

# 10

## Feeding your baby

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**It's never too early to start thinking about how you are going to feed your baby. Breastfeeding gives your baby the best possible start in life as it has lots of benefits for both you and your baby that last a lifetime. Discuss your plans with your partner and family as their help is important. You might like to watch the Bump to Breastfeeding video together to see what feeding your baby might be like. The video can be seen at [pha.site/bump-to-breastfeeding](http://pha.site/bump-to-breastfeeding)**

- Your breastmilk is the only food designed for your baby. It contains everything your baby needs for around the first six months of life. After that, giving your baby breastmilk along with solid food will help them continue to grow and develop. The World Health Organization recommends breastfeeding for two years or longer.
- Breastfeeding helps build a strong bond between mother and baby, both physically and emotionally.
- Breastfeeding reduces the risk of sudden infant death.
- Breastfeeding protects your baby from various infections and diseases. It also offers health benefits for mums. Every day makes a difference to your baby, as the longer you breastfeed, the longer the protection lasts. Formula milk cannot provide your baby with the same ingredients or give the same protection.



### What does breastfeeding help protect against?

#### Your baby:

- Ear infections
- Allergies
- Sudden infant death
- Childhood leukaemia
- Chest infections
- Obesity
- Gastro-intestinal infections
- Childhood diabetes
- Urinary tract infections

#### You:

- Breast cancer
- Type 2 diabetes
- Ovarian cancer
- Women who breastfeed get their figures back faster





## Breastfeeding

Just like any new skill, breastfeeding may take time and practice to work. In the first few days, you and your baby will be getting to know each other. Close contact and holding your baby against your skin can really help with this.

The more time you spend with your baby, the quicker you will learn to understand each other's signs and signals. The next few pages will help you to understand how breastfeeding

works. And remember, it's OK to ask for help.

### Immediately after your baby is born

Every pregnant woman has milk ready for her baby at birth. This milk is called colostrum and it is sometimes quite yellow in colour. It is very concentrated, so your baby only needs a small amount at each feed. In the first few days it may seem like your baby wants to feed all the time or some babies can be sleepy and will need to be encouraged to feed. Colostrum is full of antibodies to boost your baby's ability to fight off infection.

Holding your baby against your skin straight after birth will calm them, steady their breathing and keep them warm. It will also encourage them to breastfeed. Babies are often very alert in the first hour after birth and keen to feed. Your midwife can help you with this.

### The first few days

Each time your baby feeds, they are letting your body know how much milk it needs to produce.

## Help and support

Midwives, health visitors, trained volunteers and peer supporters can all offer advice and practical help with breastfeeding. Peer supporters are mothers who have breastfed their own babies and have had training to help them support other mothers. Talk to your midwife or health visitor about the help that is available in your area.

A map of support groups can be seen at [pha.site/breastfeeding-support](http://pha.site/breastfeeding-support)

Mother-to-mother support on social media can be extremely helpful, such as the 'Breastfeeding in Northern Ireland' Facebook group. It should however be noted that the Public Health Agency (PHA) is not responsible for content on non-PHA social media accounts.

The amount of milk you make will increase or decrease in line with your baby's needs. Most babies will want to breastfeed around 8-10 times in a day.

Around the 2nd–4th days your breasts will become fuller and warmer. This is often referred to as your milk 'coming in'. To keep yourself as comfortable as possible, feed your baby as



You can learn more about breastfeeding from the Public Health Agency booklet *Off to a good start* ask your midwife for a copy or visit [pha.site/good-start](http://pha.site/good-start)

often as they want for as long as they want. Your milk supply will vary according to your baby's demands. It will look quite thin compared with colostrum, but gets creamier as the feed goes on. Let your baby decide when they have had enough.

You may need to wear breast pads and to change them frequently, if you need to quickly stop your milk flowing you can apply some pressure to your nipple with the flat of your hand for a few seconds.

In the beginning, your baby will need to be fed frequently. This helps to ensure you build up a good supply of milk. Gradually your baby may get into a pattern of feeding and the amount of milk you produce will adapt to the baby's needs. Your baby will be happier if you keep them near you and feed them in a responsive way, this means that you offer a breastfeed as early as possible when baby

shows any signs of wanting to be fed. It also helps if you offer your breast if baby is upset and needs comforted or if your breasts feel full. This will quickly help your body to produce the amount of milk your baby needs. At night, your baby will be safest sleeping in a cot in the same room as you. This makes feeding easier and will reduce the risk of sudden infant death. Try to take each day as it comes. If your breasts are uncomfortable or sore, ask for help.

### First steps: starting to breastfeed

You can breastfeed in a number of different positions. Find one that is comfortable for both of you. If you are lying back in a well-supported position with your baby lying on your tummy, they will often move themselves onto your breast and begin to feed. Remember at all times to keep your baby safe.

You can try feeding lying on your side, in bed or in a chair, supported in an upright position. This will make it easier to hold your baby so their neck, shoulders and back are supported and they can reach your breast easily. Their head and body should be in a straight line.



### 'Liquid gold': the perfect food for your newborn

Colostrum is sometimes called 'liquid gold'. This extra-special breastmilk is full of germ-fighting antibodies that will help protect your baby against infections that you have had in the past. The first few feeds 'coat' your baby's gut to protect them from germs and reduce the chances of them developing allergies as they get older.

Later on, your breastmilk will still contain antibodies, and as you come across new infections you will produce new antibodies in your milk. This means that if you get colds or flu while you are breastfeeding, your baby will automatically get some immunity from those illnesses.





## How to help baby breastfeed

There are many different positions you can use to breastfeed, such as sitting up, lying down or feeding your baby in the underarm position. In the beginning, your baby will need your help in order to stay comfortable during a feed and to help them attach well to the breast. The following four words may be helpful to remember when starting off breastfeeding. It may be helpful if you remember the first letter of these four words as CHIN.

**Close** (hold your baby in close so that they can reach your breast easily).

**Head free** (try not to hold the back of your baby's head as they need to be able to tilt their head back, instead support their neck and shoulders and allow their head to be free to tilt back).

**In-line** (make sure the baby's head and body are all facing you and not twisted).

**Nose to nipple** (start the feed with your baby's nose opposite your nipple so that when the baby attaches your nipple goes up over the baby's tongue and into the top of the baby's mouth).

CHIN developed by Dr Lynette Shotton

Your baby's sucking causes milk stored in your breasts to be squeezed down ducts inside your breasts towards your nipples. This is called the 'let-down' reflex. Some women get a tingling feeling which can be quite strong, while others feel nothing at all. You will see your baby respond and their quick sucks change to deep rhythmic swallows as the milk begins to

flow. Babies often pause after the initial quick sucks while they wait for more milk to be 'delivered'. If your baby falls asleep quickly before the deep swallowing stage, check that they are properly latched on. It might be easier to get someone else to check for you. Sometimes you will notice your milk flowing in response to your baby crying or when you have a warm bath.

After your baby has finished feeding, you can hold them upright on your shoulder to see if they need to burp. Breastfed babies don't usually get as much wind as formula-fed babies.



**1 Hold your baby's whole body close with the nose level with your nipple.**



**2 Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide open mouth.**



**3 When your baby's mouth opens wide, the chin is able to touch the breast first, with the head tipped back so that the tongue can reach as much breast as possible.**



**4 With the chin firmly touching, and with the nose clear, the mouth is wide open, and there will be much more of the darker skin visible above your baby's top lip than below their bottom lip. The cheeks will look full and rounded as your baby feeds.**





### How do I know that my baby is attached properly?

- Your baby has a large mouthful of breast.
- Your baby's chin is firmly touching your breast.
- It doesn't hurt you to feed (although the first few sucks may feel strong).
- If you can see the dark skin around your nipple, you should see more dark skin above your baby's top lip than below their bottom lip.
- Your baby's cheeks stay rounded during sucking.
- Your baby rhythmically takes long sucks and swallows (it's normal for your baby to pause from time to time).

- Your baby finishes the feed and comes off the breast on their own.

If you have any concerns about any of these points, talk to your peer supporter, midwife, GP or health visitor, or contact the National Breastfeeding Helpline on 0300 100 0212.

Note that if your baby seems unusually sleepy and/or is slow to start feeding, they may be ill, so contact your GP as soon as possible.

### How do I know my baby is getting enough milk?

- Your baby should be healthy and alert.
- In the first 48 hours, your baby is likely to have only

two or three wet nappies. Wet nappies should then start to become more frequent, with at least six every 24 hours from day five onwards.

- Most babies lose weight initially. They should be weighed by a health professional some time around the 3rd–5th day. From then on, they should start to gain weight. Most babies regain their birth weight in the first two weeks.
- At the beginning, your baby will pass a black tar-like poo called meconium. By the 3rd day, this should be changing to a lighter, runnier, greenish stool that is easier to clean up. From the 4th day and for the first few weeks, your baby should pass at least two yellow stools every day. These stools should be at least the size of a £2 coin. It's normal for breastfed babies to pass loose stools.
- Your breasts and nipples should not be sore. If they are, do ask for help.
- Your baby will be content and satisfied after most feeds and will come off the breast on their own.

If you are concerned about any of these points, speak to your midwife or health visitor.

## Colour guide for a baby's poos for the first few days

Day 1

Day 2–3

Day 4



## Tips for breastfeeding

- Make sure your baby is well attached to your breast (see pictures on page 122). This will help your body make the right amount of milk and stop your breasts getting sore. The more you breastfeed your baby, the more milk you will produce. When your baby comes off the first breast, offer the second. It doesn't matter if they are not interested or don't feed for long, or even if they feed for longer on the second breast. This is fine – just start with this breast next time. Sometimes your baby might seem hungrier than usual and feed for longer or more often. Your body responds automatically and makes



- more milk to provide the extra needed. This is why you can feed more than one baby at the same time (see page 125).
- There is no need to offer formula milk in addition to breastmilk. If your baby seems more hungry, feed more often, rather than offer formula milk.
- Breastfeeding mums are now encouraged to practice responsive feeding. This means offering feeds before crying starts (such as when your baby is restless or sucking her fingers). It involves offering the breast for food and comfort, which helps maintain a good milk supply, as the more often your baby is fed, the more milk is produced. Breastfeeding can be a nice chance to sit down and rest; it can soothe, comfort and calm both baby and mum. By the time a newborn baby starts crying, they will normally have been hungry for a while.
- Try not to give your baby any other food or drink before the age of about six months as less frequent breastfeeding will reduce your milk supply.
- If you do decide to give formula, keep your milk supply going by continuing breastfeeding as much as possible.
- Try not to give your baby a dummy until breastfeeding is going well, as this can confuse the baby too much and also reduce your milk supply.
- If you are worried about breastfeeding when you are out and about, wear a t-shirt or a vest top and a cardigan so that you can lift your top up from the waist to feed. If you are worried about showing your tummy you can wear a belly band or a second vest.

The Public Health Agency  
Breastfeeding Welcome Here  
Scheme helps support mums



who are breastfeeding, by asking businesses to display a sticker which says breastfeeding is welcome; you will see the pink and white heart in over 1000 venues throughout Northern Ireland. Visit breastfed babies to see where your local members are [www.breastfedbabies.org](http://www.breastfedbabies.org)



## Breastfeeding

Good for baby. Good for mum

Breastfed babies cannot be overfed so you can breastfeed to calm and soothe your baby, or as a lovely way of spending time together, or just for having a rest.

### Breastfeeding more than one baby

Twins, triplets or more can be breastfed. Because multiple babies are more likely to be born prematurely and to have a low birth weight, breastmilk is especially important for their wellbeing.

To start with, you may find it easier to feed each of your babies separately, until you feel confident about handling them at the same time and feeding is well established. This may take up a lot of your time, so it can be really helpful to accept any offers of help around the house from family and friends.

Over time, you will learn what works best for you and your

babies. Triplets can be breastfed either two together and then one after, or all three rotated at each feed. Alternatively, you can use a combination of breast and formula, depending on the babies and your milk supply. The Twins Trust, the twins and multiple birth association, provides information and support on feeding. To find out more visit [www.twinstrust.org](http://www.twinstrust.org)

### How long should I breastfeed?

Exclusive breastfeeding (with no other food or drink) is recommended for around the first six months of a baby's life. After this, you can carry on giving your baby breastmilk along with other foods for as long as you and your baby want. This can be into the second year or beyond.

Every day you breastfeed makes a difference to you and your baby. There is no need to decide at the beginning how long you will breastfeed. Many mothers continue to breastfeed when they return to work or college. Don't forget to ask for help if you need it!

The practicalities will depend on how old your baby is and how many feeds they need while you are apart, but it's often easier to manage than people think. Your peer supporter, midwife, health visitor, local support group or the National Breastfeeding Helpline (0300 100 0212) can explain the options and talk them through with you.

If you stop breastfeeding, it can be difficult to start again. Giving formula milk to a breastfed baby can reduce your supply of breastmilk.

### Dummies

Try not to give your baby a dummy until breastfeeding is established, usually when your baby is about a month old. Using dummies has been shown to reduce the amount of breastmilk that is produced. If your baby becomes accustomed to using a dummy while sleeping, it should not be stopped suddenly in the first six months. Try to reduce using the dummy by the time your baby is 6-9 months old as it may affect the development of the baby's teeth and speech.





## Expressing milk

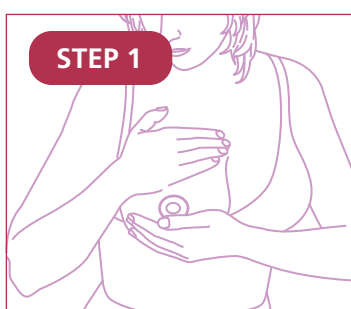
Expressing milk means removing milk from your breast. You may want to express milk if your breasts are feeling uncomfortably full, or if your baby is not sucking well but you still want to give them breastmilk.

If you have to be away from your baby – for example, because your baby is ill or premature, or because you are going back to work – you may wish to express milk so that somebody else can feed your baby.

You can express milk very effectively by hand or with a breast pump. Different pumps suit different women, so ask for information to compare them. A pump needs to be clean and sterilised each time it is used.

## Expressing by hand

It is more effective to express milk by hand than to use a pump in the first few days. If you want to collect the milk, you will need a sterilised container. The following suggestions should help:



1. Before you start, wash your hands thoroughly then gently massage your breast to stimulate the milk to start flowing.
2. If you are going to collect the milk, use a sterilised jug or bowl to catch the milk.



3. Place your thumb on top of your breast and the rest of your fingers below about 2–3 centimetres from the base of your nipple, with your thumb and fingers in a sort of C-shape.



4. Release the pressure then repeat, building up a rhythm. Avoid sliding your fingers over the skin. At first, only drops will appear, but just keep going as it will increase. With practice, and a little time your milk will flow freely.
5. When no more drops are coming, move your fingers round to try a different section of your breast and repeat.
6. When the flow slows down, swap to the other breast. Keep changing breasts until the milk is dripping very slowly or stops altogether.
7. If the milk doesn't flow, try moving your fingers slightly towards the nipple or further away, and try giving your breast a gentle massage.





## Breastfeeding and returning to work

Many mothers continue to breastfeed when they return to work or college. Your employer may wish to carry out a risk assessment as detailed in the HSE leaflet *New and expectant mothers who work* available at [pha.site/working-mothers](http://pha.site/working-mothers)

The Public Health Agency has also produced a guide for employers, which can be downloaded from [pha.site/breastfeeding-work](http://pha.site/breastfeeding-work)

If you are planning to continue to breastfeed after returning to work, it is important that you plan ahead as much as possible. Let your employer know in writing that you intend to continue breastfeeding and that you will need some privacy and a little extra time at breaks to express milk or, if possible, to feed your baby.

Checklist for breastfeeding and returning to work:

- Before you return to work, write to your employer and let them know you are breastfeeding.

- Decide how your baby will be fed while you are at work such as bottle or cup, breastmilk or formula.
- Decide if you need to express milk while at work.
- Practise expressing your milk using a pump or by hand.
- Learn about safe storage of breastmilk.
- Have a few trial runs before you go back to work.

## Expressing milk if your baby is premature or ill

It is important to start expressing your milk within two hours of birth. To ensure that you produce plenty of milk, you will need to express at least 8 to 10 times in 24 hours, including during the night, just as your baby might be doing if they were able to feed directly. Ask the hospital staff about having skin-to-skin contact with your baby as soon as possible after the birth. This will help with bonding and keeping up your milk supply.

Baby units often have breast

pump machines for expressing milk, and staff will show you how to use one. If you go home from hospital before your baby you may need to use an electric breast pump for many weeks.

You can borrow a breast pump from Tiny Life the premature baby charity by contacting them on 028 90815050.

If you want to freeze breastmilk because your baby is premature or ill, ask the staff caring for your baby for support and information.

Your midwife, health visitor or peer supporter can also give you practical help and answer any questions. You can watch a video online at [pha.site/small-wonders](http://pha.site/small-wonders) The video is called Small Wonders and it tells you all you need to know about breastfeeding an ill or premature baby.



## Helpful tips

Breastfeeding should feel comfortable. Your baby should be relaxed. You should hear a soft swallowing. If it doesn't feel right, start again. Slide one of your fingers into your baby's mouth, gently break the suction and try again.



your nipples start to crack or bleed, ask for help so you get your baby latched on comfortably (see page 135 for information on how to get help). It can sometimes take a little while to sort out how to prevent the soreness, but it is important to get support as soon as possible.

## Storing breastmilk

You can store breastmilk for:

- up to five days in the fridge at 4°C or lower. This means putting the milk in the coolest part of the fridge, usually at the back (do not keep it in the door);
- up to two weeks in the freezer compartment of a fridge;
- up to six months in a domestic freezer, at -18°C or lower.

Breastmilk must always be stored in a sterilised container. If you use a pump, make sure you wash it thoroughly after use and sterilise it before use.

Milk should be defrosted in the fridge. Once it's defrosted, you will need to use it straight away.

Heat the bottle of milk in a jug of warm water.

Test the temperature of the milk on your forearm before giving it to your baby. Milk that has been frozen is still good for your baby

and better than formula milk. Milk should not be refrozen once thawed. Don't use a microwave oven to warm or defrost breastmilk as this can alter the proteins in your milk and there is a risk of scalding.

## Some common breastfeeding problems and how to solve them

It can be hard to ask for help, but tackling any problems as soon as they start will help you to enjoy these early days. In lots of cases, the solution is as simple as changing your baby's position slightly or feeding them a bit more often.

### Unsettled feeding

If your baby is unsettled at the breast and doesn't seem satisfied by feeds, it may be that they are sucking on the nipple alone, and so are not getting enough milk. Ask for help to get your baby into a better feeding position.

### Sore or cracked nipples

If your nipples hurt, take your baby off the breast and start again. If the pain continues or

The following suggestions may also help:

- Try squeezing out a drop or two of your milk at the end of a feed and gently rubbing it into your skin. Let your nipples dry before covering them.
- If you are using breast pads, they need to be changed at each feed (if possible, use pads without a plastic backing).



- Avoid soap as it dries your skin out.
- Wear a cotton bra, so air can circulate.
- Some mothers treat any cracks or bleeding with a thin smear of white soft paraffin or purified lanolin. Put the ointment on the crack (rather than the whole nipple) to help it heal and prevent a scab forming.

### Tender breasts, blocked ducts and mastitis

Milk can build up in the ducts for a variety of reasons. The most common are wearing a too-tight bra, missing a feed, or a blow to the breast. It's important that you deal with a blocked duct as soon as possible so that it doesn't lead to mastitis (inflammation of the breast).

If you have mastitis, your breasts will feel hot and tender. You may see a red patch of skin which is painful to touch. You can feel quite ill, as if you have flu, and you may have a temperature. This can happen very suddenly. It is very important to carry on breastfeeding as this will help you get better more quickly.

If you think you might have mastitis (or a blocked duct), try the following:

- Take extra care to make sure your baby is attached well to your breast.



- Feed your baby more often.
- Let your baby feed on the tender breast first.
- If your breasts still feel full after a feed, or your baby cannot feed, massage your breasts and express your milk (see page 126 for more information on how to do this).
- Applying warmth to your breast, for example using a warm flannel before a feed, can help milk flow and make you feel more comfortable.
- While your baby is feeding, gently stroke the lumpy area with your fingertips towards your nipple. This should help the milk to flow.
- Get lots of rest. Go to bed and catch up on your sleep whenever you can.
- Take a painkiller such as paracetamol or ibuprofen (follow instructions on the pack).
- Ask for help with how you get your baby latched on properly (see page 135 for information on where to get help).

Mastitis may also be a sign of infection. If there is no improvement within 12 to 24 hours, or you start to feel worse, contact your GP or healthcare professional. If necessary, they can prescribe antibiotics that are safe to take while breastfeeding.

### Thrush

If you suddenly get sore, bright pink nipples after you have been feeding without problems for a while, you might have an infection known as thrush. The pain may be felt right inside the breasts. Ask for help to check that your baby is latched on properly, and make an appointment with your GP.

You and your baby will both need treatment. You can easily give thrush to each other, so if your baby has it in their mouth they will need oral gel and you will still need some cream for your nipples to stop it spreading to you. You can also ask your pharmacist for advice. Some antifungal creams can be bought over the counter from a pharmacy but you need to





ensure it is suitable for continued breastfeeding. You can also obtain more information on breastfeeding and thrush from [www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

### Tongue-tie

Some babies are born with a tight piece of skin between the underside of their tongue and the floor of their mouth. This is known as tongue-tie, and while it doesn't always affect breastfeeding, it can make feeding painful as it is harder for your baby to attach to your breast.

Tongue-tie can be treated easily, so if you have any concerns talk to your midwife or health visitor or contact the National Breastfeeding Helpline on 0300 100 0212.

### Staying healthy

You don't need to eat anything special while you are breastfeeding, just make sure you have a varied and balanced diet.

Your milk is good for your baby whatever you eat, but there are a few foods to avoid (see next page). Being a new mother

is hard work though, so it's important to look after yourself and try to eat as varied and balanced a diet as you can. Aim to eat healthily as a family. A healthy range of food includes:

- at least five portions of a variety of fruit and vegetables a day (including fresh, frozen, tinned, dried and juiced);
- starchy foods such as wholemeal bread, pasta, rice and potatoes;
- plenty of fibre, found in wholegrain bread and breakfast cereals, pasta, rice, pulses (such as beans and lentils) and fruit and vegetables. After childbirth, some women experience bowel problems and constipation – fibre helps with both of these;
- protein, such as lean meat and poultry, fish, eggs and pulses;
- at least two portions of fish each week, including one portion of oily fish;

- dairy foods, such as milk, cheese and yogurt, which contain calcium and are a useful source of protein.

It's also important to drink plenty of fluid. Aim for at least 1.2 litres (six to eight glasses) each day. It's a good idea to have a drink and a healthy snack beside you when you settle down to breastfeed. Water, milk and unsweetened fruit juices are all good choices.

To find out more about healthy eating, go to [pha.site/healthy-eating](http://pha.site/healthy-eating)

### Healthy snack ideas

The following snacks are quick and simple to make and will give you the energy and strength you need:



- fresh fruit;
- sandwiches or pitta bread filled with salad vegetables, grated cheese;
- salmon or sardines or cold meat;
- yogurts and fromage frais;
- hummus and bread or vegetable sticks;
- ready-to-eat dried apricots, figs or prunes;

- vegetable and bean soups;
- fortified unsweetened breakfast cereals, muesli or other wholegrain cereals with milk;
- milky drinks or unsweetened fruit juice;
- baked beans on toast or baked potato.



### Vitamins

You should be able to get all the vitamins and minerals you need by eating a varied and balanced diet. While you are breastfeeding (just as when you were pregnant) you should take supplements containing 10 micrograms (mcg) of vitamin D each day. Your skin makes vitamin D naturally when it's exposed to the sun between April and September.

Ask your GP or health visitor where to get vitamin D supplements. You may be able to get free vitamin supplements without a prescription if you are eligible for Healthy Start (see page 37).

### Foods to avoid

Eating fish is good for your health. But if you are breastfeeding don't eat shark, marlin and swordfish, and limit the amount of tuna you eat to no more than two tuna steaks a week (about 140g cooked or

170g raw each) or four medium-sized cans of tuna a week (about 140g when drained). These types of fish contain high levels of mercury, which can damage your baby's developing nervous system. Don't eat more than two portions of oily fish per week. Oily fish includes salmon, mackerel, sardines and trout. Fresh tuna was classified as an oily fish until recently. Recent studies have shown the fish oil content of fresh tuna is similar to that of white fish.

Small amounts of whatever you are eating and drinking can pass to your baby through your breastmilk, so it's a good idea to think about how much alcohol and caffeine you are having. These may affect your baby in the same way they affect you.

If you think a food or foods that you are eating are affecting your baby, talk to your GP or health visitor, or contact the National Breastfeeding Helpline on 0300 100 0212.

Drinks containing caffeine can also affect your baby and may keep them awake, so drink them only occasionally rather than every day while your baby is young.

See page 132 for more information on alcohol and breastfeeding.

### Caffeine

Caffeine occurs naturally in lots of foods and drinks, including coffee, tea and chocolate. It's also added to some soft drinks and energy drinks and to some cold and flu remedies.



In the early days, it is important that you don't have too much caffeine. Try decaffeinated tea and coffee, fruit juice or water and limit the number of energy drinks, which might be high in caffeine.

### Helpful tips

- Eat when you feel hungry, and choose healthy snacks.
- You will probably feel quite thirsty. Have a drink and a healthy snack beside you before you sit down to breastfeed.
- Try to eat a wide variety of foods (see page 31).
- Try not to restrict your diet unless you think a food is upsetting your baby. Always talk to your health visitor or doctor before cutting out foods.



your baby on formula), then there is no reason why you should avoid consuming peanuts or foods containing peanuts.

## Alcohol

Generally, adult women should not regularly drink more than two to three units of alcohol per day. During pregnancy, women are advised to avoid drinking. By breastfeeding, you are giving your baby the best possible start in life. We do know that alcohol passes through to the baby in very small amounts in your breastmilk. Because of this, when you are breastfeeding it is sensible to avoid drinking alcohol.

If you drink alcohol or take other drugs and breastfeed, it can affect your baby in a number of ways:

- your milk may smell different and put your baby off feeding;
- the alcohol may make your baby too sleepy to feed;
- your baby may have difficulties with digestion and problems with their sleeping patterns.

For more on the effects of alcohol and the units found in typical drinks, visit [pha.site/alcohol-units](http://pha.site/alcohol-units)

- Keep your alcohol intake low. Alcohol in breastmilk can affect your baby's feeding or sleeping. Avoid drinking alcohol shortly before feeding your baby.
- Avoid drinking too much strong tea or coffee.

## Peanuts

Peanuts are one of the most common causes of food allergy. Peanut allergy affects about 1% of people and can cause severe reactions. Your baby may be at higher risk of developing a peanut allergy if you, the baby's father, brothers or sisters have a food allergy or other allergic condition such as hayfever, asthma and/or eczema.

### What you need to know

- If you would like to eat peanuts or foods containing peanuts (such as peanut butter) while breastfeeding, you can choose to do so as part of a healthy balanced diet, unless you are allergic to them or your health professional advises you not to.
- You may have heard that some women have, in the past, chosen not to eat peanuts while they were breastfeeding. This is because the government previously advised women that they may wish to avoid eating peanuts while they were breastfeeding if there was a history of allergy in their child's immediate family (such as asthma, eczema, hayfever, food allergy or other types of allergy), in case small amounts of peanut in their breastmilk increased the chance of the baby developing a peanut allergy. But this advice has now been changed because the latest research has shown that there is no clear evidence to say that eating or not eating peanuts while breastfeeding has any effect on your baby's chances of developing a peanut allergy.
- If you have a child under six months and are not breastfeeding (for example because you are feeding



## Smoking

Smoking is bad for you, bad for your partner and bad for your baby.

One of the best things you can do for your own and your baby's health is to stop smoking. Each year in the UK, more than 17,000 children under the age of five are admitted to hospital because of the effects of secondhand smoke.

Avoid smoking in the home and ask your partner, friends and family to do the same when they are around your baby. From 1 February 2022, it is an offence to smoke in a vehicle where a child or young person aged under 18 is present. It is also an offence if the driver does not prevent smoking in a private vehicle.

If you do smoke and you are finding it difficult to quit, breastfeeding will still protect your baby from infections and give them nutrients they cannot get through formula milk. Smoking after feeds, rather than before, will help reduce your baby's exposure to nicotine.



## Pregnancy and nicotine replacement therapy (NRT)

You are up to four times more likely to stop smoking

successfully using specialist support and licensed stop smoking medication.

Visit [www.stopsmokingni.info](http://www.stopsmokingni.info) for further information.

You can speak to your GP or pharmacist about the stop smoking medications available to help you manage your cravings and become smoke-free. For more information on NRT ask your midwife for a copy of the Pregnancy and NRT leaflet.



## Medicines and breastfeeding

Many illnesses, including depression (see page 90), can be treated while you are breastfeeding without harming your baby. Small amounts of whatever medicines you take will pass through your breastmilk to your baby, so always tell your doctor, dentist or pharmacist that you are breastfeeding.

Medicines that can be taken while breastfeeding include:

- most antibiotics;
- common painkillers such as paracetamol and ibuprofen (but not aspirin);
- hayfever medicines such as loratadine and cetirizine;
- cough medicines (provided they don't make you drowsy);
- asthma inhalers;
- normal doses of vitamins.

You can use some methods of contraception but not all, so check with your GP or pharmacist. Some cold remedies are not suitable.

## Non-prescribed drugs - illegal drugs

If you are breastfeeding and you take any street drugs, or any drugs that have not been prescribed for you it is really important, to get the right advice. Talk to your midwife, health visitor or doctor as the drugs may be dangerous to your baby.

It's fine to have dental treatments, local anaesthetics, injections (including measles, mumps and rubella (MMR), tetanus and flu injections) and most types of operations. You can also dye, perm or straighten your hair, use fake tan and wear false nails.

Illegal drugs are dangerous for your baby, so talk to your midwife, health visitor, GP or pharmacist if this is a concern.

## More information

For more information go to [pha.site/drugs-in-breastmilk](http://pha.site/drugs-in-breastmilk)

Your GP or pharmacist can check the information from the National Formulary for Children at [bnfc.nice.org.uk](http://bnfc.nice.org.uk) to see what medicines can be given to babies and children, as these are likely to be safe for mothers to take when breastfeeding.



## Medicines for minor ailments

- Make sure the medicine is safe to take when breastfeeding.
- Watch your baby for side effects such as poor feeding, altered bowel movements, drowsiness and irritability. Stop taking the medicine if your baby gets side effects.
- Not enough is known about herbal remedies to guarantee they are safe to use when breastfeeding.
- For further information, speak to your pharmacist.



Minor ailment	First choice	Second choice	Do not use
Constipation	Eat more fibre Bulk laxatives that contain ispaghula Lactulose	Bisacodyl Senna	
Cough	Honey and lemon in hot water Simple linctus		Medicines that contain codeine (such as co-codamol, co-dydramol) or guaifenesin
Diarrhoea	Oral rehydration sachets	Occasional doses of loperamide	
Haemorrhoids (piles)	Soothing creams, ointments or suppositories	Ice pack	
Hayfever, house dust mite and animal hair allergy	Antihistamine eye drops or nasal sprays Steroid nasal sprays	Antihistamines – cetirizine or loratadine	Other antihistamines unless advised by your doctor
Head lice	Wet combing Dimeticone lotion	If ineffective, then head lice lotions that contain permethrin	
Indigestion	Antacids (indigestion mixtures)	On your doctor's recommendation: medicines that reduce acid production, such as omeprazole	
Nasal congestion (stuffy or runny nose)	Steam inhalation	Oxymetazoline or xylometazoline nasal sprays. Occasional doses of pseudoephedrine	Decongestants that come as tablets, liquids or powder that you swallow
Pain (such as headache, mastitis, toothache)	Paracetamol	Ibuprofen	Medicines that contain aspirin Medicines that contain codeine (such as co-codamol, co-dydramol), unless advised by your doctor
Threadworms	Mebendazole		
Vaginal thrush	Clotrimazole pessaries or cream	Fluconazole	

## Breastfeeding help and support

Don't be afraid to ask for the support and information you need to make breastfeeding work for you and your baby. No problem is too small – if something is worrying you, the chances are that other mothers will have felt the same.



You can get help from a peer supporter, your midwife or health

visitor. You might also want to join a local breastfeeding group. It's a great way of making new friends as well as sharing the ups and downs of looking after a new baby. Most groups usually include a mix of healthcare professionals and local trained volunteer mothers (peer supporters). These mothers have breastfed their own babies and have had some training in basic breastfeeding techniques. Some peer supporters will have had more in-depth training to help them support new mothers.

A map of all breastfeeding groups for Northern Ireland can be found on [www.breastfedbabies.org](http://www.breastfedbabies.org). To find out what is available in your area, talk to your midwife or health visitor, or contact the **National Breastfeeding Helpline** on 0300 100 0212 (lines are open from 9.30am to 9.30pm) or go to the website at [www.nationalbreastfeedinghelpline.org.uk](http://www.nationalbreastfeedinghelpline.org.uk)

You can also get information online from the **Association of Breastfeeding Mothers** ([www.abm.me.uk](http://www.abm.me.uk)) and the **Breastfeeding Network** ([www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)).

The Breastfeeding Network runs a Supporterline on 0300 100 0210, and also offers a helpline for speakers of Bengali/Sylheti on 0300 456 2421. Lines are open from 9.30am to 9.30pm.

Breastfeeding information and support contacts are available from the Public Health Agency website [www.breastfedbabies.org](http://www.breastfedbabies.org)



The booklet *Off to a Good Start* should have been given to you in hospital soon

after or before you gave birth. You can also view this at [pha.site/good-start](http://pha.site/good-start). The following voluntary organisations can also provide information and advice:

### La Leche League

0345 120 2918  
[www.laleche.org.uk](http://www.laleche.org.uk)

### NCT Breastfeeding Line

0300 330 0700  
[www.nct.org.uk](http://www.nct.org.uk)

The **Unicef Baby Friendly** site at [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) provides information and links to useful resources about the benefits of breastfeeding.

All these voluntary organisations provide training for peer supporters.

The *Bump to Breastfeeding (Best Beginnings)* video is a useful source of information and will give you an insight into other mothers' experiences of breastfeeding. You can view the video at [pha.site/bump-to-breastfeeding](http://pha.site/bump-to-breastfeeding)

## Informal sharing of breastmilk

Informal milk sharing involves a mother providing extra expressed breastmilk to another mother who may have low milk supply. This practice is not recommended as human milk obtained from outside the Northern Ireland Human Milk Bank carries risks as it will not have been processed in a way that follows accepted guidelines. There are significant risks associated with using informally shared human milk as it could be contaminated with disease causing bacteria; it may contain viruses as a result of the mother having unknown infections such as HIV, hepatitis; and it may contain medications taken by the mother as well as alcohol, nicotine, drugs and other contaminants. Any mother experiencing difficulties with milk supply should talk to a midwife or health visitor. With good support it is very possible to increase a mother's milk supply to meet the needs of her baby.





## What partners should know about breastfeeding

The father or partner's support is vital to helping you continue to breastfeed, as they can help by:

- making sure you and your baby are comfortable while feeding;
- explaining to family and friends about the importance of breastfeeding;
- bringing you a drink or a healthy snack to eat, such as a piece of fruit or a slice of toast;
- preparing meals and doing the housework so you can concentrate on feeding your baby;
- encouraging you, particularly when you are very tired or finding things difficult;
- protecting you from others' opinions about breastfeeding which may be undermining.

## How fathers and partners can help

After the first few weeks when

breastfeeding is going well, you might decide to express some milk so someone else can help with an occasional feed.

Expressing milk can be done by hand or, more usually, by using a pump to collect milk from the breast and store it in a bottle. Your health visitor or community midwife will be able to give advice on this. See also [www.breastfedbabies.org](http://www.breastfedbabies.org)

It's important to remember:

- breastfeeding must be well established before a bottle is introduced as some babies can get confused or develop a preference for the bottle. This is because the sucking action required to feed from a bottle is different to that used to feed from the breast;

- maintaining a good milk supply depends on milk being removed regularly either by breastfeeding or expressing. Long periods between expressing or feeds may lower milk supply.

## Knowing what helps

- There are very few women who cannot breastfeed because of medical reasons. However, many women experience difficulties if the baby is not latched onto the breast properly.
- The more often your baby breastfeeds the more milk will be made – it works on supply and demand. Most babies will want to feed frequently, especially in the first weeks, so some feeds will seem very close together.
- You and your partner may worry that your baby is not getting enough milk because you can't measure the amount he gets. But if they are having wet and dirty nappies and gaining weight at a normal rate, that means they are getting enough.



- In fact, as your baby gets both a drink and food from the breast, there is no need for anything else for the first six months.
- You and your partner may feel self-conscious about breastfeeding in public but it can be done without anyone noticing. You can lift your top from the waist and perhaps use a blanket, scarf or shawl. It can look as if your baby is just having a cuddle.
- Breastfeeding is sometimes used as a method of contraception. If you definitely don't want to have another baby just yet, it is best to use other more reliable methods of contraception which are suitable while breastfeeding.
- Keeping you and baby together at night is important as it makes it easier for you to feed baby in a responsive way.
- Breastfeeding is handier than bottlefeeding at night and when away from home as there's no need to worry about keeping milk fresh and heating bottles, plus it's free – bottlefeeding a baby costs well over £700 a year.
- You will lose weight more quickly after the birth if you breastfeed.



### How dads and partners can get involved

If your baby is breastfed it is important for mum to feed baby initially, but dads and partners can be involved in many other ways of caring for, and being close to, your baby. Here are some suggestions that might be useful:

- change your baby's nappy;
- settle your baby after a feed by winding them;
- hold and soothe your baby;
- play with your baby;
- place your baby on your bare chest for skin-to-skin contact;
- give your baby a massage;
- carry your baby in a sling or baby carrier;
- talk, read and sing to your baby;
- take your baby for a walk in the pram;
- bath your baby.

### Your relationship with your partner

Some parents worry that breastfeeding will affect the physical side of their relationship with their partner. Some women lose interest in sex after having a baby and for most couples it is difficult to find the time and energy to make love, but it is possible for you both to enjoy an active sex life.

It is a good idea for mum to feed baby first so that she is more comfortable and your baby is settled so you are less likely to be disturbed by crying.

Remember that breastfeeding may make your partner's breasts feel more sensitive.

Some partners really like the changes in a mother's breasts during breastfeeding whereas others may be concerned that breastfeeding makes breasts less attractive, but there is no evidence that any breast changes due to breastfeeding are permanent.

### You and your baby

The more partners are involved with caring for your baby, the more quickly they will develop a strong bond. Try to enjoy this time – it is busy and tiring but the rewards are amazing and it won't last forever!

## Types of milk to avoid

Cows' milk should not be given as a main drink to a child under the age of one year. Small amounts of cows' milk can be used for cooking after six months of age.

Condensed milk, evaporated milk, dried milk, sheep's milk, goats' milk, or any other type of 'milk' drink (such as rice, oat, almond, soy, coconut, flax or hemp drinks) should never be given to a baby under the age of one year. You should not use soya formula unless it has been prescribed by your GP.

If you are giving your baby infant formula, first infant formula (whey-based) is the only formula they will need in the first year.

Follow-on formula is not suitable for babies under six months.

## Formula feeding (bottlefeeding)

The following advice is based on guidance from the Department of Health and the Food Standards Agency. It may differ from what you have done before if you have older children, but to minimise any risk it is recommended that you follow this advice.

### Helpful tips

There are a number of different brands of infant formula milk available in the shops. While baby milk companies may claim their formula is closest to breastmilk and better than others, all must meet regulated standards and there is actually very little difference between them all. The most expensive milk is not necessarily the best, supermarket own brands are much cheaper and meet the required regulations.

In the past it was thought better to stick to one brand, but there is no evidence to suggest that changing brands does any good or any harm.

### Choosing a formula

Infant formula milk usually comes in powder form and is based on processed, skimmed cows' milk, and is treated so babies can digest it. Vegetable oils, vitamins, minerals and fatty acids are added to make sure the milk contains the vitamins and minerals that young babies need. This information will be



on the contents list on the pack. Infant formula powders are not sterile, so it is important to follow the **cleaning and sterilising** instructions on page 139.

Formula is either 'whey dominant' or 'casein dominant', depending on the balance of proteins it contains. It may also be referred to as stage one or stage two milk.

Whey-dominant milk is thought to be easier to digest than casein-dominant milk, so should always be the first formula you give your baby.

There is little nutritional difference in the two forms of milk, so if whey-dominant formula milk suits your baby, they can stay on it for the first year or even longer.

'Ready-to-feed' infant formula milk in cartons is also available. This is generally more expensive than powdered milk. Once opened, the carton should be stored in the fridge with the cut corner turned down. Discard any unused milk after 24 hours.

### Vitamin drops

If your baby is formula fed, you should give them vitamin drops which include vitamin D from the age of six months or if they





are drinking less than 500ml of formula a day. You can buy suitable drops at any pharmacy.

You can continue giving your baby infant formula when they are older than six months.

If you have any worries about the infant formula milk you are giving your baby, ask your midwife, health visitor or GP for advice.

### Responsive bottlefeeding

Hold your baby close in a semi-upright position so that you can see their face, look into their eyes and talk to them during the feed. Encourage your baby to open their mouth by gently rubbing the teat against their top lip.

Gently insert the teat into your baby's mouth and keep the bottle in a slightly tipped position not too upright so that you can stop milk from flowing too fast. Learn to notice their early feeding

cues, such as getting restless and hand sucking, which tell you your baby wants to be fed. Try not to wait until they are really crying and upset before you offer a feed. When feeding, notice when they have had enough and don't try to force them to take more than they want.

Don't let too many other people feed your baby, keep feeding as a special time for you, your partner and a few family members as this will help your baby feel safe and secure and will build up a close and loving bond with your baby.

### Using formula milk safely

Powdered infant formula milk must be prepared as carefully as possible. It is not a sterile product, and even though tins and packets of milk powder are sealed, they can contain bacteria such as *Cronobacter sakazakii* (formerly known as *Enterobacter sakazakii*) and,

more rarely, salmonella.

If the feed is not prepared safely, these bacteria can cause infections. Infections are very rare, but can be life-threatening. Very young babies are at most risk, and it is better to use sterile, liquid ready-to-feed products for premature or low birth weight babies. Formula must therefore be made up with water hot enough to kill the bacteria – at least 70°C.

In practice, this means **boiling the kettle and leaving it to cool for no longer than 30 minutes**. Mix the formula and water and **cool quickly to feeding temperature in cold water**.

It's also essential to **make up a fresh bottle for each feed**. Throw away unused formula within two hours. Bacteria multiply rapidly at room temperature and can even survive and multiply slowly in some fridges, so storing formula milk for any length of time increases the risk.

### Sterilising

All the equipment used for feeding your baby must be sterilised. By sterilising your feeding equipment, washing your hands and keeping the preparation area clean, you will reduce the chance of your baby getting sickness and diarrhoea.



The following cleaning and sterilising instructions apply whether you are using expressed breastmilk or infant formula milk.

- 1. Clean and rinse.** Clean the bottle and teat in hot soapy water as soon as possible after a feed, using a clean bottle brush. Rinse all equipment in cold, clean running water before sterilising.
- 2. Cold water sterilising.** Follow the manufacturer's instructions. Change the sterilising solution every 24 hours, and leave feeding equipment in the solution for at least 30 minutes. Make sure there is no air trapped in the bottles or teats when putting them in the sterilising solution once it is sterilised. Keep all the equipment under the solution with a floating cover. If you are using a cold water steriliser, shake off any excess solution from the bottle and the teat or rinse the bottle with cooled boiled water from the kettle (not the tap).

- 3. Steam sterilising (electric or microwave).** Follow the manufacturer's instructions. Make sure the openings of the bottles and teats are facing down in the steriliser. Any equipment not used straight away should be re-sterilised before use.

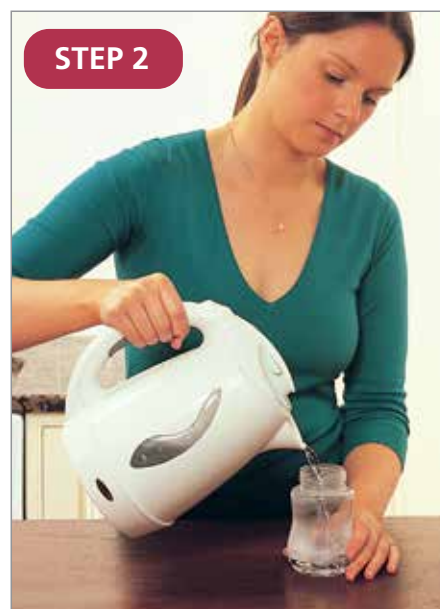
## Preparing a feed

**Step 1:** Before making up a feed, clean and disinfect the surface you are going to use. Wash your hands carefully, stand the bottle on a clean surface. Keep the teat and cap on the upturned lid of the steriliser. Don't put them on the work surface.

**Step 2:** Use fresh tap water to fill the kettle. After it has boiled, let the water cool for no more than 30 minutes. Don't use artificially softened water or water that has already been boiled. If you have to use bottled water, you will still need to boil it. The water must still be hot, otherwise any bacteria in the milk powder might not be destroyed.

### Always put the partially cooled boiled water in the bottle first.

Be careful – at 70°C, water is still hot enough to scald. Always check that the water level is



correct. Failure to follow the manufacturer's instructions may make your baby ill.



**Step 3:** Loosely fill the scoop with milk powder and level it off using the flat edge of a clean, dry knife or the leveller provided. Do not pat it down.



**Step 4:** Add the milk powder to the water. Repeat, until you have added the number of scoops specified in the manufacturer's instructions. It is important to use only the scoop that is enclosed with that milk powder. Using too much powder can

give your baby constipation and lead to dehydration; too little could mean that your baby is not getting the nutrients they need. Don't add sugar or cereals to the feed in the bottle.



**Step 5:** Holding the edge of the teat, put it on the bottle. Screw the retaining ring onto the bottle. Cover the teat with a cap. Shake the bottle until the powder dissolves.

Make sure you make up a fresh bottle each time you feed your



milk can increase the chance of your baby becoming ill.

You can download the leaflet

***Bottlefeeding*** at  
[pha.site/bottlefeeding](http://pha.site/bottlefeeding)

## Feeding your baby

Always cool your baby's milk down before feeding. At 70°C, it is still hot enough to scald. To cool it, hold the bottle, with the cap covering the teat, under cold running water. Test the temperature of the feed by dropping a little onto the inside of your wrist. It should just feel warm to the touch, not hot.

If the milk is too cool, and your baby doesn't like it that way, you can warm it up a little by putting the bottle upright in some hot water, keeping the teat out of the water. Never warm milk in a microwave oven. It will continue to heat up for a time after you take it out of the microwave, even though the outside of the bottle may feel cold.

The milk inside may be very hot and could scald your baby's mouth.

Get everything you need ready before you start feeding. Find a comfortable position to hold your baby while you are feeding. You may need to give your baby time. Some babies take some milk, pause for a nap, and then wake up for more. So you might have to be patient. Remember, feeding is an opportunity to feel close to your baby and get to know them. Even when your baby is a little older, they should never be left alone to feed with a propped-up bottle, as they may choke. You should check

regularly that teats are not torn or damaged.

When feeding, make sure you keep the teat full of milk, otherwise your baby will take in air and get wind. If the teat becomes flattened while you are feeding, pull gently on the corner of your baby's mouth to release the vacuum. If the teat gets blocked, replace it with another sterile teat.

## Bottles and teats

You might find it useful to have about six bottles and teats, so you can always have at least one or two bottles clean, sterilised and ready for use.

You should always buy new teats for your new baby. They come in different shapes and with different hole sizes, and you may have to try several before you find the one that suits your baby. If the hole is too small, your baby will not get enough milk. If it's too big, the milk will come too fast.

It's best if you can buy new bottles too. Check regularly to make sure the bottles are in good condition. If they are badly scratched, you will not be able to sterilise them properly. If in doubt, ask your midwife or health visitor for more information.





### Bottled water

Bottled water is not a healthier choice than tap water and usually is not sterile. In fact, some natural mineral waters are not suitable for babies because of the amount of minerals they contain. If you need to use bottled water, remember that any bottled water that is labelled 'natural mineral water' might contain too much sodium for babies.

If you are giving bottled water to babies under six months, you should boil and cool it just like tap water. If you need to use bottled water to make up infant formula (for babies of any age), you should boil it and allow it to cool for no more than half an hour. Make up the formula feed and cool as previously stated.

At the end of the feed, sit and hold your baby upright and gently rub or pat their back for a while to bring up any wind. There is no need to overdo it – wind is not as big a problem as many people think. Talk to your baby as you rub or pat. This will help them feel closer to you and get them used to listening to

your voice. Don't forget to throw away any milk that is not used within two hours.

Most babies gradually settle into a pattern. Babies vary in how often they want to feed and how much milk they want to take. Feed your baby when they are hungry, just as you would if you were breastfeeding, and don't try to force your baby to finish a bottle. They may have had enough for the time being or just want a rest.

### Feeding away from home

The safest way of feeding your baby away from home is to carry a measured amount of milk powder in a small clean and dry container, a flask of boiled hot water and an empty sterilised feeding bottle. Make up a fresh feed whenever you need it. The water must still be hot when you use it, otherwise any bacteria in the milk powder might not be destroyed. Remember to cool the bottle under cold running water before you use it.

Alternatively, you could use ready-to-drink infant formula milk when you are away from home.

If it's not possible to make up a fresh feed, or if you need to transport a feed – for example to a nursery or childminder – you should prepare the feed at home and cool it in the back of the fridge for at least one hour. Take it out of the fridge just before you leave, and carry it in a cool bag with an ice pack and use it within four hours.

If you reach your destination within four hours, take it out of the cool bag and store it at the back of a fridge for a maximum of 24 hours. Re-warm for no more than 15 minutes.

### Coping with allergies

If you think your baby might be allergic to formula milk, talk to your GP. They can prescribe formula feeds called extensively hydrolysed protein feeds.

Some formulas are labelled as hypoallergenic, but they are not suitable for babies with a diagnosed cows' milk allergy. Talk to your GP or health visitor before using this milk. Always get their advice before using soya-based infant formulas, too. Babies who are allergic to cows' milk may also be allergic to soya.

Babies sometimes grow out of allergies, and you may find that you can introduce cows' milk into your baby's diet as they get older. Always ask your GP or health visitor for advice before making any changes to your baby's diet.



## Some common problems with formula feeding

### Crying and colic

For information about crying and colic, see page 166.

### Sickness and vomiting

Some babies bring up more milk than others during or just after a feed. This is called 'possetting', 'regurgitation' or 'gastric reflux'. It is not unusual for babies to bring up quite a lot, but it can be upsetting when it happens and you may be worried that something is wrong.

As long as your baby is gaining weight, there is usually nothing to worry about. But if your baby is violently sick or appears to be in pain, or you are worried for any other reason, talk to your health visitor or GP.

Cover your baby's front when feeding and have a cloth or paper towels handy to mop up any mess. Check too that the hole in your baby's teat is not too big, as giving milk too quickly can cause sickness. Sitting your baby upright in a baby chair after a feed can also help.

The problem usually stops after six months when your baby is starting on solid foods and drinking less milk.

If your baby brings up a lot of milk, remember that they are likely to be hungry again quite quickly. Don't force your baby to take on more milk than they want during a feed. Remember, every baby is different. Some prefer to feed little and often.

### Constipation

Always stick to the recommended amount of infant formula milk powder. Using too much can make your baby constipated or thirsty.

Breastfed babies don't usually get constipated. If your baby is

under eight weeks old and has not passed a stool for a few days, talk to your health visitor or GP.

### Water

In very hot weather, babies fed on infant formula milk can get thirsty. If this happens, you can give them cool boiled tap water if they seem unsettled between feeds. Talk to your health visitor or GP if you have any concerns.

Breastfed babies do not need any water. Instead, you may notice that they have shorter, more frequent feeds if the weather is hotter.

**Breastfeeding is the healthiest way to feed your baby. If you use formula milk, it is very important to follow all instructions carefully. It is possible to reverse a decision not to breastfeed or to restart breastfeeding once you have stopped. Introducing partial bottlefeeding will reduce a mother's breastmilk supply.**

