



**Barwon  
Health**

**BREASTFEEDING  
YOUR BABY**

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## PREPARING TO BREASTFEED

Your milk is perfect and uniquely made for your growing baby's needs. Giving your milk to your baby makes a big difference to both your baby's health and yours. And every day counts: the longer you feed your baby mum's milk, the more they benefit.

Pregnancy is an exciting time in your life and as you prepare for the birth of your baby, it's important to think about not only how to prepare for labour and birth but also about feeding and caring for your baby.

Breastfeeding is regarded as the normal way for humans to feed their baby. What happens in your baby's first years has a big effect on how healthy he or she will be in the future.

Barwon Health maternity staff will respect your right to choose how to feed your baby, whilst being committed to the protection, promotion and support of breastfeeding.



## ABOUT BREASTFEEDING

**Babies who are not breastfed have an increased chance of:**

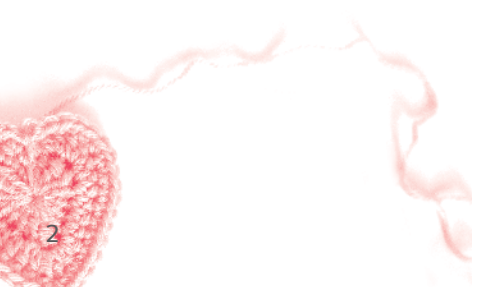
- Diarrhoea and vomiting and having to go to hospital as a result
- Chest infections and having to go to hospital as a result
- Ear infections
- Being fussy about new foods
- Being constipated
- Being obese which means they are more likely to develop type 2 diabetes and other illnesses later in life
- Developing eczema

### **How will I benefit from breastfeeding?**

Breastfeeding is emotionally and physically rewarding and it can help enhance the bond between you and your baby.

It also helps you by keeping your uterus contracted and reducing bleeding. It can help you return to your pre-pregnancy weight.

Breastfeeding can reduce your risk of premenopausal breast cancer, ovarian cancer, diabetes and osteoporosis.



## HOW BREASTFEEDING WORKS

Your breasts begin to prepare to feed your baby early on in your pregnancy.

From week six of pregnancy they may begin to feel fuller, heavier and more sensitive.

Not all breast tissue is involved in making milk as much of it is fat and supporting tissue, so the size of your breast doesn't equal your ability to breastfeed.

Later on in your pregnancy, you may notice the nipple and areola (the area around your nipple) becoming darker. Some women also experience leaking of colostrum from the nipple during late pregnancy.

If you have any concerns about your breasts, talk to your doctor or midwife early in the pregnancy.



## **A GOOD START TO BREASTFEEDING**

### **Skin contact**

After birth, your baby's desire to suck will be very strong. If your baby is allowed to stay in skin contact with you from birth, within the first hour they will usually make their way to your breast to feed. Even if your birth is complicated, skin contact will happen as soon as possible.

Like all mammals, your baby finds your breast mainly through scent so be aware of changing your natural body scent (i.e. delay showering and avoid perfumed products if possible). Give your baby time to find your breasts. Licking, nuzzling and searching are just as helpful. Babies learn a lot about attachment in this early period; it is a very important and special time for you and your family. It is a time for you to get to know your baby while they recover from birth and prepare for their first breastfeed.

### **Rooming in**

During your hospital stay, we encourage you and your baby to stay together day and night. This will allow you to get to know your baby and respond to your baby's needs. It has been shown that staying together helps to establish your milk supply and helps you sleep better when you know your baby is close by.

### **Demand feeding**

Breastfeeding on demand means feeding your baby without limits to how often or for how long. Demand feeding has been found to help your milk supply establish faster and also prevent problems such as engorged breasts. It also allows your baby to feed according to their own need.

## HOW DO I KNOW IF MY BABY IS GETTING ENOUGH MILK?

- In the first 48 hours, your baby is likely to have only two to three wet nappies. Wet nappies should then start to become more frequent, with at least six every 24 hours from day five onwards.
- At the beginning, your baby will pass a black tar-like stool (poo) called meconium. By day three, this should be changing to a lighter, runnier, greenish stool. From day four and for the first few weeks, your baby should pass at least two yellow stools everyday. These stools should be at least the size of a 20 cent piece. Remember, it's normal for breastfed babies to pass loose stools.
- After some early weight loss, your baby will begin to gain weight around day five.
- Your baby will be content and satisfied after most feeds.
- If you are concerned about any of these points, speak to your midwife or maternal child health nurse.



## **SOME HINTS TO HELP YOU BEST PREPARE TO BREASTFEED**

### **Partner support**

It's important to have the support of your partner or a support person while you are breastfeeding. Research has shown that you are more likely to breastfeed successfully if you are well supported. Encourage your partner to be involved in your preparation and to learn about breastfeeding.

“Partners need to be supportive and involved by doing those little things that help make you comfortable; a glass of water on hand, helping you to relax and lots and lots of encouragement”

### **Returning to work**

This is probably the last thing on your mind right now but it is an ideal time to talk to your midwife about how to manage breastfeeding and returning to work. There are many benefits to yourself, your baby and your employer if you continue to breastfeed when you return to work.

Please read the Australian Breastfeeding Association (ABA) booklet for more information.

### **How to access classes**

Breastfeeding is covered in antenatal classes and there is a single breastfeeding class for women who choose not to attend the series.



## SUPPORT SERVICES AVAILABLE

### **The Australian Breastfeeding Association**

The Australian Breastfeeding Association (ABA) is a supportive organisation run by mothers, for mothers. You are welcome and encouraged to attend a local meeting during your pregnancy. For more information, talk to your midwife or visit [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

### **Lactation Consultants**

If you have concerns or feel you need one-on-one counselling about breastfeeding, talk to your midwife about arranging an appointment with the hospital's lactation consultant. Alternatively, you can attend one of the antenatal breastfeeding classes held by a lactation consultant. You can access a private lactation consultant if you prefer. To view a list of lactation consultants in your area, visit [www.lcanz.org](http://www.lcanz.org).



## FORMULA FEEDING

For families who plan to formula feed their babies, please note you will need to supply your own formula, bottles and teats. Barwon Health does not endorse one type of brand over another.

For information on formula feeding, please visit [www.unicef.org.uk/babyfriendly/resources](http://www.unicef.org.uk/babyfriendly/resources).

## FURTHER READING

- Jill Day (Ed) Breastfeeding Naturally. Published by ABA (You will receive this book free by subscribing to ABA.)
- Sue Cox, Breastfeeding with confidence.  
Taslac Publishers
- BFHI/unicef website:  
<http://www.unicef.org.uk/BabyFriendly/Parents/>

Try your local library for these and other breastfeeding books. Your local ABA also has a library for members' use.

"Breastfeeding is something you learn through practice and teamwork together, coupled with good advice from midwives. Establishing breastfeeding was harder than I imagined but by the time my baby was six weeks old I felt comfortable and confident, we had finally got it right! I'm glad I didn't miss this wonderful experience and I know I have given my baby the best start in life."

## HOW TO BREASTFEED YOUR NEW BABY

Breastmilk has the perfect amount of nutrients required by babies and is always available in the right amount, at the right temperature.

Mum's milk gives your baby all the nutrients he or she may need for the first six months of life (and it is important beyond six months too). It helps to protect your baby from infection and other diseases, and as a mum, also reduces your chances of getting some illnesses later in life.

Infant formula is made from cows' milk and other ingredients. It doesn't contain the ingredients that help protect your baby from infection and disease. Only your body can make those.

Breastfeeding also helps you and your baby to get closer physically and emotionally. So while you are feeding your baby, the bond between you grows stronger.

### AFTER BIRTH

Holding your baby against your skin straight after birth will calm your baby. It will also steady their breathing and help to keep them warm. Your baby's natural instinct is to search out the breast and nipple, and usually within the first hour commence breastfeeding.

If for any reason you are separated from your baby after birth, spend time in skin-to-skin contact once you are together again, as this will help the instinct to breastfeed.

## GETTING READY TO FEED YOUR BABY

### WHAT POSITION SHOULD YOU USE?

There are lots of different positions for breastfeeding. You just need to check the following:

- Are you comfortable?
- Are your baby's head and body in a straight line? If not, your baby might not be able to swallow easily.
- Are you holding your baby close to you? Support your baby's shoulders and back. Your baby should be able to tilt their head back easily and shouldn't have to reach to feed.

### Is your baby's nose opposite your nipple?

Your baby needs to get a big mouthful of breast from underneath the nipple.

Your baby needs to get a big mouthful of breast from underneath the nipple. Placing your baby with his /her nose level with your nipple will allow him/her to reach up and attach to the breast well.



When baby opens wide, with their head tipped back, their chin will touch your breast first.

Once well attached, continue to hold your baby close. If your baby is close enough to the breast you won't be able to see your baby's lips and their cheek will be against your breast, their chin will be firmly against the breast and their nose will be clear of the breast.



You can also feed your baby while lying on your side or using the underarm hold (see below).





## SIGNS THAT YOUR BABY IS FEEDING WELL

Your baby has a large mouthful of breast.

Your baby's chin is firmly touching your breast.

It doesn't hurt you when your baby feeds (although the first few sucks may feel strong).

If you can see the dark skin around your nipple, you should see more dark skin above your baby's top lip than below your baby's bottom lip.

Your baby's cheeks stay rounded during sucking.

Your baby rhythmically takes long sucks and swallows (it is normal for your baby to pause from time to time).

Your baby comes off the breast on his or her own.



# FREQUENTLY ASKED QUESTIONS DURING THE FIRST WEEK

## FIRST 24 HOURS

**How many wet nappies should I expect my baby to have today, and how long does the black poo last?**

Newborns only wee once or twice in the first day, as they only drink small amounts of milk. The black poo (called meconium) usually takes about two days before it changes to a greenish colour.

**My baby seems to have a lot of mucous in his/her tummy. He keeps bringing this up and is very sleepy and not interested in feeding, what should I do?**

Frequently babies are sleepy in the first 24 hours after birth. After a good first breastfeed, it is normal for babies to be sleepy for up to eight hours. If your baby won't attach after eight hours, it is important to express some colostrum (first breast milk) and give this to the baby. Your baby will only need about half a teaspoon of breast milk with each feed at this time.

**I can't seem to get this attachment right! Why can't I do it?**

Remember that breastfeeding is a learned skill for you and your baby.

It takes plenty of practice and patience. When trying to breastfeed ask the midwife caring for you for some guidance. You may be shown many different ways to breastfeed, choose the one most comfortable for you and stick with it – persistence will pay off.



## **Whenever I feed I get contraction type pains, why is this happening?**

These are known as after birth pains, and though not common with your first baby, they are very common with your second, third, etc. After birth pains are due to a hormone called oxytocin which stimulates the let down or release of your milk and also causes your uterus to contract. Ask for a hot pack or pain relief if you require it. The pains should settle in two to three days.

## **Which breast should I offer each feed?**

Always offer both breasts at each feed. The first breast is known as the main meal. A nappy change after the first breast will help to wake a sleepy baby for the second breast (dessert). At times your baby may not feel like the second side especially when your milk first comes in. Start with the opposite breast you started the last feed with. This way each breast will get a turn of being the main meal.

As your baby gets older they will empty your breasts faster. Leave the change to the end of the feed when your baby is sure to fill their nappy.

## **24 TO 48 HOURS**

### **My nipples are very tender, especially when the baby first attaches to the breast. Am I doing something wrong?**

If the discomfort persists beyond the first minute of the feed, detach your baby by breaking the seal of their mouth with your finger and ask for guidance.

It is important to check your nipple shape as soon as the baby lets go of the breast. If the nipple is a normal shape, then what you are feeling is normal tenderness. This will settle in a day or two. Your baby has not been well attached if your nipple is an odd shape or in any way discoloured, grazed or cracked.

**Yesterday my baby slept most of the time. Today he/she has hardly slept at all and seems to be constantly hungry, am I doing something wrong?**

In their second to third day of life babies do become very frequent feeders. This is normal behaviour to increase the milk supply. Feed whenever your baby displays hunger signs, and rest when they sleep. Some mothers find it helpful to feed lying down at this time, so they can get some much-needed rest.

**My baby doesn't seem to burp very much.**

**How important is it to burp him/her? Are hiccups normal?**

In the first few days when your baby isn't drinking large amounts of milk, they may not burp after a feed. During this time babies are only taking about one teaspoon of colostrum each feed. Give your baby the opportunity to burp by holding them upright with their back straight for a few minutes. It is not necessary to try to burp them for a long period of time. Hiccups are common to most newborns, and don't seem to bother them. They may be relieved by re-offering the breast.

**How many wet and dirty nappies are normal on the second day?**

Most babies will have at least two wet nappies today. The meconium (black) poo will continue and may start to change to a dark green colour.

## 48+ HOURS

**My breasts are very full. They feel tight and sore.**

**How long does this last?**

When your milk comes in (usually between 48 and 72 hours), your breasts often produce too much milk. The tight, full feeling starts to settle after 24 hours and feeding your baby often will help. The use of cold packs on your breasts after feeds may also help these symptoms.

**We just seemed to have got the feeding right and now my baby is having trouble attaching to the breast. What has happened?**

The fullness of your breasts has made the areola (brown area) very firm, so your baby is now trying to latch onto what is more like an inflated balloon. It can help to express a small amount of milk until this area becomes much softer and easy to shape. You will probably need to do this for the next day or two until your supply starts to settle. Keep this in mind if your baby sleeps for longer than usual and your breasts have become overfull again.

**How do I know if I have got the attachment right?**

Your baby will take plenty of the areola (brown area) into their mouth. Once attached and sucking there should be no pain. You will be able to hear your baby swallowing milk regularly. When your baby releases the breast from their mouth the nipple will be the same shape as when it went in. Your breast will also feel much softer.

**What should I expect now when changing nappies?**

Over these two days expect your baby's wet nappies to increase as your milk supply increases. Your baby's poo should be green and once your milk supply has increased, will become a mustard colour.

## DAY FOUR TO DAY SEVEN

### What is the 'let down'?

The 'let down' is a hormonal response to nipple stimulation (either from your baby or when expressing). It involves the tiny muscles in your breast contracting and pushing milk down the ducts toward the nipple.

Some women may feel a tingling sensation in their breast, milk leaking from the other breast, thirst or nothing at all. All are perfectly normal. The only way to really know you have had a let down is the change in your baby's suck from short shallow sucks to longer drawing sucks and swallowing can be heard. You can have more than one let down each feed time.



### How do I know if my baby is getting enough to drink?

- Your baby should be having at least six breastfeeds in 24 hours.
- Expect at least six heavy, pale wet nappies (by day five).
- Poos should be mustard in colour, quite liquid with some 'seedy' parts (by day five); at least two each 24 hours; most newborns will have more than this for the first five to six weeks.
- Your baby should be content after most feeds.
- Expect your baby to be bright eyed and alert, demanding feeds.
- Babies usually have an initial weight loss in the first three days, then regain their birth weight by two to three weeks. Usual growth is 150 to 210 grams per week then slows with variation week to week.

## How often and how long should I expect my baby to breastfeed?

Every baby has its own feeding pattern. How often a baby feeds depends on how much milk your breasts can store, and your baby's size and appetite. It is important to allow the breast and baby to work it out between them. Not limiting their time at the breast will give your breasts the best message about how much milk they need to produce. This is how supply equals demand. This is an important time when establishing a long-term milk supply.

Most babies will breastfeed between six and 12 times over a 24 hour period.

The spacing between feeds will also vary greatly. From long breaks, to feeds with very little space between them (cluster feeds).

If you are concerned about the frequency of feeds or length of time it takes to feed your baby, seek guidance from your midwife.



## DUMMIES AND TEATS

Try not to give your baby a dummy while you and your baby are still learning to breastfeed. Babies who have a dummy sometimes find it difficult to remember how to attach to mum's breast and are less likely to feed when they need to, so won't take in as much milk.

## NIPPLE SHIELDS

Nipple shields are designed as an aid for attachment when a baby has been unable to attach to the breast if the nipple is flat or inverted. They are:

- Not recommended until the milk supply is plentiful.
- Not a cure for sore or damaged nipples (positioning and attachment must be corrected).
- To be used with professional guidance.
- A short-term solution used until feeding is well established. Seek help from a lactation consultant (see contact details on page 27) if you need assistance with this. A good time is when your baby is about two to three weeks old.

## EXPRESSING MILK

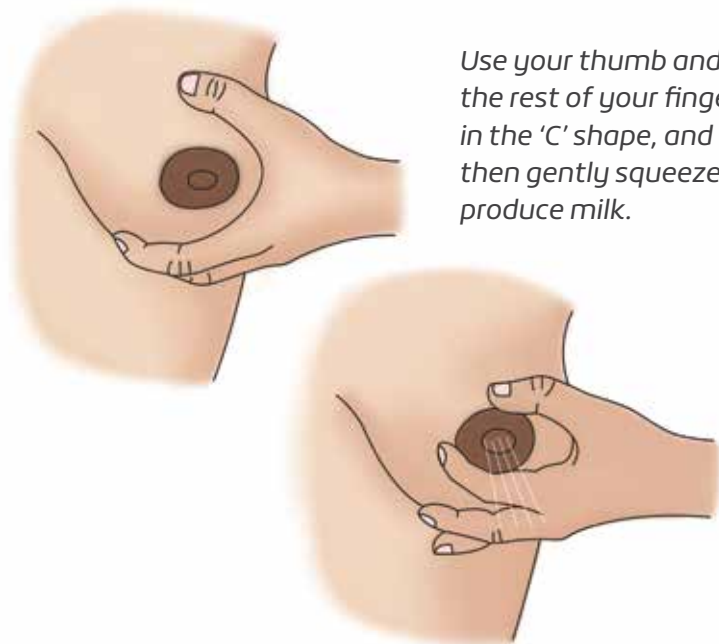
- Expressing milk means squeezing milk out of your breast.
- You can express by hand or with a breast pump.
- Different pumps suit different women, so ask for information to compare them. Be sure to wash equipment after each use with hot soapy water, rinse well and dry on a clean surface. If your baby is unwell or premature ask for advice about sterilising the equipment.

## Why express milk?

- If you express milk, your baby will still be able to have mum's milk even if somebody else is feeding them.
- This may be useful if you are away from your baby or returning to work.
- It's best to wait until your baby is a little older before regularly expressing milk for your partner to feed your baby, so you have a chance to get feeding going well first.

## Why express by hand?

- If your breasts feel uncomfortably full.
- If your baby isn't suckling well but you still want to give him /her mum's milk.
- If you don't want to buy or use a pump to express milk.
- In the first few days it is easier to express by hand.



*Use your thumb and the rest of your fingers in the 'C' shape, and then gently squeeze to produce milk.*

## How to express milk by hand

- 1 Have a clean container to collect milk.
- 2 Cup your breast and feel back from the end of the nipple to where the texture of your breast feels different.
- 3 Using your thumb and the rest of your fingers in the C shape, gently squeeze this area - this shouldn't hurt.
- 4 Release the pressure and then repeat again and again, building up a rhythm. Avoid sliding your fingers over the skin. At first, only drops will appear, but just keep going as it will help build up your supply. With practice and a little more time, milk will flow freely.
- 5 When the flow slows down, move your fingers round to try a different section of your breast and repeat. When that flow slows down, swap to the other breast. Keep changing breasts until the milk is dripping very slowly or stops altogether.
- 6 If the milk doesn't flow, try moving your fingers slightly towards the nipple or further away, and try a gentle breast massage.

## How do I store breastmilk?

- Milk may be stored in any container. You may use a baby bottle, ice cube trays, small plastic containers or special breastmilk storage bags. Containers should be washed in warm soapy water, rinsed and air dried.
- Always label your milk with the amount and date.
- If you plan to freeze the milk do so within 48 hours of expressing it.
- If you add fresh milk to frozen milk, chill the fresh milk first.



**You can keep breastmilk for:**

- Three days in the back of the fridge (at four degrees or less). Freeze before 48 hours.
- Two weeks in the freezer of a single door fridge/freezer.
- Three months in the freezer of a two door fridge/freezer.
- Six to 12 months in a separate freezer (-18 degrees or lower).

**Use of expressed breastmilk:**

- Milk may be kept at room temperature (up to 26 degrees) for six to eight hours (fridge preferred).
- Use milk defrosted in the fridge within 24 hours.
- Use milk defrosted in warm water within four hours (refrigerate once defrosted).
- Never refreeze defrosted milk.
- Discard any milk in contact with saliva.
- Heat milk only once and discard any unused milk immediately.
- Never use a microwave to heat milk – there is a danger of burns due to uneven heating and it destroys some of the nutrients in the milk.
- Breastmilk can be warmed by placing the bottle or cup in a separate cup containing very hot water (near boiling). Test the temperature of the warmed breastmilk with a few drops onto your inner wrist – it should feel neither hot or cold.

## EXPRESSING FOR PREMATURE OR ILL BABIES

If your baby has to stay in hospital, it is important to start expressing your milk as soon as possible after your baby is born.

In order to ensure that you produce plenty of milk, you need to express at least eight times over 24 hours, including during the night.

Ask the hospital staff about holding your baby in skin-to-skin contact. This can help with bonding and keeping up your milk supply.

If you are freezing milk because your baby is premature or ill, ask the staff caring for your baby for advice.





## BEYOND THE FIRST WEEK

### **My baby has an unhappy time each night. Is there a problem with my milk supply?**

Almost all babies up to around the age of three months have an unsettled time once in 24 hours. This usually lasts from one feed time to the next and is commonly in the evenings.

There is no specific known cause, only that it is normal behaviour for most babies. Try and calm your baby by offering extra breastfeeding, bathing, massage or extra cuddles at this time.

This is a great time for dad or another family member to help out with soothing and comforting your baby.

## **How can I help my baby settle?**

- Feed your baby whenever they are hungry and then wrap in a cotton sheet to avoid over heating.
- Try some repetitive motion such as rocking or patting in a room that is darker and quieter. This is a similar environment to what your baby was used to in your uterus.
- If your baby is still wakeful, try breastfeeding them again then retrying these strategies.

If you would like further information on caring for your baby at night or during unsettled times, visit the website: <http://www.unicef.org.uk/BabyFriendly/Parents/Resources/Resources-for-parents/Sharing-a-Bed-With-Your-Baby>

## **Tips on safety**

- If you lie down to breastfeed your baby, make sure you are in a safe position so that your baby cannot fall. Make sure you are on a flat mattress (not a waterbed) with a separate blanket for baby.
- The safest place for your baby to sleep is in a cot beside your bed.
- Do not sleep with your baby if you have been drinking any alcohol or taking drugs that may cause drowsiness.
- Do not sleep with your baby if you or anyone else in the household is a smoker.
- Do not put yourself in a situation where you could doze off with your baby on a sofa or armchair, in case they fall.

### **I've heard about growth spurts – what are they?**

Commonly at every few weeks and around three to four months babies have an increase in their appetite for one to two days. They become wakeful and demand extra breastfeeds. It is important to trust your baby at this time and allow extra feeds. If the feeding pattern doesn't return to normal after a few days seek advice from a health professional.

### **My baby is six weeks old and my breasts feel soft almost all the time now. Has my milk dried up?**

This is a common concern for many new mothers. For some, their breasts may soften sooner or later than this. In the early days your breasts were producing too much milk for your baby. Over time the baby and the breast have worked out the amount of breastmilk needed and now you are only producing what your baby needs.

### **Feeds used to take nearly an hour to finish and now my baby is feeding for much shorter times. Can he/she still be getting enough?**

As your baby grows and becomes an expert breast feeder, they become much quicker at draining the breast.

### **Does my breast milk meet my baby's needs?**

Yes, your milk is constantly changing to meet the needs of your growing baby while providing immunity as your baby develops their own.

### **When should I offer my baby other food and drink?**

At around six months, slow introduction of foods can begin, but breastmilk still remains an important part of your baby's diet. Delaying foods until this time reduces the risk of food allergy or intolerance in your baby. Your Maternal and Child Health Nurse will advise you further about introducing foods.

## **My baby has his/her first tooth.**

### **Do I need to stop breastfeeding now?**

The arrival of teeth doesn't mean the end of breastfeeding. If the baby is correctly attached to the breast, teeth will not affect feeding. Babies tend only to bite when they are 'playing around' at the breast. If this occurs, a firm 'no' and removal from the breast will discourage further bites.

### **When should I wean?**

The World Health Organisation recommends breastfeeding your baby into their second year of life and beyond. Weaning, however, is a personal decision. You need to consider your baby, yourself and your family when making your decision. Whatever is best for all of you is the best time to wean. Try to wean slowly so that it is a relaxed and happy time for both you and your baby.

## **I am returning to paid work outside the home.**

### **How am I going to keep breastfeeding?**

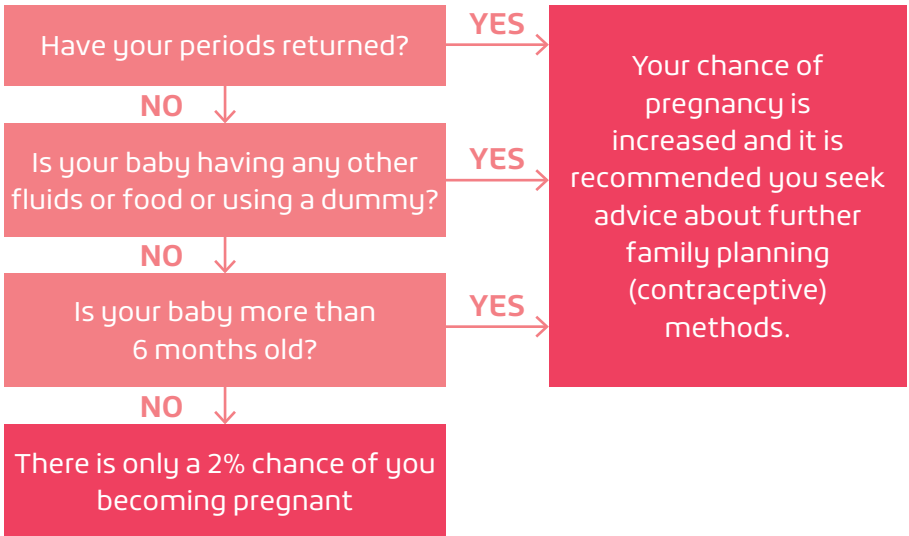
Many women combine work and breastfeeding. To continue breastfeeding you may need to express your milk while at work. The number of times a day you need to do this will depend on the age of your baby. The Australian Breastfeeding Association booklet titled *Breastfeeding, Women and Work* or your Maternal and Child Health Nurse can explain your options and help you decide what is best for you and your baby. It is best to plan ahead so give yourself plenty of time to prepare for your return to work.

### Do I need to give my baby extra fluid in the hot weather?

No, during hot weather your baby is likely to demand extra breastfeeds to increase fluid intake. As long as your baby has a normal number of wet nappies there is no need to give extra fluid.

### Does breastfeeding offer any protection against pregnancy?

Breastfeeding can offer 98 per cent protection against pregnancy provided your baby has unrestricted access to the breast day and night and you strictly follow these guidelines:



# MANAGING PROBLEMS

## SORE NIPPLES

Nipple soreness and damage is often a result of your baby not being attached well to the breast. It is important to seek advice and guidance about correcting the problem so that breastfeeding becomes pain free and comfortable. Advice can be sourced from the Extended Lactation Care Service (see contact details on page 27).

If your nipples do become sore, express some milk onto the nipple after feeds and allow them to air dry.

## BLOCKED DUCTS

A blocked milk duct can occur if the milk flow is restricted in some way. This may be due to the baby not draining the breast well, a sudden reduction in feeding frequency or restrictive tight bra.

If you have a blocked duct, you will notice a sore area of your breast that has a hard lump. It is very important to clear the blockage so mastitis doesn't occur. In order to do so, follow these steps:

- Gently massage the breast in long strokes toward the nipple then walk your fingers back up the breast while you are feeding your baby.
- Offer the affected breast twice each feed to the baby to help drain the breast well.
- Apply a cold pack after the feed to help reduce any inflammation.
- Offer this breast first at each feed until the blockage clears.
- Try hand expressing in the shower or bath if not resolving.



If you begin to feel unwell with a high temperature and flu like symptoms, mastitis may be developing and you need to seek medical attention.

## **MASTITIS**

- Mastitis is an inflammation of the breast which may be due to a blocked duct or an infection. You will usually have a reddened area on your breast, which will be painful.
- Treatment is the same as for a blocked duct and your doctor may also prescribe antibiotics if you have an infection.
- You may wish to take simple pain relief such as paracetamol or a anti-inflammatory (e.g. Ibuprofen).
- If your baby is reluctant to feed or it is too painful, express often to keep the breast well drained.
- It is very important that you do not wean at this time. Seek advice from your Maternal and Child Health Nurse, Australian Breastfeeding Association or Lactation Consultant (see contact details on page 27).

## **LOW SUPPLY**

Many mothers have times when they feel their breast milk supply is not enough. It is one of the most common reasons for early weaning. Feel confident that your body can make enough milk for your baby.

If you are concerned about not having enough milk, please seek help from the support services listed under the heading 'support available' in this booklet. Remember that supply equals demand, so if you swap breastfeeds with formula, your breasts will make less milk.

## If you feel your milk supply is low, you can increase your milk supply by:

- Offering extra breastfeeds.
- Making sure your attachment and positioning of the baby is correct.
- Having extra rest and looking after yourself for a few days.
- Expressing half an hour after breastfeeds. This will provide extra messages to your breasts so they will produce more milk and also provide some extra breastmilk for your baby if they are not content after feeds or will not have extra feeds.
- If the above measures do not result in your supply being enough for your baby's needs, seek professional guidance.



A well-drained breast is always going to have more hind milk (the fat part of milk which helps your baby gain weight). Letting your baby finish the feed, never timing feeds and offering top-up feeds will remind your body to produce plenty of milk. Very full breasts trigger your body to slow the amount of milk produced. There is no cut off point where foremilk stops and hind milk begins. It is similar to running a hot tap. The longer the tap is turned on the warmer then hotter the water becomes. The sooner that hot tap is turned on again the warmer the water is to begin with. Think of hind milk being like warm water.

## **MEDICATIONS AND BREASTFEEDING**

Most medications are quite safe in breastfeeding mothers. The risks associated with not breastfeeding your baby and using infant formula instead, can be much higher for the infant. For accurate information speak to a pharmacist who is supportive of breastfeeding.

Information can be obtained through the Pharmacy Department at University Hospital Geelong or the Royal Women's Hospital Drug Information line on ph. (03) 8345 3190.

## **ARE THERE ANY FOODS THAT I SHOULDN'T EAT WHILE I'M BREASTFEEDING?**

You do not need to eat or avoid any special foods while breastfeeding, but it is a good idea for you, just like everyone else, to eat a healthy diet and drink six to eight glasses of water a day.

## **CAN I DRINK ALCOHOL?**

There is no safe level of alcohol intake for breastfeeding so avoiding alcohol is the safest option. Alcohol is passed through to breast milk and may reduce the supply or cause poor feeding and sleep disturbance to your baby.

It is recommended that mothers avoid alcohol when breastfeeding. For further information, contact The Australian Breastfeeding Association or a lactation consultant.



If you have any concerns about you or your baby, support is available.

## **SUPPORT AVAILABLE**

### **Extended Postnatal Care**

Midwives will offer to visit you at home in the first few days, and can offer breastfeeding support, or refer you to the Extended Lactation Care service.

Telephone enquiries will be taken by ward staff 24 hours a day during your first week.

### **The Australian Breastfeeding Association (ABA)**

The ABA is a supportive organisation run by mothers, for mothers. You are welcome and encouraged to attend their meetings. It is an ideal way to meet mothers who are breastfeeding and make some new friends. ABA offer a seven day telephone counselling service for breastfeeding problems or to find your local group.

**Ph: 1800 686 268.**

### **Maternal and Child Health Nurse**

Speak to your nurse if you have any concerns. There is also a 24 hour help line service. **Ph: 13 22 29.**

### **Extended Lactation Care Service**

This is a free service offered by Barwon Health. If you have concerns or feel you need one to one counselling about breastfeeding, this service offers breastfeeding advice with the hospitals lactation consultant. **Ph: (03) 4215 2060.**

### **Nurse On Call**

**Ph: 1300 606024.**

## SUGGESTED READING AND WEBSITES

### **Australian Breastfeeding Association (ABA)**

The ABA has an extensive selection of booklets available on breastfeeding topics and other parenting resources.

For more information, visit [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

### **Kelly Mom**

A website developed to provide evidence-based information on breastfeeding, sleep and parenting.

[www.kellymom.com](http://www.kellymom.com)

### **The Royal Women's Hospital**

[www.thewomens.org.au](http://www.thewomens.org.au)

### **Breast Feeding Inc**

[www.breastfeedinginc.ca](http://www.breastfeedinginc.ca)

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