

We CARE



Breast Feeding Booklet



St Vincents & Mercy Private

Contents

Introduction.....	1	Rooming In	6
The Benefits of Breast Feeding.....	1	– Advantages.....	6
WHO Recommendations	1	Breast Feeding Your Premature Baby	6
How Breast Feeding Works	1	Kangaroo Care	6
The First Breast Feed	2	Expressing and Storing Breast Milk.....	6
Positioning and Attachment.....	2	– Hand Expressing	7
Signs That Your Baby Wants To Feed	3	– Expressing With a Pump.....	7
First Six Days	4	– How Much Do You Need To Express?	7
First 24 Hours	4	– Tips for Storing Breast Milk	7
– Milk.....	4	Milk Supply	8
– Baby.....	4	– A Decreased Supply of Milk.....	8
– Urine.....	4	• Increasing Supply	8
– Stools	4	Sleep Patterns.....	8
– Advice	4	Feeding Frequency	8
Days 2 & 3 (48 – 72 hours).....	4	Tips for Coping with Your Sleepy Baby in Hospital	8
– Milk.....	4	Crying.....	9
– Baby.....	4	Wakeful Infants	9
– Urine.....	4	Blocked Ducts	9
– Stools	4	– Treatment.....	9
– Advice	4	– Mastitis	9
Days 3 – 4 (72 Hours Plus)	5	Myths and Facts of Breast Feeding	10
– Milk.....	5	Hospital Visiting Hours	11
– Baby.....	5	Community Contacts.....	11
– Urine.....	5	Additional Reading	11
– Stools	5	Acknowledgements.....	11
– Advice	5	Your Notes	12
Days 4 – 6	5		
– Milk.....	5		
– Baby.....	5		
– Urine.....	5		
– Stools	5		
– Advice	5		
Breast Milk – Supply and Demand	6		
– Signs of Good Milk Supply	6		

Introduction

The Maternity staff of St Vincents & Mercy Private Hospital support, encourage and promote breast feeding in accordance with World Health Organization (WHO) Guidelines.

This booklet is a guide and a source of information for you, to be used along with advice and education from your midwife. Numerous changes are normal and expected in the first few days.

There is a lot of information available regarding breast feeding. At times some of this information appears to be confusing; however, it is important to find out what suits both you and your baby on a set day. Their needs are constantly changing.

The Benefits of Breast Feeding

- Breast milk provides the ideal nutrition for infant growth and development during the first four to six months. It is easily digested and reduces the chance of your baby developing allergies e.g. asthma, eczema.
- Breast milk contains antibodies which assist in reducing the risk or severity of many illnesses e.g. ear infections, diarrhea and respiratory illnesses.
- Breast milk is readily available at the ideal temperature for your baby.
- Breast feeding assists in the involution of your uterus after birth. Need to define involution
- Breast feeding is an integral part of the reproduction process with important implications for the health of mothers.

WHO Recommendations

Exclusive breast feeding is recommended up to 6 months of age, with continued breast feeding along with appropriate complementary foods up to two years of age or beyond.

How Breast Feeding Works

- Breast feeding is both instinctive and a learned skill.
- In response to your baby's sucking, the hormone prolactin is released and triggers milk production.
- The rhythmic sucking of your baby at the breast causes the release of another hormone called Oxytocin. This stimulates the milk ducts to contract and release the milk and is known as the 'let-down' reflex.
- Colostrum is the first milk and the change to mature milk begins 30–40 hours after birth on average. This is usually noticed by mothers around the third day after birth.
- The milk changes from colostrum to a creamy white transitional milk and then to a thin looking mature milk.
- This timing may vary amongst individual mothers.
- Unrestricted access to the breast encourages establishment of lactation.
- Breast feeding works on a basis of supply and demand and is maintained by adequate removal of milk from the breast.

The First Breast Feed

- Babies are usually alert immediately after birth when the sucking reflex is intense
- Following delivery your baby will be placed on your chest to make skin-to-skin contact
- Once the baby shows signs of wanting to feed, assistance will be given by the midwife to ensure good attachment.

Positioning and Attachment

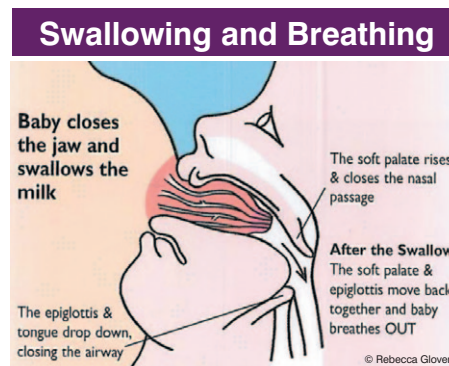
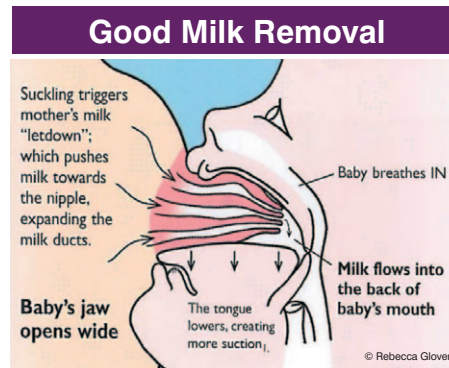
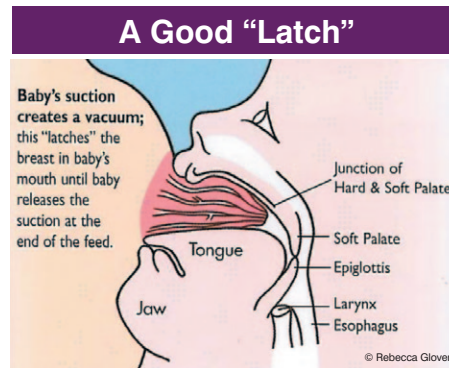
Correct positioning and attachment is the key to preventing most breast feeding problems and vital for the removal of milk from the breast without pain.

If your baby is well attached:

- He will feed and settle better
- He will drain the breast better
- Your milk supply will be sufficient for your baby
- Your nipples will not be sore or damaged.

Incorrect positioning and attachment can be the cause of many early breast feeding problems e.g.

- Pain
- Nipple damage
- Compressed / ridged / misshapen nipple
- Hollow cheeks/dimples when breast feeding
- No suck/swallow rhythm once milk is in.



To remove milk well your baby's tongue must be "latched" deeply under the breast.

Your midwife will guide you with positioning and attachment initially and then supervise your independent attachment.

Ensure your position is comfortable.

Sit upright in a comfortable chair with good back support.

Unwrap the baby to allow better positioning.

You may need to shape the breast a little to assist attachment (hold breast back from nipple on areola).

Support the baby behind his shoulders, at the base of the neck.

Have baby's body facing towards you and curved around your body.

With his chin at the breast and your nipple pointing towards his nose, initiate the rooting reflex by brushing the nipple across his lips.

When he has a wide mouth (gape) bring him quickly onto the breast.

Correct attachment means the baby draws not only the nipple, but also breast tissue into his mouth and his chin should be firmly against your breast. Bring the baby to the breast NOT the breast to the baby.

In the first week a 'stretching' sensation may be felt for approximately 20-30 seconds.

The baby begins with a short burst of quick sucks to start the milk flowing.

The pattern changes to a slower, more even rhythm of suck (1-2), swallow, breathe and there will be a strong jaw movement, assisting in milk transfer.

Pauses are normal and will become longer with shorter bursts of sucking.

The baby is getting the fatter, nourishing milk and if not interrupted will spontaneously release the breast once his required calorie level is reached.

Nipple may appear elongated, but should not be flattened / ridged or misshapen.

Signs That Your Baby Wants To Feed

- Hands to mouth
- "Rooting"
- Crying is a late sign of hunger.

First Six Days

First 24 Hours

Milk

- Colostrum move points up one line
 - Highly nutritious
 - Small in volume.

Baby

- First feed best ½ –1 hour after birth.
- Baby is initially alert and likely to feed well before a long sleep.
- Some want to feed more often.

Urine

- 1–2 wet nappies.

Stools

- Meconium (thick sticky black/green).

Advice

- Correct positioning and attachment vital
- Ensure assistance is obtained
- Offer both breasts.

Days 2 & 3 (48 – 72 hours)

Breasts

- Breasts remain soft and comfortable – starting to feel fuller/heavier
- Ensure correct attachment
- ‘Stretching’ sensation initially may be felt.

Milk

- Colostrum increasing slightly.

Baby

- Usually more wakeful/unsettled
- Frequent feeds, helping to stimulate your milk supply.

Urine

- Increasing number of wet nappies.

Stools

- Meconium – looser green / brown stools (transitional stool).

Advice

- Allow unrestricted time at the breast.
- Let him feed until he comes off himself after both breasts
- Express colostrum and rub on your nipples/air dry
- Rest when your baby is sleeping.

Days 3 – 4 (72 Hours Plus)

Breasts

- Usually firming / full
- Maybe tender.

Milk

- Thinner and whiter.

Baby

- May continue to feed frequently and be wakeful.

Urine

- 3–4 times per day.

Stools

- Quite loose yellow/mustard color and curds (lumps).

Advice

- Full breasts may make attachment more difficult; seek assistance – may need to express a little prior to breast feeding
- Offer both breasts (sometimes only one breast may be taken)
- Rest when your baby is sleeping.

Days 4 – 6

Breasts

- Usually firming.

Milk

- Whiter.

Baby

- More settled between feeds
- Will still have some unsettled/ wakeful times.

Urine

- 3–4 pale colored wet nappies daily.

Stools

- Remain loose with curds.

Advice

- Maternal & Child Health Nurse follow up
- Breast Feeding Support Clinic at St Vincents & Mercy Private Hospital
- Australian Breast Feeding Association (ABA).

Breast Milk – Supply and Demand

- When you and your baby are well, breast feeding should occur according to your baby's needs (feeding to appetite)
- Frequent feeding is important in establishing a good supply (usually 6–12 feeds over a 24 hour period)
- Breast feeding at night maintains the best possible supply as Prolactin (required for milk production) levels are higher at night
- Continuing lactation depends on frequent regular removal of milk from the breasts
- Babies have individual needs – duration may vary from feed to feed.

Signs of Good Milk Supply

- Your baby settles and sleeps after most feeds.
- 6–8 pale wet nappies over 24 hour period once the milk is in fully.
- Frequent loose, curd bowel actions – at least 2–3 daily in the early weeks. This will change with the age of the baby – as lactation is established (4–6 weeks) he will settle into his own pattern
- Bright eyed, alert baby who wakes for feeds.
- Some weight gains.

Rooming In

Advantages

- If your baby requires Special Care Nursery care (baby maybe premature or not well) your baby may be brought to you for breast feeding if his condition allows
- If your baby does not breast feed regularly, it is important to express
- Enables you to breast feed without restriction

- Helps you get to know your baby, to interpret his crying and feeding patterns and handle him with increasing confidence.

Breast Feeding Your Premature Baby

- Initially express regularly 3–4 times per 24 hours if he is unable to breastfeed
- Commence breast contact when your baby is well enough
- Commence breast feeding when he is strong.
- Thinking about your baby will encourage your let down reflex.

Kangaroo Care

(Baby with nappy only is placed inside parent's shirt)

- Your baby will stay warm and oxygen needs will decrease with skin to skin contact – this is encouraged.

Expressing and Storing Breast Milk

You may need to express milk if your baby is:

- Sick
- Premature
- Sleepy and not attaching and sucking effectively
- Not with you.

You may express by hand or pump – ask your midwife to help you hand express – it is important to learn this prior to discharge

- Also important to express regularly whether by hand or pump.



Hand Expressing

- Wash your hands with soap and warm water
- Gently massage your breast
- Cup your breast with your hand and place the thumb and forefinger opposite each other at the edge of the areola, then gently press them back into your breast tissue and squeeze rhythmically
- Rotate the position of your fingers to work on all the milk collecting ducts.

Expressing With a Pump

There are two types of pump – manual or hand pumps and electric pumps. The type used is a matter of personal choice. Manual pumps can be bought from pharmacies. Electric pumps can be hired from some pharmacies. The plastic parts of electric pumps must be purchased as they are not recyclable. Hand pumps are effective for long term use.

How Much Do You Need To Express?

The amount you need to express depends upon the reason for expressing:

Overfull Breasts

Express just enough to make you feel comfortable, taking care not to express too much to ensure infant has enough for the feed and to prevent over stimulation.

Blocked Ducts or Mastitis

After your infant has fed on the affected side, express to ensure complete drainage.

Sick or Premature Infant

Express every three or four hours during the day and at least once overnight, taking into account your infant's breast milk requirements. The Special Care Nursery midwife will guide you with the volume required.

Method of Storage

It is desirable to refrigerate breast milk immediately, as it deteriorates at room temperature after 6 hours (safe at room temperature of 26C or lower for 6–8 hours).

Tips for Storing Breast Milk

In the coldest part of the fridge (at the back) for 3–5 days

If you are planning to freeze, do so within 48 hours of collection

Two weeks in a freezer within the fridge compartment

Three months in a fridge freezer with a separate door

6–12 months in a separate freezer
9–18 months to -23 degrees C

If you wish to add milk to frozen milk – chill first and return the container immediately to the freezer

Use thawed milk within 24 hours if thawed in fridge

Never refreeze thawed breast milk

Use warmed milk within one hour

It is dangerous to thaw or heat milk in a microwave oven. The milk can overheat in the centre (core) and can scald your baby's throat.

Milk Supply

- Initial supply gradually settles to meet your baby's needs (breasts soften)
- The more you feed your baby, the more milk you will make
- When your baby has a 'growth spurt', his appetite will increase and he will feed more frequently to increase your milk supply
- This will occur at approximately 3 weeks, 6 weeks, 12 weeks and 6 months
- Breast milk provides all of your baby's nutritional needs for the first 4–6 months

A Decreased Supply of Milk

- Correct attachment is crucial to milk production
- If your baby is not attached correctly from the first day of feeding, the colostrum will not be removed effectively and this will delay the production of mature milk
- Interrupted feeding and not feeding 'to appetite' will also affect the milk supply
- Using dummies or giving formula in between breast feeds will reduce the amount of sucking at the breast and thus hinder the establishment of breast milk.

Increasing Supply

- Ensure correct attachment/ seek guidance
- Frequent feeding and / or expressing will help to increase your milk supply.

Sleep Patterns

There are a number of wide ranging normal behaviors for babies. Immediately after birth, most babies are alert and seeking a breast feed. Some babies are sleepy for the first day or two following birth. Then most babies are wakeful and need frequent feeding.

When your milk comes in, your baby may sleep for longer periods between feeds. Soon after you arrive home, it is quite normal for the baby to be more wakeful.

Feeding Frequency

Babies need to have at least six feeds in a 24 hour period; it is still normal to have more frequent feeds, if you find your baby is feeding less, it is important to discuss this with your Maternal & Child Health Nurse /Lactation Consultant. Infants are individuals and variations in feeding are normal.

Tips for Coping with Your Sleepy Baby in Hospital

Changing your baby's nappy may encourage him to feed

Unwrapping, cuddling, touching your baby may also be useful

Holding your baby close to you and running your nipple over his lips may encourage him to attach to the breast

Skin to skin contact can stimulate sucking at the breast. Babies will not become cold as your body heat will warm them

If your baby continues to be sleepy, it may be helpful to express some breast milk and offer it to your infant via a cup, spoon or bottle

It is important not to use a dummy as a replacement for a feed



Crying

Crying is baby's only means of communication and consequently they may cry for various reasons. Time and experience will ensure that you are able to interpret these cries. Settling techniques can be obtained from the midwife or Maternal Child Health Nurse

Wakeful Infants

It is normal for infants to have wakeful periods and this can be day or night. This can be challenging for new parents. Babies can never be spoiled. Responding to his/her needs and comforting him/her is important to his/her well being and development of trust. It is normal for infants to have wakeful periods, when they are content and exploring.

Blocked Ducts

Blocked ducts occur when milk is not flowing well from one area of the breast. You may feel a hard, painful lump in your breast.

Treatment

- It is important to clear the blockage to prevent mastitis.
- Warmth and gentle massage prior to the feed may help. Massage from behind the blockage down toward the nipple with the flat of your fingers or hand.
- Start feeds on the affected breast until the lump clears.
- Change feeding positions to help drain the blockage.
- Cool packs on the affected area after a feed may help.
- If you begin to feel unwell (i.e. flu like symptoms) mastitis may be developing. It is important to seek medical advice.

Mastitis

Mastitis is an inflammation of the breast which may be due to a blocked duct that hasn't cleared or a bacterial infection. Mastitis is generally characterized by a red, hot, tender, wedge shaped area on the breast and you may feel unwell with flu like symptoms. Mastitis requires immediate and appropriate treatment.

Factors which may lead to mastitis are:

- Poor breast drainage due to poor attachment of the baby at the breast
- Oversupply of breast milk in the early weeks
- Limiting time at the breast
- A sudden change in feeding pattern thus allowing breasts to overfill
- Pressure on breasts due to tight clothing e.g. an ill fitting bra.

Mastitis can be prevented by ensuring correct attachment and adequate breast drainage.

Myths and Facts of Breast Feeding

Myth	Fact
Skin and hair coloring make some women more susceptible to nipple damage and pain	No evidence supports this. Nipple damage is due to incorrect positioning and attachment
You will get sore nipples if you don't prepare them by toughening them up	Preparation has no effect on the occurrence of sore nipples
Leaving your baby on the breast too long gives you sore nipples	If your infant is attached correctly, the time spent at the breast will not cause pain or damage
In the evenings there seems to be less milk, or it has dried up	Infants may be unsettled in the evening and want to feed regularly (cluster feeding) for the next few hours. This encourages milk production, and is partly due to the normal fluctuation of fat levels in breast milk.
You must drink extra fluids to increase your milk supply	Research does not support this. Drink simply to satisfy thirst.
The infant uses your breast as a dummy	Infants need to suck to aid digestion, for security and growth. Even if you feel that your infant is sucking for comfort, his needs are being met, and milk production is still occurring.
In hot weather your baby needs to drink water as well as breast feed.	Your infant will be thirsty and demand more feeds. Breast milk is a drink as well as food. Extra feeds will provide any extra fluid that is needed.

Hospital Visiting Hours

Visiting hours are restricted to 2–4 pm and 7–8 pm to ensure adequate rest for you.

Community Contacts

Maternity Unit 24 hours a day	03 9411 7400 / 03 9411 7440
Obstetrician	
Pediatrician	
Maternal & Child Health Nurse (M&CHN) Local Council Appointed	
M&CHN Hotline	13 2229 – 24 hour line
Australian Breast Feeding Association (ABA)	1800 mum 2 mum (1800 626 2 626) – 24 hour line
Post & Ante Natal Depression Association (PANDA)	1300 726 306 9.00 am to 7.00 pm
Beyond Blue	1300 224 636
Mensline	1300 789 978
Royal Children's Hospital (RCH)	03 9345 5522
RCH Emergency Advice Quick Access	03 9345 7060
RCH – Poisons Line	13 11 26 – 24 hour line
SVMPPH – Breast Feeding Support Clinic	03 9411 7797
Private Lactation Consultant	
Nurse On Call	

Additional Reading

ABA Booklets

Baby Magic - Planning For A Lifetime Of Love – Sue Cox

Settling Your Baby – A Survival Guide for Parents for the First 12 Months – Child & Youth Health, Govt of S.A.

The Best Start – Report ON the Inquiry Into The Health Benefits of Breast Feeding, 2007

Expressing And Storing Breast Milk – ABA

www.who.int.com – WHO

Breast Feeding Booklet – Mercy Hospital for Women (MHW)

Acknowledgements

Thank you to Rebecca Glover for permission to reproduce her diagram.

Thank you to Sue Hoppe for permission to include “*The First Six Days.*”



St Vincents & Mercy Private

St Vincents Private

59–61 Victoria Parade
Fitzroy Victoria 3065
Telephone (03) 9411 7111
Facsimile (03) 9411 7181

Mercy Private

159 Grey Street
East Melbourne Victoria 3002
Telephone (03) 9928 6555
Facsimile (03) 9928 6444

Vimy Private

5 Studley Avenue
Kew Victoria 3101
Telephone (03) 9851 8888
Facsimile (03) 9853 1415

www.stvincentsmercy.com.au

ACN 083 645 505