

Additional information for the caregiver of a

Breastmilk Fed Baby



Breastmilk is a whole food. The World Health Organization recommends that it should be the only food a baby receives until 6 months and then continued as part of a weaning diet until 2 years and beyond.

Supporting mothers to provide breastmilk for their babies has many measurable benefits for both mother and baby. Breastmilk continues to protect and nourish babies for as long as it is available. This guidance aims to support you to feed breastmilk to the infant in your care.

When a baby receives breastmilk exclusively you may find that there are limited resources available to support you as the caregiver. There are small differences in how breastmilk and formula are handled and offered to the baby. Here are some of the differences and some tips on managing to support breastmilk feeding.

Frequency of feeding

- Most breastmilk fed babies take smaller feeds and feed more often (8 -10 times per day) than formula fed babies. At birth, all babies have a stomach capacity of a teaspoon and a half or between 5 and 7mls. The stomach size gradually increases to 60 to 80mls at 10 days.
- At an average feed, a breastmilk fed baby older than 1 month takes 3 to 4 ounces or 90 to 120ml of milk. After 1 month the volume of breastmilk the baby takes over a 24 hour period does not change dramatically. It is the consistency of the breastmilk that changes.
- Feed the baby when he/she shows signs of hunger rather than on a schedule. Hunger cues such as rooting, wriggling around, mouthing, sucking lips and putting hands to mouth are all signals from a breastfed baby that they are ready for a feed. It is common for breastfed babies to feed more often during some parts of the day than others. This is known as cluster feeding.
- Feed slowly using a paced bottle-feeding approach. When fed slowly, babies feel full with less milk and are able to give signals and cues as to when they are getting full. Expect bottle feeds to take about 15 to 30 minutes.



Practice paced feeding

- Hold the baby facing you so that you can make eye contact during the feed.
- Keep the baby semi-upright or upright, brush her lips with the teat and when she opens her mouth gently place the teat in her mouth.
- During feed, hold the bottle nearly horizontal, so the flow is not too fast.
- Pause every few minutes by lowering the end of the bottle or remove the teat from baby's mouth.
- Stop when baby stops, even if there is milk left in the bottle.
- If the baby stops sucking she may need to burp, remove teat and hold baby upright or over your shoulder and gently pat the baby's back to bring up wind.

If baby is older than 6 to 7 months, he/she may be fed by cup.

Preparing Breastmilk Feeds

- Wipe down work surface with a clean cloth.
- Wash hands with warm soapy water and dry thoroughly before handling breastmilk.
- Use sterile containers/bottles/teats.
- Defrost frozen breastmilk slowly preferably by thawing in the fridge overnight. If required urgently, stand container in a jug of warm water until thawed.
- Milk may separate - gently swirl to mix.
- Colour may vary, this is normal but if concerned discuss with health visitor/social worker.



Communicating to meet the baby's needs

Good communication between caregiver and mother ensures that the volume of milk expressed is meeting the needs of the baby.

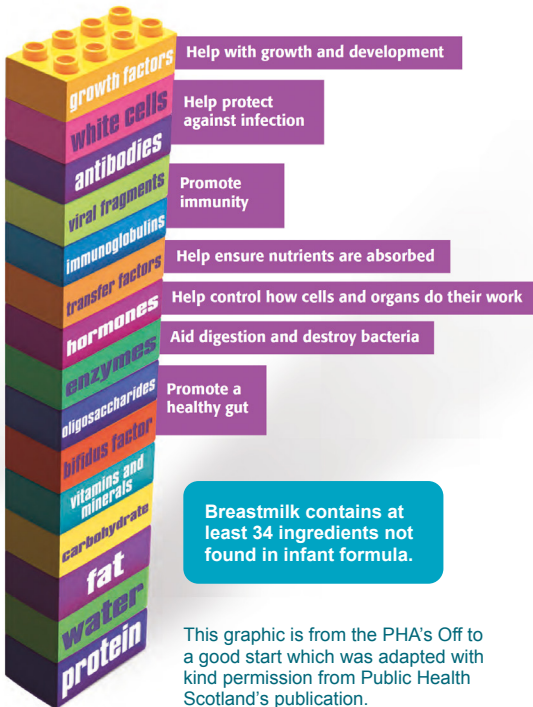
The mother can seek advice or take steps to increase her supply if the baby is requiring more milk than she is producing. If necessary some formula milk may be required to be given to the baby whilst this increase in expressed milk supply is being established.

If the baby has been directly breastfed for a period before being transferred to a foster placement it is worth considering that the baby may be seeking the comfort of the breast as well as nourishment. It is helpful if a parent can share information on what soothes the baby other than milk eg. being held close or moved in a certain way. Meeting a baby's needs in this way can help with how secure the baby will feel now and in her future.

Facts you may not know about babies receiving only breastmilk



- Breastmilk is easier to digest.
- Bowel motions are not as smelly as the bowel motions of formula fed babies.
- The stools may be yellow, seedy, soft and very runny at times. This is normal.
- Babies over 4 to 6 weeks may not produce a stool every day. This does not mean the baby is constipated. As long as when the baby does have a bowel motion this is soft and yellow then there is no need to be worried about constipation.
- Babies receiving only breastmilk have a lowered risk of infections and allergies.
- The longer a baby receives only breastmilk, the more protection is gained against many illnesses.
- Breastmilk fed babies accept a wider range of flavours when weaned onto solids due to the changing nature of breastmilk.



This graphic is from the PHA's Off to a good start which was adapted with kind permission from Public Health Scotland's publication.

Breastmilk

- 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.

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