



Infant feeding Information Booklet





North East and North Cumbria
Local Maternity System



INTRODUCTION AND DOWNLOADS

This booklet aims to answer some common questions which you, your partner and family may have about feeding your baby. Throughout this booklet there are links to videos, websites and further information which you may find useful.

You may also find it useful to download the Baby Buddy app www.babybuddyapp.co.uk

and sign up to the Start4life Information service

<https://www.nhs.uk/start4life/>

The Breastfeeding Friend from Start4life, is also available 24 / 7 with lots of useful information and expert advice .

Available on:

[Amazon Alexa](#)

[Google Home](#)

[Facebook Messenger](#)



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GETTING STARTED WITH BREASTFEEDING





MEETING YOUR BABY FOR THE FIRST TIME

SKIN TO SKIN

Being held against the skin of a loved one is the perfect way to begin life in the world.

This is known as skin-to-skin and it has several benefits such as:

- ♥ Keeping baby calm
- ♥ It's a warm and cosy place where baby's ideal temperature can be maintained
- ♥ It steadies baby's heart rate and breathing
- ♥ Helps baby to find the breast for the first feed
- ♥ Babies are able to pick up friendly bacteria protecting against infection.
- ♥ Skin to skin stimulates the release of oxytocin, also known as the "love" hormone. This hormone is important for breastfeeding, bonding and baby's brain development.

<https://www.youtube.com/watch?v=0vzW9qPz3So&feature=youtu.be>



Breastmilk contains all the nutrition your baby needs as well as protective cells and antibodies that helps to develop their own immune system and fight off illness. It is tailored to meet your baby's needs. **Watch this video for more information**

<https://www.youtube.com/watch?v=iqDX7Hojjk>

FOR BABY: Babies who are breastfed have a reduced risk of :

- ♥ chest infections
- ♥ urinary tract infection
- ♥ gastroenteritis
- ♥ constipation
- ♥ allergies
- ♥ ear infections
- ♥ asthma and eczema
- ♥ obesity and diabetes
- ♥ Sudden Infant Death (SIDS)
- ♥ tooth decay

FOR PARTNER:

Knowledge that your baby is getting the best possible start in life

- ♥ It's free
- ♥ Less smelly nappies
- ♥ Less preparation time - no sterilisation needed

FOR PERSON BREASTFEEDING:

- ♥ Reduced risk of breast and ovarian cancer
- ♥ Reduced risk of cardiovascular disease and diabetes
- ♥ Can help you to maintain a healthy weight
- ♥ Can lower risk of postnatal depression





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The Realities of Breastfeeding

- ♥ Many parents see breastfeeding as a natural process but, like learning to dance, it takes time and practice. Parent and baby will learn this new skill together. It can take up to 6-8 weeks to really get the hang of it.
- ♥ The good news is that with the right support, you can overcome most issues and continue breastfeeding for as long as you and your baby want.
- ♥ It can be helpful to read up about breastfeeding or go along to a local infant feeding session before your baby is born. Here you can find out about what to expect, meet other parents, and it gives you the opportunity to ask questions in an open and friendly space. Ask your Midwife about availability in your area.
- ♥ You could visit a local breastfeeding support group where you can meet others who are breastfeeding and get to know your local breastfeeding supporters. There will be times when you have interrupted nights, miss hot food, find it almost impossible to get anywhere on time and occasionally feel overwhelmed. That is absolutely normal, regardless of how you feed your baby. It often takes time to adjust to life with a baby. In these groups you can share your experiences, support each other and make life long friends.
- ♥ Further support is available from your Midwife, Health Visitor, or in the early days from the postnatal ward. Most areas also have specialist infant feeding leads who can also help. In some areas breastfeeding peer supporters or Lactation Consultants may also be available.

POSITIONING YOUR BABY AT THE BREAST

“Positioning” is how your baby is held or lays to be able to feed.

There are 5 principles of positioning which together will help:

- ♥ **C** = Cuddle in Close
- ♥ **H** = Make sure your baby’s Head is free to tilt back
- ♥ **I** = Hold your baby In a straight line, with baby facing you
- ♥ **N** =Place your baby Nose to nipple, it should look like he’s sniffing the nipple
- ♥ **S** = make sure you are comfortable and supported enough to continue with the breastfeed. This means it is Sustainable

Watch these videos to help:-

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/positioning-and-attachment-video/>

<https://www.youtube.com/watch?v=41fC0fQs1P8>

And have a look at positions here:-

<https://www.nhs.uk/start4life/baby/breastfeeding/how-to-breastfeed/breastfeeding-positions/#anchor-tabs>

You could also try Laid-back breastfeeding which allows a new-born's natural reflexes and your innate behaviours to work together to encourage breastfeeding success while you literally lie back and relax. For more information go to:

<https://www.nct.org.uk/baby-toddler/feeding/early-days/laid-back-breastfeeding-benefits-and-uses>

<http://www.biologicalnurturing.com/>

ATTACHING YOUR BABY TO THE BREAST

These are signs that your baby is attached or latched onto your breast well. Don't worry if you can't see them all once your baby is attached a Midwife, Health visitor or supporter can help you identify if things are going well.

- ♥ Baby has a wide open mouth
- ♥ Baby's chin rests against your breast
- ♥ Baby's lower lip is curled back, once baby is well attached you will not be able to see the bottom lip
- ♥ Baby has full, rounded cheeks
- ♥ There's more areola above baby's top lip than below
- ♥ You will see and hear swallowing. There should be regular sucks with pauses and swallows
- ♥ There should be no pain after the baby first latches
- ♥ <https://www.nhs.uk/start4life/baby/breastfeeding/how-to-breastfeed/latching-on/#anchor-tabs>





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ATTACHING YOUR BABY TO THE BREAST

IMPORTANT - Stop a feed if it hurts. Unlatch your baby by inserting a clean finger into the corner of their mouth, between the gums, to release the suction. Do not continue with a breastfeed if you feel pain. Pain is mother nature's way of telling you that something is not quite right and you need to alter the attachment. Attachment issues can be resolved with the help of your breastfeeding supporter.

Also after a feed check, the shape of your nipple. If it appears pointy like a new lipstick or squashed then your baby has not been attached well. The position needs adjusting so that baby gets a good feed and you do not become sore.





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FEEDING CUES

Babies show signs that they are ready to feed and these are called feeding cues. Watch out for :

- ♥ Eyes starting to open
- ♥ Hand to mouth movements
- ♥ Wriggling
- ♥ Sucking noises and rooting
- ♥ Trying to attract your attention. Their movements will become bigger as they start moving their arms and legs around.
- ♥ After a few minutes of not being noticed babies will make a bigger noise to attract your attention and that is when babies cry.

Baby Feeding Cues (signs)

EARLY CUES - "I'm hungry"



- Stirring



- Mouth opening



- Turning head
- Seeking/rooting

MID CUES - "I'm really hungry"



- Stretching



- Increasing physical movement



- Hand to mouth

LATE CUES - "Calm me, then feed me"



- Crying



- Agitated body movements



- Colour turning red

Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



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RESPONSIVE BREASTFEEDING

- ♥ Responsive breastfeeding is when a parent responds to baby's cues, as well as their own need to breastfeed baby.
- ♥ Responsive feeding recognises that feeds are not just for nutrition, but also for love, comfort and reassurance.
- ♥ Breastfeeds can be long or short and at varying times during the day and night.
- ♥ Feeding your baby when it suits you and your baby makes both breastfeeding and early parenting easier.
- ♥ When a baby is fed responsively, the breast can be offered when signs of hunger, distress, loneliness or fractiousness appear.
- ♥ Breastfeeding can help settle a baby; after an immunisation, if the baby is unwell or to reassure him or her in a strange environment.
- ♥ A parent can also offer the breast to meet their own needs, for example before they leave the house, before bedtime or because they want to sit down, rest and have a cuddle with baby.
- ♥ Breastfeeds can be long or short and at varying times in the day. A baby cannot be overfed or 'spoiled' by 'too much breastfeeding'.
- ♥ Babies will feed more often if they are having a "growth spurt" as it increases your milk supply. If a baby is showing feeding cues or if you are not sure, offering the breast is always the best thing to do.
- ♥ Limiting feeds to fit into a routine can affect your milk supply and may slow down your baby's growth.

HOW DO I KNOW MY BABY IS GETTING ENOUGH BREASTMILK?

- ♥ Many parents worry that their baby's are not receiving enough milk, but nearly all women are able to make enough milk. There are lots of ways to assess if things are going well . Especially by looking at nappies and feeds. Your Midwife, Health Visitor or Breastfeeding supporter will be able to help with this - always ask if you are worried or unsure. Look at these links for more information:

<https://www.llli.org/breastfeeding-info/is-baby-getting-enough/>

<https://www.nct.org.uk/baby-toddler/nappies-and-poo/newborn-baby-poo-nappies-what-expect>

- ♥ This assessment chart which is also in your red book will also help:

https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/07/breastfeeding_assessment_tool_mat.pdf

- ♥ If your baby is showing signs that they are not receiving enough breastmilk e.g. passing less than 2 stools per day, not settling between feeds, having less than 6 wet nappies per day and not gaining weight then you must contact your Midwife, Health Visitor or GP.

BREASTFEEDING TWINS

BREASTFEEDING TWINS OR MULTIPLES

It's perfectly possible to breastfeed twins, triplets or more. Don't be put off breastfeeding because you're having more than one baby.

Breastfeeding is a great way to soothe your babies and helps you build a strong bond with them.

You may like to try a few breastfeeding positions to see which suits you best.

You'll get support with breastfeeding at the hospital and also when you take your babies home



Watch a short video at;

<https://www.nhs.uk/conditions/baby/newborn-twins-and-multiples/feeding-twins-and-multiples/>

For more support and information visit;

<https://breastfeedingtwinsandtriplets.co.uk/2018/01/31/tandem-feeding-twins/>

<https://twinstrust.org>

TANDEM FEEDING

It is possible to breastfeed while you are pregnant and nursing an older baby. This is called tandem feeding.

Breastfeeding is a big part of your older child's life. So deciding whether to continue breastfeeding alongside a new baby or to wean your older child from the breast needs careful thought.

Getting support in making your decision will give you confidence that you are doing what is best for you and your child.



For more information and support visit;

<https://www.laleche.org.uk/tandem-nursing/>

EXPRESSING BREAST MILK

There are many reasons why you may chose to express your breastmilk including:

- ♥ If you are separated from your baby
- ♥ If your baby is premature, poorly or needs care in the Neonatal unit
- ♥ If your baby is unable to feed from the breast
- ♥ If you want someone else to feed your baby
- ♥ To reduce engorgement or fullness of the breast which will help to allow your baby to latch
- ♥ If you are returning to work
- ♥ If you want your baby to receive your breastmilk but do not want to feed from the breast

See these links for information on how to express, store and use your breastmilk:

www.nhs.uk/start4life/baby/breastfeeding/expressing-and-bottle-feeding/expressing-breast-milk/

<https://www.breastfeedingnetwork.org.uk/breastfeeding-help/expressing-storing/>

www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/

There may be times when you need to continue hand expression or using a breast pump for longer periods. If this is the case try to express 8-12 times in 24 hours including at least once at night. This helps your body to mimic how often you would feed your baby at the breast. It helps to establish and maintain your supply. You may find this challenging especially if separated from your baby. Speak to your Midwife, Health Visitor, Neonatal Nurse or breastfeeding supporter, they can help you with a feeding plan.



EXPRESSING MILK BEFORE YOUR BABY IS BORN “COLOSTRUM HARVESTING”

WHAT'S SO SPECIAL ABOUT COLOSTRUM?

Colostrum is the first breast milk your body makes. It is the perfect source of nutrition for your baby because it:

- ♥ contains antibodies which protect your baby from infection and helps their immune system to develop.
- ♥ helps your baby's digestive system to develop, which protects your baby from allergies.
- ♥ encourages your baby to open their bowels and pass 'meconium' (your baby's first black sticky poo) which reduces the risk of jaundice.

Colostrum is very concentrated. At birth, a baby's stomach is about the size of a marble, so they will only need a small amount of colostrum to receive all the nutrients they need.





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EXPRESSING MILK BEFORE YOUR BABY IS BORN “COLOSTRUM HARVESTING”

During your pregnancy, your breasts will start to produce colostrum (the exact timing varies from person to person). You can collect and freeze this milk during the last few weeks of your pregnancy. This is known as ‘colostrum harvesting’.

Harvesting your colostrum will be especially beneficial for your baby if they are likely to have difficulties with feeding or maintaining their blood sugar levels during the first few days after birth.

This may be because your baby:

- ♥ is large or small for their gestational age
- ♥ is a twin or a triplet.
- ♥ has a cleft lip or a palate.
- ♥ has Down’s syndrome or a heart complication



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EXPRESSING MILK BEFORE YOUR BABY IS BORN “COLOSTRUM HARVESTING”

Colostrum harvesting can also be beneficial for your baby if you:

- ♥ are taking beta blockers, for example, Labetalol to control high blood pressure.
- ♥ have developed pre-eclampsia during pregnancy.
- ♥ have diabetes or have developed diabetes during pregnancy.
- ♥ have polycystic ovary syndrome.
- ♥ have breast hypoplasia (a condition in which the breast does not fully develop) or you have had breast surgery.
- ♥ have a raised body mass index (BMI).
- ♥ plan to give birth by Caesarean section.

COLOSTRUM HARVESTING

The Benefits of Colostrum Harvesting if you have Diabetes

- ♥ Colostrum helps to stabilise blood sugar levels. In the first 48 hours, the baby of a person with diabetes is at risk of developing low blood sugar levels as they adjust to managing their own sugar/insulin levels.
- ♥ In some cases babies require extra feed volumes to increase their sugar levels and occasionally formula milk may be required to support this. However, if you have already expressed some colostrum this could be avoided and your own milk can be given instead.
- ♥ Breastfed infants are less likely to develop childhood diabetes and research suggests that babies are more likely to develop the condition in childhood if either parent has diabetes type 1
- ♥ Cows milk (the main ingredient of formula) is also thought to trigger diabetes in some babies - especially if a parent has diabetes. It is therefore it is advisable to avoid formula milk if possible.

Antenatal expression of colostrum is not recommended in the following circumstances:

- ♥ History of threatened or actual premature labour.
- ♥ Cervical insufficiency or there is a cervical suture in situ.
- ♥ Multiple pregnancy; twins or more

Please discuss this with your midwife or doctor.



HOW TO START COLOSTRUM HARVESTING

Before you start expressing your milk while still pregnant discuss it with your Midwife- they will be able to tell you about local guidelines for when you can start and how to transport it and store it at your chosen hospital.

♥ How do I start colostrum harvesting?

While you are pregnant you should only use your hands for expressing. Do not use a breast pump until after you have given birth. See Information on hand expressing

♥ How often can I express?

You can express as frequently as you feel comfortable but 3 times per day for 3 minutes on each breast at first is all that is needed. Once you get used to it, you could increase to 5 – 10 minutes at each section.





HOW TO START COLOSTRUM HARVESTING

♥ How much colostrum will I get?

The amount of breast milk you get will vary from a few drops to a teaspoon. This small amount is perfect for your baby as colostrum is very concentrated in nutrients and helps your baby fight infections. However, there are a small number of pregnant people who may struggle to express antenatally. This is normal too and you can try again once your baby is born, and the breastfeeding hormones are at higher levels.

♥ Can expressing bring on labour?

It is very rare for colostrum harvesting to cause the onset of labour. You may feel your womb tightening and relaxing. This is called a Braxton Hicks contraction and is not a cause for concern.

If you begin to feel 'period like' cramps or mild labour contractions, stop expressing, rest and then start again slowly. If they do not stop you may be in early labour and you should ring the Labour Ward.



HOW TO HAND EXPRESS

- ♥ Wash your hands with warm soapy water
- ♥ Find a warm, quiet place to sit
- ♥ Gently stroke or massage your breasts
- ♥ Make a “C” shape with thumb and fingers
- ♥ Cup your breast with your hand and feel back from the end of the nipple to where the texture of your breast feels different. .
- ♥ Compress gently but firmly then release and repeat
- ♥ Get a rhythm going but do not let your fingers slide over your skin.
- ♥ Colostrum, is very concentrated. It is very thick and will come out of your breast drop by drop
- ♥ If the milk does not come, try moving your fingers slightly towards the nipple or slightly further away to find the spot that works best for you
- ♥ Collect with a syringe, cup, spoon or other sterilised container
- ♥ As the milk flow slows down rotate your fingers around the breast (like moving around the numbers on a clock face) so that you have expressed the milk from all the way around your breast.
- ♥ Move to the other breast



See: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/>



HOW TO STORE BREAST MILK AT HOME

If your baby is premature, poorly or classed as high risk, this information may change – check with your Midwife, Neonatal unit or Health Visitor.

If you are expressing colostrum or milk to take into hospital you should:

- ♥ label the syringe or container with your name, the date and time you expressed the colostrum.
- ♥ put the syringe or container in a clean re-sealable bag and place it in your freezer at a temperature of -18°C until ready to take out for your baby

Breast milk can be stored in a sterilised container, or special storage bags – remember to label and date it. Store it in small quantities to avoid wasting any. Your breast milk can then be kept:

- ♥ At room temperature for up to 6 hours
- ♥ At the back of the fridge, not the door, for up to 5 days (at 4°C or lower)
- ♥ In the ice compartment of the fridge for up to 2 weeks
- ♥ In the freezer for up to 6 months

The best way to defrost frozen breast milk is by leaving it in the fridge to thaw out completely. But if you need it straightaway, you can defrost it by placing the bag or container in a jug of warm water, or by holding it under running warm water.

Whichever way you defrost the milk, it must be used immediately (never re-freeze it).

Also see the links on expressing your breastmilk





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BREASTMILK PRODUCTION

Generally, the more your baby feeds, the more breast milk you will produce. However, if you're worried that your baby isn't getting enough milk, talk to your midwife, health visitor or a breastfeeding specialist as soon as possible. With their help and advice, you'll be able to identify any issues and work out the best way to resolve it.

Things that can affect your milk supply include:

SORE NIPPLES

If breastfeeding hurts and you have sore nipples it's likely that your baby is not latching on well. When your baby latches, make sure they start with a wide mouth (like a yawn) to allow your breast to reach the back of the roof of the mouth. Have a look at our step-by-step guide to latching on.

For more information visit:

<https://www.breastfeedingnetwork.org.uk/pain-in-nipples/>

DON'T FEED BY THE CLOCK

Let your baby guide you as to how often to feed, especially in the early days, rather than sticking to set times. This is known as 'responsive feeding' and will ensure you maintain a good milk supply.

Breast milk is produced on a supply and demand system, so if you're feeding hours apart, you may start producing less milk.

<https://www.unicef.org.uk/babyfriendly/breastfeeding-the-dangerous-obsession-with-the-infant-feeding-interval/>



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INCREASING YOUR MILK SUPPLY

The most effective way to boost your milk supply is to ensure your baby is effectively attached to your breast whenever your baby shows feeding cues or wants to be comforted by you between feeds. The more baby has access to your breasts the better. Remember you cannot overfeed your baby with breastmilk from the breast.

Breastfeeding during the night has a positive effect on the amount of milk you produce as you have higher levels of prolactin at this time. Prolactin is the hormone that produces breastmilk.

Try to stop smoking. Parents who smoke often complain they do not have enough milk sooner than non smoking parents and research currently suggests that milk supply can be affected by smoking.





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Foods to increase milk supply

You do not need to eat or drink anything special to enhance or maintain your breastmilk supply. Eating as healthy as you can and keeping hydrated is important for you as it will help you to stay well.

There is little evidence to suggest that herbs or foods can make a difference to increasing your milk supply. If you decide to try any foods that are reported to help supply, speak to your GP first as some can interfere with medication and they may have side effects..

For current advice visit: <https://www.breastfeedingnetwork.org.uk/galactagogues/>

It is very important that you also see your breastfeeding supporter for a breastfeeding assessment so that any issues with positioning or attachment can be addressed if you feel your supply needs a boost.

SLEEP AND BREASTFEEDING

- ♥ Having a new baby is tiring, whether you breastfeed, mixed feed or formula bottle feed.
- ♥ Babies need to feed through the night for the first few months. The good news is, when breastfeeding, your body produces more prolactin at night which then helps with your milk supply.
- ♥ More good news is that for many parents, the experience of breastfeeding means that they may sleep for slightly less amount of time but tend to fall to sleep, and get into a deep restorative sleep more quickly. This is due to the relaxing hormones being released when feeding.
- ♥ Keeping the lights dimmed and avoiding 'blue light' from the TV, laptop or phone on as this can impact on your own ability and your baby's ability of getting back to sleep. Maybe listen to music or an audio book if you need something to keep you going.
- ♥ Be kind to yourself when you are tired. It may not come naturally to accept help, but it can be a really good way of family or friends being able to support you. This might be by doing some jobs or making a meal for you, maybe taking your baby out for a walk or going out with you.
- ♥ 'Sleeping when baby sleeps' does not work for everyone. Catching up with some jobs or doing some exercise may be as restorative for some people.
- ♥ Getting outside into some natural daylight and fresh air can help both you and your baby feel better and may help both of you sleep better.
- ♥ Babies vary in so many ways, ease of settling and sleeping is one of those variations. Never feel a failure or that you are doing something wrong because of feeding your baby at night. A baby waking at night is more common than a baby sleeping through during the first year.
- ♥ If you are struggling with tiredness or your baby is crying excessively when put down to sleep or you just want to talk it through, please contact your Health Visitor for advice and support.

<https://www.basisonline.org.uk/sleepbabyyou/>



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IS IT SAFE TO BREASTFEED WHILE TAKING MEDICATION?

The advantages of breastmilk should never be underestimated. A breastfeeding person's wishes to continue to breastfeed and the right of the infant to continue to receive breastmilk must always be considered. Even if a certain medication is not recommended with breastfeeding there are usually alternatives which can be prescribed.

Please let your doctor know that you breastfeeding before your medication is prescribed.

For further information including factsheets on common medications visit:

<https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/>

BREASTFEEDING IN PUBLIC

Many parents who are breastfeeding feel nervous about leaving the house for the first time. Breastfeeding in public is protected by the law under the Equality Act 2010 which means anywhere which is open to the public is not allowed to discriminate against people who are breastfeeding. To help you feel more confident when you go out:

- ♥ Think about clothing such as a feeding bra, loose top, layers or use a scarf or muslin cloth so you can breastfeed without anyone noticing.
- ♥ Try breastfeeding in front of a mirror or take photos/ video to show how much or how little is on show.

For more handy tips visit: www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/breastfeeding-in-public/

If you can take someone with you for moral support. the first time you go out, even if you feel fine about feeding it's another set of hands to help.

You could try feeding for the first time in a group of like-minded people such as at a breastfeeding support group. Ask your Midwife or Health Visitor about it. You could visit a group before you have your baby to meet other people who are breastfeeding.

Many towns now have 'breastfeeding welcome' schemes where businesses sign up to offer support and some have special facilities if someone would prefer to feed in private. Ask your midwife or health visitor about your local area.

An app such as "feed finder" can help to find places where other families have breastfed, it shares the experiences they had while using these facilities businesses which apply the breastfeeding welcome schemes.





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POSTNATAL DEPRESSION AND ANXIETY

- ♥ Whilst breastfeeding, oxytocin hormone is released which helps to lower stress levels and can help with depression and anxiety.
- ♥ Tiredness is related to being a parent. Being unwell with depression or anxiety tends to add to this tiredness. It is easy for someone to think that the tiredness is caused by breastfeeding but this is not usually the case.
- ♥ It is quite possible to continue to breastfeed whilst you recover from your illness.
- ♥ If you are struggling to feel a bond with your baby, breastfeeding can help to bridge that gap whilst you recover.
- ♥ If breastfeeding is painful, seek help. Pain can be a significant factor in depression and anxiety.
- ♥ If continuing to exclusively breastfeed, mixed feeding or moving to formula feeding is right for you, then support is available whatever your decision.
- ♥ Being advised by family or those around you to stop breastfeeding is common and may or may not be the best advice for you or your baby. Take your time to make your decision and seek out support to help you.
- ♥ If stopping or reducing breastfeeding is what you want to do, then try to do it gradually. This is so that you do not experience problems with engorged breasts, mastitis or find that feeding becomes even more difficult.
- ♥ If you are feeling low or anxious, please talk to your Midwife, Health Visitor or GP. You can also self refer to local iAPT services . Help is available. You will recover.
- ♥ There are several anti-depressant medications that are safe to take should you require them.

For further support :

<https://www.mind.org.uk/information-support/tips-for-everyday-living/parenting-with-a-mental-health-problem/parenting-and-mental-health/>

<https://www.northernlms.org/news/being-a-healthy-family/mental-health/>



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CHALLENGING SITUATIONS





BREASTFEEDING OR PROVIDING BREASTMILK FOR A PREMATURE BABY

- Breastmilk is tailor made for each baby. Even the small amounts of colostrum produced in the first few days are perfect for baby no matter how premature a baby is.
- Breastmilk protects babies from infections and it contains specific bacteria called microbes which are essential for your babies health and development.
- If a baby is born early doctors and nursing staff will ask if you can provide breastmilk. It can be life saving.
- Ideally, milk expression should start within 2 hours of birth and again within the next 6 hours. The Midwife will help with this. This should be repeated 8-10 times in 24hrs. Everything produced can be given to baby.
- Skin to skin contact is important for premature babies. This is sometimes called Kangaroo care. It helps parents and their baby get to know one another, helps with milk production, keeps baby warm and can stabilise their heartrate and breathing.

Every baby is different so ask the nurses who are caring for your baby for support with breastfeeding, expression and making feeding plans.

Have a look at this link for more information:

[https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2015/08/neonatal_leaflet_online.](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2015/08/neonatal_leaflet_online)





SORE NIPPLES

- ♥ When someone first starts breastfeeding, they may have sore or sensitive nipples. This is very common in the first week of breastfeeding and is a sign that baby may not yet be attaching as efficiently at the breast as they could.
- ♥ Sore nipples are usually resolved by a feeding assessment and good support with positioning and attachment. If soreness does not start to improve after receiving this support there are potential other causes to consider.
- ♥ It's very important to get help to correct this as soon as possible – ask the Midwife, Health Visitor or breastfeeding specialist for help, they can explain the principles of attachment and positioning and help find positions that best suit you and your baby.

Watch this video on attaching your baby to the breast;

https://www.youtube.com/watch?v=PSzbrtIT91s&feature=emb_logo

OTHER POSSIBLE CAUSES FOR SORE NIPPLES:

- ♥ **NIPPLE SHIELDS:** make sure your nipple shield is the right size and shape for your nipple. A shield that is too small will squeeze your nipple as it will not be able to hold all of your nipple. Also your baby may not be able to get enough of your nipple into their mouth and that would result in a shallow latch.
- ♥ **BREAST PUMPS:** check that the shields you use on your pump are the correct size. Too small, and it will nip and too large it will cause friction. Both will cause discomfort and go on to damage your nipple tissue.

While using your breast pump notice when you have a good flow of breastmilk. At this point there is no need to increase the suction power on your pump.

- ♥ **TONGUE TIE:** when the strip of tissue under your baby's tongue (attaching the tongue to the floor of the mouth) is shorter than normal – this may cause difficulty with attachment. A deep latch technique may help overcome this and your breastfeeding supporter can help. <https://themilkmeg.com/get-better-latch-exaggerated-latch-flipple-breastfeeding-technique/>

There is a procedure called “Frenulotomy” when the small piece of tissue under the tongue is divided. Speak to your Midwife, Health Visitor or breastfeeding supporter if you are concerned.

- ♥ **THRUSH:** (or 'candida') infection can occur when your nipples become cracked or damaged. <https://www.breastfeedingnetwork.org.uk/thrush-mothers/>

Also take a look at :

- ♥ <https://www.breastfeedingnetwork.org.uk/pain-in-nipples/>

Mastitis is a painful condition which causes breast tissue to become inflamed. It can affect both breasts but is usually confined to a specific area on one breast. You might notice a lump, warmth or redness around the sore area. Mastitis can make you feel hot, achy and run down, with flu-like symptoms or a fever, this could mean that it has developed into an infection.

IF YOU DEVELOP FLU LIKE SYMPTOMS SEE YOUR GP OR CALL 111 AS YOU MAY NEED TREATMENT WITH ANTIBIOTICS.

WHAT CAUSES MASTITIS?

If you're breastfeeding, mastitis is usually caused when the milk in your breast builds up faster than it's being removed. This creates a blockage in your milk ducts (known as 'milk stasis') and can be brought on by:

- ♥ Your baby not latching on properly
- ♥ Missing feeds, or not feeding often enough
- ♥ Feeding from one breast more often than the other
- ♥ An injury that damages a milk duct or gland
- ♥ If your nipples are sore or cracked, or through a nipple piercing.
- ♥ Tight clothing or wired bras can block milk ducts and reduce milk flow



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MASTITIS

TREATING MASTITIS

Speak to your Midwife, Health Visitor or Breastfeeding supporter who will help you make a plan.

For immediate treatment guides see these links:

<https://www.nhs.uk/conditions/mastitis/>

<http://www.breastfeedingnetwork.org.uk/wp-content/dibm/BFN%20Mastitis%20feb%202016.pdf>

REMEMBER : IF YOU DEVELOP FLU-LIKE SYMPTOMS SEE YOUR GP OR CALL 111



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RETURNING TO WORK OR STUDY

Going back to study or work may be the first time you have been separated from your baby for long periods. Continuing to breastfeed helps to keep the close relationship you've built up, providing your baby with extra comfort and security for as long as you both want.

You don't need to stop breastfeeding just because you're returning to study or work. Many people find ways to continue breastfeeding their baby – and employers have certain obligations to enable breastfeeding to continue. Have a look at these links for more information and understanding your rights:

<https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/back-to-work/>

<https://www.nhs.uk/start4life/baby/breastfeeding/going-back-to-work/>

<https://www.ukweblist.com/UK/DC97149585/Maternity-Alliance>

<https://www.hse.gov.uk/mothers/faqs.htm#q14>



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BREASTFEEDING A BABY WITH HEALTH PROBLEMS

- ♥ There are some circumstances that mean that your baby may find breastfeeding either hard to initiate or hard to maintain.
- ♥ You may have a baby who has a problem with their mouth or tongue, they may have a condition which means that they get tired very quickly or they may have problems with breathing or coordination. This may be a temporary problem or a condition that you need to adapt to long term.
- ♥ There are very rare conditions when breastmilk is not going to have a positive impact for your baby and you would be told if this was the case. E.g. metabolic disorders.
- ♥ As well as the Paediatric team, the Breastfeeding team can help. There are many strategies available that can support you in these difficult circumstances.
- ♥ It may involve perseverance, patience and some compromises. With support, successful breastfeeding or maintenance of breastmilk supply can usually be established.
- ♥ You may find meeting up with other parents who have chosen to breastfeed with similar challenges helpful. Your Breastfeeding team or the Paediatric team may be able to enable this contact.



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BREASTFEEDING WHEN UNWELL

- ♥ There are very few parental illnesses, short-term or chronic that would prevent breastfeeding being able to be established or to continue.
- ♥ Feeding whilst you have a cold, flu, virus or gastroenteritis can help your baby to receive antibodies to the illness which could result in them not getting as ill. You may benefit from help to look after you both whilst unwell.
- ♥ Having the option and skills to express can help in these circumstances. Not feeding or expressing for longer than a few hours can result in you feeling worse.
- ♥ Make sure your GP and Pharmacist are aware that you are breastfeeding. There is usually a medication option that can be used whilst breastfeeding.
- ♥ If you are on antibiotics, your baby's nappies may be more explosive and thrush is more likely to occur. This can be easily treated. Do not stop taking antibiotics before the course has finished without medical advise.
- ♥ Most chronic illnesses can be managed successfully whilst breastfeeding. Some illnesses even benefit from the hormone release that occurs. By working with your medical team, both you and your baby can be given every opportunity to enable you to make informed choices.
- ♥ There are a few situations where breastfeeding is not recommended. This includes if you are being treated with chemotherapy, have HIV or HTLV-1.

BREASTFEEDING WITH A DISABILITY

Breastfeeding can be a useful strategy to manage your health and care for your baby.

There may need to be some creative thinking about positioning but there are many solutions.

Check with your lead health provider about medications you are on for compatibility with breastfeeding. Consideration can be given for alternate options if necessary.

The breastfeeding support team, Midwife and Health Visitor will all be able to help you however you chose to feed your baby.

"I knew I would really struggle with fastening bottles so kept on breastfeeding. I also wanted to avoid having to go up and down stairs at night"

"For some health conditions breastfeeding can be a protective factor in the child's future health. Breastfeeding for me, staved off the postnatal Crohns flareup, unfortunately it did appear once my baby weaned but of course I preferred it then than in the postnatal phase"

"Many autistic women worry about sensory sensitivities and breastfeeding. But these vary from person to person. After the initial week or so when my nipples were very tender, sensitivity was not a problem. On the positive side, being autistic, breastfeeding was good because the baby could be fed immediately, reducing the amount of crying. There was also no anxiety about preparing the formula correctly"

"It's so handy – I don't have to get out of bed to feed, it's always there so less to carry in a bag. I think it is one of the most accessible tools Mum's have"



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AIR TRAVEL

If you are intending to fly while carrying expressed breastmilk (EBM), formula milk or sterilised water you need to plan in advance;

For current information go to:

www.fitfortravel.nhs.uk/general-health-advice/breastfeeding-and-bottle-feeding

Feeding your baby on take off and landing can minimise the impact of pressure changes on your baby's ears which can cause discomfort.





Weaning from the breast, introducing solid food and formula milk feeding





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WEANING FROM THE BREAST

WHEN SHOULD I STOP BREASTFEEDING?

- ♥ It's entirely your decision. Ideally, aim to breastfeed your baby exclusively for the first 6 months and then introduce an appropriate weaning diet alongside.
- ♥ When you start your baby on solid foods they'll still need breast milk or first infant formula as their main drink, until (at least) their first birthday.
- ♥ The World Health Organization recommends breastfeeding for up to 2 years (and beyond if you choose). Basically, the longer you breastfeed, the longer you share all that natural goodness with your baby .
- ♥ Remember, there are many health benefits of breastfeeding for you both. The longer you feed the longer it helps to protect you both .



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HOW DO I STOP BREASTFEEDING?

There is no need to actively wean a child from the breast as they will stop on their own naturally. However, natural term weaning may happen from 2-7 years old and some parents choose to stop breastfeeding sooner than this.

Stopping breastfeeding should be done gradually. You need to give your body time to adjust to making less milk – phasing it out will also help prevent you getting mastitis and engorged breasts.

Most parents find dropping one feed at a time the best way.

Weaning your baby off breast milk should be a gradual process, it's best if you can be flexible and not rush it. You may need to slow things down at times, for example if your baby is poorly, they tend to want to feed more frequently. Remember, if weaning off breast milk is proving tricky, try to be patient – you can always take a break and try again in a few weeks.

BABIES UNDER 1 – replace dropped feeds with first infant formula. Babies under 6 months will need to be bottle fed. Babies older than 6 months can have their feed in a beaker or cup.

BABIES 1 YEAR AND OLDER – as long as your baby is having a well-balanced diet, they won't need a replacement feed.

HELP AND SUPPORT

If you need some advice and guidance on stopping breastfeeding, contact the National Breastfeeding Helpline (0300 100 0212).



INTRODUCING SOLIDS

The World Health Organisation recommends exclusive breastfeeding for 6 months and continuing to breastfeed for the first 2 years and beyond.

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/introducing-solid-foods/>

At 6 months babies gut flora is mature enough to cope with the everyday bacteria found on normal foods.

Some babies will be ready to receive solids then and some may be earlier or slightly later. You will know when your baby has all 3 of these developmental signs in place:

1. Can sit unsupported, without cushions or arms
2. Has good hand to mouth coordination
3. No longer spits food out

Some parents think their baby is ready when they try to pick up food from your plate, or open their mouth when you open yours. These are **not signs** of being ready to take solids, he is practising and mimicking eating behaviour. However, it is important to include him at the table with the rest of the family as eating should be a social occasion.

Breastfeeding can continue at the same time and breastmilk can be added to weaning foods.





FORMULA FEEDING AND WHICH MILK TO CHOOSE?

- ♥ Formula milk, also known as baby formula or infant formula, is usually made from cows' milk that has been treated to make it more suitable for babies.
- ♥ Formula milk provides babies with the nutrients they need to grow and develop. However, it does not have the same health benefits as breast milk for you and your baby. For example, it cannot protect your baby from infections.
- ♥ It comes in 2 different forms: a dry powder you make up with water, or a ready-to-feed liquid formula. While ready-to-feed liquid formula can be convenient, it tends to be more expensive and, once opened, needs to be used more quickly.
- ♥ First infant formula (first milk) is the only formula your baby needs. Your baby can stay on it when you start to introduce solid foods at around 6 months and drink it throughout their 1st year. Seek advice from your health visitor if you think an alternate milk is needed.
- ♥ 'Second stage' formulas are available. These are milks that are designed to be harder to digest and are generally labelled as being for 'hungrier babies'. They are rarely needed. 'Follow On' formula milks can be advertised as are for one year onwards. They are promoted as having additional iron. All babies should be on vitamin supplements by this stage and normal full fat cows milk is all that is needed.

<https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/types-of-formula/>

A simple, up to date guide on infant milks can be downloaded at;

<https://www.firststepsnutrition.org>

Published by the Department of Health and the Baby Friendly Initiative, this leaflet provides families and health professionals with key information about bottle feeding.

https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life_guide_to_bottle_feeding.pdf



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COMBINING BREAST AND BOTTLE FEEDING

WHY COMBINE BREAST AND BOTTLE?

You may want to combine breastfeeding with bottle feeding if you:

- ♥ Are breastfeeding and want to use a bottle to offer your baby expressed breastmilk
- ♥ Want to breastfeed for some of your baby's feeds, but give bottles of formula for 1 or more feeds
- ♥ Are bottle feeding your baby and want to start breastfeeding
- ♥ Need to leave your baby and want to make sure they have some milk while you're away
- ♥ have been advised for medical reasons

Introducing formula feeds can affect the amount of breast milk you produce. There is also a small amount of evidence to show babies may not breastfeed as well because they learn to use a different kind of sucking action at the bottle than at the breast. However, as long as breastfeeding is established, it can usually be managed successfully.

See the following links for further information and help:

<https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/combine-breast-and-bottle/>

<https://www.tommys.org/pregnancy-information/after-birth/feeding-your-baby/combine-feeding>



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RESPONSIVE BOTTLE FEEDING

Responsive bottle feeding helps to build close and loving relationships with your baby and helps them to feel safe and secure. Here are a few tips:

- ♥ Tune in to feeding cues –see page 11
- ♥ Hold babies close during feeds
- ♥ Gently invite the baby to take the teat, no force is required
- ♥ Pace the feeds - have pauses , keep the bottle as horizontal (not tipped up) as possible and interrupt the flow by tilting it down every minute or two.
- ♥ Do not force baby to finish the feed - only continue the feed if your baby appears to still be hungry and actively sucking.

Following these tips can also help to reduce the risk of overfeeding.

See links below for further information:

<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/04/Infant-formula-and-responsive-bottle-feeding.pdf>

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/bottle-feeding-resources/infant-formula-responsive-bottle-feeding-guide-for-parents/>



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USEFUL WEBSITES

UNICEF - Information on breastfeeding, bottle feeding, feeding a preterm baby, feeding twins and multiples, Expression and storage of breastmilk:

www.unicef.org.uk/BabyFriendly/Parents/

For information in several different languages:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/foreign-language-resources/>

NHS Choices :

<http://www.nhs.uk/conditions/pregnancy-and-baby>

Best Beginnings - You can watch the films at:

<http://www.bestbeginnings.org.uk/watch-fbtb>

Breastfeeding support:

www.abm.me.uk

www.breastfeedingnetwork.org.uk

Drugs in Breastmilk information and fact sheets:

<https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/>

If you have specific questions about medications or treatments, you can message the Drugs in Breastmilk information service [Facebook page](#) or email

druginformation@breastfeedingnetwork.org.uk

Formula Milk and information on mother and infant nutrition:

First steps Nutrition

<https://www.firststepsnutrition.org/>

<https://www.firststepsnutrition.org/infant-milks-overview>

<https://www.firststepsnutrition.org/parents-carers>



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HELPLINES

These helplines are all run by trained volunteers.

National Breastfeeding Helpline - 0300 100 0212 (available every day, 9:30am to 9:30pm).

www.nationalbreastfeedinghelpline.org.uk

In Bengali/Sylheti 0300 456 2421; in Tamil, Telugu and Hindi 0300 330 5469

NCT Breastfeeding Line - 0300 330 0771 (available 8am to midnight)

www.nct.org.uk

La Leche League 0345 120 2918 (This is open from 8am to 11pm, 365 days a year). www.laleche.org.uk