

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Breastfeeding Booklet



Mother's Name: _____

Baby's Name: _____

Baby's Date of Birth: _____ / _____ / _____

CONGRATULATIONS ON THE BIRTH OF YOUR BABY

Breastfeeding will be a unique experience for you and your baby. For some of you breastfeeding will come naturally, for others it will take time to acquire the skills necessary for successful breastfeeding. Many women will require assistance and support to initiate and maintain breastfeeding.

Breastfeeding will take time to learn.

Give yourself and your baby time to develop this new skill.

This book, produced at Christchurch Women's Hospital, aims to help you in your breastfeeding endeavours.



(Illustrations by: Tracey Polglaze, RN, BVAD)

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Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all healthcare staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth. *New Interpretation 2006: Place babies skin to skin immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.*
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice "rooming-in" – that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Ref: Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services, a joint WHO/UNICEF statement published by the World Health Organization.



Exclusive Breastfeeding

What does exclusive breastfeeding mean?

Nothing other than breast milk is given to baby. It is recommended by WHO (the World Health Organization) that babies are breastfed exclusively for at least six months, introducing complementary foods thereafter, but continuing to breastfeed or give breast milk for one year and beyond.

Due to the adaptability of human milk, it is not necessary to give baby any other fluids even on hot days. Breast milk adjusts to meet the needs of your baby.

Benefits of Breastfeeding

For Baby:

- Breast milk is the perfect food for your baby.
- Reduced hospital admissions for childhood illnesses.
- Less bronchiolitis and pneumonia.
- Fewer instances of vomiting and diarrhoea.
- Reduced bowel, bladder and ear infections.
- Reduced risk of SUDI (sudden unexpected death in infancy).
- Reduced occurrences of allergies; including asthma and eczema.
- Reduced obesity and insulin dependant diabetes.
- Reduced risk of high blood pressure and heart disease in adulthood.

For Mum:

- Reduced susceptibility to breast, uterine, cervical and ovarian cancer.
- Increased weight loss. The fat stores gained during pregnancy, for the purpose of breastfeeding, are metabolised.
- Helps mother's uterus contract following birth.
- Bonding with baby.

It's FREE, portable and at the perfect temperature.

Skin to Skin

Immediately after birth when baby is at its most alert, place baby skin to skin with the mother for at least one hour. Baby is ONLY interested in their mother!

- Your baby will look at you and get to know your face.
- Your baby will lick its hands and gently knead the breast, eventually working its way to the nipple and latch on.

When baby is allowed time to follow this process, with minimal assistance, there is a greater chance of successful breastfeeding outcomes.

The use of Epidural Anesthesia, Pethidine, and other pain relief or drugs in labour may have an impact on the ability of baby to follow this instinctive process. Skin to skin remains essential to stabilise and maintain baby's respiratory effort, blood pressure, blood sugars, oxygen saturations and temperature. It is also very important for the colonisation of the baby's gut. The mother's microbes increase baby's immunity resulting in reduced illness and allergies etc. If baby doesn't suckle at the breast at this point, try again later. If attempts to feed remain unsuccessful, the alternative is to commence hand expressing.

In the event that mother is unable to have skin to skin, the father or partner should do this. If baby is unwell or premature, skin to skin or KMC (Kangaroo Mother Care) should be undertaken as soon as baby is stable. Hand expressing for baby will be necessary.

Note: Some babies are mucosy for the first 24/48 hours, and do not want to feed until it clears. Keep hand expressing and give expressed colostrum to baby regularly (always attempt breastfeeding first).



A Father's Role

Fathers are very important. The support and encouragement Mum gets from Dad can help establish breastfeeding, and assist in prolonging breastfeeding.

Dad's help and fostering of breastfeeding is essential.

There are many ways Dad can help, in fact dads can do everything for baby except breastfeed.

- Skin to skin when mother is unavailable.
- Encouragement.
- Support.
- Looking after baby while Mum rests.
- Bathing baby, taking baby for walks etc.
- Gaining knowledge of breastfeeding.
- Housework and making meals.
- Shopping.



Baby Led Breastfeeding

Baby led breastfeeding means allowing your baby to feed whenever it wants. Frequent, unrestricted breastfeeding is encouraged to establish a good milk supply. Learn about and follow your baby's feeding cues. Most babies will have a long breastfeed at birth followed by a sleep for several hours. After this period baby will wake and start feeding more regularly. Regular feeding will reduce the severity of jaundice.

Watch your baby...



not the clock!



Timing feeds does not help you establish a good milk supply. Remember every mother is different; you cannot tell how much milk will be produced by looking at her breasts. Let baby lead the way. Your baby should feed 8-12 times per day until lactation is established, then they will find their own pattern. Learn to recognise and respond to your baby's feeding cues. Once home keep baby in its own cot near you, especially at night; you and baby will learn to wake and fall asleep simultaneously, with minimal disturbance to the family.

Risks of Clock Watching

- Restricted feeding.
- Engorgement.
- Fewer signals to make milk.
- Feeding cues missed leading to an upset baby.
- Possible interference with growth and hydration.

If your baby is in the Neonatal Unit, is premature or unable to breastfeed you will be encouraged to hand express initially, at least 8 times per day. As the milk supply increases, you can use a hospital grade electric breast pump. Expressing needs to be continued throughout the night, as this is when prolactin levels are highest and it is easier to stimulate your milk supply.

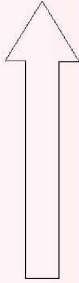
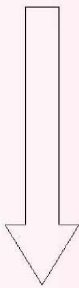
(Use of breast pumps will be discussed if and when you need one. It is not necessary to purchase a pump prior to the birth of the baby).

Early Feeding Cues

It is important that you observe baby for feeding cues as baby will feed better if fed in a timely manner.

When to feed your baby

Babies have ways of telling us when they are ready to feed, watching for these cues will you to make sure that your baby gets the right amount of food.



Getting ready

Your baby may show any of the following:

Asleep but breathing becomes more rapid and the sleep becomes lighter

Starts to make some sounds (squeaking, mewling, grunting style sounds)

May start to lick his/her lips



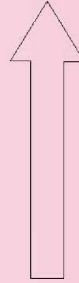
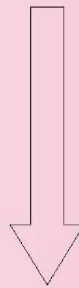
I'm ready now

Signs that a baby is ready to feed are:

Rooting for food – searching with the mouth – head turning from side to side

Bringing the hands up to the mouth

Sucking on fingers, thumb or fist (or anything that comes close)



OOPS!

Crying is too late and often the baby has become too agitated to focus on feeding. You will need to spend some time calming the baby before being able to feed.

Frequency of Feeds

New babies may feed between 8 and 12 times in a 24 hours period. Some may feed more or less than this, if your baby is not feeding very often please talk to the midwife on duty.

The length of feed may vary – some lasting only a few minutes, others much longer! This is dependent on your baby's need at the time.



Positions for Breastfeeding

There are different ways to position and latch your baby to the breast. Take a little time to try the different positions to find which works best for you and your baby. The key to success is that both you and your baby are comfortable.



Football Hold or Clutch Position

Useful position in the early days of breastfeeding especially if you have had a Caesarean Section or your baby is premature.



Transitional Hold

Useful in the early days when learning to breastfeed.



Cradle Hold

This is the best known position and you will most likely use this position once you have gained confidence using the transitional hold.



Side Lying Position

This allows you to breastfeed while lying down so you can rest.

What ever position you choose, remember to support baby's back and shoulders. Do not put any pressure on back of baby's head. Have baby's body facing you and snuggled in close to your body. Bring baby to you rather than you to baby.

Latching and Attachment



- Support baby by placing your hand behind his neck and shoulders.
- Snuggle baby's chest close to you (chest to chest).
- Allow baby to tilt his head back.
- Aim nipple opposite baby's nose (nipple to nose).
- Baby's chin and lower lip are in contact with your breast well back from your nipple.



- When baby opens its mouth wide snuggle it even closer to you.
- Baby will take a large mouth full of breast below your nipple.



- You can use your thumb or finger to tilt your nipple and guide it under baby's top lip aiming it to the top back of baby's mouth.



- Your nipple folds under baby's top lip and rolls back deep into baby's mouth.



- Baby will have a nice big mouth full and be able to breastfeed.

The Early Days

Latching and positioning baby well at the breast will minimise sore or damaged nipples and maximise milk transfer. The intensity and frequency of feeding becomes less as the **milk comes in**. Some babies may cluster feed at any time of the day (this means that babies have periods when they feed frequently). Often your breasts feel quite empty at this time, but that doesn't mean that there is no milk available. **Trust yourself**, keep feeding! Baby will eventually go to sleep and is more likely to sleep for a longer period. You may find that using a sling will help settle baby, as they love the comfort of being close to you. It is important that you get plenty of rest, especially in the first weeks.

Colostrum

This is the first milk produced. It may be present towards the end of the pregnancy. It is generally thicker than mature milk. Colostrum can be quite yellow in colour, clear or slightly pink. If you are concerned about your colostrum or milk discuss this with your midwife.

- Colostrum is high in protein and fats.
- Colostrum is your baby's first immunisation as it is high in immunoglobulins.
- Only small amounts are produced to suit baby's need.
- Infants get an average of 7-14mL per feed (baby's stomach capacity at birth is approx 20mL).
- It is perfectly matched for your baby.
- It coats the baby's gut with a protective lining. Colostrum provides baby with special protection specific to your environment.

Mature Milk

Mature Milk begins to be produced 30–60 hours after birth. By two weeks it no longer contains colostrum. It consists of 85% water, and contains antibodies, protein, carbohydrates, vitamins, minerals and iron. There are enough nutrients for your baby's first six months of life when you may introduce some solid food in conjunction with continued breastfeeding.

Transition to Mature Milk

About 48-72 hours after the birth of your baby you will begin to notice changes in your breasts, e.g. becoming heavy and full. These changes are due to the increased volume of mature milk being produced and an increased blood supply to the breasts in order to produce the milk. Your body will gradually adjust to the amount of milk that is needed to meet your baby's requirements.

During this time you may feel some discomfort and there are some measures that you can implement to aid this transition:

- Allowing your baby to feed frequently from the breast will ensure that they do not become over full and/or engorged. Try and empty one breast before offering the other.
- The use of warm compresses to the breast prior to and during a breastfeed can aid in the 'let-down' of milk.
- The use of cold compresses to the breast after a feed can relieve the discomfort of the breast.
- Gentle massage of the breast will help with milk flow, especially those areas that are particularly lumpy
- Taking regular Paracetamol or Ibuprofen can help with pain or discomfort of the full breasts and also helps with reducing high temperatures that can be associated with engorgement.
- Some women do need to express milk from the breast to prevent breasts becoming too engorged.

Removing milk from the breast will:

- Reduce engorgement.
- Relieve your discomfort.
- Prevent further complications such as mastitis and abscess formation.
- Help to ensure continued milk production.
- Enable the baby to receive breast milk.

You should become aware of your breasts softening after a feed and also be aware of areas within your breasts that remain hard, lumpy, and tender to touch or red in appearance. If this does occur please seek advice from your midwife.

Oxytocin

Oxytocin is the hormone responsible for milk ejection reflex, or the "let down". Also called the "love hormone", it assists with bonding and makes you feel calm. When feeding you may feel thirsty and a little sleepy.

Prolactin

Prolactin is the hormone responsible for making milk. The more you breastfeed, the more this is stimulated (there will be more milk for your baby). If you skip feeds or expressions you risk losing your milk supply.

Nipple Discomfort

Importance of Positioning Baby Well

If you feel discomfort, pain, or hear slopping noises, your baby is not correctly attached. De-latch and start again. If your nipple is misshapen when withdrawn from baby's mouth, baby has not been on correctly and may be causing damage. The nipple should be the same shape as before you started the feed.

Pain is not normal when breastfeeding. Discomfort should peak at 3-6 days and have gone by 10 days. If pain or discomfort is of concern for you, discuss with your midwife or a Lactation Consultant.

Not Caused by Positioning Baby

Thrush (Candidiasis)

This can occur and can be easily transmitted between mother and baby. It appears as a thick white coating in the baby's mouth especially tongue, cheeks or a nappy rash with small blisters and peeling edge.

You may suspect you have thrush if:

- You have pain in the nipple and areola which wasn't there previously.
- The pain occurs throughout the feed and may be worse afterward.
- There may be itchiness or a burning sensation in the nipples.
- It may look normal, or be pink, red or shiny, possibly with some small blisters or a rash.
- Traces of white fungus in the folds are sometimes found.
- Shooting pains through the breast.
- Cracks, new or old, that will not heal.

Treatment for Thrush is usually a cream containing miconazole. This is applied to the nipples. Baby should be treated with oral drops regardless of symptoms. Treatment should be discussed with your LMC or GP. Particular attention must be paid to hand washing after changing baby and before feeding or touching your breasts as Thrush can be spread easily. Daily washing of bras, nursing pads (if not disposable) and underwear is required. Thrush thrives on sugars, so pay particular attention to dietary intake, avoiding sugars and products that contain yeast.

Vasospasm

This is a whitening of the nipple sometimes caused by poor latching. It can also be caused by a condition called Raynaud's Phenomenon.

Raynaud's Phenomenon

Symptoms are:

- Shooting burning pain when baby comes off the nipple.
- The nipple may turn white, blue and then red, or white then red.
- The throbbing, shooting pain can last up to an hour or more.
- Mothers may notice that nipples are more painful when going from a warm to a cold room or when getting out of the shower.

Treatment is to keep the breast warm and ensure good latching to help reduce discomfort. Occasionally other treatment may be necessary. Discuss with your LMC or GP.

Plugged Ducts

If you suspect you have a plugged duct here are some suggestions to help relieve the symptoms and assist milk drainage.

- As your baby suckles from the affected side gently massage the area down towards the nipple.
- Apply some heat to the area just prior to your baby feeding, e.g. have a hot shower and focus the water onto your affected breast.
- Get plenty of rest.
- Avoid tight or restrictive bra/clothing.
- Avoid any form of pressure on the breast which may restrict the flow of milk, e.g. if you are using a breastpump take care not to apply pressure from the pump parts onto the breast.
- Avoid a high fat diet.

Breast Infection

Symptoms are:

- Flu-like symptoms.
- You may have a temperature.
- Your breasts may have an area of redness.
- They may be tender/painful.

Management key points are:

- Heat – apply heat prior to feeding or expressing.
- Rest – reduce your activities.
- Empty the breast – this will reduce engorgement and further problems, e.g. an abscess.

Your baby is your best expresser, but may become fussy on the affected side due to various changes when there is an infection present. If baby refuses the breast you will need to express.

Antibiotics are required if symptoms persist. Flucloxacillin is the antibiotic of choice as Staphylococcus Aureus is the organism most often implicated in breast infections.

See your LMC or GP early if you think you have a breast infection.

***NOW THAT YOU ARE BREASTFEEDING...
LOOK AFTER YOUR BREASTS!***

Breast inspection – after each feed check for changes.

Rest – look after yourself.

Empy your breasts regularly – avoid reducing or missing feeds.

Adequate fluid intake.

Sore nipples – seek help if damaged or not improving.

Tight clothing/pressure on your breasts should be avoided, avoid wearing a bra at night.

Manual Expression of Breast Milk

Marmet Technique



Correct Positioning

1. Position the thumb (above the nipple) and first two fingers (below the nipple) about 3-4cm from the nipple, though not necessarily at the outer edges of the areola. Use this measurement as a guide, since breasts and areola vary in size from one woman to another. Be sure the hand forms the letter “C” and the finger pads are at 6 and 12 o’clock in line with the nipple. Avoid cupping the breasts.



Push

2. Push straight into the chest wall. Avoid spreading the fingers apart. For large breasts, first lift and then push into the chest wall.



Roll

3. Roll thumb and fingers forward at the same time. This rolling motion compresses the areola and ducts without injuring sensitive breast tissue.
4. Repeat rhythmically to express the milk
 - Position, push, roll...
 - Position, push, roll...
5. Rotate the thumb and fingers to milk other ducts, using both hands on each breast.

Avoid These Motions

Do not squeeze the breast as this can cause bruising. Sliding hands over the breast can cause painful skin burns. Avoid pulling the nipple, which may result in tissue damage.

Gentle Massage Before Expressing

Massage the milk producing cells and ducts by pressing the breast firmly with the flat of the fingers into the chest wall, beginning at the top. Move fingers in a circular motion, concentrating on one spot at a time for a few seconds before moving on to another spot. Spiral around the breast toward the areola as you massage. The motion is similar to that used in a breast examination.

Human Milk Storage Information

Low Birth Weight Infants

For mothers of very low birth weight infants in the first few weeks store breast milk in small quantities to prevent waste as they are on small amounts over 12 hours.

Hygiene and Safety

Personal hygiene and safety with food is very important.

- Wash your hands before expressing.
- Use the sterile containers provided.
- Use bottles that have been washed in hot, soapy water, rinsed and sterilised.
- Expressing equipment should be washed in a separate bowl (not your kitchen sink), with hot soapy water and then sterilized, e.g. precept or milton solution for 1 hour.
- **All milk should be labelled with your name, and the date and time at the time of expressing.**
- Labels are supplied if your baby is in the neonatal unit.

Equipment

If your baby is in NICU, the following equipment should be used:

- Sterile syringe supplied by the hospital.
- Canterbury Health Laboratories sterile container with pink top.
- Feeding bottle supplied by the hospital which have been sterilised already.

Storage Guidelines

Room temperature

- Breast milk at room temperature should be stored for no longer than **4 hours**. Fresh milk is best for your baby.

Refrigerated

- Breast milk in a fridge should be stored for no longer than **48 hours**. If not used the milk can then be frozen.
- At home, store milk in the back of the main body of the fridge.

Frozen

- Freezer compartment located inside a refrigerator for no longer than 2 weeks.
- Separate door refrigerator/freezer for no longer than 3 or 4 months.
- Separate deep freeze at constant 0°C for 6-12 months, hospital freezer 6-12 months.

Transporting Guidelines

Fresh

- Keep milk in the fridge until visiting the hospital.
- Use a chilly bin or chiller bag with an ice pack to keep chilled milk cool on the way to your baby.

Frozen

- Store in home freezer then transport in a chilly bin or chiller bag to hospital freezer.
- If you are at home, store milk in ice cube trays then transfer to a snap lock bag. For larger quantities use breast milk storage bags as these reduce space in the freezer.

Thawing

How to warm/thaw the expressed breast milk:

- Wash and dry hands well
- Warm or thaw the oldest milk first
- Thaw under warm, running water
- Use thawed milk within 24 hours
- Do not refreeze or reheat.
- Warm the milk in a jug of warm water for 15 minutes.
- Shake before testing the temperature
- Once heated use within one hour.
- Do not use a microwave to heat or thaw human milk:
 - it destroys some vitamins and immune properties of expressed breast milk.
 - it heats the milk unevenly and has been known to burn babies' mouths.

Ref: Ministry of Health – Expressing breast milk and storing expressed breast milk, 19 Dec 2008.



Your Baby

Is My Baby Getting Enough?

As we can't see what baby is taking in, you need to observe other signs.

Audible Swallowing

Initially you may only hear a swallow after several sucks. As the milk supply increases you will hear more swallowing particularly, when a let-down occurs, e.g. suck-swallow, suck-swallow, suck-swallow followed by a rest before continuing. The suck-swallow ratio can vary up to five sucks per swallow. In the beginning as your milk comes in you will notice a nice suck/swallow, suck/swallow pattern.

Urine Output and Bowel Motions

	Expected Urine Output	Expected Bowel Motions	Colour
Day 1	1	1	Black (Meconium)
Day 2	2	2	Black
Day 3	3	3	Black/Brown (changing)
Day 4	4	3+	Brown/Yellow (changing)
Day 5	5	3+	Yellow
Day 6	6-8 (thereafter)	3+	Yellow

Constipation is extremely rare in breastfed babies. Many babies have frequent bowel motions in the first month, thereafter, it is not unusual for a baby to go between 1-10 days between bowel motions. Discuss with your midwife if you are concerned.

Jaundice (when baby's skin appears yellow)

- Jaundice can be reduced by early frequent feeding.
- If your baby requires phototherapy to help reduce the jaundice, your baby may need extra fluids over and above your own breast milk until your supply is adequate. Your LMC/hospital staff will guide you.

Weight

- Initially your baby will lose weight. **This is normal.** Baby should have regained its birth weight within 10-14 days. If your baby loses over 10% in the first week, your midwife should assess baby's breastfeeding and make sure that there is correct attachment and milk transfer.

Urates

- Urates are a crystal, pink-orange rusty stain produced by the kidneys. They are considered normal in the first 3 days. If your baby has urates on the 4-5th day **this is not usual.** If baby is still passing green-black bowel motions, not feeding well or not waking regularly for feeds (has become lethargic), you need to call your LMC or take your baby to the doctor.

Bottles and Pacifiers

Whilst your baby is learning to breastfeed it is important that they be allowed to breastfeed as often as they want. Introduction of bottles, teats and pacifiers can interfere with the natural process and cause unnecessary problems, such as nipple confusion and a reduced supply of breast milk. If parents wish to use these items, it is best to wait until breastfeeding is established, often between 4-6 weeks.

Pacifiers should never be used in place of breastfeeding.

If your baby is premature or smaller than expected, alternative feeding methods may need to be used alongside breastfeeding until baby is able to manage full breastfeeds.

Frequency Days (also called Growth Spurts)

Frequency Days occur at regular intervals, approximately every 2-3 weeks. Frequency days occur when your baby's requirements are temporarily ahead of your supply. The more baby suckles the better the milk supply. This may last 24-48 hours. Once the supply has increased, baby settles back into a regular feeding pattern. This is normal behaviour.

Dehydration

Suspect your baby of dehydration if:

- Baby is sleepy.
- Baby has dry lips and mouth.
- Baby is not swallowing frequently.
- Baby has damp, not wet, nappies.
- Urates are present.
- Small amounts of black or brown bowel motion.
- Increased jaundice (skin is yellow).
- Baby's skin feels loose on his arms, legs, back and abdomen.
- Baby is not gaining or may be still losing weight.

Suspect yourself of dehydration if:

- Your breasts may feel empty prior to beginning a feed. You may not experience a "let down" feeling.

If you suspect your baby is dehydrated you need to contact your LMC or GP immediately, or go to the Emergency Department.

My Breastfeeding Diary

Day 1

Points to Remember:

- My baby has been given the opportunity to lie skin to skin with me for at least an hour as soon after birth as possible.
- Let the first experience in your baby's mouth be your nipple.
- Babies have a strong need to breastfeed within the first 2 hours from birth. It is very important to satisfy this desire if possible.
- Allow the baby to suckle for as long as baby wants on both breasts.
- Your baby may then sleep for up to 6 hours – take this time to rest yourself.
- Colostrum is all your baby needs.
- If your baby has not latched and suckled within 12 hours of birth because baby is sleepy the baby should be woken at this point and then every 3 hours and actively helped to feed. If a latch is not achieved then hand expressing should begin.

My baby is unable to breastfeed:

I have:

- Been shown how to hand express: Y / N
- Expressed colostrum regularly for my baby: Y / N
- Fed the colostrum to my baby regularly by syringe, spoon or cup: Y / N
- Stored my labelled colostrum in the fridge: Y / N

Topics for discussion:

- Hand expressing: Y / N
- What to do if I have very full breasts and baby is asleep: Y / N

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Day 2

Points to Remember:

- Your baby may feed frequently today and especially overnight.
- As long as your baby is breastfeeding well (and there are no medical reasons why extra fluid is required, e.g. low blood sugar or a sick or premature baby) baby does not need any other food.
- Allow your baby to suckle frequently.
- You will feel tired – rest as able.
- Your nipples will be tender, but should not be damaged.
- You may experience “period like” pains and an increase in bleeding from your vagina whilst breastfeeding. This is normal.
- Your baby may pass urine only once or twice today.
- Baby’s bowel motions are frequent and the colour may be changing from black to brown/yellow.
- Feeling more independent with positioning and latching your baby today? Ask staff for guidance/reassurance as necessary.
- Colostrum helps keep jaundice levels down.

I am unable to breastfeed my baby:

- Continue to regularly hand express your colostrum.
- If your colostrum is flowing more freely after 48 hours and you are finding hand expressing unrewarding, you may prefer to try the electric breast pump. Ask the staff to show you how to use the equipment safely.

I am:

- Hand expressing 2-3 hourly: Y / N
- Using the electric breastpump (EBP): Y / N
- I have been instructed how to use the EBP: Y / N
- I have been instructed how to clean the EBP parts: Y / N
- I have been instructed how to store my breast milk: Y / N

If you feel you require extra assistance with your breastfeeding, request the services of a Lactation Consultant. You can discuss this with your care giver. A Lactation Consultant specialises in breastfeeding and is able to set a plan best suited for your individual needs.

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Day 4

Points to Remember:

- Your breasts will feel heavy and may cause some discomfort – warm showers will help ease this.
- Nurse baby on one side at each feed time. Often, at this stage of breastfeeding, (if your milk has “come in”) this is all your baby will want.
- Allowing your baby to finish the first breast first ensures she gets the rich hindmilk, which is important for growth.
- Always offer the other breast but your baby will possibly refuse to latch.
- The average feed time when your milk has established is 17 minutes (50% of babies feed for longer than this and 50% feed for less). All babies are different but prolonged feeding or very short feeds (less than 5 minutes) may indicate a problem with latching.

My baby is still unable to latch:

- I feel comfortable managing my own breastfeeding attempts: Y / N
- I am totally independent with expressing: Y / N
- I am independent with feeding my baby despite difficulties: Y / N
- I am slowly gaining confidence, but am not yet independent: Y / N
- My baby remains unwell/too sleepy to breastfeed: Y / N
- My milk supply is not yet meeting all my baby’s needs: Y / N
- My milk supply is not yet increasing: Y / N
- My milk supply is sufficient for my baby’s needs: Y / N
- My milk supply is abundant: Y / N

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Day 5

Points to Remember:

- Breasts usually feel more comfortable today.
- Baby’s bowel motions at this stage are generally frequent, yellow, loose with a “mustard seeds” appearance.

For the baby who is unable to latch, for whatever reason:

- I am expressing regularly day and night: Y / N
- I am increasing the number of expressions over the 24 hour period (if your breast milk supply is insufficient for your baby’s needs): Y / N

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Day 6

Points to Remember:

- I am independently breastfeeding: Y / N
- My baby is settled between feeds: Y / N
- My baby is passing urine at least 6 times per day: Y / N
- My baby is passing a bowel motion at least 2 times per day: Y / N
- My baby is waking for feeds: Y / N
- I can hear my baby swallowing when latched to my breast: Y / N
- My nipples continue to improve: Y / N
- My breasts are comfortable: Y / N

My baby is still unable to suckle:

- My breast milk supply is meeting my baby’s needs: Y / N
- My breast milk is abundant: Y / N
- My breast milk is not yet fully established: Y / N

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Breastfeeding Support

Women's & Children's Health Breastfeeding Support Group meets:
Parent Education Loom, Lower Ground Floor, Christchurch Women's Hospital
1st Wednesday each month at 10:30am
Bookings not necessary

Phone numbers of other support services in the community

Te Puawaitanga O Te Tamaiti (Parenting Support Services)	(Pat Hetariki) Pani Ruwhiu Ruwhiu	(03) 344 5062
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Pacific Trust Canterbury & Breastfeeding Support		(03) 366 3900
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Plunket Karitane Family Centre, 5 Twigger Street, Addington		(03) 348 9447
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La Leche League Breastfeeding Information Support (Mother's Contact)		(03) 338 8447
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Multiple Births Association	Kim Adams Sonya	(03) 329 5149 (03) 389 9979
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The Maori Health Worker, Christchurch Women's Hospital, for advice		(03) 364 4503
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Lactation Consultants		0800 LACTATION
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Young Parents Breastfeeding Group – Susan		(03) 981 6028 Txt 027 555 4669
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Breastfeeding Support Group, Te Puawaitanga – Carol, Canterbury Breastfeeding Advocacy Services		(03) 351 3559
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Plunket Helpline (24 hours)		0800 933 922
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Plunket Karitane Family Centres		(03) 348 9447
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St George's Hospital Breastfeeding Support		(03) 356 0900
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Issued By:
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Canterbury

District Health Board

Te Poari Hauora o Waitaha