



SLEEPING  
Little Angels

CONCIERGE POSTPARTUM DOULA  
NEURO-PLAY DEVELOPMENT CONSULTANT  
& NEWBORN CARE SPECIALIST

# BREASTFEEDING AND YOUR BABY

*Educate, Advocate,  
Empower*

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



# Contents and Introduction

## INTRODUCTION

Welcome to parenthood, both an exciting and challenging new chapter of life. You are about to experience every possible emotion – unbelievable joy, pride, delight, fulfilment, as well as frustration, anxiety, guilt and anger... all possibly in the space of a minute.

While becoming a mum is life-changing, it's not always easy. Breastfeeding is a classic example. Just because it's natural, doesn't mean it comes naturally to everyone. With the right help and support though, most women will be able to breastfeed their baby.

So why breastfeed in the first place?

The answer of course, is that little miracle which has just turned your life upside down. If you breastfeed, you are giving your bub the best possible start in life. Breastfeeding has so many benefits for both you and your baby, so it's no wonder most new mums give it a go.

## INSURING YOUR NEWBORN

Be sure to call your health insurance plan to enroll your newborn within 30 days of birth. Otherwise, his medical expenses may not be covered.

## SECTION 1

### The Importance of Breastfeeding

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## SECTION 5

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A close-up photograph of a baby's face, showing the eyes, nose, and mouth. The baby has dark hair and is looking directly at the camera. A semi-transparent pink horizontal band is overlaid across the middle of the image, containing the text 'SECTION 1'.

# SECTION 1

# THE IMPORTANCE OF BREASTFEEDING

Breastmilk is the natural food for newborns. It contains everything your baby needs. No question, no debate, no doubt.

- Babies need only breastmilk for the first 6 months.
- At about 6 months babies need to eat solid foods and continue to breastfeed for up to 2 years and beyond. Start solid foods that are nutritious, especially foods that are high in iron.

## Why Breastfeed?

Today, most mothers decide to breastfeed their babies.

Breastfeeding matters because...

- Everyone benefits from breastfeeding: you, your baby, your family and your community.
- Breast-milk is convenient, always the right temperature and available anytime.
- Breastfeeding is free.
- Breastfeeding promotes bonding between you and your baby.
- Breastfeeding is environmentally friendly.
- Breastfeeding reduces health care costs for your family and society.

Breastfeeding matters to your baby, because breastfeeding...

- Protects your baby from many infections and illnesses.
- Builds healthy eating habits.
- Promotes proper jaw development.
- Promotes healthy brain development.

Breastfeeding matters to you, because breastfeeding...

- Controls postpartum bleeding.
- Helps you lose the weight you gained during pregnancy more quickly.
- Slows down the return of your period.

# Rights of Breastfeeding Mothers

You have the right to breastfeed anywhere, anytime. This right is protected by the Charter of Rights and Freedoms. If you feel your breastfeeding rights are not being respected, report what happened .

A woman who is breastfeeding and returning to work has a right under the Human Rights Commission to be accommodated in the workplace so that she can continue to breastfeed her baby.

## The Baby-Friendly Initiative

You may have heard the term, Baby-Friendly. The Baby-Friendly Initiative is an international program designed to support all mothers and babies by:

- Supporting mothers to make an informed decision about feeding their baby.
- Protecting them from the marketing pressures of formula companies.
- Promoting practices that give mothers and babies a healthy start.

There are hospitals, health units and community health centres that have received this designation or are working towards it. They apply high standards on how they support mothers and families. These standards will help you to:

- Make an informed decision on how to feed your baby.
- Be prepared with accurate information about infant feeding.
- Feel supported as you learn to feed and take care of your baby.

“I found my support in a team of local health nurses, my mother, some close friends, and my husband. But my greatest support was knowing that I was giving my little baby everything he needed to grow healthy and strong, and to have a protected immune system. I’d do it all over again in a heartbeat!”

## Making an Informed Decision

From the minute you became pregnant and even before, you have been making decisions that affect your baby. Throughout your pregnancy and your baby's life you will be making many more decisions. They will not always be easy. To help make the best decisions for you and your baby you need good quality information. This booklet will provide you with information about feeding your baby.

Most of the information regarding infant formula comes directly from formula companies. They are trying to encourage you to feed your baby formula. When women decide to formula feed, they will have to buy formula and feeding equipment until their baby is at least one year old. Many families are surprised at the cost over the long-term.

Formula companies often give mothers samples of formula "just in case" they might need it. This free formula may come at a time when you are feeling tired, still getting to know your baby and not yet confident about breastfeeding.

When mothers have samples of formula:

- They are more likely to feed formula to their babies.
- A mother's milk supply does not get established and decreases if she feeds formula supplements to her baby. Milk supply is directly linked to how often you feed your baby.
- Babies who receive formula supplements are more likely to feed less from the breast and need more formula.
- Mothers and babies who use formula in the first few weeks of breastfeeding, are more likely to stop breastfeeding earlier than planned.

If you are planning to breastfeed, learn about resources in your community so you can get the support you need to feel confident breastfeeding your baby.

There are times when a baby needs extra milk.

If this happens to your baby, it is best to give your own expressed breastmilk. Babies, especially premature and very sick babies, can sometimes receive donor milk from a human milk bank.

There are times when it is necessary to give formula. Some reasons for giving formula are:

- The baby has a medical condition and needs to be fed formula or a special formula.
- The mother has a medical condition and is unable to breastfeed her baby.
- The mother and baby are separated from one another and the mother is unable to get enough breastmilk to her baby.

If you think you need to give your baby formula, get help right away. Your health care provider, hospital nurse, community or public health nurse can help you or link you to other experts or groups in your community.

“Get educated about breastfeeding and all its benefits before your baby arrives. Make your decision, make it known to those who love and support you, and get the support in place before you begin the journey.”

## *Risks of Formula Feeding*

If you are thinking about giving your baby formula consider the following:

Formula fed infants are more at risk for:

- Infections such as ear, chest and bladder infections.
- Upsets of the stomach and gut, causing diarrhea or later bowel problems.
- Sudden Infant Death Syndrome (SIDS).
- Obesity and chronic diseases later in life.
- Some childhood cancers.

For mothers, NOT breastfeeding increases their risk of:

- Postpartum bleeding.
- Cancer of the breast or ovaries.

# Family Support

All new mothers benefit from the support of their families and communities. They can show their support by:

- Taking care of you, so you can take care of your baby.
- Making sure you get help, when you need it.

## Family and friends can make breastfeeding a success

Breastfeeding is natural and babies are born to breastfeed. During the early days after birth, some babies and mothers need time to learn and get it right. What other people say or believe may affect your breastfeeding experience. Your family and friends can help you give your baby the best start in life.

Here are some things you can do:

- Tell your family and friends that you plan to breastfeed and ask them to support you.
- Encourage them to become familiar with this booklet, so they know how they can support you and what help is available in your community.
- Allow them to take care of you, so you can take care of your baby.

I think it is important for families to understand the importance of breastfeeding. New mothers require a lot of support from not only her spouse, but the entire family. Patience and persistence is required but it is a wonderful bonding experience, one that I will cherish forever!

Family and friends can help in the following ways:

**1. Become informed.** Get as much information about breastfeeding as you can before the baby is born. Talk to friends, relatives, other breastfeeding families and health professionals to learn what makes the breastfeeding experience successful. Read this booklet to help you know more about breastfeeding.

**2. Know where support is available.** Become familiar with the resources in your community and help the mother access them.

**3.Offer encouragement.** A new mother may worry that she does not have enough milk for her baby. Most women have more than enough breastmilk. Tell her that breastfeeding is the best way to feed her baby. Tell her that you believe in her. Tell her that you are there to help.

**4.Do not disturb.** Limit visitors, telephone calls and other interruptions during the early weeks after the baby is born so that the mother and baby can get to know one another and learn how to breastfeed successfully.

**5.Encourage rest.** A new mother needs lots of energy to focus on the baby. Help with everyday needs such as meal preparation, dishes and laundry, keeping the home tidy and caring for other children.

**6.Help the mother care for the baby.** Babies cry for many reasons –not just for hunger. Learn different ways of comforting the baby such as skin-to-skin holding, walking, singing or dancing. Bathing and changing are other ways to learn about the baby as a person. By comforting, bathing or changing the baby you can give the mother more time to breastfeed and take care of herself as well.

**7.Have realistic expectations.** A new baby changes life forever. It is normal to have mixed feelings about these changes. Giving up breastfeeding will not end these feelings.

**8.Get help. Breastfeeding will help both the mother and baby. If the mother feels that things are not going well with breastfeeding, encourage her to ask for help.**

**9.Remember that each mother is different.** Ask her what she feels would help her.

## *Mother-to-Mother Support*

Mothers also benefit from the support of other mothers who are breastfeeding. You may have friends or relatives who are breastfeeding their babies or who have recently breastfed. You can also meet other pregnant or breastfeeding mothers through:

- Prenatal classes.
- Parenting groups.
- Breastfeeding support networks.



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# BREASTFEEDING BENEFITS

## Benefits for bub

The research is in and it's good news. It has been scientifically proven that if you breastfeed, you'll help protect your baby against a range of illnesses, including:

- gastro-intestinal infections
- chest infections
- urine infections
- ear infections
- diabetes
- obesity
- asthma
- eczema.

Research also indicates that breastfeeding can help protect your baby from:

- SIDS
- childhood leukaemias
- heart disease
- inflammatory bowel disease
- coeliac disease.

Breastfeeding also gives your baby a place to feel safe and to be comforted – a special bonding experience for both you and your baby. There is no need to limit the amount of breastfeeds your baby has or worry about the number of hours between feeds. Your breasts are ready for your baby to feed anytime, anywhere, as often as your baby needs and will produce the amount of milk your baby needs.

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# BREASTFEEDING BENEFITS

## Benefits for mum

Then there's your own health to consider. Breastfeeding isn't only good for your baby, it's good for you too. Not only will your body get over the birth quicker, it will help protect you from breast cancer, ovarian cancer and osteoporosis. If you develop diabetes during your pregnancy it is especially important to breastfeed as it can reduce your chance of type 2 diabetes later in life. Breastfeeding will save your family money and you don't have to worry about preparing bottles every time you take bub out. Breastfeeding also releases hormones that make you feel relaxed and help you sleep easier.

*Breastfeed for 12 months and you'll save over \$1000 on formula alone.*

### Tips-

- All babies will have unsettled times no matter how they feed.
- Formula-fed babies are no more likely to sleep through than breastfed babies.
- Dads can bond with baby by bathing, burping and settling



# SECTION 2





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# BREASTFEEDING

## *The first weeks*

### **The first day**

Most babies are awake for the first few hours after birth, they will then usually be sleepy for the next 24 hours and only have a couple of breastfeeds. Baby will usually only wee once and do a couple of black tarry poos. It's a good day for mums to try to get some rest after the birth.

### **The second day**

On the second day babies will wake up cranky, unsettled and they'll seem to want to breastfeed constantly. You're only producing colostrum (a nutrient-rich yellow milk) at this stage, so the more you breast feed the quicker your mature milk will come in. Your hormones will increase today, which causes your nipples to be more sensitive. Mums often need lots of help and support on the second day after baby is born. Baby's poos are starting to go green and they will do a couple more wees.

### **The third day**

For most mums this is the day the mature milk comes in. The breasts are full, with baby feeding a lot less often, and for shorter times, so things often feel a little better today after the unsettled second day. Baby's poos today start to go yellow and can be a bit runny. They are also starting to do more wees (five to six is normal). Baby usually gets weighed today and can lose up to 10% of their birth weight (this is normal).



# SOME THINGS YOU SHOULD KNOW ABOUT BREASTFEEDING

It doesn't matter what size your breasts or nipples are, most mums will be able to breastfeed with a bit of practice and the right support.

Some mums will take to breastfeeding like a duck to water. If you are not one of them, don't give up. Breastfeeding is a learnt skill for you and your baby, you'll need someone to show you how to breastfeed correctly, including recognising your baby's feeding cues. It may seem hard at first, but with the right help and a bit of practice, it will get easier. Trust your instinct and follow your baby's lead.

You'll probably be given heaps of advice, which can be helpful, but if you feel unsure about anything check that it's correct. Every woman is different, and what works for some may not work for others. Remember, no one knows your baby like you!

*Here's what some mothers who have breastfed think you should know:*

"It can be hard work and you need to prepare yourself for the fact that it might not come naturally."

"The skin-to-skin contact of breastfeeding really helped me bond with my baby while she was in the preemie ward."

"If you have found a routine, attachment, anything that works, don't let people's opinions give you doubts so you change a good thing."

"It will seem like your baby is feeding a lot in those first few weeks. It's perfectly normal, just go with it. Don't look at the clock."

"It hurts sometimes, especially in the first days. But it will get better."

"Take people up on offers to help. A newborn is tiring, regardless of how it is fed."

"If you are worried about milk supply, please just live by this mantra: The more bubby sucks, the more milk is made."

"Every time you offer a bottle of formula, your supply will drop, unless you express the feed. If baby is crying and you are not around or asleep, ask family or friends to give them a cuddle or a bath instead."

"Be careful with the breast pump. My boobs were very engorged so I started pumping to relieve the pressure. I didn't know that this temporary relief was actually making me make MORE milk – and just making the problem worse."



# READY TO GIVE IT A GO?

Even though breastfeeding is natural, most mums and babies need help, even if mum has breastfed before. Take the midwife up on her offer to help you attach your baby for your first feed (and second, third and fourth feed... however long it takes until you feel confident). Ask the midwife to put your baby skin-to-skin on your chest as soon as possible after birth, which promotes bonding and helps your body relax and 'let down' your breastmilk. Keep baby there until they start searching for a feed. Delay weighing, bathing or passing baby around until after the first feed.

## *How to get baby onto your breast*

Find a comfy spot where you can sit and relax, as lying down to feed can be a bit tricky at first. If you like, have a firm cushion to rest your baby or arm on. Have anything you might need close to hand – phone, remote control, magazines or book, glass of water – you're going to be here for a little while.

Hold your unwrapped baby so that his or her head and body are in a straight line with your hands supporting the neck (not the head) behind the shoulders. Then gently turn your baby on to his or her side so bub's body is facing your breast. Your baby may pop onto your breast and attach or may need guidance.

Get your baby to open his or her mouth as wide as possible, as you'll need to get both your nipple and areola (the dark bit around your nipple) into bub's mouth. A little stroke on baby's upper lip with your nipple should get bub to open up.

When baby's chin comes in contact with the breast, most babies will open their mouth and move forward onto the breast by themselves. If this does not happen, mum can gently bring baby towards the breast (remember it's always baby to breast, not breast to baby). You are aiming to bring baby's nose up to your nipple. Baby should then tilt his or her head back slightly so they can get a good mouthful of breast. When baby is correctly attached, the nose will be level with your nipple, but clear of your breast so he or she can still breathe.



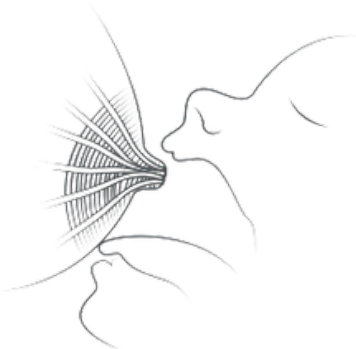
If it's hurting, baby is latching on to the nipple and not the breast. Slide your finger into the side of baby's mouth to break the latch and try again. And again. And again. And again if need be. Ask your midwife or clinic nurse for help as often as you need it.

Baby will usually come off the breast by him or herself when full, however, some don't.

If baby appears to have stopped feeding, but does not come off, you can use your finger in the side of baby's mouth to detach.

Burp baby and then offer the other breast. If baby does not want to drink, that's fine.

Attachment shouldn't hurt. If it does, take your baby off the breast and try again. Your baby won't starve and you will save yourself from sore, cracked nipples down the line.



### *Approaching Attachment:*

Baby has wide gape with tongue down and forward. Nipple is aimed at the roof of baby's mouth, with first point of contact being baby's lower jaw or chin on the areola, well away from the nipple.



### *Optimal attachment:*

Baby draws nipple and breast tissue back to the soft palate. Tongue is forward over gums, lower lip rolled out, chin against breast. Jaws are positioned well over the ducts and can compress them efficiently.



## GETTING STARTED

1

Place your baby upright skin-to-skin, supported, calming him/her by gentle rocking, stroking, and talking.



4

Baby is using his/her cheek to feel their way. This is a learning process for both of you. It is okay to take your time.



2

Baby starts to follow their instincts, allow your baby to 'bob' their head around on your chest, they may look at you.



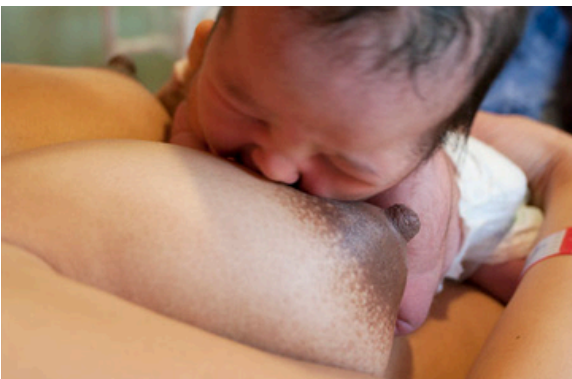
5

Digging in his/her chin, the baby reaches up with an open mouth, and attaches to the breast.



3

Baby may nuzzle your breast and lick for a little while. That is fine.



6

If the baby's back is straight, their body touching yours, and you are both feeling comfortable, that is all that matters.



# GETTING STARTED

## *Helping Your Baby Get a Good Start*

You can help your baby learn to breastfeed by using these key skills right from the start:

- Holding your baby skin-to-skin.
- Baby-led latching.
- Following your baby's cues.
- Learning how to hand express colostrum.

## *Skin-to-Skin*

Skin-to-skin is a way of holding your baby that both babies and parents find enjoyable. The baby wears only a diaper and is held in an upright position on the mother's bare chest.

A light blanket can be draped across the baby's back. When babies are held skin-to-skin, they can hear their mother's heartbeat and breathing, and smell and feel her skin. This is familiar and comforting to babies.

It took me 6 weeks to get my baby boy to breastfeed. I had to pump and feed him breastmilk while we both learned to breastfeed. It was nice to have the support. Something so natural, it's not always easy, but you can learn, if you have the right resources, support and lots of patience.

### **Skin-to-skin...**

- Stabilizes your baby's heart rate, breathing and blood sugar.
- Keeps your baby warm through your body heat.
- Promotes bonding and getting to know your baby.
- Helps your baby to be calm and cry less.
- Helps you to be more confident and relaxed.
- Helps your milk flow and may improve your milk supply.

- Promotes a good latch. This means that you are less likely to develop sore nipples and your baby will get more milk.

Hold your baby skin-to-skin as soon as possible after giving birth. Hold your baby skin-to-skin for an hour or more, as long as you wish.

As your baby grows, continue holding your baby skin-to-skin often and for long periods. Premature babies benefit from this, too. Sometimes this is called Kangaroo Mother Care.

Your partner, or another person you are close to, can also provide skin-to-skin care to comfort and nurture your baby from time to time.

### *Baby-Led Latching (also called Laid-Back Breastfeeding)*

Baby-led latching is a natural and simple way for your baby to find your breast right after birth or any time you are breastfeeding. It is especially helpful when your baby is learning to breastfeed, when your baby is not breastfeeding well, or when your nipples are sore.

- Sit comfortably with support, leaning back.
- Hold your baby skin-to-skin on your upper chest and between your breasts, so that her tummy rests on your chest.
- Your baby was born with a reflex that helps her find your nipple. It is called the “rooting” reflex. You will notice her turning her head or moving it up and down looking for your breast. This may look like bobbing or pecking.
- Support your baby’s back and bottom with your arm and hand while she moves towards your breast. When her shoulders and hips are supported, she can tilt her head back a little. This will help her latch.
- Your baby will find your nipple. She may touch it with her hands first.
- After a few tries your baby will push her chin into your breast, reach up with an open mouth, and latch to your breast.
- Once your baby is latched, you can adjust your position and your baby’s position to make sure you are both comfortable.

## Cue-Based Feeding

Breastfeed your baby often. Most babies feed at least 8 times in 24 hours. Watch for your baby's cues. Your baby will tell you when she is ready to feed and when she is finished. Your baby will show that she is ready and eager to feed. She will show some signs called feeding cues.

### Early Cues: "I'm hungry."

- Stirring, moving arms.
- Mouth opening, yawning or licking.
- Hand to mouth movements.
- Turning head from side to side.
- Rooting, seeking to reach things with her mouth.

### Mid cues: "I'm really hungry."

- Stretching.
- Moving more and more.
- Hand to mouth movements.
- Sucking, cooing or sighing sounds.

### Late cues: "Calm me, then feed me."

- Crying.
- Agitated body movements.
- Colour turning red.

If your baby shows late feeding cues, it is time to calm your baby before feeding her.

#### **You can do this by:**

- Cuddling.
- Skin-to-skin holding.
- Talking or singing.
- Stroking or rocking.

At the start of the feed, your baby will have shallow and quick sucks. When your milk starts to flow, the sucks will become deep and slow. You will notice a pause during the suck when your baby's mouth opens the widest.

Your baby is drinking milk during this pause and you probably will hear or see her swallowing.



# BABY FEEDING CUES (SIGNS)

Early cues

*"I'm hungry"*



Stirring



Mouth opening



Turning head Seeking/rooting

Mid cues

*"I'm really hungry"*



Stretching



Increasing movement



Hand to mouth

Late cues

*"Calm me, then feed me"*



Crying



Agitated body movements



Colour turning red

## Time to calm crying baby

- Cuddling
- Talking
- Skin-to-skin on chest
- Stroking



## Hand Expressing Colostrum or Breastmilk

Hand expressing colostrum or breastmilk is important because it helps you to:

- Express a few drops of milk to get baby interested in latching.
- Gently rub a few drops of milk into your nipples to prevent soreness.
- Soften your breasts near your nipples before latching your baby, if they are very full.
- Make your breasts comfortable if they are full and your baby is not feeding.
- Express milk for your baby if you are going to be away from her or need to feed her other than directly at the breast.

You can practice expressing breastmilk as soon as your baby is born or even a week or two before your baby is born. In the first 2 –3 days after birth, you will get a small amount of colostrum, maybe 5 –10 ml (1 –2 teaspoons) or less. Colostrum, a rich, yellowish fluid, is the first milk.

It is important for your baby to get your colostrum, because it helps your baby's immune system and is very rich in nutrients.

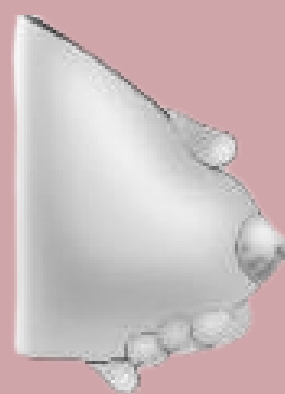
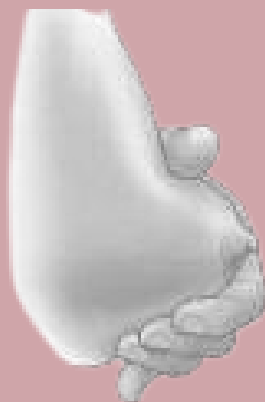
*Press*

*Compress*

*Relax*



(back towards your chest)



To express colostrum for your baby:

- Wash your hands well.
- Find a place where you are comfortable and relaxed.
- Gently massage your breasts from outside towards the nipple. Roll your nipple between your fingers.
- Hold your breast with one hand, not too close to the nipple. The thumb and fingers of your hand should be opposite each other and about 2 ½ –4 cm (1 to 1½ inches) back from your nipple. Lift your breast slightly, and gently press the breast inwards toward your chest.
- Lightly compress your thumb and fingers together in a rolling motion towards the nipple.
- Relax your fingers for a couple of seconds then repeat the same motion. Do not squeeze the base of your nipple, as this will stop the flow of milk.
- Move around your breast so you are expressing from the entire breast. Continue this until the flow of milk has stopped. You may want to switch hands and switch from one breast to the other now and again.
- Collect the milk on a teaspoon or a container with a wide mouth if your baby has not latched on and fed. You can then feed your baby the colostrum using a cup or spoon.

Ask your health care provider, hospital or public health nurse to show you how to do this.

Sometimes a mother may be separated from her baby after the birth. Or your baby may not be able to breastfeed right away. In both cases, it is important to establish and maintain your milk supply. If your baby is not taking milk directly from your breast, you can establish your milk supply by hand expressing or pumping. It is important that you remove milk as many times as a baby would feed, at least 8 times in 24 hours.



# EXPRESS YOURSELF

Believe it or not, you can have a social and work life, and still breastfeed for as long as you want. The trick is to learn how to express your breastmilk. It may seem strange but it enables you to go out or go back to work. It's also a useful tool to help overcome some breastfeeding problems.



## *Getting your breastmilk into a bottle*

Expressing can be as simple and easy as standing over a bowl, while you gently massage your milk into it. However, if you are going to be doing it regularly, it's worth buying an inexpensive manual pump that will speed up the process.

You can also hire electric breast pumps from many pharmacies, your local maternity hospital. There are all sorts of pumps out there.

## *Expressing while at work*

By expressing at work, you can ensure your baby still gets all the health benefits of breast milk.

By law, your employer is obliged to 'reasonably accommodate' your breastfeeding. Before you go back, let them know you'll need a private room with a comfy chair where you can express, and somewhere to store your equipment. If possible, try to express at the times you'd normally feed your baby. Make sure your workplace has a fridge where you can store your milk, and make sure you label it clearly!



# ADAPTING BREASTFEEDING TO YOUR LIFESTYLE

## *Going out with baby*

In the early days, you may feel breastfeeding is consuming all of your time. The reality is, however, it actually gives you more freedom and makes getting out and about easier. There are no bottles and containers to carry around, and you don't have to try find somewhere to heat up bottles. The big department stores and shopping centres all have parenting rooms. An artfully draped baby blanket allows you to feed in privacy. And if you're flying, breastfeeding during take-off and landing ensures baby (and your fellow passengers) stay happy.

## *Travelling without baby*

To keep your milk supply up, express at the times you would normally feed your baby. Baby can still enjoy breastmilk while you are away if you stockpile expressed milk in your freezer. If you are having problems producing enough, contact an expert for some advice.

## *Physical activity and sport*

Not only is physical activity great for your health, it will feel wonderful to have time to yourself. Don't push yourself too hard at first and remember to drink enough water before, during and after physical activity to quench thirst.

## *Having a drink or two*

Alcohol can affect breastmilk production and baby's development. Because it is unknown how much alcohol is safe to drink when breastfeeding, it is recommended not to drink any alcohol. While alcohol is in your bloodstream it is also in your breastmilk. There are safer ways to fit in the occasional drink. If you have a special occasion and want to drink alcohol, plan ahead to express and stockpile your breastmilk. If you simply want the occasional glass of wine at night, time it for your baby's long sleep and feed bub before you drink.



For every standard drink you have, wait two hours before breastfeeding (a standard drink equals 100ml of wine, 285ml of beer or 30ml of spirits).

## Smoking

While parents should be encouraged to stop or reduce smoking, women who do choose to smoke can still breastfeed. In fact the health benefits of breastfeeding are especially important for these babies as it can reduce some of the health risks of smoke exposure, such as the chance of SIDS. For information about quitting or using Nicotine Replacement Therapy (patches and gum) while breastfeeding speak to a health professional.

## Dieting

Research shows you can safely lose 0.5kg a week without affecting your baby's health, if you maintain a balanced diet. You put the weight on over nine months, so give yourself nine months to take it off.

## Sex

After having baby at your breasts all day, you mightn't want your partner touching them. This is a very common and normal response. Gently let your partner know how you feel beforehand. If you find your breasts leak during sex, consider expressing.

## Leaky breasts

In the early days, if you miss a feed or expressing session, your breasts can start to leak. Breast pads, available from pharmacies and supermarkets, can save you from ending up with wet stains on your T-shirt.



SECTION 3

# LEARNING TO BREASTFEED

## *Breastfeeding Positions*

When you are about to feed your baby make sure you and your baby are in a position that makes it easy to breastfeed. Mothers and babies can breastfeed in many different positions. At first, you may find you are more comfortable in a certain position like sitting back in a favourite chair or lying in your bed. As you and your baby become breastfeeding experts, you will be able to feed your baby anywhere, while walking, carrying him in a carrier, or sitting at the table.

Whichever position you like to use (laid back breastfeeding, sitting up or lying down), your baby should be in a position that allows for a deep latch and easy swallowing.

Here are a few points to keep in mind:

- Have your back well supported.
- Make sure you are in a position that does not cause you pain (from an episiotomy or c-section).
- Your baby's ear, shoulder and hip should be in a straight line.
- Your baby's head should be slightly tilted back. This allows him to latch deeply and swallow easily.

## *Helping Your Baby to Latch*

A deep latch is very important because it lets your baby get milk easily without hurting your nipples or breasts. Your baby will take the whole or most of the darker or pink area around your nipple (your areola) into his mouth. That helps him "milk" the breast and will not hurt your nipple.

- When your baby is ready to latch, bring him to your breasts.
- Make sure your baby is turned towards you or even lying on top of your chest – **Tummy to Mommy.**
- As your baby starts to search for your breast, support his body so that his head is at the level of your breasts – **Face to Breast.**

If you are sitting up, you may need to support his shoulders and neck with the palm of your hand. This will allow your baby to move or even lift his head.

If you are sitting up, you may need to support his shoulders and neck with the palm of your hand. This will allow your baby to move or even lift his head.

- Help your baby get into a position where his nose is at the level of your nipple. This will help him open wide and get a big mouthful of your breast –**Nose to Nipple**.
- If you are sitting up, tuck your baby's whole body in close, his bottom and legs too.
- If you have larger breasts, it sometimes helps to hold your breast by cupping it with your hand.

Your fingers should be well back from the darker or pink area (areola) around your nipple.

Your index finger should rest on your breast below baby's chin and your thumb above his nose.

This will allow your baby to latch deeply.

- Your baby's chin and lower lip will touch your breast first.
- Your nipple will be pointing toward your baby's nose while you wait for his mouth to open wide over your nipple.
- Your baby should have more of the breast below your nipple (rather than above your nipple) in his mouth. His chin will be against your breast, and his nose will be slightly away from the breast.

Breastfeeding is a learning process, and it may take longer than you expected. It is the most comforting and emotionally bonding experience you can have with your baby. Even at 6 months, if she gets really upset, holding her skin-to-skin and/or breastfeeding her will always soothe my daughter.

You don't need to push your baby onto your breast. In fact, babies don't like getting pushed and may push back against your hand. This can make you think your baby does not want to feed.

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## *How to Tell if Your Baby is Latched Well*

While your baby is nursing you will know your baby is latched on well if these things are happening:

- Breastfeeding is comfortable for you.
- Your baby has a strong, slow, regular suck.
- You can hear swallowing.
- Your baby's mouth is wide open with flared lips.
- Your baby's ears or temple are moving while he sucks.

When your baby is finished nursing:

- Your nipples will have a normal, rounded shape and they should not look pinched.
- Your breasts may feel softer. This is more noticeable during the first few weeks of breastfeeding.
- Your baby should be relaxed and content. Younger babies may fall asleep when they are done feeding. Older babies may stay awake but let you know they are done feeding by turning away or starting to play.
- Younger babies often fall asleep at the breast, but when you take them away, they wake up again. If your baby does this, it is a sign that he was not yet finished.

## *Signs that Breastfeeding is Going Well*

### **How often should I breastfeed and for how long?**

Most newborn babies feed at least 8 times in 24 hours. Breastfeeding provides food for your baby to grow and develop. It is also comforting and helps you and your baby develop a close emotional connection. Some babies feed regularly and establish a routine quickly, others like to have short feeds very often especially in the evening or at night. This is called cluster feeding. It is very common in the first few weeks.

This will ensure you have a good milk supply as your baby grows. Some babies feed for 20 minutes, others take much longer.

You do not need to time his feeds or worry about him as long as your baby:

- Feeds often, at least 8 times in 24 hours.
- Feeds with strong sucking and swallowing.
- Has plenty of wet and dirty diapers.
- Gains weight consistently

*Remember; watch your baby, not the clock.*

As babies get older they may change how long or how often they feed. Follow your baby's cues. Your baby knows when he is hungry and when he is full.

Whenever your baby wants to feed, start with the breast that your baby did not feed from. If he fed from both breasts, start with the breast from which your baby fed last.

Let your baby feed as long as he is interested. Switch to the other breast:

- Once the first breast feels softer.
- Your baby is no longer sucking actively.
- Your baby lets go of the breast or falls asleep.

Make sure your baby feeds from both your breasts regularly. Some women keep track by putting a ribbon on their bra or a bracelet on their arm. Do whatever works for you and your baby.

Some babies release the breast, others don't. If your baby has been pausing a lot and is no longer swallowing, you can take him off your breast. Slip a finger between your breast and your baby's mouth to break the suction. Some babies always feed from both breasts, others don't. Some babies have a short nap and then feed from the other breast.

## Breast Compressions

Some newborn babies fall asleep easily while they are feeding. To encourage your baby to keep feeding until he is full, you can use breast compressions. If your baby falls asleep after only a few minutes at the breast, compress your breast behind the areola to help your milk to flow. Do not squeeze so hard that it hurts. This will help your baby start sucking again. You can do this throughout the feeding or at the end of the feeding when your baby starts to get sleepy.

## Is my Baby Getting Enough Milk?

These are signs that your baby is getting enough milk (refer to chart below):














- Your baby feeds at least 8 times every 24 hours.
- Your baby has enough wet and dirty diapers according to his age.
- Your baby is active and has a strong cry.
- Your baby has a wet, pink mouth, and bright eyes.

To make sure your baby is getting enough milk during the first week, keep track of the number of wet and dirty diapers in a 24 hour period.

In the beginning it can be hard for new parents to know if their baby has a wet diaper.

A very wet diaper is heavier than a dry diaper. If you want to know what a very wet diaper feels like, pour 30 ml (2 tablespoons) of water on a dry diaper. Your baby's urine (pee) should be clear or pale yellow, and it should have no smell. If a dirty diaper is heavy, count it as both a wet diaper and a stool.

*If your baby does not have enough wet and dirty diapers, get help right away!*

GUIDELINES FOR NURSING MOTHERS									
Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	 At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.								
Your Baby's Tummy Size	 Size of a cherry		 Size of a walnut		 Size of an apricot		 Size of an egg		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	 At least 1 WET	 At least 2 WET	 At least 3 WET	 At least 4 WET	 At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE				
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	 At least 1 to 2 BLACK OR DARK GREEN, BROWN, GREEN, OR YELLOW		 At least 3		 At least 3 large, soft and seedy				
Your Baby's Weight	Babies lose an average of 7% of their birth weight in the first 3 days after birth. From Day 4 onward your baby should gain 20 to 35g per day (2/3 to 1 1/3 oz) and regain his or her birth weight by 10 to 14 days.								
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

Breast milk is all the food a baby needs for the first six months — At six months of age begin introducing solid foods while continuing to breastfeed until age two or older. (WHO, UNICEF, Canadian Pediatric Society)

If you need help ask your doctor, nurse, or midwife.

Some newborn babies fall asleep easily while they are feeding. To encourage your baby to keep feeding until he is full, you can use breast compressions. If your baby falls asleep after only a few minutes at the breast, compress your breast behind the areola to help your milk to flow. Do not squeeze so hard that it hurts. This will help your baby start sucking again. You can do this throughout the feeding or at the end of the feeding when your baby starts to get sleepy. Babies lose an average of 7% of their birth weight in the first 3 days after birth. For example, a 7 pound baby will lose about 230 grams or 1/2 a pound. From day 4 onward your baby should gain 20 –35 g (2/3 –1 1/3 oz) per day and regain his birth weight by 10 –14 days. During the first 3 –4 months your baby should continue to gain 20 –35 g (2/3 –1 1/3 oz) per day. If your baby is not gaining enough, wake your baby for more feedings, and get help to make sure your baby is feeding well.

Always breastfeed your baby when he seems hungry.

Always breastfeed your baby when he seems hungry.

Up to about 3 weeks of age, breastfed babies should have 3 or more large, soft, seedy stools per day. Go to the section on Getting Help if your baby does not have 3 or more stools per day under 3 weeks of age.

Around one month of age some babies will have only 1 –2 stools per day. Some have one large stool every few days. This is normal as long as your baby is feeding well, seems content and his stools are soft. If your baby is not feeding well, is more fussy than usual or has not had a stool in more than a week, go to section Getting Help.

Partners or family members can help in so many ways. Changing baby, burping, rocking or singing can help them get to know the baby and know they are doing their part.

## *Your Baby's Stomach Size*

Your baby needs to feed often, because her stomach is small. When your baby is born, her stomach is about the size of a cherry and holds about 5-7 ml. By day 3, your baby's stomach increases to about the size of a walnut and holds about 22-27 ml. Around 7 days old, your baby's stomach is about the size of an egg and holds about 60 ml.



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& NEWBORN CARE SPECIALIST

# SOME BREASTFEEDING MYTHS

*My mum couldn't breastfeed so I probably can't either.*

Sadly, many mums in the past were not given the right information and support to be able to breastfeed their babies. We know that most mums are able to breastfeed if they are given that information and support.

*My partner won't bond with the baby if he can't feed her.*

Dads can still have a special relationship with their baby if their partner is breastfeeding. This includes bathing, burping and settling.

*The baby will be clingy and I won't be able to leave him or her any where.*

Babies do not have the ability to be manipulative, and breastfeeding doesn't make them only dependent on their mum for comfort. As they develop trusting relationships, they will grow to be happy and independent.

*Breastfeeding is really painful, and it's usual to get cracked and grazed nipples.*

Breastfeeding can be uncomfortable when starting out, but it does get better. If it is really painful, or you have damaged nipples, get some help because this is not normal.

*You can't tell how much milk the baby is getting when you breastfeed, but you can if you bottle-feed.*

Knowing if baby is getting enough milk is a common worry for mums. If the baby is weeing, pooing and gaining weight, most mums can be reassured that the baby is getting enough breastmilk.



SECTION 4

# IMPORTANT THINGS TO KNOW

## *Waking a Sleepy Baby*

Some newborn babies are sleepy. That means your baby may not wake up on her own at least 8 times in 24 hours. Or your baby may latch and may fall asleep shortly after the feeding has started. Until your baby is waking up regularly and gaining weight steadily, you may sometimes have to wake your baby.

### **Tips to wake and feed a sleepy baby:**

- Keep your baby close so you notice when she shows some feeding cues. Babies can feed even when they are not fully awake or drowsy, but feed best when they show feeding cues.
- Feed your baby as soon as she shows some feeding cues, or she may go back into a deeper sleep.
- Your baby will breastfeed more often, if she is kept skin-to-skin on your chest while you are awake.
- Unwrap your baby and undress her. Change her diaper if it is wet or dirty.
- Lift her to your shoulder and rub her back. Massage her body.
- Roll her gently from side to side. Talk to her.
- Express a little milk from your nipple when you bring her to the breast so there is something to tempt her.
- Using breast compressions during feeds will encourage sleepy babies to be more alert and increase the amount of milk they take in.

## Growth Spurts

Babies have some days when they seem hungrier than usual. These times are called growth spurts and commonly occur at around 10 days, 2 – 3 weeks, 6 weeks, 3 months, and 6 months of age. When this happens, some mothers worry that they do not have enough milk. There is no need to worry. The more you feed your baby, the more milk you will produce.

## Sore Nipples

At first, most mothers feel a tug when their baby sucks. This can be a little uncomfortable. You should not experience any nipple pain. The most common cause of sore nipples is a poor latch. If your nipples are sore from a poor latch, you may find:

- The pain started 1 –4 days after birth.
- The pain may be worse at the start of feedings, and then improve.
- Your nipples may appear pinched or misshaped after feedings.
- Your nipples may be damaged or bleeding. (Swallowing blood from your nipples will not harm your baby.)

### To prevent and improve sore nipples make sure:

- Your baby has a wide open mouth and is latched on to the areola.
- Your baby's tongue is under the nipple and her lips are flared out.
- Your baby's head is tilted back a little so he can open his mouth wide.
- Your hand is positioned back from the nipple area and your fingers are not touching your baby's cheeks or lips.

### If you have sore nipples:

- Rub expressed breastmilk on your nipples after feeding.
- Air-dry your nipples following feedings. You may find it more comfortable to leave your bra flaps down as much as possible between feeds and wear a loose cotton T-shirt. You can also expose your nipples to air while you are sleeping.
- Keep your nipples dry and change damp nursing pads often.
- Breastfeed on the least sore side first until your nipple feels better.
- Try laid-back breastfeeding, see page 12, or try a different position.
- If you are sitting up, support your breast during the feeding.
- Get help to make sure your baby has a deep latch or to check what is causing your nipples to be sore.

If you do not feel some improvement within 24 hours or you notice redness, bruises or cracks call your health care provider for help.

### *Using a Pacifier*

Many breastfed babies never use a pacifier. The way babies suck on a pacifier is different from the way they suck at the breast. While your baby is still learning to breastfeed she may find it difficult to go from breast to pacifier and back again. Sometimes babies change the way they suck at the breast and become less efficient. This may cause sore nipples, or the baby may not gain weight well. Using a pacifier can cause mothers to make less milk. Pacifiers can also increase the risk of babies getting ear infections and having later dental problems. If you decide to use a pacifier, only give it to your baby for a short time after she has fed.

# Engorgement

Most women find their breasts feel larger and heavier on day 3 or 4 after the baby was born. This may last for about 48 hours. If your breasts feel swollen and tender, it is called engorgement. If your breasts become engorged, it may be more difficult for your baby to latch. Engorgement usually happens during the first week of breastfeeding, when your milk production starts to change from colostrum to milk.

## **It can be due to:**

- Increased blood flow to your breasts.
- Swelling of your breast tissue.
- More milk in your breasts than your baby is removing.

## **You can often prevent engorgement if you:**

- Breastfeed whenever your baby wants to, at least 8 times in 24 hours.
- Make sure your baby is latched well and feeding efficiently. You should hear your baby swallowing often.
- Use both breasts at each feeding. If your baby will not take the second breast, and it feels very full, express enough milk from that side to make you feel comfortable. After a few days your breasts will feel more comfortable.

## **If your breasts are engorged:**

- Breastfeed your baby more often.
- If your baby will not latch, express breastmilk to soften the areola then try again.
- Some mothers find it more comfortable to wear a bra. Other mothers prefer to go without. If you wear a bra, make sure it is not too tight.
- Apply a wrapped ice pack or cold compress to your breasts between feedings.
- If the engorgement does not improve and your baby does not seem to be feeding well, express milk from your breasts until they feel softer and get help.

After your engorgement is completely gone (at about 10 –14 days) your breasts will feel softer and less full. This is because the swelling has gone away. It does not mean you are losing your milk.



# COMMON FEEDING PROBLEMS AND SOLUTIONS

Many mums will at some time encounter difficulties with breastfeeding, but rest assured there's plenty of help available. Your midwife or a lactation consultant will be happy to help.

## *I don't think I'm producing enough milk*

Your body is an amazing machine and produces as much milk as your baby requires. It is very rare for a woman not to be able to produce enough milk. Your baby is getting enough milk if they:

- Have six heavily wet nappies a day.
- Are passing soft, mustard-coloured poo.
- Look bright-eyed, alert, healthy and have good skin colour.
- Are feeding around eight to twelve times a day, depending on baby's age and storage capacity of your breasts.
- Are gaining weight over time. Baby should be back to his or her birth weight by two weeks of age.

If you do want to increase your milk supply follow some of this advice:

- Increase the frequency of feeds. The more baby feeds, the more milk you will make.
- Eat a variety of health foods throughout the day and stay hydrated (water is best).
- Unless there is a medical reason, avoid supplementing baby's feeds with formula as the less baby drinks from you, the less milk you will produce.
- Try not to use a dummy, they can reduce breastfeeds and breastmilk production. Breastfeeding will also comfort baby.
- Relax when you breastfeed. Find a quiet spot and turn the phone off.
- Get more sleep (possibly wishful thinking). Have a nap when baby naps, or just relax with a book or walk in the garden.

## *My breasts are swollen!*

In that first week when your milk comes in, your breasts can feel as hard as rocks. Don't worry, the swelling and tenderness usually go away in a day or two. In the meantime:

- Wear a supportive, well-fitting bra (no under wire).
- Breastfeed often – eight to twelve times in 24 hours.
- Apply cold packs (heat will make it worse) to your breasts after each feed.
- Hand express a small amount for your comfort before or after a feed.
- If breasts are hard and baby cannot attach, you may be engorged and need to seek help.

# Storing Your Breastmilk

If you have expressed some breastmilk and want to keep it for your baby, use the guidelines given to you by your health care provider. Below are the storage guidelines from the Academy of Breastfeeding Medicine.

**Storage times for healthy babies who are at home**

If you are expressing for a healthy full-term baby at home, store breastmilk using the following guidelines:

- At room temperature: 3- 4 hours
- Cooler with a freezer pack: 24 hours
- Fresh milk in refrigerator: 3- 5 days
- Thawed milk in refrigerator: 1 day
- Refrigerator freezer (separate door): 3 - 6 months
- Deep freezer: 6 - 12 months

Use clean glass or hard plastic containers that are BPA free, or bags made for freezing milk. Do not use baby bottle liners because they often break. Mark the date you expressed the milk on the container. Use the older milk first. Throw out any milk that is older than the storage times given.

You can cup or spoon feed your baby expressed breastmilk. If you would like more information or help, contact your local public health unit.

Breast milk	Room temperature	Refrigerator	Freezer
Freshly expressed into a clean container	6 to 8 hours (26°C or lower)  Store in refrigerator if one is available	3 to 5 days (4°C or lower)  Store in back of refrigerator where it is coldest	Two weeks in freezer compartment inside a refrigerator (store in the back to prevent thawing while the door is open)  Three months in freezer section of refrigerator (with separate door) 6 to 12 months in deep freeze  (-18°C or lower)

## Calming a Fussy Baby

Babies cry for many reasons –discomfort, loneliness, hunger, fear, tension, or tiredness. Some babies cry more than others even when they are healthy and well fed. This happens more often in the first three months. It also happens more at night. You cannot spoil your baby by holding and comforting her. In fact, babies develop best when their parents respond to their needs and cues.

### **When your baby seems to cry for no reason, try these suggestions:**

- If you know your baby has been well fed and burped, try skin-to-skin, walking, rocking or standing and swaying. Babies become familiar with their mother's heartbeat, voice and movements in the months before birth and are calmed this way.
- Change your baby's diaper if it is wet or dirty.
- Adjust your baby's coverings or clothes if he seems too warm or too cool.
- Offer your breast again. Use breast compressions and offer the first and second breast again.
- Use calming strategies to calm yourself, such as counting slowly to ten, breathing deeply, or pretending you are blowing bubbles. These strategies will often calm your baby, too.
- If you are getting frustrated, ask your partner or someone else to hold your baby while you take a break.

## Burping Your Baby

A breastfed baby does not swallow much air. It is still a good idea to burp your baby. Some babies fuss, if they need to burp. Burping may also help to wake your baby up so she can continue to feed if she wishes. Watch your baby to see how often she needs to be burped.

- Some babies need to be burped during a feeding and again at the end.
- Some babies burp on their own, while feeding or when they are done.
- Some babies may not burp every time.
- Some babies spit up after feedings. As long as your baby appears content and gains weight as the weeks go on, don't worry about spitting up mouthfuls of milk.

### To burp your baby:

- Hold your baby against your shoulder or have her sitting on your lap.
- Support her head and pat or rub her back. A bubble of air can come up more easily if her back is straight.



# BREASTFEEDING 12 MONTHS +



Breastfeeding has health and other benefits for mum and baby regardless of how old baby is. It is recommended that mums breastfeed for at least 12 months. At this age baby can then switch straight to cow's milk in a cup or have a combination of the two.

Some people believe that as soon as your child has teeth, start solids or can ask for a breastfeed, they should be off it. Others feel breastfeeding for too long will make kids more dependent or clingy, which is opposite to the evidence that this attachment actually makes them more secure and independent. There's no set age at which your child should stop breastfeeding. The longer you breastfeed for, the greater the benefits are for both you and your baby. So if breastfeeding is still working for you and baby after 12 months there's no reason to stop.

## *Breastfeeding in public*

Using a baby blanket draped over your shoulder or investing in a nursing top that will allow discrete feeding can make it more comfortable for you. For mums that aren't comfortable breastfeeding in public, most large shopping centres now have parent rooms with areas for breastfeeding. It is perfectly acceptable to breastfeed in public, and it is actually against the law for people or businesses to ask you to stop or go somewhere else. Talk with other breastfeeding mums or your health worker to get some further hints. With time and practice, you will find the confidence to breastfeed your baby wherever you are.



# WHEN YOU ARE NOT SURE IF BREASTFEEDING IS FOR YOU

Breastmilk is important for your baby, however some mums can struggle to keep up with their baby's needs, and other mums aren't sure that breastfeeding is right for them.

## *How to combine breastfeeding and formula feeding*

Any breastmilk, no matter how much or how it is given, has benefits for you and your baby. If you cannot, or choose not to, give your baby only breastmilk, here are some suggestions to help you combine breastfeeding with formula feeding:

- If you can, always breastfeed first before giving formula.
- If you cannot express enough for a feed, breastmilk can be combined with formula in the same bottle.
- Any breastmilk added into formula gives it a 'boost', even if it is only a few drops.
- If you choose to give the whole feed by a bottle (whether it is all expressed breastmilk or combined breastmilk and formula), you can still put your baby to the breast afterwards, this helps with your supply and both mum and baby can enjoy this special time.
- The more you express, or breastfeed, the more milk you will produce.

When choosing a formula to supplement your breastfeeding the important things for you to know are:

- All brands have to meet standards so choose whichever is easy for you to get.
- Always follow the instructions for preparation.
- For safety always only prepare one bottle at a time.
- The more formula baby has instead of breastmilk, the more it will affect your breastfeeding.

### **What some mums have said:**

"We are still having some problems with breastfeeding, so I bottle-feed my baby expressed breastmilk when we are out."

"I always started with a breastfeed, and then offered my baby some formula afterwards if she was still hungry."

"Although my baby does not get a lot of milk from my breast, we sometimes enjoy just having time out, quiet time together with her sucking at my breast."



# INTRODUCING SOLIDS

Up until six months of age, a baby's digestive system is not developed enough to cope with solid food. Breastmilk is all the food and drink your baby needs. At around six months, you can start introducing solid foods. Begin with iron-rich foods, followed by other foods in any order that suits your baby. Start off with pureed foods, moving to lumpy, and then on to normal textures by 12 months. Until baby is eating from a wide range of foods it's best to breastfeed before a meal to ensure all baby's nutritional needs are being met.

Solids and breastfeeding together after 6 months provides baby with all the nutrients they need. For your baby and you to enjoy all the benefits breastfeeding can bring, see if you can do it for 12 months or more.

## *Why wait until six months?*

The current recommendation is to introduce solids at around six months. Introducing solids before then increases the risk of gut and chest infections, it can reduce the intake of nutrients supplied through breastmilk, which can decrease growth and delay development. In addition to age, babies need to show signs of readiness to start solids (i.e. sit up and hold their head steady, open their mouth when food is offered, and swallow instead of suck). Despite often being given as a reason to start, solids do not make babies sleep better.

## *Combining solids and breastfeeding*

When starting solids, food should be offered after a breastfeed, when your baby is more settled. Given that breastmilk supplies around half a baby's nutritional needs up to the first year, it is important to combine the two. Once baby is eating a variety of foods two to three times a day, breastfeed after and between each meal.

## *First foods*

Solids are introduced around six months to meet your baby's increased nutritional needs (especially for iron) and to support healthy growth and development. Suitable first foods high in iron include baby rice cereal with added iron or pureed meat. Pureed vegetables, fruits and yogurt or custard should follow, but remember not to add sugar, honey or salt. If your baby refuses food, don't worry and try again in a day or two. It can take up to 15 times before babies will accept a new food – be patient.



SECTION 5

# FREQUENTLY ASKED QUESTIONS

*If I have small breasts, will I be able to make enough milk?*

Small and large breasts can make the same amount of milk. The amount of milk you make is directly related to the amount of milk that is removed from your breasts when your baby breastfeeds, or when you express breastmilk.

*I've had breast surgery. Can I breastfeed?*

Being able to produce enough milk following breast surgery depends on several factors:

- The kind of surgery you had.
- The way the surgery was done.
- Whether there is damage to nerves and ducts.
- The length of time since the surgery was done.

It is impossible to predict what success a woman will have with breastfeeding after breast surgery.

The only way to know for sure if you can breastfeed is to try. It may take longer than usual to get breastfeeding started. Your baby should be seen by a health care provider regularly in the first few weeks.

*My nipples are flat or inverted. Can I breastfeed?*

Most babies will learn to latch regardless what size or shape your nipples are, even if they are flat or inverted. It may take some time for you and your baby to learn what works for you. If you and your baby are having problems, get help right away.

*Should I give my baby any vitamins?*

The Public Health Agency advise that all breastfed babies be given Vitamin D drops. You can get these at your local pharmacy. Talk to your health care provider about how much to give him.

## *What if I don't have enough breastmilk?*

Most women have more than enough milk for their babies. Here are some things you can do to make sure you have plenty of milk for your baby.

- Start breastfeeding as soon as possible after your baby is born.
- Breastfeed your baby often, at least 8 times in 24 hours or more.
- Hold your baby skin-to-skin as much as possible.
- Offer your breast whenever your baby is fussy or shows feeding cues.

## *Why does my baby gulp, choke and fuss or come off the breast right after I start nursing her?*

Sometimes the milk comes very fast at the beginning of the feeding. This is called over-active milk ejection reflex (let-down). It may cause your baby to be gassy, spit up or have watery stools. It is most common in the first 6 weeks of breastfeeding. Here are some things you can do:

- Breastfeed immediately when your baby wakes up, before she gets too hungry. Your baby will suckle more gently.
- Hand express some breastmilk before you begin feeding. Once your milk starts to spray, wait until the spray stops before putting your baby on the breast.
- Lie down or lean back while feeding so your milk will be flowing uphill.
- Let your baby breastfeed for a longer time on the first breast before switching him to the other side. In some cases it is helpful to feed on one breast per feeding. Switch to the other breast at the next feeding.
- Stop and burp your baby whenever your baby gulps, coughs, or chokes.

## *My breasts feel much softer than they did at the beginning. Do I have less milk?*

The amount of milk in your breasts is not related to how your breasts feel. Your breasts change over time and adapt to your growing baby. Usually, having an older baby means having softer breasts.

*I have a fever and one of my breasts hurts. Can I still breastfeed?*

If you have pain, swelling or redness in your breast and have a fever, you may have a breast infection, also called mastitis. It is okay to continue breastfeeding. In fact, it is very important to empty the breast with the infection regularly, or the infection may get worse. Contact your health care provider to get treatment.

Just listen to your baby! They know when they are hungry and when they need to be comforted. Persevere because it does get easier... give it a couple of months at least to get to know each other. It is such a short amount of time in the grand scheme of things.

*I noticed a lump in my breast. What is it?*

If you notice a lump in your breast while you are breastfeeding it is most likely a blocked duct. Continue to breastfeed your baby and check the information about blocked ducts. Tell your health care provider if you have a lump in your breast that does not go away.

*I have more milk than my baby needs. In fact, I have a lot of milk stored in my freezer. What can I do?*

It is quite normal for some mothers to have more milk than the baby needs during the first few weeks of breastfeeding, especially if you have a small or premature baby. It usually settles down in a few weeks. Some mothers continue to have an over-abundant milk supply. This may be natural for your body or it may be caused by expressing milk regularly as well as feeding your baby. If you are expressing your breastmilk, decrease the number of times you are expressing your milk gradually until you are no longer expressing more than your baby needs.

If your milk supply is over-abundant without expressing, try feeding your baby from one breast only at each feeding. This will reduce your milk production.

You can use the milk you have stored in your freezer to mix with infant cereal, or other baby food once your baby starts solids. If you want to provide your milk for sick or premature babies, contact a human milk bank.

*My baby is a few weeks old and has been latching well. Why are my nipples suddenly sore?*

Sometimes a mother or her baby will develop a condition called thrush. This can cause your nipples to become sore. You may also notice white patches in your baby's mouth.

*When will my baby sleep through the night?*

Every baby is different and babies need to feed around the clock, especially in the early days. This meets your baby's needs because of his small tummy and helps you by stimulating your breasts frequently. Going long stretches at night without feeding your baby is not helpful in the first few months.

You may notice your baby wakes more frequently at night if:

- Your baby has a growth spurt.
- Your baby is sick.
- Your baby is learning a new skill like rolling over or standing up.
- Your baby needs to feel secure.
- You have gone back to work or school and are away from your baby more often during the day.

As your baby grows he will wake less often. This takes time for most babies. You are not alone... all new moms dream about when they will be able to sleep through the night. For now, ask for help and rest when your baby is sleeping whenever possible.

*I have been feeling weepy, anxious and irritable. I also feel as if I am not enjoying my baby. Why do I feel like this?*

Some mothers feel sad or have no interest in anything, not even their baby. You are not the only mother this happens to. About 1 in 5 mothers will develop a postpartum mood disorder. There is help. Postpartum mood disorders can be treated with medications, counselling and support from other mothers who have gone through a similar experience. Contact your health care provider if you are feeling like this. thrush. This can cause your nipples to become sore. You may also notice white patches in your baby's mouth.

## *Can I breastfeed when I am sick?*

Even when you are sick you can usually still breastfeed your baby. If you have a cold, flu or another type of infection, your body will make antibodies to fight the illness. You will pass these to your baby through the breastmilk. This will give him some protection against the illness.

When you are sick, it is always best to check with your health care provider if there are any precautions you should take.

## *What should I eat when I am breastfeeding?*

Go ahead and eat all of your favourite healthy foods. Even if you do not have a perfect diet, your milk will contain all the nourishment your baby needs. For your own health, follow your countrys Food Guide, drink lots of fluids, and get plenty of rest. Call your local public health unit .

If you have more questions about your nutrition, contact xxx xxx xxx

## *Is it safe for me to drink alcohol when breastfeeding?*

Alcohol is transferred through breastmilk. It can affect your baby's development, and lower the amount of milk you make. It is best to choose no alcohol while you are breastfeeding. If you choose to have a drink, it is best not to breastfeed for at least 2 hours per drink.

The Motherisk website has more information on drinking while breastfeeding: [www.motherisk.org](http://www.motherisk.org). You can also call Motherisk at 1-877-439-2744.

## *Is it safe to take medication while I am breastfeeding?*

Most medications are safe when you are breastfeeding, but always check with your health care provider, your pharmacist or Motherisk. Speak to your health care provider about breastfeeding if you use street drugs. Street drugs can harm your baby.

## *If I smoke, should I breastfeed?*

Breastfeeding is good for your baby even if you smoke. If you can, try to cut down on smoking or quit. Smoking can cause your baby to be fussy. Heavy smoking can decrease the amount of milk you make. If you or someone else in your home smokes, decrease your baby's exposure to second hand smoke. Babies and children are especially vulnerable to the effects of second hand smoke.

Here are some ideas:

- Breastfeed before you smoke.
- Smoke outside of your home and car.
- Wash your hands well and remove your outer clothes after you smoke.
- Ask people not to smoke around you and your baby.

## *I'm not comfortable breastfeeding in public. What can I do?*

All mothers have the right to feed their babies in public, anywhere, anytime. Most mothers become comfortable with breastfeeding in public once they have done it a few times. You can place a blanket over the baby to cover your breast, or wear layers of clothing to cover any exposed skin. If you don't feel comfortable feeding in public, many malls and public buildings have a clean, private place for breastfeeding mothers. If you don't know where it is, just ask.

## *When should I feed my baby more than breastmilk?*

Babies need only breastmilk and Vitamin D drops for the first 6 months. Once your baby is about 6 months old, you can introduce him to solid foods that are nutritious and high in iron. You can breastfeed your baby for 2 years or longer. Breastmilk is an important part of your baby's nutrition and development during this time, even when your baby is eating all kinds of table food.

Find other moms in your community. The Early Years Centre I went to was the best thing I ever did. I still go there every week and my daughter is 10.5 months old. We talk, listen, share stories and learn. It is amazing that even though breastfeeding is a natural thing, there is still lots to learn.

## *When can I give my baby cow's milk?*

You can introduce cow's milk while continuing to breastfeed. Wait until your baby is 9 to 12 months old, before you introduce cow's milk. When you begin to use cow's milk it is important to use pasteurized whole (3.25 %) milk. Your baby's brain needs the fat and calories in milk to develop properly. Do not give skim, 1% or 2% milk until your child is 2 years of age.

## *What if I'm going back to school or work?*

When you go back to school or work, you can still feed your baby breastmilk.

## *What kind of birth control can I use?*

Breastfeeding and birth control are compatible. Ideally, allow at least 18 months between the birth of one child and the conception of another. You and your partner have several reliable birth control options to choose from.

The following choices have no effect on the breastfeeding relationship and can generally be started soon after childbirth or the postpartum check-up.

- Lactational Amenorrhea Method (explained below)
- Condoms (male and female)
- Spermicides (foam, gel, vaginal contraceptive film)
- Intra-Uterine Device (I.U.D.)
- Diaphragm (must be refitted after childbirth)
- Vasectomy (permanent for male)
- Tubal ligation (permanent for female)

There are also hormone-based contraceptives. If you decide to use a hormonal birth control, it is recommended that mothers use Progestin-only type birth control which can be started after your baby is 6 weeks old.

## Hormone-based birth control choices include:

- Progestin-only
- Mini Pill
- Depo Provera
- Estrogen and progestin
- Birth Control Pill
- Birth Control Patch
- Vaginal Contraceptive Ring

Lactational Amenorrhea Method (LAM) is an effective form of birth control, but only if you answer yes to all of the following statements:

- My baby is less than 6 months old.
- My monthly period has not yet returned (this is what “Amenorrhea” means).
- My baby is fully or nearly fully breastfed.
- My baby breastfeeds at least every four hours during the day and at least every six hours at night.

“Fully breastfed” means that your baby gets all his food from suckling at your breast. “Nearly fully breastfed” means that in addition to breastfeeding and Vitamin D, your baby is only receiving one or two mouthfuls per day of any other fluids or solids.

If you are not planning a pregnancy and have answered no to even one of the statements, you will need to use another form of birth control.

*Will I be able to breastfeed when my baby gets teeth?*

Many mothers worry that once their baby has teeth, he will bite or chew on the nipple. Many babies never use their teeth while breastfeeding. If your baby bites, your natural reaction will be to take the baby off the breast. This will often discourage further biting.

A photograph of two women sitting on a light-colored sofa. The woman on the left is smiling and holding a baby in a light blue outfit. The woman on the right is also smiling and has her hands on her pregnant belly. A semi-transparent pink horizontal band is overlaid across the middle of the image, containing the text 'SECTION 6' in a dark purple, serif font. The background is a bright, out-of-focus window.

# SECTION 6

# GETTING HELP

## *When to get help?*

Breastfeeding is natural, but it can take time to learn. There are times when you may need to get help from a professional. If you need help, contact your health care provider or your local public health unit.

Be sure to get help right away if you notice any of these signs:

- Your baby is nursing fewer than 8 times in 24 hours.
- After Day 4, your baby has black stools.
- After Day 4, your baby has fewer than 3 stools or fewer than 6 very wet diapers in 24 hours.
- Your baby is unusually sleepy, fussy, or restless.

These are other signs that something is wrong.

- Your nipples hurt.
- Your breasts feel hard and painful.
- You feel like you have the flu.

# WHERE TO GET HELP

## *Resources that offer help and support in person, on the phone or on the internet*

PLEASE INCLUDE YOUR COUNTRY HELP INFORMATION HERE. FOR EXAMPLE IN CANADA:

- Public Health Units | [www.serviceontario.ca](http://www.serviceontario.ca)
- La Leche League Canada – mother-to-mother breastfeeding support [www.lllc.ca](http://www.lllc.ca) call 1-800-665-4324
- Telehealth Ontario – free access to a registered nurse 24 hours, call 1-866-797-0000  
[www.health.gov.on.ca/en/public/programs/telehealth/](http://www.health.gov.on.ca/en/public/programs/telehealth/)
- Motherisk – information about drugs and medication [www.motherisk.org](http://www.motherisk.org) call 1-877-439-2744
- EatRight Ontario [www.eatrightontario.ca](http://www.eatrightontario.ca) call 1-877-510-510-2
- INFACt Canada [www.infactcanada.ca](http://www.infactcanada.ca)

## General Practitioners (GPs)

Your GP is a wealth of knowledge when it comes to caring for your family. Some doctors will have more experience than others when it comes to managing breastfeeding, but all will be able to refer you to the best person if they are unable to help.

## Mothers' groups and playgroups

It's always comforting to know you are not the only one having problems. Your fellow mums can be a great support network (just ignore the one who says her angel slept through the night from 5 weeks, she's probably exaggerating). At the very least, you and baby will make new friends.

A number of services organise these groups. Your local child health service, maternity hospital or ABA may be able to introduce you to a mothers' group in your area.

## Other support networks

Having a baby is a life-changing event and coping with the day-to-day stress of a newborn can lead to depression in some mums during this time. Postnatal depression affects almost 16 percent of women. If you are feeling unable to cope with everyday tasks, you may need to seek help.

Don't be afraid to ask for help. Family and friends can be great, but just remember they don't always know what you really need. And make some time for yourself – a happy mum means a happy baby.

## Books and brochures

For more information on different aspects of breastfeeding, check out the pamphlets at your local antenatal clinic and the Child Health Information booklet, which all new parents are given in their baby's personal health record (red book). You can also buy helpful books online at [www.mothersdirect.com.au](http://www.mothersdirect.com.au), which also sells other useful breastfeeding items including breast pumps.

I heard from my friends that have had babies, how they used lactation consultants. They are a wonderful resource to have, if you are having difficulties breastfeeding.

## *Lactation Consultants*

To find a lactation consultant in your area, go to [www.ilca.org](http://www.ilca.org), click on “Directories” and then “Find a Lactation Consultant”. There may be a lactation consultant close to where you live.

## *Local Resources*

There are many local resources available. Find out about your local resources from your health unit, your health care provider, your hospital, other mothers or the internet. Write them down in the space below for quick reference.



I am extremely grateful for this booklet and groups that support breastfeeding. When my daughter was first born I was lost and an emotional wreck. I was overwhelmed at all the support my region offered. The other mothers in the support groups were amazing! Telling each of our stories, successes and struggles allowed me to leave there with confidence in my decision to keep breastfeeding. These groups and booklets are really important.

# DAD CAN BE A BIG HELP TOO



SLEEPING  
Little Angels

CONCIERGE POSTPARTUM DOULA  
NEURO-PLAY DEVELOPMENT CONSULTANT  
& NEWBORN CARE SPECIALIST

When everyone is busy fussing over mum and bub in the early days, it's easy for dad's feelings and concerns to be overlooked. If your partner chooses to breastfeed, you may be:

- Worrying that bonding with your baby won't come as naturally as it does for your partner.
- Feeling inadequate that nothing you do can compete with breastfeeding.
- Resenting baby for 'coming between' you and your partner and feeling relief when it is weaned.
- Thinking that because your partner can give birth and breastfeed she is naturally a better parent.
- Wanting to find 'quick fix' solutions to your partner's tiredness by introducing formula feeding.

Even though breastfeeding is not always easy for you and your partner, you will be doing mum and baby's health a huge favour by supporting it. You'll be helping protect your child from SIDS, asthma, allergies, diabetes, gut and chest infections, just to name just a few.

Breastfeeding also helps protect your partner from breast and ovarian cancer.

## *How dads can help*

Dads might not be able to breastfeed, but their emotional and physical support is a massive help to mum. Some tips for how you can help (and get in the good books!) are:

- Take over some of the household chores like cleaning and cooking.
- Breastfeeding is tiring work at first. Studies show the more supportive you are, the longer your partner will breastfeed and the more confident she'll feel doing it.
- Tell her she's a superstar for breastfeeding and how proud of her you are for giving your child the best start in life.
  - Help out with baby. Changing nappies, bathing, burping or even cuddling all give your partner a break and you a chance to bond with bub.
  - Spend time bonding with your baby. A great activity is to let baby sleep on your bare chest. Babies love skin-to-skin contact and your heartbeat lulls them to sleep.
  - Be patient if she's not up to sex. In the early days, sleep is going to be her biggest priority. She will let you know when she is ready.

If you would like to help out with the feeding, once mum and baby have got the hang of breastfeeding, get mum to express some breastmilk. Giving the occasional bottle of expressed milk will let mum get some much needed sleep. But be careful what you wish for. You may then find yourself doing the 2 am feeds!



# HOW TO CONTACT ME

## *When to contact your Doula*



### VIA TEXT

- After you have a antenatal appointment with your care provider When you are unsure about how you are feeling
- When you are feel you may have contractions
- Any emotional support that you require or need to discuss
- To ask questions that do not require medical attention When you need more information on anything

## *When to call your Doula*

### VIA PHONE CALL

- When you need some support at home/hospital
- When you are unsure about how you are feeling
- When you lose your mucus plug
- Your waters have broken (contractions may not begin right away)
- When you are feeling that contractions are consistent and moving closer together. Any emotional support that you require
- To ask questions that do not require medical attention



SLEEPING  
Little Angels

CONCIERGE POSTPARTUM DOULA  
NEURO-PLAY DEVELOPMENT CONSULTANT  
& NEWBORN CARE SPECIALIST

# SleepingLittleAngels



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