

Breastfeeding Your Baby

 **breastfeeding.ie**
Your breastfeeding support network



Introduction

This booklet is for mothers who are starting to breastfeed. In it is information on how to get started and how to avoid common problems. There is also a separate section on expressing your breastmilk. We have referred to the baby as “he” in order to avoid confusion.

Once established, breastfeeding is easy and for most mothers and babies a very enjoyable experience. In the first few days you both need to learn what to do. You need to practise and, if necessary, get help and advice from your midwife.

If you have started to formula feed your baby and want to switch to breastfeeding, this is still possible but it is not always easy – you should talk to your midwife or a breastfeeding supporter.

All babies, whether breast or formula fed, should be given a Vitamin D₃ only supplement of 5 micrograms every day. Ask your midwife, public health nurse or GP if you need further information about this. If your baby is ill or premature you should follow your doctors recommendations.

Remember:

YOUR breastmilk is perfect for YOUR baby and adapts to meet your baby's changing needs. Most babies need no other food or drink until they are six months old.

Why is breastfeeding so special?

Breastmilk contains antibodies to protect your baby from infection. Sickness and diarrhoea (gastroenteritis, which may be very serious), chest infections, ear infections and urine infections are all more likely in formula-fed babies.

Breastfeeding continues to benefit your baby as he grows. Research suggests that breastfed babies have better mental development. Children who were formula fed as babies are at greater risk of eczema and diabetes and tend to have higher blood pressure than those who were breastfed.

Breastfeeding is also good for mothers. It helps you lose the weight gained during pregnancy. It can help protect you from breast and ovarian cancer and give you stronger bones in later life.

The following information helps to get you off to a good start.

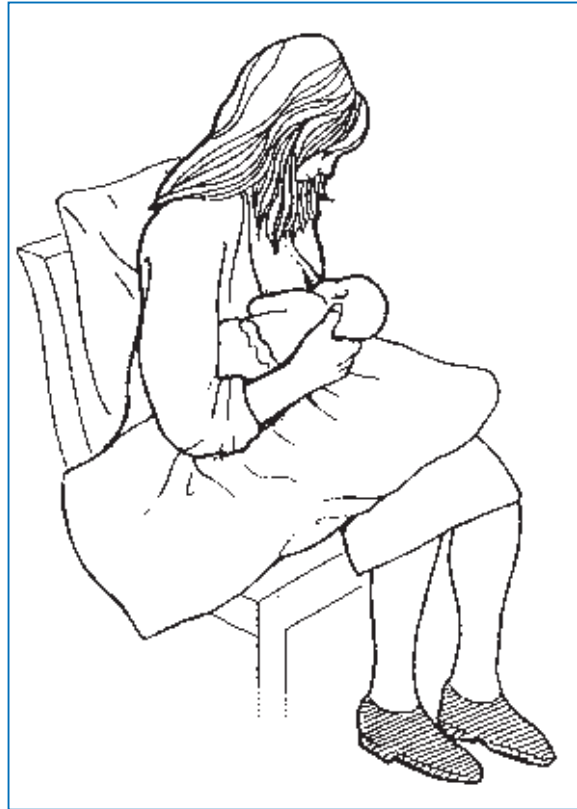
Putting your baby to the breast

Your position

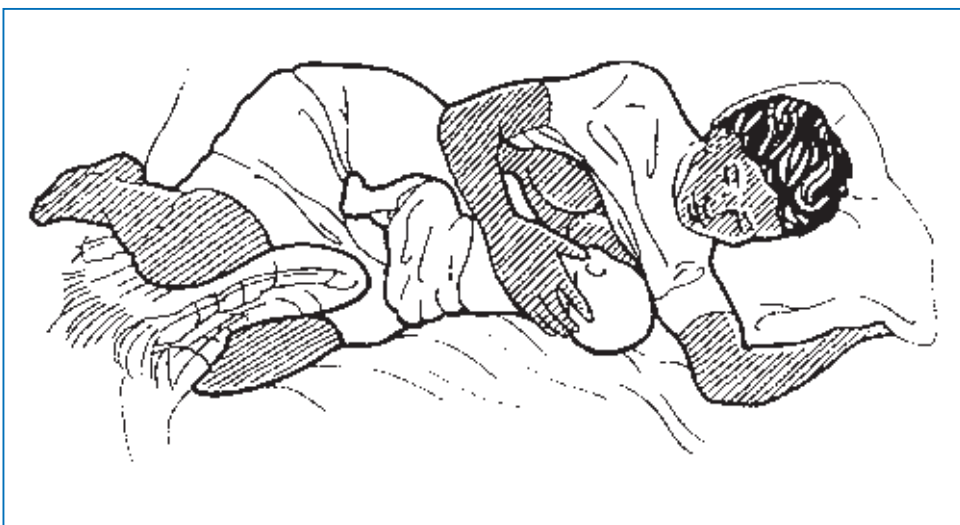
It is important that you find a comfortable position.

If you are sitting down to feed, try to make sure that:

- Your back is straight and supported
- Your lap is almost flat
- Your feet are flat (you may need a footstool or a thick book)
- You have extra pillows, if needed, to support your back and arms or to help raise your baby to the level of your breast.



Breastfeeding lying down can be very comfortable. It is especially good for night feeds as you can rest while your baby feeds.



Try to lie fairly flat with a pillow under your head and your shoulder on the bed.

Lie well over on your side. A pillow supporting your back and another between your legs can help with this.

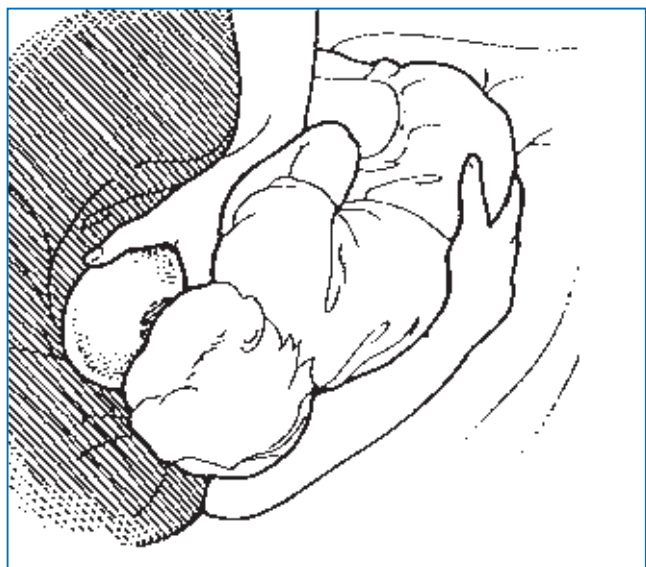
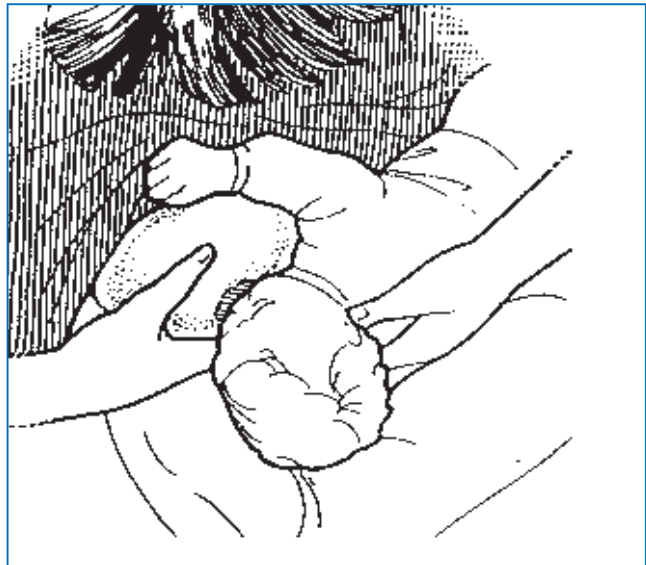
Once your baby is feeding well, you will be able to feed him comfortably anywhere without needing pillows.

Your baby's position

There are various ways that you can hold your baby for breastfeeding.

Whichever way you choose here are a few guidelines to help make sure that your baby is able to feed well:

1. Your baby should be held close to you.
2. He should be facing the breast, with head, shoulders and body in a straight line.
3. His nose or top lip should be opposite the nipple.
4. He should be able to reach the breast easily, without having to stretch or twist.
5. Remember always to move your baby towards the breast rather than your breast to the baby.



So:

Turned to Mummy

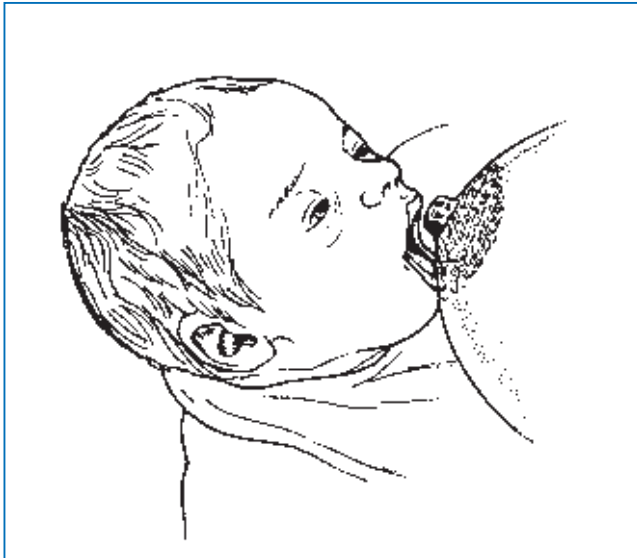
Nipple to nose

Baby to breast, not breast to baby



Attaching your baby to the breast

It is important to make sure that your baby latches on to the breast properly otherwise he may not get enough milk during the feed and your nipples could become sore.



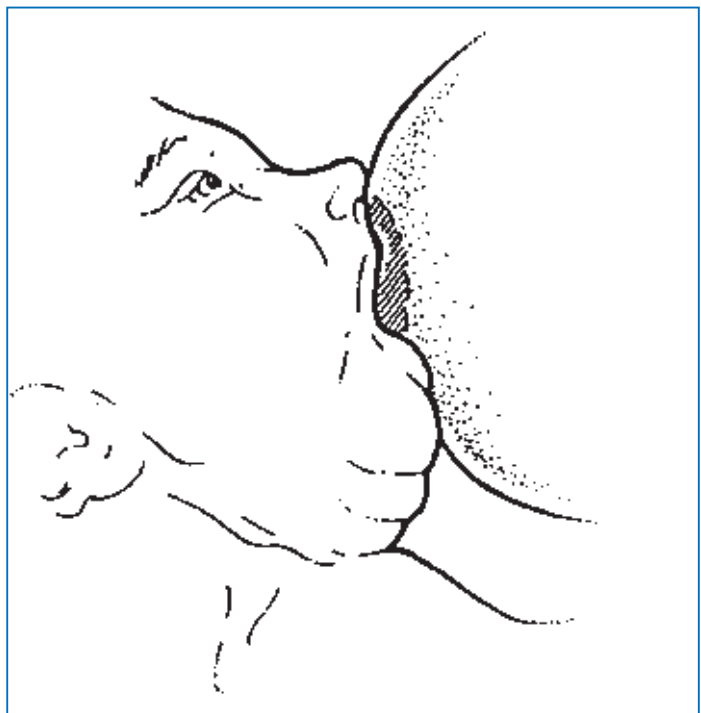
Position your baby as described on page 2, with his nose or top lip opposite your nipple.

Wait until he opens his mouth really wide (you can gently brush his lips with your nipple to encourage him to do this).

Quickly move him on to your breast, so that his bottom lip touches the breast as far away as possible from the base of the nipple. This way, your nipple points towards the roof of his mouth.

When your baby is properly attached to your breast you notice that:

- his mouth is wide open and he has a big mouthful of breast
- his chin is touching the breast
- his bottom lip is curled back
- if you can see any of the areola (the brown skin around the nipple), more is visible above his top lip than below his bottom lip
- his sucking pattern changes from short sucks to long deep sucks with pauses



Feeding should not be painful. While you and your baby are learning to breastfeed you may feel some discomfort when the baby first attaches to the breast. This sensation should fade quickly and then the feed is comfortable. If it continues to hurt, this probably means that your baby is not attached properly. In this case, take him off by gently pressing your breast away from the corner of his mouth so that the suction is broken and then help him to re-attach. If the pain continues, ask a midwife or breast feeding support person for help.

Tips for successful breastfeeding

- **Try to keep your baby near you**, particularly at first. That way you get to know him well and quickly know when he needs feeding. This is especially important at night. If you have your baby next to you, you can easily lift him for feeding without either of you being disturbed too much. You can then both return to sleep more quickly.
- **Breastmilk contains all the food and water your baby needs for the first six months.** Giving other food or drink could be harmful and may also make him less interested in breastfeeding. If he does not breastfeed often enough you may not make enough milk to meet his future needs. Therefore, **whenever he seems hungry, just put him to the breast.**
- Most of the problems commonly experienced by breastfeeding mothers in the first few weeks (for example, sore nipples, engorgement, mastitis) occur either because the baby is not attached to the breast in the best way or because he is not being put to the breast often enough. **Ask for help if you are unsure.** There is information about how to get help on the back of this leaflet.



Patterns of breastfeeding

Babies' feeding patterns vary enormously. For example, some babies do not want many feeds in the first day or two. However, the feeds may then become very frequent, particularly in the first few weeks. This is quite normal. If you just feed your baby whenever he seems hungry, you produce plenty of milk to meet his needs. This is because each time he feeds, messages are sent to your brain, which then sends signals to your breast to produce more milk.

More feeding = More signals = More milk



Each time your baby feeds, the milk supply is being built up.

While he is learning, his feeds may also be quite long. Many mothers worry that frequent feeding means that they have not got enough milk to feed their baby. Providing the baby is properly attached to the breast, this is very unlikely to be the case. Ask your midwife for advice if you are unsure.

Once you and your baby are used to breastfeeding, it is usually very easy.

The milk is always available at just the right temperature. In fact, there is really no need to think about it at all. Your baby lets you know when it is time for the next feed.

Your breastfeeding is going well when your baby:

- is alert and waking for feeds,
- has a minimum of 5 – 6 wet nappies and 2 soiled nappies per day after the first week,
- is gaining weight after the first week,
- settles and sleeps at some time during the 24 hours, and
- your breasts or nipples are not sore.

Continuing to breastfeed

Breastfeeding need not stop you and your baby going out and enjoying life.

You can breastfeed almost anywhere. If you wear fairly loose clothing you can feed without worrying that you are showing your breast. You may feel a little uncomfortable at first but soon find you get more confident. Most people will not even notice you are breastfeeding – try practising in front of the mirror at home.

Your baby may have hungry days when he needs to feed more often for a day or two to build up your supply. Feeding your baby whenever he is hungry allows your supply to catch up with his needs quickly. Remember:

More feeding = More signals = More milk



You may want to go out sometimes without your baby, or you may be returning to work before you want to stop breastfeeding. It is possible to express milk for your baby so that someone else can feed him.

Do not be tempted to introduce your baby to solid foods before he is ready.

All babies are different. At some time around six months, your baby begins to reach out and grasp things and put them in his mouth. He is able to stay sitting upright at this point. These are signs that he is beginning to be ready for solids.

Breastfeeding alone provides all the food and drink a baby needs for the first six months and it protects against a range of illnesses. Many mothers breastfeed for much longer than this, some well into the second year and beyond. Breastfeeding benefits you and your baby for as long as you both wish to continue.

Expressing your breastmilk

Why you may want to express your milk

- If you need to help your baby attach to a full breast
- If your breasts feel full and uncomfortable
- If your baby is too small or sick to breastfeed
- If you need to be away from your baby for more than an hour or two
- If you are going back to work

Methods of expressing your milk

There are three main methods of expressing breastmilk.

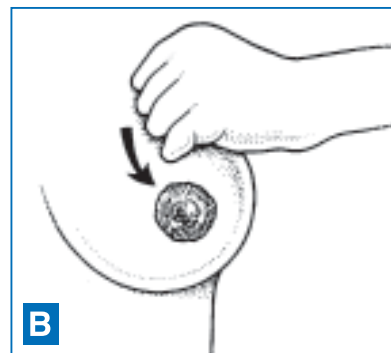
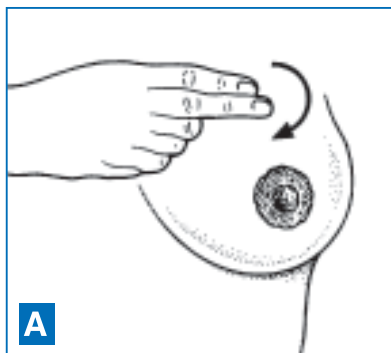
- By hand
- A hand pump
- An electric pump

Whichever method you choose, the milk may take a minute or two to flow when you start expressing. Milk can be continuously expressed from one breast only for a few minutes before the supply slows down or appears to stop. Milk should then be expressed from your other breast. Then go back to the first breast and start again. Keep changing breasts until the milk stops or drips very slowly.

Colostrum, the first milk in your breast comes in very small amounts because your baby's tummy is small. This first milk is very valuable to your baby. As your milk supply develops, the amount of milk increases.

Encouraging your milk to flow

- Try to be as comfortable and relaxed as possible. Sitting in a quiet room with a warm drink may help.
- Have your baby close by. If this is not possible have a photograph of your baby to look at instead.
- Have a warm bath or shower before expressing, or apply warm flannels to your breast.
- Gently massage your breast. This can be done with your finger tips (A) or by rolling your closed fist over your breast towards the nipple (B). Work around the whole breast, including underneath. Do not slide your fingers along your breast as it can damage the skin.



- After massaging your breast gently roll your nipple between your first finger and thumb. This encourages the release of hormones, which stimulate your breast to produce and release the milk.
- As you get used to expressing your milk you will find that you do not need to prepare so carefully. Just like breastfeeding, it gets easier with practice.

Hand expressing

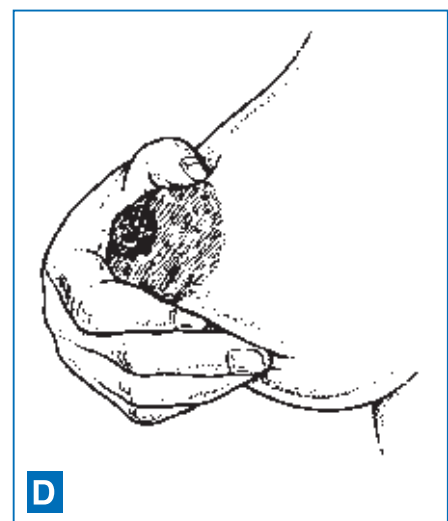
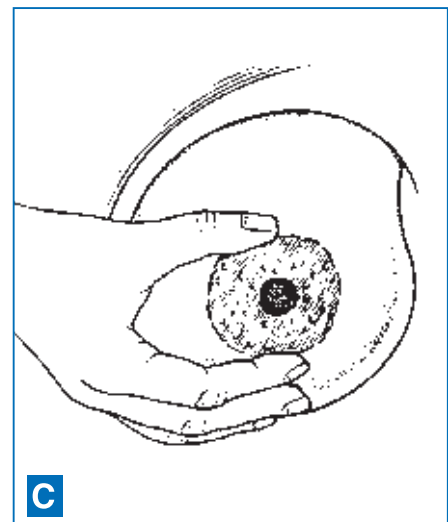
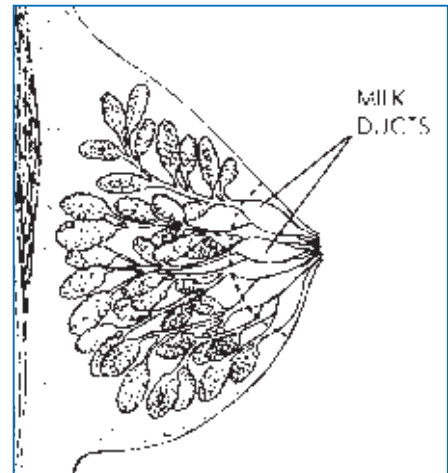
This is a free and convenient way of expressing milk and is particularly useful if you need to relieve an uncomfortable breast. These instructions are a guide but the best way to learn is to practice (perhaps in the bath) so that you find what works for you. With practice it is possible to express from both breasts at the same time.

Technique for hand expressing

Each breast is divided into around 15 sections, each with its own milk ducts. It is from these ducts that you express the milk. It is important that you rotate your fingers around the breast to ensure that milk is expressed from all the sections.

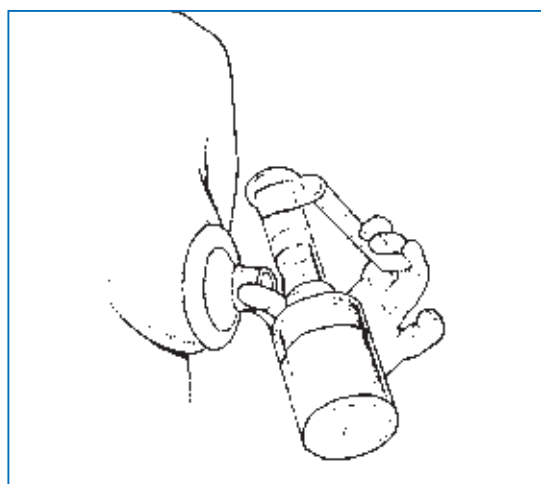
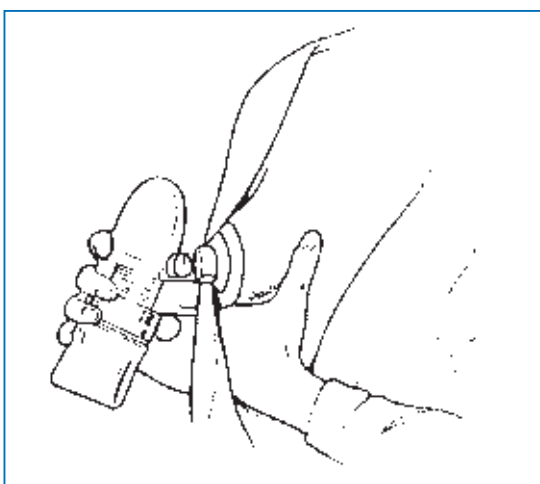
1. Place your fingers under the breast, towards the edge of the areola, and your thumb on top of the breast opposite the first finger. (you may be able to feel the milk ducts under the skin.) if you have a large areola, you may need to bring your fingers in slightly from the edge (if your areola is small, you may need to move them out slightly). Your other fingers can be used to support the breast (C).
2. Keeping your fingers and thumb in the same places on your skin, gently press backwards towards the chest wall.
3. Maintaining this gentle backwards pressure, press your thumb and first finger together and so easing the milk along the duct and toward the nipple (D). You should not squeeze the nipple as this is not effective and could be painful. Be careful not to slide your fingers along the breast as this can damage the delicate breast tissue.
4. Release the pressure to allow the ducts to refill and then repeat steps 2 and 3.

Once you have the 'knack', steps 2 to 4 take no more than a few seconds. You are able then to build up a steady rhythm. This results in the milk dripping and perhaps spurting from the breast.



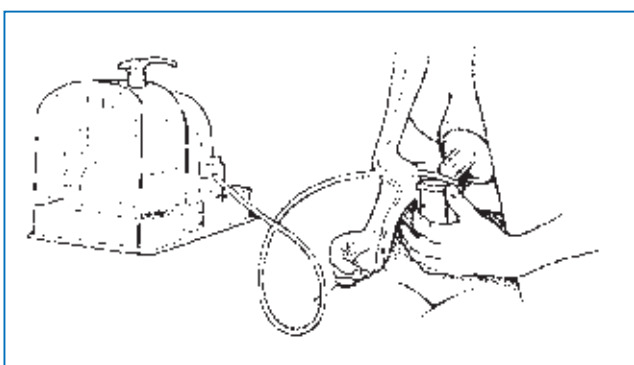
Hand pumps

There are a number of different designs, all of which work in slightly different ways. Some are operated by hand and some by battery. They all have a funnel that fits over the nipple and areola. Different pumps suit different women – it is therefore best, if at all possible, to try out a pump before buying.



Electric pumps

These are fast and easy because they work automatically. They are particularly good if you need to express for a long period, for example if your baby is in the Special Care Unit. If this is the case, then you should try to express a minimum of 6-8 times in 24 hours, including once during the night, to maintain your supply.



It is possible to express both breasts at the same time using some electric pumps that have a dual pumping set. This is quicker than other methods and may help you to produce more milk.

Follow the manufacturer's instructions very carefully if you use a hand or electric pump.

Whichever method you choose it is important that you wash your hands thoroughly before you start. All containers, bottles and pump pieces must be washed in hot soapy water before each use and sterilised if your baby is very young, in hospital or if you are sharing equipment.

Storing breastmilk at home

Breastmilk can be stored in the coolest part of a refrigerator at a temperature of 2-4°C for up to 5 days. If you do not have a refrigerator thermometer, it is probably safest to freeze any breastmilk that you do not intend to use within 48 hours.

Breastmilk can be stored for one week in the ice compartment of the refrigerator or up to three months in the freezer section of a fridge freezer with separate doors, or 6 months in a chest freezer. If you have a self-defrosting freezer, store the milk as far away as possible from the defrosting element.

When freezing breastmilk for occasional use at home, any plastic container can be used providing it has an airtight seal and can be sterilised. Remember to date and label each container and use them in rotation.

If you are expressing breastmilk because your baby is premature or ill, ask the staff who are caring for him for advice about storage containers and how to store your milk.

Frozen breastmilk can be thawed slowly in a refrigerator. Frozen milk can also be thawed by standing the container in warm water. Thawed breastmilk can be stored in a refrigerator and used for up to 24 hours. Once it has warmed to room temperature, it should be used or thrown away. Breastmilk should never be refrozen.

Breastmilk should not be defrosted in a microwave because this may cause the milk to become an uneven temperature, which may burn the baby's mouth.



You do not have to eat special foods while breastfeeding but just like everyone else, try to eat a balanced diet. Similarly, it is not usually necessary to avoid particular foods.

Who to ask for more information

Your midwife, paediatric nurse, public health nurse, certified lactation consultant or practice nurse can help if you need any more information about feeding your baby.

Any of these people can also give you the telephone number of your local breastfeeding support group or voluntary breastfeeding groups who can provide one-to-one help and group support.

HSE Infoline 1850 24 1850 or www.breastfeeding.ie

La Leche League Ireland - See your telephone directory for your local La Leche League Leader's telephone number or log on to www.lalecheleague.org

Cuidiú – Irish Childbirth Trust – Carmichael Centre, North Brunswick Street, Dublin 7. Phone: 01 8724501. Web: www.cuidiu-ict.ie

Information on support for breastfeeding available locally:

Breastfeeding benefits - How many can you point to?



Baby Friendly Hospital Initiative

The Baby Friendly Hospital Initiative is an programme of the World Health Organisation (WHO) and UNICEF. The Baby Friendly Hospital Initiative in Ireland is a project of the Irish Health Promoting Hospitals Network, a WHO programme. It works to help hospitals provide a high standard of care so that pregnant women and new mothers get the support they need to breastfeed successfully. We encourage hospitals to improve their services in line with international best practice standards. Hospitals that fulfil the criteria set down by the World Health Organisation and UNICEF can apply for the prestigious 'Baby Friendly' award.

To find out more about the Baby Friendly Hospital Initiative in Ireland:

Visit our web site at
www.ihph.ie/babyfriendlyinitiative email us at
bfhi@iol.ie

Write to us at The Baby Friendly Hospital Initiative in Ireland, c/o Irish Health Promoting Hospitals Network, Connolly Hospital, Blanchardstown, Dublin 15



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