

Contents

- 2 **Introduction**
how this booklet can help you
- 4 **Thinking about breastfeeding**
why breastfeeding is good for you and your baby
- 12 **How breastfeeding works**
once you know, it's easier!
- 15 **Getting started**
at birth
positioning and attachment
- 21 **How do you know breastfeeding is going well?**
building your confidence
- 24 **How breastfeeding changes**
after the first days and weeks
- 30 **Expressing your milk**
a useful skill
- 35 **Breastfeeding and your baby in special care**
challenges and overcoming them
- 38 **Getting it right**
problems and how to resolve them
- 50 **Breastfeeding and your life**
fitting it in, making it easy



"I love it when he falls asleep at my breast – it's a lovely feeling of closeness."

Anne-Marie

- 56 **Going back to work?**
you and your options
- 59 **Your questions about breastfeeding**
here are the answers!
- 63 **Further information, support and sources of help**
- 67 **Glossary**
- 69 **Appendix**
checklist: how can I tell that breastfeeding is going well?

In this booklet, babies are referred to as 'he'.

Introduction

how this booklet can help you

Any breastfeeding, even for a short time, is beneficial for you and your baby. More mothers in Northern Ireland are choosing to breastfeed, and more of them are continuing to do so after the first weeks and months following birth. Having good information about how breastfeeding works helps you get off to a good start, and the right sort of support helps you to keep going.



This booklet will help you if you haven't decided how to feed your baby and need more information, or:

- if you have concerns about breastfeeding – maybe a previous experience with it was difficult, or perhaps you know someone who had problems
- because knowing what lies ahead helps you be prepared
- if you think you might start breastfeeding, but you aren't sure how long you'll do it for.

The information in this booklet will help you to understand how to breastfeed successfully and how you and your baby will benefit from the experience. You will learn how you can incorporate breastfeeding into all aspects of your and your family's life and how to deal with problems should they arise. You will also discover where to find advice and support whenever you need it. Some terms in this book may be new to you, but you will find many of them explained in the glossary on page 67.

How you feed your baby is a decision only you can make. If you decide not to breastfeed, or you decide to change to formula feeding, you should continue to get good support from the health professionals who are caring for you and your baby.

"I had gone to a breastfeeding workshop in the hospital when I was pregnant, and the advice was useful when I was trying to position Mhari and get her latched on."

Jackie

You will also find information on infant feeding and your developing relationship with your baby in the *Pregnancy Book*. If you haven't received a *Pregnancy Book* yet ask your midwife for a copy.

You can also view and download the *Pregnancy Book* at www.publichealth.hscni.net/publications/pregnancy-book-0

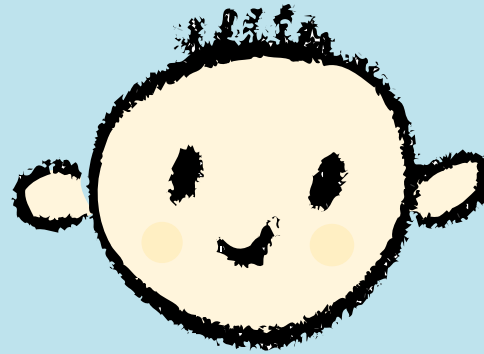


Supporting your choice to breastfeed

The UNICEF UK Baby Friendly Initiative has developed a set of standards for maternity, neonatal, health visiting and Sure Start services to ensure evidence-based practice to promote and support breastfeeding, and to strengthen mother-baby and family relationships. Maternity units and healthcare facilities involved are assessed by UNICEF and are designated 'Baby friendly' once they achieve and maintain these standards.

All maternity units in Northern Ireland have been designated as Baby Friendly. This means that staff will explain to you how you can breastfeed successfully. They will discuss this with you when you are still pregnant, and also while you are in hospital.

You can find out more on the Baby Friendly Initiative website www.unicef.org.uk/babyfriendly



Thinking about breastfeeding

why breastfeeding is good for you and your baby

You'll be given the chance to talk about feeding while you're still pregnant, usually with a midwife, health visitor or GP. If you're unsure about breastfeeding, or if you have questions about how to make it a happy experience for you and your baby, during pregnancy is a good time to ask.



*"I am so glad I did it. It is a great bond."
Lesley*

Quite simply, mother's milk is the healthier choice for you and your baby.

So when you decide to breastfeed, you're giving your baby a wonderful start in life. Studies have compared the health of breastfed babies with that of babies fed on formula milk. There's now a large amount of research that shows beyond doubt that breastfeeding benefits your baby in many ways, and the benefits last into childhood and beyond. The greatest benefits are to be gained by feeding your baby breastmilk and nothing else for the first six months of life, and then continuing to breastfeed after your baby starts taking solid food. But any period of breastfeeding at all, however short, will benefit you and your baby.

Pages 8 and 9 show just how important your breastmilk is for your baby. It's useful to share this information with others in your family, especially if the idea of breastfeeding is new to them, or if they fed their own children with formula milk.



Talking about breastfeeding

In pregnancy, a midwife or midwives will talk to you about breastfeeding. They'll answer your questions and explain what to expect. They'll also discuss these points:

- **the importance of skin-to-skin contact** (see page 16) after your baby is born. This is a lovely way for you to greet and get to know your baby and it:
 - keeps your baby calm, warm and comforted
 - steadies your baby's heartbeat and breathing
 - releases mothering hormones
 - helps get feeding underway.



- **keeping your baby with you**, while you are in the maternity unit and, later, when you're at home. This is known as 'rooming in' and it:
 - helps you see when your baby is showing you signs he is ready to feed
 - builds up your confidence in caring for him
 - meets the Lullaby Trust's recommendation that your baby should share your room for at least the first six months (see page 54).
- **responsive feeding** is about responding to your baby's feeding cues (such as restlessness, sticking tongue out, sucking fingers and hands) and feeding as often and as long as baby wants. It means offering your breast for both food and comfort and it:
 - makes sure your milk supply is good
 - allows for frequent feeds, which are normal, and means your breasts are less likely to get engorged.
- **making sure your baby is correctly positioned and attached at the breast.** This means:
 - you're less likely to get sore
 - your baby gets enough milk.

- **why it's important to avoid the use of teats and dummies while you and your baby are learning to breastfeed, because:**
 - your baby needs to learn how to breastfeed; using a dummy or teat before feeding is established may confuse him because the sucking action is different
 - he needs to breastfeed as often as he wants, in order to establish the milk supply. Using a dummy may reduce the frequency of breastfeeds and decreases the milk supply.
- **feeding breastmilk and nothing else for around six months**, which:
 - helps your baby get the maximum health benefits from breastfeeding
 - helps protect against infections, allergies and diabetes.

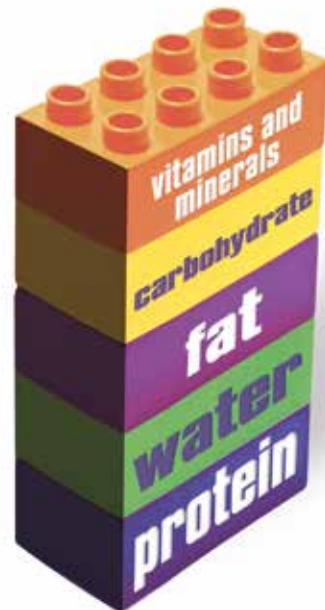


Breastmilk and formula: the difference

Breastmilk is very different from formula. The main differences are shown here:

Formula

- Manufactured from cows' milk and processed so that it meets the basic nutritional needs of a developing baby.
- Does not contain the stem cells, antibodies, living cells, enzymes or hormones found in breastmilk.
- Does not contain the protective factors that promote your baby's health.
- Your baby will take more formula as he grows, but its composition won't change daily, weekly and monthly to meet his individual needs as breastmilk does.



Help with growth and development

Help protect against infection

Promote immunity

Help ensure nutrients are absorbed

Help control how cells and organs do their work

Aid digestion and destroy bacteria

Promote a healthy gut

Breastmilk contains at least 34 ingredients not found in infant formula.

Breastmilk

- Contains stem cells that support essential growth and development.
- Natural and provides all the nourishment your baby needs.
- When your baby is born, his immune system is not fully developed. Breastmilk helps your baby fight infections, such as ear and chest infections and tummy upsets. We know that babies who are breastfed are less likely to need to see a doctor with these illnesses.
- Provides long-term health benefits for your baby, such as a lower risk of diabetes and obesity.
- Breastmilk is unique and produced by you to meet the particular needs of your baby; your milk changes as he grows.

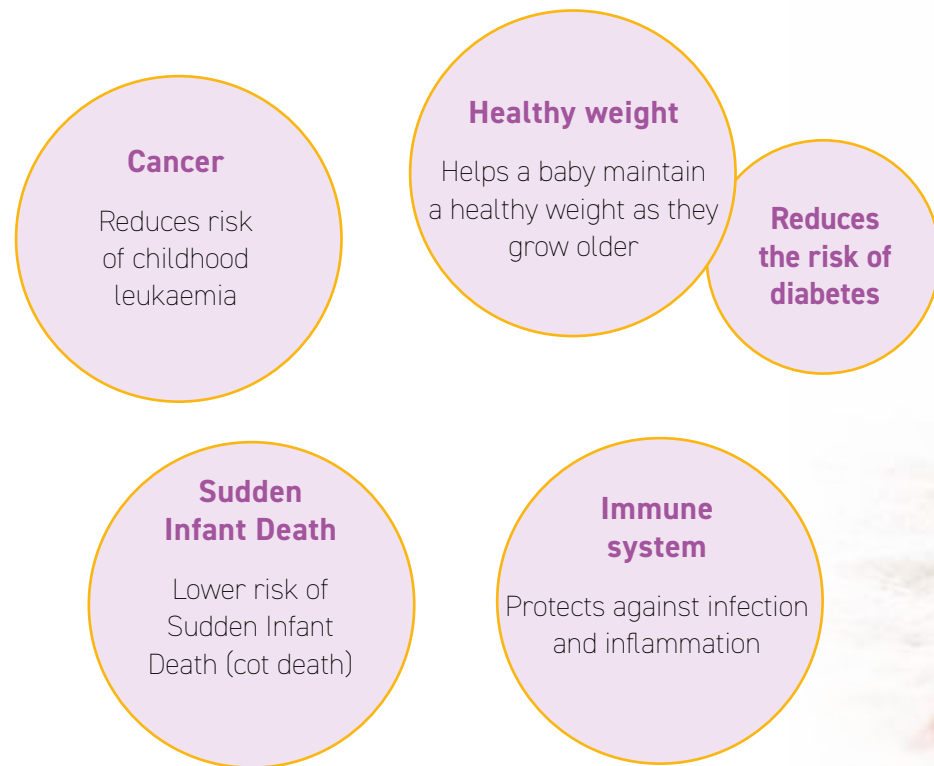
Great reasons to breastfeed

These next two pages show what we know about breastfeeding. You can take it one day at a time but the longer you breastfeed and the more breastmilk your baby receives, the greater the benefit. To find out more about how special your breastmilk is, visit www.breastfedbabies.org and watch the video on the home page.

Good for you

Breastfeeding is good for your health as well as your baby's. Mums who breastfeed have a lower risk of developing breast and ovarian cancer, and the longer and more exclusively you breastfeed the better your protection. Breastfeeding mums also use more calories (around 335 per day) and this can help you lose any extra weight you put on while you were pregnant.

Good for baby



Intelligence

Improved intelligence – an average extra three IQ points

Ears

Fewer ear infections

Teeth

Less likely to need treatment for dental problems

Lungs

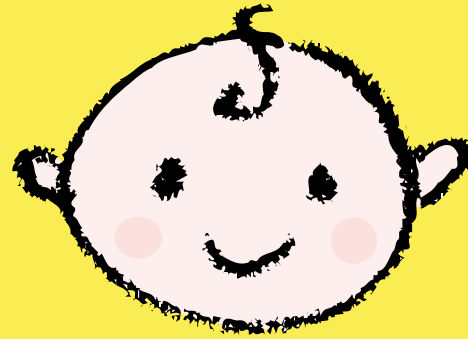
Less likely to be hospitalised with a lower respiratory infection when they are older

Tummy

Helps protect against serious infection in premature babies

Protects against tummy bugs and infections

Less likely to be admitted to hospital with gastroenteritis



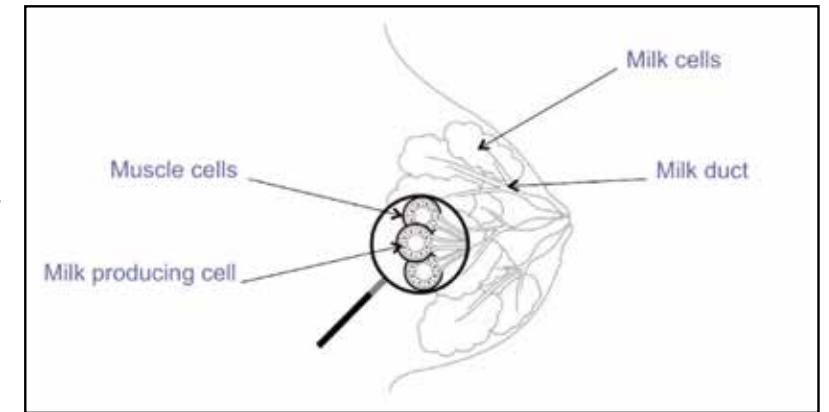
How breastfeeding works

once you know, it's easier!

Your body assumes you're going to breastfeed, so prepares for it, right from the start of pregnancy. You are able to make all the milk your baby needs – even if you have twins, or more.

In pregnancy

As soon as you become pregnant your milk-producing cells and milk-collecting ducts get ready to produce milk. There is an increase in the blood supply to your breasts as well. This 'activity' inside sometimes makes the breast feel tense, extra sensitive and possibly slightly larger in size. You may need a larger bra – it's a good idea to get properly measured to be sure of a comfortable fit.



- From about the sixth or seventh week of pregnancy you may notice small raised 'spots' on each areola (the dark area surrounding the nipple). They are called Montgomery's tubercles, and they secrete an oily substance that keeps your nipples and areolae supple and soft.
- From the middle of your pregnancy onwards, your breasts make concentrated milk (colostrum), which is a highly valuable, antibody-rich fluid. It is designed to meet your baby's nutritional needs for the first few days after the birth until the mature milk is produced.

Some women leak a little bit of colostrum in pregnancy – if this happens to you, just wash off any dried colostrum on your nipples with plain water.

Reproduced by kind permission of the UNICEF UK Baby Friendly Initiative.



After the birth

Every woman makes breastmilk at first, whether or not her baby actually feeds from the breast.

The delivery of the placenta (afterbirth) sets up a hormonal response in your body, and prolactin, the hormone which stimulates milk production, starts acting on the breasts, 'telling' them to make milk.

At some time between day two and day five after the birth, your baby is ready for more milk and your breasts start producing more breastmilk in response. You may feel your breasts are fuller and heavier than usual. It's not just the milk that makes them feel like this; there is a great increase in the amount of blood and fluid going to your breasts at this time (engorgement). You may be uncomfortable as a result but this usually passes in a day or so (read more on page 40).

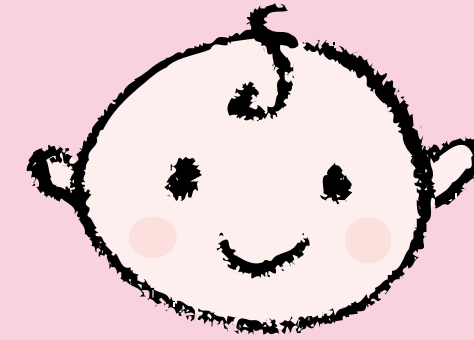


How you continue to make milk

You continue producing milk only if it is taken from the breast. Normally this happens as a result of the baby feeding at the breast, so when your baby is feeding effectively you make milk in response, in the amount your baby needs in order to thrive.

You can also encourage milk production by expressing your milk (see pages 31-34). You may need to do this if your baby is very sleepy and reluctant to feed in the early days, or if he is unable to breastfeed directly from you, perhaps because he is preterm or ill.

If you don't breastfeed, or express, your milk production gradually stops. It is possible to produce milk even if you have bottle-fed for the first few days or even weeks after birth. To get your milk supply going, you can express or keep putting your baby to the breast frequently.



Getting started at birth

Positioning and attachment

Skin-to-skin contact at birth

The first hour or so after your baby is born is a very special time. It is a chance for you to say hello to your baby and to start to build a close, loving relationship. Even if you have a caesarean section or are unable to have skin-to-skin contact immediately after, you can still have skin-to-skin contact with your baby as soon as you are able.

Holding your baby skin-to-skin helps to regulate his temperature and breathing. It will also release calming hormones. After a period of time the baby will begin to show signs of being ready to feed (feeding cues) and the midwife will offer to help you to attach the baby at the breast for the first feed. Usually the baby will take longer than 30 minutes to be ready to feed but this varies from baby to baby. Some will be ready earlier and some will take much longer, particularly if you have had pethidine or diamorphine in labour.

It is essential that skin contact starts as soon as possible and is unhurried and not interrupted, unless you or your baby require medical attention.

Skin-to-skin later

If your baby is having difficulty attaching to the breast or is sleepy and not feeding, skin-to-skin contact can help get him interested in feeding. If he is crying, skin contact can help soothe a distressed baby.



Skin-to-skin at birth

- place baby on your tummy with his head next to your breast
- gently touch and soothe him
- leave him there until he has his first feed
- if you can, let your baby stay in skin contact for as long as possible and ideally for the first six hours or so after the birth.

Positioning and attachment

Breastfeeding seems natural, but is actually a learned skill. Many mothers and babies enjoy the experience, but that doesn't mean it's always easy for everyone. Breastfeeding has to be learnt, and you and your baby may need some practice to get it right.

The way your baby is positioned and attached to your breast can make the difference between a happy, comfortable and successful feed and one which is painful for you and frustrating for your baby.

Helping baby feed

Remember **C-H-I-N** (**C**lose, **H**ead free, **I**n line, **N**ose to nipple)*:

- Bring your baby in **close to your body** so that he doesn't have to stretch to reach your breast.
- Support his neck, shoulders and back (see photo 1). Make sure his **head is free** to be able to tilt back.
- Check his head and body are **in a straight line** facing the same way as he will be uncomfortable if he is twisted when feeding.
- Move your baby so that he starts the feed with his **nose pointing to your nipple** (see photo 2). Starting 'nose to nipple' like this allows him to reach up and get a mouthful of breast from underneath your nipple (see photo 3).



*CHIN acronym developed by Lynette Harland, University of Teeside.

What you'll see and feel: when your baby is feeding and how to know he is correctly attached

- Your baby has a large mouthful of breast.
- Your baby's chin is touching your breast.
- Feeding is comfortable and doesn't hurt you (the first few sucks may feel strong).
- If you can see the dark skin around your nipple, there will be more dark skin above your baby's top lip than below your baby's bottom lip.
- Your baby's cheeks are full and round while sucking.
- Your baby takes long rhythmic sucks and swallows with pauses.
- Your baby finishes the feed and comes off himself.



Feeding positions

The previous pictures show one common position for breastfeeding but there are others. You can feed lying down with the baby's body parallel to

yours or tuck the baby's body under your arm (the 'rugby hold'). Try different options to see which you find most comfortable. The process for attaching is always the same though.



Remember:

- your baby shouldn't have to twist, turn or flex his head
- support your breast from underneath with your hand if you need to, but be careful not to put your fingers too near the nipple or areola – you could prevent your baby attaching well
- it's 'baby to breast' not 'breast to baby' – try not to hold your breast up and 'post' your nipple into your baby's mouth as it can be difficult to maintain that position
- try not to push your baby's head onto your breast – this can frighten some babies and put them off the whole idea.

At first you may find breastfeeding uncomfortable when your baby latches on and begins to feed. This discomfort shouldn't last through the whole feed. After the first few days, breastfeeding shouldn't hurt – this includes pain in your nipples, back or shoulders. If you do feel pain, you may need help to get into a more natural position for feeding.

Using a pillow to support your baby can help with the very early feeds, but you have to find out what works for you. If you want to use a pillow, check that it doesn't raise your baby up too high, making it harder for him to latch on.





Let-down reflex

The reflex is stimulated by the baby feeding at the breast. The hormone oxytocin is released into the bloodstream causing the tiny muscles surrounding the milk-producing cells to contract, pushing the milk down into the milk-collecting ducts (see diagram on page 13).

Some mothers are aware of the reflex as a 'drawing' feeling within the breast; other mothers are barely aware of it. Some mothers may only notice more rapid dripping of milk from the opposite breast once the baby begins to feed.

Making enough milk

The amount of milk you make depends on how often and how well you feed your baby or express milk off. The amount of milk you make will be less if:

- your baby doesn't feed effectively (perhaps because he isn't well-attached or well-positioned at the breast)
- you try to breastfeed less often and make feeds shorter, most babies need to feed at least 8-12 times a day and some feeds can be short (about 5 minutes or so) and others will be longer (40 minutes or so)
- your baby gets a bottle of formula milk which fills his tummy up and then he may not be interested in a breastfeed, in which case your body gets the message that less milk is needed and produces less

- you are separated from your baby and don't start expressing breastmilk.

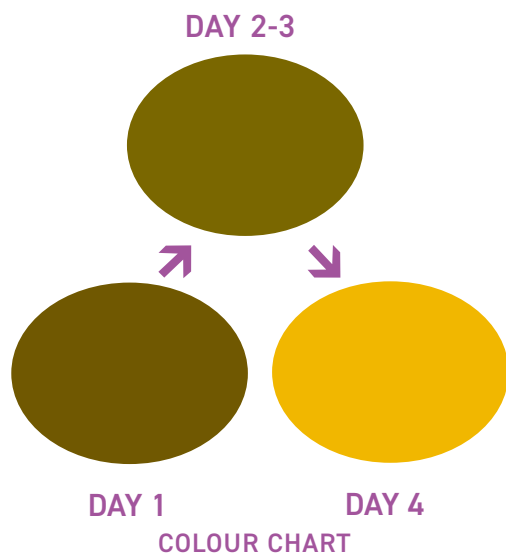
In time, if you don't breastfeed or express milk frequently, the milk supply dwindles away. You can see this 'in action' when a mother chooses not to breastfeed. Her milk will 'come in' between days two and five, and then over a period of days (and sometimes a few weeks) it will go, and her breasts will stop making milk.

You don't need to empty the breasts at each feed – that's almost impossible anyway. Just ensuring that your breastmilk is removed frequently by feeding or expressing helps your body to continue making milk.



How do you know breastfeeding is going well?

building your confidence



Guide for a baby's poos for the first few days.
Use as a guide only

You and your baby are doing fine if:

- 1 your baby appears content and satisfied after most feeds
- 2 your baby manages to attach to the breast without a fuss at most feeds
- 3 your baby is healthy, and gaining weight satisfactorily
- 4 you feel confident, and your breasts and nipples aren't sore
- 5 on **days one and two** your baby will have two or more wet nappies and one or more dirty nappies of meconium (the first dark black poo). Many babies pass 'urates', a dark pink/red substance, in the first couple of days. This is not a problem at this stage but if your baby continues to pass urates beyond the first couple of days you should tell your midwife as this may be a sign that your baby is not getting enough milk.

With the latest disposable nappies it may be hard to tell if they are wet, so to get an idea if there is enough urine, take a fresh nappy and add two to four tablespoons of water. This will give you an idea of how heavy a nappy should be.

- 6 on **days three and four** expect three or more wet nappies and two or more dirty green nappies
- 7 after **day five** your baby should have at least six heavy wet nappies. By **days five and six** you will see a soft yellow poo at least twice every day (see the picture for a colour guide).
- 8 by days 10-14 your baby should pass frequent soft runny yellow poos every day with two poos being the minimum you would expect.

- 9 After 4-6 weeks when breastfeeding is more established this may change with some babies going a few days or more without producing a dirty nappy. Breastfed only babies don't usually become constipated and when they do poo it will still be soft, yellow and abundant.

See also page 70 for a checklist of how to tell if breastfeeding is going well.

How do I know how long my baby needs at any single feed?

It really doesn't matter that you can't see exactly how much your baby has had at any one feed. In fact some research suggests that this is a good thing as it allows the baby to take just what he wants or needs, helping him to establish his own appetite control. This could be important in avoiding obesity later on.

Sometimes, it's easy to tell your baby has had enough. He stops sucking, comes off the breast by himself, and lies in your arms in a deep, contented sleep. At other times, you may not get such clear signs. Some babies appear to have finished, and then they show signs of wanting more. Others stay at the breast, happily sucking, off and on for a long time. In time, you learn when you can take your baby off without him objecting.

You will gradually get better at knowing what your baby wants. Some babies, especially older ones, take what they need at some feeds in just a few minutes.



Long feeds in the evening are very common – many babies need extra comforting and attention in the evenings, but that goes for formula-fed babies as well.

If you are taking your baby off your breast, insert your finger into the corner of his mouth to break the suction first.

One side or both?

Follow what your baby wants when it comes to offering one or both breasts. There are no rules. Some babies want both breasts at each feed, and you can offer the second when your baby seems to take a natural break after the first. If he doesn't want it, that's fine; just offer the 'unused' breast at the next feed. Some babies like to change from side to side during breastfeeding. Your breastmilk changes during the course of a feed, but as long as you always let the baby decide when he's had enough, he will get what he needs. After a while you will become very skilled at knowing what your baby is 'telling' you.





How breastfeeding changes

after the first days and weeks

The early weeks often mean frequent feeds, with no set pattern, but this is normal and it's the way breastfeeding becomes established.

What you might expect – day by day

If this is your first baby or you haven't breastfed before, you might not know what to expect in the first days and weeks. The information on the following few pages comes from real mums' experiences and will give you some pointers that might help.

Remember, though, that all mums and babies are different. Some of the things mentioned may happen on a different day or may not happen at all!



Day 1

Night-time feeds

Most babies, whether they are breast or bottle-fed, will need to feed at least once during the night for the first six months or more. It can be a lovely quiet time, away from the hustle and bustle of the day. Keeping your baby in the same room will help you know when he is hungry – you might be woken up with some murmuring noises and movements. Keep things as calm as possible. Try low lighting, a soft voice and don't change his nappy if you don't need to.

Immediately after birth, your baby has a pretty good idea of what to do. Make the most of it and let your baby attach to your breast and feed when he needs to, or if he wants a cuddle – in skin-to-skin contact if you like.

He will be getting used to his new world, with different noises and smells, and being held close will help him to feel safe and secure. He may be quite sleepy, but lots of skin-to-skin contact and closeness will be soothing for him and will give him the opportunity to feed.

Keeping your baby close: babies are often sleepy and feed frequently in the early days. At home, it is recommended that your baby sleeps in a cot in your room until he is at least six months old. It is also now advised that your baby should be in the same room as you when they sleep during the daytime too.



Day 2

Today you may be ready to feed when your baby is still sleeping and when you are about to fall asleep he wants to be fed! Your baby will also be starting to get used to his new surroundings. Remember that breastfeeding can be used to comfort him as well as providing food. Instead of your baby being fed in your womb without any effort, he now has to work for his food and he might need a little practice. Remember, newborn babies come with a 'packed lunch' saved from your womb and they won't come to any harm. Colostrum is just right and all that's needed today.

Day 3

Today your baby may be more awake and beginning to get used to his new world. This could be the day that he is ready to feed and your body has made sure your breasts are full of milk – perfect timing! They may feel more solid. (This may happen any time between today and day 5.) It's not just milk but also extra fluid in your breast tissue. You might think 'Where did all this milk come from?'. It's quite normal and it won't last forever. A good supporting bra can help you feel comfortable. Making sure your baby is well attached (see pages 17-18) and allowing him to feed as often as he wants is the best thing to do. If your breasts feel uncomfortably full, you should feed frequently. If necessary, you can express some milk by hand to allow your baby to attach properly.

Day 4

For some mums and babies, everything is going well. For others it might not be! Remember – you may have been feeling like this yesterday, and today might be a breeze. You might feel that it's all too much – sore nipples, full breasts and frequent feeding and crying. On top of everything, you may be feeling a bit weepy too, as your hormones settle down. However, feeding and comforting your baby when he needs it means that he will cry less, and feel safe and secure. This will all make life easier for you.

If you have had a bad day, try to think of the reasons you want to breastfeed. Whatever you do, don't give up today. Persevere and work with your baby's behaviour, skin contact and responsive feeding. Support and help with feeding will also get things back on track. See pages 64-65 for the different sorts of help available.

Today you should notice that the content of your baby's nappies will gradually be changing from something like black tar to a greenish-yellow mess (hooray!). When this begins to happen, you know you are on the right track. It's a sign that your baby is getting enough milk. If you are finding it hard going, it's good to know that from now on things will gradually get better and every day will be different.

Shannon, 19

"I've been breastfeeding my baby for 20 months now. I know it's good for me, it's good for Marlyn, it keeps us close."

Things are getting better today.

You may feel as though you have been up all night feeding and changing. It seems amazing that such a small baby can feed so often and produce so many wet and dirty nappies. (Most babies should produce at least six heavy wet nappies and at least two yellow poos today.)

Is it because you've eaten something you shouldn't have? Probably not! Today it's more likely that your baby's system is just settling down. Keep going with lots of feeds. It's best to feed when your baby wants to be fed.

You will soon learn to recognise when your baby wants to be fed, if he needs his nappy changing or he wants a cuddle.

Day 6

Hopefully today things might be looking a bit more reasonable. Your milk is still there, and lots of it, but some of the discomfort is probably going away. Your baby may be calming down.

The dirty nappies are becoming the yellow colour they will now remain.

At the moment your baby may only manage one breast at a time, or may drop off to sleep after starting the second breast. That's fine. Just make sure you start with the second breast at the next feed, and then back to the first, and so on.

Respond to the signs that your baby is getting hungry. After a while, you might see a pattern. At this stage, though, it's still important to feed your baby when he is hungry rather than trying to develop a regular routine.

Vitamin D

New evidence suggests that babies and adults need a daily supplement of vitamin D. This is because our bodies don't make enough vitamin D from sunlight during the 'winter' months.

Breastfed babies should be given a supplement starting soon after birth. You can get suitable vitamin drops from your pharmacist. For more information, see www.pha.site/vitamin-d

Day 7

Myth

'Men can't get a look-in if the baby is breastfed.'

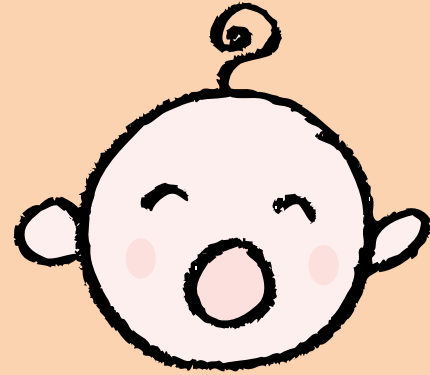
Fact

Wrong. Men are great at calming a crying or unsettled baby. Bath time is fantastic for playing and bonding with your baby.

You will be starting to recognise when your baby wants to be fed or wants a cuddle. Remember, you can breastfeed your baby to comfort him too! Of course there may still be a few tough days but you and your baby are learning to deal with them together. Remember, it's still OK to ask for help if you need it. You are both beginning to enjoy the warmth and closeness that comes with breastfeeding.

You will notice that your milk is changing. It will start to look more watery. This is less concentrated mature milk and just what the baby needs. Your breasts will start to feel less full (but may still feel full at times for the next few weeks). Don't be fooled into thinking that you no longer have enough. You and your baby are starting to work out between you exactly how much he needs. (It may take a few weeks to settle completely.)





Expressing your milk

a useful skill

If you go somewhere without your baby, and he is likely to want to feed while you are away, you can express your breastmilk. Hand expressing can be useful in the early days, especially if your baby is ill or reluctant to feed. Once breastfeeding is established, you can use a breast pump to express milk.

How do I express by hand?

Step 1

Start off by encouraging your milk to flow – being near your baby will help. To express by hand, start by gently massaging your breast and nipple to stimulate the hormones needed to release milk.



Step 2

Position your thumb and fingers in a 'C' shape, 2 to 3 cm back from the base of your nipple.



Step 3

Gently press and release, press and release, and keep repeating until your milk starts to flow. This may take a few minutes.



Step 4

When the flow slows down, move your fingers round to a different part of your breast and start again.

If your baby only feeds from one breast, you could express from the other.



Donating breastmilk

Breastmilk is particularly important for premature and ill babies but sometimes mums are not able to provide breastmilk. Donated breastmilk is often given to such babies until the mum can produce milk of her own. The Human Milk Bank are always looking for donors to donate their breastmilk to neonatal units (see page 65 for details).

Tip: Expressing milk by hand or by using a pump will only be successful if you can get your let down reflex to work. To do this just take your time, try to relax and visualize feeding your baby. It usually helps to gently massage your breasts before you start.

If the flow stops while expressing, change back and forth from one breast to the other.

During the first few days, your colostrum comes out in drips. That's normal – colostrum is produced in small amounts, as that's all your baby needs. When your milk has 'come in', it drips at first and then may come out in streams or spurts – this is what you want. Continue to do this until the flow of milk either stops or slows down to drips again, then move your finger and thumb round your breast to the next set of milk-collecting ducts and start again.

Some women find that they get plenty of milk by following the above methods. However, other women find that their breasts need more stimulation to get the streams or spurts of milk flowing. Massaging your breasts will give this extra stimulation.

Other suggestions for helping the milk to flow include:

- heat – try a warm flannel on your breast or have a shower or bath beforehand
- sit somewhere warm and comfortable
- try to relax – perhaps doing some deep breathing, watching TV or listening to some music you like
- try thinking about your baby – a photo or piece of his clothing may help, or even a tape of his sounds.

Many women find it most effective to combine pump and hand expressing if they are separated from their baby.

With a pump: most hospital maternity units have electric pumps for use on the unit, or you can hire or borrow similar models for use at home. You can also buy smaller electric pumps which run on batteries or from the mains. If your baby is ill or premature, a pump is available on loan from Tiny Life – call 028 9081 5050.

Hand pumps come in different versions. You can buy them from pharmacies or baby stores and online.



How much to express?

As a rough guide, a baby under three months will take 100-120ml (3-4 fluid ounces) of expressed breastmilk per feed, and a baby over three months will take 150-200ml (5-7 fluid ounces) per feed. But this is very general – after you have done it a few times, you'll soon become good at knowing what your baby is likely to need.

What type of pump you need depends on how often you're going to use it. Ask other mothers and health professionals for advice on which one is likely to work best for you.

Keeping your expressed breastmilk

You will find different books give different guidelines about the length of time for which you can safely store expressed breastmilk. However, the most up-to-date advice is that milk can be kept in the fridge for three to five days. The milk may separate, but it's still perfectly safe – just give it a shake before you use it. Expressed breastmilk can also be frozen for up to six months. Your fridge and freezer need to be clean and the temperature reliable. You can also store and transport expressed breastmilk in a cool bag until you get home – that's useful if you are expressing at work and don't have a fridge you can use there.

The recommended storage times for ill or preterm babies may be 24-48 hours. Check with the staff in the special care baby unit if this applies to you.

When expressing and storing:

- always use a sterilised container for the milk
- freeze in small quantities using small breastmilk storage bottles or breastmilk storage bags. This way, it's easier to defrost the milk and also less wasteful if your baby only needs a small amount
- label and date your milk



- thaw by leaving it in the fridge overnight, or by standing the container in a jug of warm water. Keep the jug away from your baby, for safety reasons. Do not use a microwave; it may heat the milk unevenly and scald your baby. There is also evidence that microwaving breastmilk destroys some of the beneficial anti-immune factors.

Feeding your baby expressed milk

If you're expressing breastmilk in the early days for a baby who is ill or reluctant to feed, it's best to use a syringe or a newborn feeding cup. The hospital staff or your midwife will do this or show you how to do it.

Once you are confident about breastfeeding, your milk supply is established and your baby is attaching easily, then your baby can be fed your expressed milk from a bottle and teat.



Breastfeeding and your baby in special care

challenges and overcoming them

If you'd never thought about breastfeeding before, having a small or ill baby may change your mind.

Breastmilk is even more important to the health of a sick, small or preterm baby. Babies born early are vulnerable to some potentially very dangerous problems (such as neonatal necrotising enterocolitis, which is a very serious bowel disorder) and breastmilk protects against this. Breastmilk also ensures better eyesight and brain development in preterm babies. For these reasons you may be encouraged to give your baby expressed breastmilk while he is vulnerable, but this does not mean that you have to breastfeed later if you do not want to.



"The twins were born five weeks early and were taken straight to the special care unit... the hospital had a good breast pump and I expressed milk every three hours which the staff then gave to the girls through their feeding tube."

Sarah

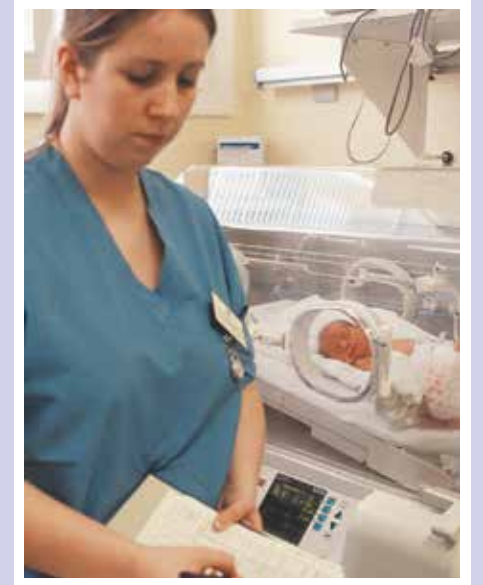
Staff in the special care baby unit will encourage you to express your milk if your baby is unable to come to the breast at first, or if you really don't want to put your baby to the breast.

Expressed breastmilk can be given to your baby by tube (which goes in his nose or mouth and into his tummy), syringe or cup, and, later, if you don't want to breastfeed, by bottle.

Very preterm babies may not be able to breastfeed in the early weeks, as their reflexes don't start to mature until about 32 weeks' gestation. From about 36 weeks, most babies can manage to co-ordinate their sucking and swallowing, though you and your baby may still need help and support to get it right. Your baby's medical condition, weight and maturity all play a part in his sucking ability.

Here's how to get going with breastfeeding small or ill babies:

- express early – as soon as you can, and preferably within the first two hours of your baby's birth. Hand expressing is usually better at this stage (see page 31)
- express as often as you can manage – eight to ten times in 24 hours is ideal, including at least once in the night
- at first you will express small amounts – every drop is valuable – and then the amount will increase after about two to five days
- talk to the staff about continuing hand expressing, or whether changing to a breast pump would make things easier for you. Double pumping – expressing both breasts together – can save time and increase the amount produced.



Helping your baby to feed

Even the very tiniest babies benefit from skin-to-skin contact, and being held close to your breast (see page 16). Your baby will be aware of your smell, taste and touch, and it helps him practise rooting for the breast, and get positioning and attachment right. It may take many attempts over several days or weeks until he is ready to feed – everyone needs to be patient during this time, and to remember that he'll do it when he is ready.

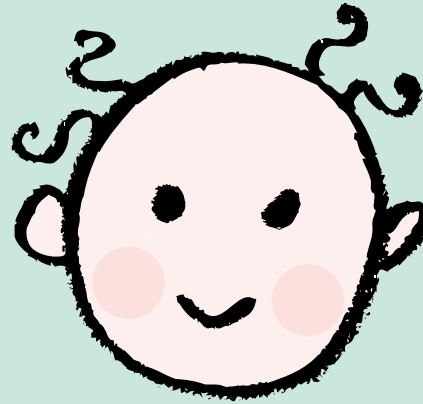
Cup feeding

Premature babies and babies who are ill can often cup feed before they can breastfeed; cup feeding can be part of the pathway towards breastfeeding, and staff in most special care baby units will do it or teach you how to do it. It gives your baby a positive feeding experience, and reduces the need for tube feeding.



Ask the staff in the neonatal unit for your copy of the Small Wonders DVD produced by Best Beginnings. It will help support you on your journey with your premature or sick baby and covers expressing your milk and holding your baby and will give you confidence in getting involved in the care of your baby.

You can also see the video at www.bestbeginnings.org.uk/small-wonders



Getting it right

problems and how to resolve them

Breastfeeding seems natural, but is actually a learned skill.

Many mothers and babies enjoy the experience, but that doesn't mean it's always easy for everyone.

Breastfeeding has to be learnt, and you and your baby may need quite a lot of practice to get it right.

If you have good information, support and the confidence you need, you are likely to be able to overcome any difficulties. Ask your health visitor or midwife for help and advice if you are having any problems.

Many mums and babies enjoy the experience of breastfeeding but this does not mean it is easy for everyone all the time. About one in three mums will need extra support at some point. Some common problems are listed below and overleaf, and the next section gives information on where you can get help if you need it.

Many difficulties that you might encounter are because your baby's position is not quite right or he isn't attached to your breast correctly. Often, only small changes are needed to help things go smoothly again. Listed below are some of the more common problems and some tried and tested solutions.

Remember, don't be afraid to ask for help.

Troubleshooting guide

The issue	Why it is happening	What you can do
I have sore, cracked nipples.	Your nipple skin is easily grazed or cracked as a result of your baby's gum pinching it, or the tip of your nipple becomes sore because it hasn't been far enough back in your baby's mouth, and has rubbed against the roof of his mouth.	Make sure that you and your baby are in a good position and he is attached properly – see pages 17–18. Ask your midwife or health visitor/family nurse as soon as you can to help you. You could also go along to a local breastfeeding group or ring the National Breastfeeding Helpline on 0300 100 0212 – see pages 64 and 65 for contact numbers.
My baby is very sleepy.	This is more common in the first days after birth. Some babies are tired and may need to be woken for feeds to make sure they get enough milk but this is only temporary.	Lots of skin-to-skin contact and closeness will be soothing for him and will give him the opportunity to feed. Try massaging his skin, changing his nappy, expressing a little milk for him to taste, and other gentle efforts to waken and interest him in feeding. See page 46 for how to tell your baby is getting enough milk. Your midwife will check on you both to make sure your baby is well. In the meantime, start hand expressing your milk and giving it to him with a spoon, dropper or cup – your midwife will show you how.

The issue	Why it is happening	What you can do
Engorgement – the stage beyond normal fullness of your breasts. They will be swollen, lumpy or full. If it's severe they will be tender, shiny, red and very swollen.	This would usually be in the first few days after your baby is born but could also happen at later stages too – when feeding patterns change or weaning foods are introduced. It can also happen if you miss a feed while having to be away from your baby. If he has been delayed in receiving a feed or is not attached correctly or not feeding enough, milk builds up.	<p>Make sure you are feeding your baby often enough and your baby is attached as well as he can be. It might help to express some breastmilk. This should help to reduce the discomfort and allow your baby to attach more easily.</p> <p>A well-supporting bra or vest can help with the discomfort. You can also use a warm or cool pad, for example a cloth that has been in the freezer or a small hot water bottle wrapped in a cloth. Fullness will often go away by itself as your baby gets interested in feeding. Hand expressing milk can also relieve enough tension for your baby to feed more easily.</p>
Blocked ducts – these can lead to mastitis, but not always.	This can happen at any time but usually two to three weeks after your baby is born. It means that milk is unable to flow and it builds up, resulting in swelling.	It's very important to carry on breastfeeding at this time. Make sure your baby is properly attached. Feeding often, on the affected side first, over the next few feeds will help. Also massage the affected area or try a different feeding position.

If you have any doubts, speak to your midwife, health visitor or family nurse.



The issue	Why it is happening	What you can do
Mastitis – you will see a red area on your breast, usually with a lump. Your breast may be painful and hot and you may develop flu-like symptoms.	Blocked ducts and mastitis are linked but they are not the same condition. Mastitis is an inflammation or an infection of the breast or breasts. This can be caused by a blocked duct so it is important to clear this by massage or frequent feeding.	<p>It is important to keep your milk flowing in your breast and to ensure that it is draining well. Massaging your breast and frequent feeding can help clear a blocked duct. If your baby won't breastfeed on the affected breast, you may need to hand express to remove your milk. If your symptoms don't improve, you may need medication, particularly if you feel fluey, so it is important to speak to your midwife, health visitor/family nurse or your GP.</p> <p>For more on mastitis, see page 43.</p>
Thrush – your nipples are sore and may be 'flaky' in appearance, look red or pale, possibly shiny and feel itchy and burning. You may also have a sharp shooting pain during or after feeds. Your baby may have a white coating in his mouth.	<p>A thrush infection can happen at any time but it seems to be more common after taking antibiotics or after the early days of breastfeeding.</p> <p>Thrush can thrive on broken skin and in warm, moist conditions and can be passed between mum and baby.</p>	<p>Check your baby's position and attachment, as this is the most common cause of sore nipples. If this doesn't help, speak to your midwife/health visitor for advice. Your GP will be able to give you and your baby medication if thrush is diagnosed.</p> <p>If you do have thrush, any expressed breastmilk should not be stored, as the thrush infection will be present in the milk. As you and your baby will be having treatment at the same time, it is fine to carry on breastfeeding. It is also a good idea to put your bra through a very hot or boil wash to help kill the thrush, and to change your breast pads frequently as these could cause reinfection.</p> <p>For more information on breastfeeding and thrush visit www.breastfeedingnetwork.org</p>

The issue	Why it is happening	What you can do
Refusing the breast – some babies get cross and frustrated, and seem to fight, tossing their heads from side to side.	Babies refusing to suck at some point is quite common. There can be many reasons for this. It's important to try and find out what's causing it, but sometimes patience is all you need.	Hold your baby next to you, skin-to-skin, as often as you can so that you can respond straight away when he shows signs of wanting to feed. That way he learns that your breast is a comforting and soothing place to be.
Slow weight gain.	Babies are individuals and gain weight at different rates, so slow weight gain can be normal for some babies. However, for others it can be a sign that they are not getting enough milk to grow.	Make sure your baby is well positioned and correctly attached and feed him as often and for as long as he wants. Remember that babies have natural pauses during a feed, and your baby may sometimes appear to have had all he needs when in reality he is resting before wanting to feed more. It is important to talk to your midwife, health visitor/family nurse or GP if you have concerns.

Mastitis: inflammation of the breast

What you may see and feel

The first sign of mastitis is usually a red area on part of the breast, often the outer, upper area, which may be painful to touch. Other signs are:

- a lumpy breast, which feels hot to touch
- the whole breast aches and may become red
- flu-like symptoms – aching, increased temperature, shivering, feeling tearful and tired (this can sometimes start very suddenly and get worse very quickly)

You may not have all of the above signs during mastitis.

When it happens

At any time, but it is more likely to happen two to three weeks after the birth.

Why it happens

You may get mastitis when milk leaks into breast tissue from a blocked duct. The body reacts in the same way as it does to an infection – by increasing blood supply. This produces the inflammation (swelling) and redness. Factors which make mastitis more likely:

- difficulty attaching your baby to the breast (see pages 17 and 18) – this may mean that the breast is not drained well
- pressure from tight fitting clothing, particularly your bra, or a finger pressing into the breast during feeds





- engorgement
- a blocked duct
- stress and tiredness
- sudden changes in how often the baby is feeding, leaving the breasts feeling full.

Preventing mastitis

- try to avoid suddenly going longer between feeds – if possible cut down gradually
- make sure your breasts don't become over full
- avoid pressure on your breast from clothing and fingers
- start self-help measures (see below) at the first sign of any red area on your breast
- speak to your midwife, health visitor or doctor if you do not feel at all better 12–24 hours after starting self-help measures.

Solving the problem

- keep on breastfeeding – you may feel ill and discouraged but continuing to breastfeed is the quickest way to get better – and won't hurt your baby
- feed your baby more frequently or express between feeds if your breasts feel uncomfortably full
- express gently after feeds, so that your breasts are kept as well drained as possible, until you feel better

- check that your baby is well attached to your breast while feeding – if in doubt seek help from your midwife, health visitor or volunteer breastfeeding supporter
- feed from the side which is sore first to drain it as thoroughly as possible
- try feeding with your baby in different positions
- warmth on your breast and gentle massage before you feed or express will help the milk to flow more easily
- placing a cold clean flannel or a gel compress on your breast can be soothing between feeds
- check for any clothing that may be pressing into your breast, this includes a bra – some women find it helpful to go without a bra – bumps or knocks from toddlers can also have the same effect
- try to rest as much as you can and keep feeding your baby
- it is important if mastitis symptoms start to come back, you start self-help measures right away.

If you do not begin to feel better, and especially *if you start to feel worse*, despite using these self-help measures, you should speak to your GP or health visitor.

Other treatment

You will need to take some paracetamol to relieve pain and reduce your temperature. Make sure you do not take more than the recommended dose (two 500mg

tablets four times a day and no more than 8 tablets in 24 hours). Ibuprofen can also be taken as it helps to reduce the inflammation. Take 400mg three times a day after food.

- Ibuprofen should not be taken by women who have asthma, stomach ulcers or are allergic to aspirin. Aspirin should not be taken by breastfeeding mothers.
- If your mastitis is not improving you will need to see your GP as you may need antibiotics. If so, you should be prescribed a 10-day course. You should feel some improvement within 12–24 hours.

It is very important to finish the whole course of antibiotics. If your mastitis comes back after you have taken a full course of antibiotics, or is unusually severe, you may be asked to give a sample of milk. This will be tested to help the doctor choose the correct antibiotic for your treatment.

Antibiotics may make the baby produce loose, runny motions and become irritable and restless, but the baby won't be harmed and will get better when you finish the antibiotics.

It is important not to stop breastfeeding during mastitis as this can make your mastitis much worse.

"When I had the mastitis I knew I needed to keep feeding and expressing milk, but I wasn't getting any better so I rang the doctor and got antibiotics, which seemed to work."

Siobhan

Concerns about milk supply

Many mothers worry that their baby may not be getting enough milk. You will know what is going in by what comes out (see page 22).

Sometimes you may have concerns about your baby's weight gain. Slow weight gain can be normal for some babies, but for others it can be a sign that the baby isn't getting enough milk to grow. The variation in weight gain is huge but most breastfed babies should regain their birth weight by 2 weeks and then will gain:

0-4 months	125-200g per week	(5-8oz)
4-6 months	50-150g per week	(2-6oz)
6-12 months	25-75g per week	(1-3oz)

What you may see and feel

If your baby isn't getting enough milk, he may be unhappy and frustrated at the breast. Alternatively, he may be listless, sleep a lot, and seem uninterested in feeding for a long time – it sounds contradictory, but sometimes the quiet baby may be wrongly thought of as 'good' because he's undemanding. But he may not demand very much because he's saving his energy.

He may have fewer wet nappies than normal (see page 22). He may pass dark or dry poos infrequently. Infrequent poos can be normal after the first month or so, but most babies have a dirty nappy several times a day in the first weeks and within the first three to four days babies should have soft, runny poos.

Over a period of time, his growth may give cause for concern. Young babies normally lose some weight in the early days as they use their fluid and fuel stores, but a baby who is not getting enough milk will lose more, continue to lose weight, or be slow to regain his birth weight.

'I don't think I have enough breastmilk'

'I'm worried that my baby won't put on enough weight'



When it happens

Sometimes, you may be mistaken in thinking you haven't got enough milk. But this can and does happen at any time – either because breastfeeding has not got off to a good start, or because problems haven't been solved.

Why it happens

If your baby isn't well attached he may not stimulate a good supply. If you time the feeds, or try to fit them into a schedule (like feeding for a certain number of minutes a side every three or four hours), you may upset the responsive feeding approach that produces the amount of milk the baby needs. The more often milk is removed from the breast, the more milk is produced. Or, removing the baby from the breast before he's finished may mean he doesn't get enough milk. Giving your baby bottles of formula milk or other fluids, or introducing solid foods too early, may also interfere with a good milk supply.

Solving the problem

Make sure your baby is well-positioned and correctly attached (see pages 17–18), and feed as often and for as long as he wants. Offer both sides at every feed – he may only take one, but offer him the second anyway. Remember that babies have natural pauses during a feed, and your baby may sometimes appear to have had all he needs when, in reality, he is just resting before wanting to feed some more.



Maximising your milk supply

Breastfeeding at night is important in keeping up a good milk supply. If you decide to give some formula, keep it to a minimum and carry on giving as many breastfeeds as possible. The more formula your baby gets, the lower your milk supply.

If your baby likes to sleep a lot, wake him up more often so that you can feed him more. If he is listless and uninterested in feeding he may be unwell, so it is best to contact your doctor, midwife or health visitor. Sometimes, for a short period of time, you may be advised to express milk in order to increase milk production and get the baby back on track.

Mixed feeding – breast and formula feeding

What is it?

Giving your baby formula as well as breastmilk is known as 'mixed feeding'. In the early days after the birth it's normal to be tired – you're feeding your baby often, during the day and night. This can be a time when you may think about changing to formula, or mixing breast and formula feeding. Continuing to give as much breastmilk as possible is important for your baby's health. Giving formula regularly will also reduce the amount of breastmilk you produce. There are a few things to think about to help you make up your mind what is best for you and your baby.

What you will notice

Remember that after a few weeks of breastfeeding your breasts will not feel as full as they did at the beginning. This doesn't mean that you are not producing enough milk – it just means that you and your baby have worked out exactly how much milk he needs. If you are unsure, speak to your health visitor/family nurse.

Breastfed babies grow differently from babies fed with formula. Breastfed babies grow at a rate that is better for their future health. They can put on weight more slowly and some early weight loss is normal. If you are concerned about your baby's weight, speak to your health visitor/family nurse or midwife.



'Giving a bottle of formula might make my baby sleep better at night.'

There is no evidence that this is true. Night-time breastfeeds are important to tell your body to keep making milk – especially in the early weeks. As your baby grows, he can take more milk and sleep for longer. Looking at how family and friends can give practical help, so that you can have some rest during the day, may be a way of helping you through those first weeks until your baby naturally wakes less to feed. If you do decide that the baby should have a bottle of formula at night, try to give this occasionally rather than every night. This will help keep your milk supply up.

'Giving a bottle of formula means that a member of my family can feed my baby.'

While this is a lovely idea (and you may feel under pressure to do so), you need to think about whether the advantages of this are more important than the risk of reducing your milk supply and losing some of the benefits that breastfeeding brings. If it's important for your partner or maybe your mum to be involved with feeding the baby, once breastfeeding is working well, you could express your breastmilk for your baby. Remember, there are lots of other ways for your partner and family to bond with your baby. Make sure you keep the people who feed him to just your partner or someone who is close to you – this will help him feel safe and secure.

Sometimes babies find it difficult to breastfeed after they have been fed with a bottle, or to change from one to another. However, other babies seem to have no trouble with this. Because we don't know which babies might find this difficult, it would be best to avoid giving bottles and teats in the early days and weeks.

It is usually a good idea to get breastfeeding working well over a few weeks before a bottle is introduced, so that the milk supply is completely established and the baby knows how to breastfeed well.

If you change your mind about mixed feeding, it is possible to go back to solely breastfeeding – but remember, giving formula will reduce your milk supply.

Safety note: if you are introducing formula, always ask your health visitor/family nurse about how to make it up safely.



Breastfeeding and your life

fitting it in, making it easy

When you're thinking about whether to breastfeed, or whether to continue once you've begun, you may find other people's attitudes and feelings play a part in your decision. In the end, what you do is up to you and your baby – but your friends and family, and your own personal circumstances, are likely to influence you.

What about:

...in the hospital?

Most mums need some practical help with starting breastfeeding, not least because breastfeeding is a completely new skill for them and they're tired after the delivery. The midwife will help you position your baby properly so that he can attach well. The first few attempts may be tricky, but it will get easier as you get more experienced.



Here in Northern Ireland the PHA has a scheme called *Breastfeeding Welcome Here*. This helps you recognise places that particularly welcome breastfeeding. Look for the heart-



breastfeeding
welcome here
Good for mums, babies and businesses

shaped logo. A map showing welcome scheme members can be viewed at

www.breastfedbabies.org

Most women don't get the technique straight away, so when you are learning to feed in the hospital you can pull the curtains round your bed for extra privacy if you want to. You may also want to let family and friends know before the birth that you will be breastfeeding, to make it easier when they visit. It may seem strange at first, but once you get the hang of breastfeeding you will be able to do it very discreetly.

...breastfeeding in front of others?

Some mothers can feed happily enough when family or friends are around but feel awkward when they are in a public place; others find it's the other way round.

Attitudes are changing and some shops and stores and public places now have supportive breastfeeding policies. Once you feel confident, you can breastfeed so that others are not even aware of it. You don't need to unbutton your top and expose your whole breast to feed your baby. If you wear something that lifts up from the waist like a t-shirt or a jumper, rather than a shirt or blouse with buttons, you can breastfeed without any breast showing at all.

Remember that your confidence is likely to grow as you and your baby get more used to breastfeeding. Also, your baby's feeds will become less frequent, so you can plan outings between feeds.



"Breastfeeding was something I hadn't thought about. I didn't really know much about it. My wife was keen to give it a go although at times I felt it was quite hard for her. In the early days the baby seemed to want to feed all evening and that was tiring for both of us! But it was magic seeing him fall asleep, full up, content with that wee half smile on his face! I didn't feel left out. She needed me there and when I look back now it was such a short but very special time in our lives. It's a great start you can both give your baby."
Andrew

...getting support from family, friends or a partner?

Your relatives may be in favour of bottlefeeding, or perhaps they know very little about breastfeeding as they haven't done it themselves. It will help if you can explain about the health benefits of breastfeeding, which they may not know about, and remind them that all health professionals encourage it. Perhaps they would like to read this booklet, or talk with the midwife or health visitor themselves.

The support of your family is so helpful to you that it's worth making sure they know why you have chosen to breastfeed.

Your partner may be uncomfortable about you breastfeeding, or feel unhappy about you feeding in front of other people. It's known that partners' attitudes to breastfeeding are crucial to success – if your partner is not keen, for whatever reason, it will be a lot more difficult for you to carry on – see the leaflet *What Dads should know* on www.publichealth.hscni.net It may help to remind him that there are many other aspects of your baby's care he can be involved in – cuddling, holding, bathing, playing, massaging – and that the time when your baby is receiving nothing but your milk is very short (around six months).

Fathers can show babies that love doesn't have to come as a package with food – they can develop their own unique relationship, and that's valuable for you and the baby. Your partner may worry that he can't help if you are breastfeeding – reassure him, and let him know you and your baby need him for other essential things.

...feeling 'tied' to the baby?

As you're the only one who can feed the baby, you might feel you have less freedom to go out, to socialise or to share the care of your baby.

There are ways of coping with this, nevertheless. You will find your baby's needs are more predictable as he gets older, and he can be encouraged to be more flexible too, so he can feed at a time that suits you. You can also express milk for someone else to give to your baby (see pages 31–34). Or, you may want to give the occasional bottle of formula milk, but bear in mind the benefits of exclusive breastfeeding, and the possible impact of using teats and dummies (see page 7). See pages 57–58 for combining breastfeeding and working.

...meeting other mothers?

Many mothers find it helpful to meet others who are also breastfeeding. There are breastfeeding support groups in all parts of Northern Ireland, which offer friendship and mutual support. You can usually join these groups while you are pregnant. Support groups give information and reassurance, as well as the chance to make new friends. Your midwife or health visitor will know the groups meeting near you, or ask your local maternity hospital. (See pages 64–65 for information about support groups, etc.) You can find out where your nearest breastfeeding support group is by going to www.breastfedbabies.org and clicking on your local area on the map.



...caring for your baby at night and night-time feeding

It is important for all babies to be fed during the night because in the early weeks and months a baby is growing fast and he has a small stomach, which can only take in enough milk to last a short time, and so he will need fed around the clock.

It can be challenging coping with caring for your baby at night, especially if he is wakeful and wants to feed frequently. Having your sleep disturbed can be frustrating and takes a bit of adjusting to, your baby will need to know that you are close by and that you will respond to his needs to be comforted and fed. Feeding at night can also be a lovely quiet time for both mum and baby.

...making night-time feeds as safe as possible

Research shows that **the safest place for a baby to sleep is in a cot by the side of your bed**. You may want to consider using a cot that can be placed right next to your bed at the level of the mattress as this allows easy access to the baby.

Breastfeeding has been shown to significantly reduce the risk of sudden infant death and night feeds are important in keeping up a good milk supply. You may choose to breastfeed while lying down in bed and in order to try to reduce the risk of sudden infant death you will need to make the following adjustments:

- make sure your baby cannot become trapped between the mattress and wall or fall out of bed
- keep your baby well away from pillows
- make sure the baby's body or head is not covered by a duvet or any other bedclothes
- do not leave your baby alone in a bed as he may move to a dangerous position.

Do not sleep with your baby if you or your partner:

- have been drinking alcohol
- have taken any drugs (legal or illegal) that could cause drowsiness
- have been smoking
- are holding your baby on a sofa or an armchair.

Note: It is extremely dangerous to put yourself in a position where you might fall asleep with your baby on an armchair or sofa.

If your baby was premature or very small it is not safe to bed-share in the early months.



...making nighttime more manageable

It can make things easier and more restful and help your baby to understand that nighttime is different if you:

- keep your baby's cot close by your bed, **the safest place for your baby to sleep is in a cot by the side of your bed for at least the first six months.** There are bedside cots available that have a drop down side so that, when it is beside your head, you can easily reach over to soothe your baby without having to get out of bed (see photo);
- keep the lights down low and try not to switch on lights as this isn't usually necessary for soothing or feeding baby;
- if possible, offer a feed as soon as the baby is showing signs of wanting to feed and beginning to waken rather than waiting until baby starts crying;
- talk to your baby in a quiet reassuring voice and only change the nappy if it's really necessary.



...when your baby isn't settling

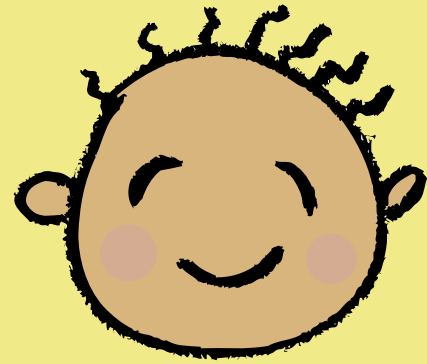
Some babies can be very unsettled at times and they may have difficulty going back to sleep after feeding. If so, try the following suggestions:

- Try offering the breast again, even if your baby has just fed he may need to suckle again and to be comforted by being breastfed.
- Rocking your baby and holding him in skin contact can be soothing and will help him relax and fall asleep.
- Get your partner to help by making sure you are comfortable, passing you the baby, changing nappies, getting you a drink.
- If your baby seems to want to feed more often at night, look out for signs that baby wants to feed during the day and offer feeds frequently, rest when you can when he is sleeping during the day.
- Ask your family and friends to help out with housework and shopping so that you are less tired and more able to cope with night-time.
- Using a sling or soft baby carrier can be helpful to comfort your baby. For peace of mind, buy from a larger scale manufacturer who has had their carriers independently tested to industry recognised safety standards and carefully follow the instructions. To view the guidelines for safe 'baby-wearing', go to www.babywearingni.co.uk/baby-wearing-safety

If your baby is crying for long periods he may be ill and so he will need a medical check.

You can find out more about coping with nighttimes and reducing the risk of sudden infant death from www.nidirect.gov.uk or from the Public Health Agency leaflet *Safer sleeping*.





Going back to work?

you and your options

Any breastfeeding, even for a short time, is worthwhile, so, if you want to breastfeed, don't let the fact that you're returning to work put you off. Breastfeeding can be combined with a working life.

To find out more about combining working with breastfeeding see the PHA leaflet *Breastfeeding and returning to work* at www.pha.site/breastfeeding-returning-work

Many women will be returning to work when their baby is around six months old. At this stage, your baby will be beginning to take some solid food and needing fewer breastfeeds, so this can make it easier to combine breastfeeding and work.



Continuing breastfeeding

If you are lucky enough to get childcare at or near your workplace, you may be able to continue to breastfeed as normal. You can feed immediately before or after work, at lunchtime or during work breaks. It will help if the people providing childcare are supportive of continued breastfeeding.



You can talk to your employer about what you will need in order to continue breastfeeding. Advice for employers can be found in the leaflet *Promoting breastfeeding for mothers returning to work: a guide for employers* at www.pha.site/breastfeeding-mothers-returning-work-guide-employers



Feeding expressed breastmilk

You can express your breastmilk so that someone else can give it to your baby while you are at work. Depending on your working hours, you may need to express at work, so that you have milk to leave for your baby for the next day. Expressing will also help stop your breasts getting overfull and maintain your milk supply.

It's a good idea to start expressing milk and freezing it a few weeks before you return to work, so that you have a back up supply in case there's ever a time you can't express for some reason.

At the same time, you will also need to get your baby used to taking expressed milk. Older breastfed babies may be reluctant to accept a bottle if they have never had one before, but will happily drink from a cup. It may be easier if someone else feeds your baby this way at first – breastfed babies sometimes get confused and cross if their mother offers an expressed feed.



Combining breastfeeding and formula feeding

You could also breastfeed your baby when you are together and leave formula for when you are apart. Providing breastfeeding is already well established, most women find that their bodies quickly adapt and that they have enough milk to feed in the evenings and at weekends.

If you choose this option, you will need to start preparing about a month before you return to work. Identify the breastfeeds you will need to substitute with formula and gradually replace them – one feed every three days or so. This will allow your milk supply to adjust gradually – if you stop feeds suddenly your breasts may become sore and engorged. As with expressing, you will also need to get your baby used to feeding from a bottle or cup.

Breastfeeding and your employer

There is legislation in place which means that your employer must make it possible for you to continue breastfeeding when you go back to work. You must let them know in writing that you intend to continue breastfeeding. For details of

the specific legislation, see our website www.breastfedbabies.org or download the leaflet *Breastfeeding and returning to work* from www.pha.site/breastfeeding-returning-work. The Health and Safety Executive for Northern Ireland can also advise you.

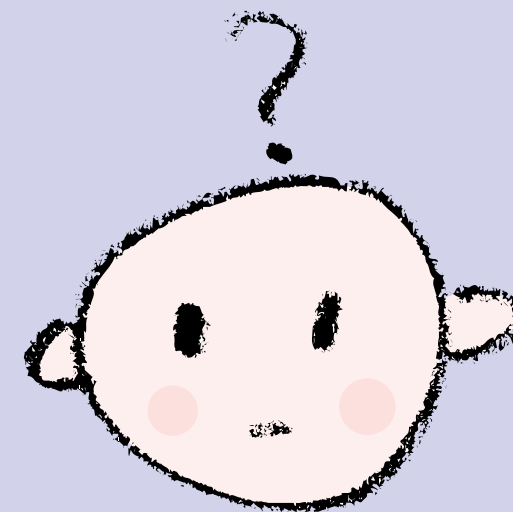
Preparing for going back

To qualify for protection under the current legislation, you must inform your employer in writing that you intend to continue breastfeeding after you return to work. It's a good idea to let them know as early as possible, to allow plenty of time to make arrangements.

If you are planning to express milk at work, you will need to arrange with your employer how you are going to manage this. There are health and safety guidelines covering breastfeeding mothers at work. Ideally, you should have access to:

- a clean, warm room with a low, comfortable chair. If the door can't be locked, you can put a sign on it to ensure privacy. The toilet is not a suitable place
- an electric point for an electric pump if necessary
- handwashing facilities nearby
- a hygienic area where you can clean your pump and store your sterilising equipment
- a fridge for storing milk. If this is difficult, a well-insulated cool bag is an alternative.

For advice on how to express and store breastmilk, see pages 31–34. You'll also need to make sure that your childminder or nursery knows the correct way to store and use your breastmilk.



Your questions about breastfeeding

here are the answers!

Here are some of the questions often asked by breastfeeding mothers.

My mother says that when she had me, she didn't have enough milk to feed me. Will I have the same problems?

The vast majority of women have enough milk, but if breastfeeds are timed or limited, or if the positioning's not right, then building up a good supply may be difficult. Your mother may have been told to feed to a schedule (mothers were, at one time), and that can be harmful for breastfeeding; she may not have had help to ensure a good position. There's no reason to think you will face the same problems, especially if you get any help you need to get breastfeeding off to a good start.

What about my diet when I'm breastfeeding?

You don't need to eat anything special while you're breastfeeding. But it's a good idea for you, just like everyone else, to eat a healthy diet. Simply make sure you eat according to hunger, and drink according to thirst. Eat a variety of foods, including five or more portions of fruit and vegetables, along with wholemeal bread, cereals, potatoes, rice and pasta, and limit your intake of fatty and sugary foods. Most women feel hungry and thirsty during breastfeeding. This probably reflects the demands made on the body.

You don't need to continue to avoid the foods that are not recommended in pregnancy such as liver or soft cheese. However, the Scientific Advisory Committee on Nutrition (SACN) and the Committee on Toxicity advise that breastfeeding women, like all adults, should not eat more than one portion a week of shark, swordfish or marlin. This is because these fish contain more mercury than other types of fish.

It's good to look after your own health while breastfeeding. In order to get all the nutrients you need, you should consider taking supplements containing 10 micrograms (mcg) of vitamin D each day. If you qualify for the Healthy Start scheme, you're entitled to free supplements – ask your midwife or health visitor about this. To find out more about Healthy Start, visit www.healthystart.nhs.uk

Your baby will also need a supplement of vitamin D. The PHA leaflet provides guidance on why and how much is needed for you and your baby. See www.pha.site/vitamin-d

It's important not to exclude whole food groups from your diet while you are breastfeeding without seeking advice from a healthcare professional.

What should I do if I smoke, and can I drink alcohol while I'm breastfeeding?

Alcohol does reach the breastmilk, but there's no evidence yet to show that light social drinking does any harm. Light social drinking means one or two drinks.

If you or your partner smoke, breastmilk is still the healthier option for you and your baby and will give your baby protection. However, nicotine from cigarettes does reach the breastmilk and has been shown to reduce the milk supply and can make you more prone to mastitis.

If you would like help to stop smoking, visit www.stopsmokingni.info where there is information on local cessation services. You can use nicotine replacement therapy (gum or patches) while you're breastfeeding, but you must talk to your doctor or midwife first if you want to try this.

My baby was jaundiced and very sleepy. He didn't seem interested in feeding. He needed phototherapy (to go under a very bright light). What can I do if this happens with my next baby?

Jaundice is very common in newborn babies, particularly sleepy babies who are reluctant to feed, and some babies need phototherapy. Feed your baby as soon as you can after birth and as often as he wants.

If he is sleepy and does not want to feed, try to waken him and feed him more often or express and cup feed him some extra breastmilk. Jaundiced babies may need more breastmilk to replace fluids lost with phototherapy and even if he does not need treatment, extra breastmilk will help to clear the jaundice.

How do I wean my baby from the breast?

Always do this gradually, unless you are switching to the bottle in the first days of life. Substitute one breastfeed every few days with a bottle feed, or, if your baby is old enough, you can use a lidded cup.

If your baby is over a year, you may have to distract his attention at times when he wants to breastfeed.

Can I breastfeed twins?

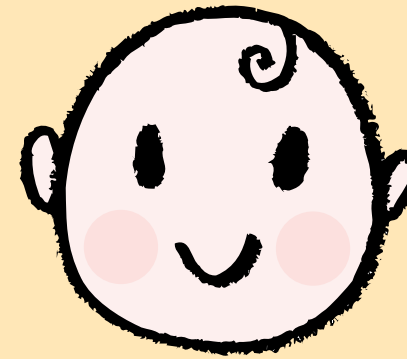
Yes – even triplets! You will need more help with other jobs, as feeding twins can take more time. You make twice as much milk for twins because your breastmilk supply gets twice the stimulation.

Can I breastfeed if I use drugs?

Prescribed and over-the-counter medications can affect breastfeeding. Make sure you tell your doctor you are breastfeeding if he/she prescribes medication, or ask the pharmacist's advice if you're buying over-the-counter medications such as painkillers or cold and flu remedies.

The quality of your breastmilk should not be affected if you are given antidepressant medication for postnatal depression.

If you use illegal drugs, you can be referred for specialist help in pregnancy and afterwards. If you are a regular user, and you're told there is a risk your baby might suffer withdrawal symptoms when he is born, it can sometimes be really helpful to your baby if you breastfeed. Ask to speak to health professionals with experience in supporting mums who use drugs, and you will be able to make a choice based on good information. You can also call the National Drugs Helpline free on 0800 776600.



Further information,
support and sources of help

Local breastfeeding support groups

Northern Ireland has almost 100 breastfeeding groups which offer the opportunity to talk about feeding your baby and provide friendship and a cup of tea or coffee. These groups are really helpful if you don't know any other breastfeeding mums or if you have a concern about breastfeeding.

Ask your midwife, health visitor or local Sure Start team where and when your local group meets or visit www.breastfedbabies.org/support for a map of groups in Northern Ireland.



Breastfeeding peer support (mother-to-mother support)

Peer support volunteers are mothers who have themselves breastfed and have had training so that they are able to offer breastfeeding information and support to other mothers in their area.

To find out how you can speak to a peer support mother ask your midwife or health visitor or call one of these numbers:

Mum-to-Mum, Belfast Trust 028 9615 0233

Mid Ulster Mums 028 8676 9994
www.midulstermums.co.uk

Mums 4 Mums, Larne 028 2827 6044
www.mums4mumslarne.co.uk

South Eastern Trust Breastfeeding Peer Support
Lisburn Health Centre 07855 169 707

Southern Trust Breastfeeding Peer Support volunteer scheme

Craigavon Area Hospital 07795 426 923 (voicemail)
Daisy Hill Hospital 07823 532 306 (voicemail)

Western Trust Breastfeeding Peer Support
Londonderry and wider area 028 7134 5171 ext 3233 or
bleep 8230

Northern Trust Breastfeeding Peer Support
For further details please contact Pauline McKeown,
Breastfeeding Coordinator on 07833 463 373.



Telephone support from a breastfeeding counsellor

If you are concerned about breastfeeding you can also speak to a breastfeeding counsellor by calling one of these helpline numbers:

National Breastfeeding Helpline 0300 100 0212 (9.30am-9.30pm)

www.nationalbreastfeedinghelpline.org.uk

La Leche League 0845 120 2918 (24 hours),
www.lalecheleagueireland.com/groups/belfast/
Helpline 028 9581 8118

Breastfeeding Network
www.breastfeedingnetwork.org.uk/breastfeeding-help/

NCT Support Line 0300 330 0770
(8.00am-12.00 midnight), including bank holidays

Other organisations and support groups

Tiny Life

The Arches Centre
11-13 Bloomfield Avenue
Belfast BT5 5AA
028 9081 5050

www.tinylife.org.uk

Support for parents of premature babies and breast pump hire.

UNICEF UK

1 Westfield Avenue
Stratford
London E20 1HZ
Tel: (0)20 7375 6114
Email: bfi@unicef.org.uk
www.unicef.org.uk/babyfriendly

Visit the website for information on breastfeeding, and for details about the Baby Friendly Initiative which aims to ensure that breastfeeding mothers in hospital and outside get the right sort of support.

Breastfeeding Friend from Start4Life

A digital tool that has lots of useful information and advice on breastfeeding. All the information provided is NHS-approved and is based on questions asked by thousands of new mums.

It is available 24/7 on Amazon Alexa, Google Home and Facebook Messenger www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/breastfeeding-friend-from-start4life/breastfeeding-friend-on-google-home/#anchor-tabs

You may want to link with other breastfeeding mums online. The Breastfeeding in NI Facebook page is an online community with over 8,000 breastfeeding mothers.

www.facebook.com/BreastfeedinginNI/

We cannot guarantee the quality or safety of information provided by other organisations, whether online or at breastfeeding groups. Signposting to these resources and organisations does not necessarily imply endorsement by the PHA.

Human Milk Bank

The Human Milk Bank is always looking for donors to donate their breastmilk to neonatal units caring for ill or premature babies. If you feel that you would like to contribute to this worthwhile cause or would like more information, call the milk bank on 028 6862 8333 or email: tmb.swah@westerntrust.hscni.net

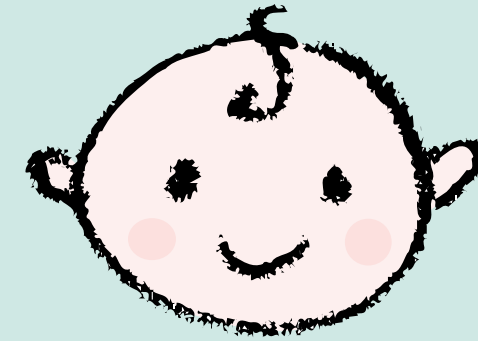
Informal breastmilk sharing

There have been some recent reports of informal breastmilk sharing in Northern Ireland being facilitated by social media. This usually involves a mum providing her extra expressed breastmilk to another mum who may have low milk supply or difficulties expressing her own milk, and there may or may not be a cost attached.

Although it is up to the individual, you should be aware of the risks. The milk could:

- be contaminated with bacteria;
- carry an infection from the mother who won't have been screened (for example, HIV, hepatitis);
- transmit medications, alcohol, nicotine or drugs.

The PHA **does not** recommend sharing breastmilk. If you are having difficulties with breastfeeding or are concerned you don't have enough breastmilk, talk to your midwife, health visitor or GP in the first instance.



Glossary

Here's a handy glossary of terms you'll come across in this booklet and in other discussions about feeding.

Alveoli: tiny structures in the breast which actually make and store the milk.

Areola (plural, areolae): the coloured skin surrounding your nipple. Strictly speaking, the nipple is only the end bit. Different women have different-sized areolae, which is why it is misleading to say the baby 'should have' all the areola in his mouth when feeding.

Baby Friendly Initiative: UNICEF/WHO programme which aims to ensure that health professionals and the places where they work follow practices which support a woman's choice to breastfeed.

Blocked ducts: a duct in the breast can become clogged and prevent a free flow of milk (see page 40).

Colostrum: the first fluid produced in the breasts, in later pregnancy and for the first days after birth.

Engorgement: swelling of the breast, because of extra milk, blood and lymph (see page 40).

Exclusive breastfeeding: breastfeeding only with no other fluids or foods given to the baby.

Expressing: removing the breastmilk by hand or pump.

Inhibitory factor: a substance in the milk which prevents milk being produced; if a lot of milk is left in the breast for a long time, the inhibitory factor has more time to work, and therefore milk production slows down.

Latched on: when a baby is 'latched on' he is well-positioned and attached.

Let-down reflex: under oxytocin, the let-down reflex happens inside the breast, and makes tiny muscle cells surrounding the alveoli push the milk out into the ducts (see page 20).

Mastitis: inflammation of the breast (see page 43).

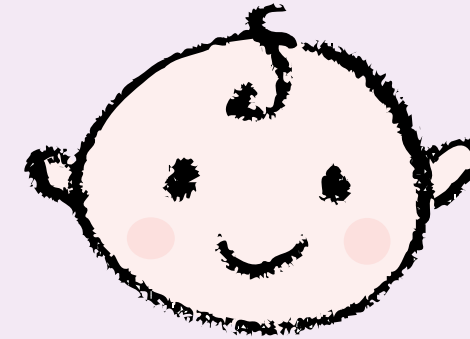
Mixed feeding: this used to mean solids alongside breastmilk/formula milk. Now it usually means feeding with formula milk and breastmilk.

Oxytocin: the hormone which produces the let-down reflex (see above).

Placenta: the afterbirth. Once the placenta is delivered, the breasts receive the hormonal trigger to produce breastmilk.

Positioning and attachment: getting this right (see pages 17–18) ensures you do not have any pain and your baby has a good feed.

Prolactin: the milk-making hormone, produced at the start of breastfeeding. Prolactin levels are high at first, and then fall as breastfeeding becomes well established.



Appendix

Checklist: how can I tell that breastfeeding is going well?



Breastfeeding is going well when:

Your baby has eight feeds or more in 24 hours

Your baby is feeding for between five and 30 minutes at each feed

Your baby has normal skin colour

Your baby is generally calm and relaxed whilst feeding and is content after most feeds

Your baby has wet and dirty nappies (see page 22)

Breastfeeding is comfortable

When your baby is three to four days old and beyond you should be able to hear your baby swallowing frequently during the feed



Talk to your midwife if:

Your baby is sleepy and has had less than six feeds in 24 hours

Your baby consistently feeds for five minutes or less at each feed
Your baby consistently feeds for longer than 40 minutes at each feed

Your baby always falls asleep on the breast and/or never finishes the feed himself

Your baby appears jaundiced (yellow discolouration of the skin)
Most jaundice in babies is not harmful. However, it is important to check your baby for any signs of yellow colouring, particularly during the first week of life. The yellow colour will usually appear around the face and forehead first and then spread to the body, arms and legs. A good time to check is when you are changing a nappy or clothes. From time to time press your baby's skin gently to see if you can see a yellow tinge developing. Also check the whites of your baby's eyes when they are open and the inside of his/her mouth when open to see if the sides, gums or roof of the mouth look yellow.

Your baby comes on and off the breast frequently during the feed or refuses to breastfeed

Your baby is not having the wet and dirty nappies explained on page 22

You are having pain in your breasts or nipples, which doesn't disappear after the baby's first few sucks. Your nipple comes out of the baby's mouth looking pinched or flattened on one side

You cannot tell if your baby is swallowing any milk when your baby is three to four days old and beyond

You think your baby needs a dummy

You feel you need to give your baby formula milk



This booklet cannot cover all aspects of breastfeeding, so if you need more information your midwife, health visitor, breastfeeding counsellor or doctor will be able to advise you. However, it should help to make you feel more confident about breastfeeding and able to enjoy this experience with your baby.