commonly happen at 10 days after birth, 6 weeks, 3 months and 6 months.

If your baby is not gaining well or is losing weight, contact your Midwife, Plunket Nurse, Well Child Provider, Lactation Consultant or the La Leche League. In most cases, improved breastfeeding will quickly resolve the situation but in some cases, slow weight gain may indicate a health problem which should be looked at by your Doctor or Paediatrician.

## **Nipple Thrush:**

### ***Possible signs and symptoms of nipple thrush are:***

- Burning nipple pain that continues throughout the feed and sometimes continues after the feed is over. This pain typically begins after a period of pain-free nursing.
- Intense, constant nipple or breast pain that is not improved with better latch-on and positioning.
- Possibly a deep stabbing or shooting pain within the breast during or after feeding.
- An itchy or burning sensation of the nipples.
- Unusually pink or red nipples that may or may not be cracked or have a rash. Nipples may not have visible symptoms.
- Baby may have white patches in the mouth that do not come off when lightly wiped.
- You may have vaginal thrush or your baby may have thrush of the bottom with a bright red or pink nappy rash that might peel or resemble a burn.

### ***Some things to know about thrush:***

- To prevent thrush, wash your hands carefully before each breastfeed and after each nappy change.
- If you or your baby have been on antibiotics recently, and you have some of the above symptoms, thrush may be the cause.
- Treatment can take several forms. Your doctor or midwife may prescribe a medication which may be in the form of a gel for applying to your nipples (not for baby).

### ***Treatment - Gel or creams:***

1. Wash your nipples with clean, warm water and let them dry. You may use a hairdryer (at a distance) to help drying.
2. If using a **gel**
  - Apply the gel to your nipple and areola and let it dry. It will go sticky initially.
  - If the gel is to be used for baby as well, wash your hands and then put a sliver of gel onto your finger and wipe it around the inside of the baby's mouth and gums.

- Feed the baby and repeat the process each feed.
3. If using **cream**
- Only apply the cream to the nipple after the feed. Do not put the cream into the baby's mouth. The cream is for you, not baby. Wipe off any cream left on the nipples, before feeding.
  - Sometimes your Doctor may give you a cream for the baby's bottom. Wash your hands before and after applying this cream.

**Tips:**

*Feeding*

- Feed on the not so sore side first.
- If the pain is too much, express and feed the baby your breastmilk using a medicine glass.
- Your baby may show signs of fussiness and/or may pull off the breast for no obvious reason several times during the feed. Baby may also be quite unsettled at times. This will improve as the thrush improves.
- **Do not freeze** any breastmilk you express during this time, as freezing does not kill the fungus. However, you may give the baby your freshly expressed milk.

*Clothing*

- Throw away disposable breastpads after each feed. Wash the non-disposable cloth breastpads after each feed.
- Wash any clothing (bra, breastpads, t-shirt, nightie) that comes into contact with your nipples in **hot, soapy water**. Thrush is a fungus and cold water washing does not kill it. Wash bra and clothing daily.

*Food*

- Decrease your intake of sugar.
- Decrease your intake of yeast based products such as bread.
- If you like acidophilus yoghurt, eat some daily. Tablets are also available.

**Breast Infections:**

A breast infection (mastitis) can occur when bacteria enter the breast through a break in the skin. Signs of infection include flu-like symptoms, pain and fever (greater than 38.4°C). The breast can be red, hot and painful.

Treat by:

- Calling your midwife, Lactation Consultant or GP as it may be necessary to take an antibiotic. You should finish the course of any antibiotic prescribed. You may also need to take medication for pain.
- Apply warm (not hot) water before feeding to aid let-down and relieve pain.
- Continue to breastfeed on both breasts 1-3 hours during the day and 2-3 hours at night.
- Start feeding on the uninfected breast until let-down occurs then switch to the infected breast. Feed only until this breast softens. If necessary express.
- Cold packs after feeding may help.
- Get plenty of rest.

**REFERENCES**

- MOH Pamphlet *Breastfeeding your baby* 2002
- *Evidence Based Guidelines for Breastfeeding Management during the First 14 Days*. International Lactation Consultants Association April 1999
- Spangler, A. *Breastfeeding Your guide to a health, happy baby* 3<sup>rd</sup> Edition Education Resources and Services for Parents and Health Care Professionals
- Spangler, A. *Breastfeeding A Parent's Guide* 7<sup>th</sup> Edition (2000)
- UNICEF UK Baby Friendly Initiative – *Sample bed sharing policy* <http://www.babyfriendly.org.uk/bedshare/asp>
- Mohrbacher N, Stock J, (2003) *The Breastfeeding Answer Book* 3<sup>rd</sup> Edition La Leche League International
- NZBA – Storage Duration For Human Milk
- Renfrew M, Fisher C and Arms S (2000) *The New Breastfeeding: Getting Breastfeeding Right for You*.
- Glover R *Attachment – The Key to Successful Breastfeeding*

## BREASTFEEDING SUPPORT CONTACT NUMBERS

La Leche League Matamata (Angela Lovett)	07 212 4050
Breastfeeding Clinic (Waikato Hospital)	021 761 935
Breastfeeding Centre (River Ridge)	026 358 5982
Plunket Line	0800 933 922
Matamata Plunket	888 7247
Putaruru Plunket	07 883 7256
Te Aroha Plunket	07 884 8019
Tokoroa Plunket	07 886 4018
Tamariki Ora Well Child Service Bonnie Hireme Raukawa Trust Board	027 248 1759 880 9774
South Waikato Pacific Island Health Committee Inc Mae Thomas - Well Child Nurse Mereaumata Vano - Karitane Nurse	07 886 0010 Fax 07 886 0004
Whiti Gage Raukawa Trust Board	027 549 8241 880 9774
Fran McKay Lactation Consultant	888 8864