



# Off to a good start

ALL YOU NEED TO KNOW ABOUT BREASTFEEDING YOUR BABY

## Acknowledgements

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*"I love it when he falls asleep at my breast – it's a lovely feeling of closeness."*

*Anne-Marie*

# Introduction

## how this booklet can help you

Any breastfeeding, even for a short time, is beneficial for you and your baby. More mothers in Northern Ireland are choosing to breastfeed, and more of them are continuing to do so after the first weeks and months following birth. Having good information about how breastfeeding works helps you get off to a good start, and the right sort of support helps you to keep going.



This booklet will help you if you haven't decided how to feed your baby and need more information, or:

- if you have concerns about breastfeeding – maybe a previous experience with it was difficult, or perhaps you know someone who had problems
- because knowing what lies ahead helps you be prepared
- if you think you might start breastfeeding, but you aren't sure how long you'll do it for.

The information in this booklet will help you to understand how to breastfeed successfully and how you and your baby will benefit from the experience. You will learn how you can incorporate breastfeeding into all aspects of your and your family's life and how to deal with problems should they arise. You will also discover where to find advice and support whenever you need it. Some terms in this book may be new to you, but you will find many of them explained in the glossary on page 57.

How you feed your baby is a decision only you can make. If you decide not to breastfeed, or you decide to change to formula feeding, you will get the same support from the health professionals who are caring for you.

*"I had gone to a breastfeeding workshop in the hospital when I was pregnant, and the advice was useful when I was trying to position Mhari and get her latched on."*

*Jackie*

## **Supporting your choice to breastfeed**

The UNICEF UK Baby Friendly Initiative aims to ensure that mothers and babies receive care that supports successful breastfeeding by setting standards for specific aspects of ante and post-natal care. Maternity units and community facilities are assessed by UNICEF and are designated 'Baby Friendly' once they achieve and maintain these standards.

Several maternity and community facilities here have already received Baby Friendly accreditation and others are in the process of making the necessary changes to the way they look after mothers and babies.

If your hospital is Baby Friendly, staff will explain to you how you can breastfeed successfully. They will discuss this with you when you are still pregnant, and also while you are in hospital.

You can find out more on the Baby Friendly website [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)



# Thinking about breastfeeding

why breastfeeding is good for you and your baby

You'll be given the chance to talk about feeding while you're still pregnant, usually with a midwife, health visitor, GP or an obstetrician. If you're unsure about breastfeeding, or if you have questions about how to make it a happy experience for you and your baby, during pregnancy is a good time to ask.



*"I am so glad I did it. It is a great bond."  
Lesley*

Quite simply, mother's milk is the healthier choice for you and your baby.

So when you decide to breastfeed, you're giving your baby a wonderful start in life. Studies have compared the health of breastfed babies with that of babies fed on formula milk. There's now a large amount of research that shows beyond doubt that breastfeeding benefits your baby in many ways, and the benefits last into childhood and beyond. The greatest benefits are to be gained by feeding your baby breastmilk and nothing else for the first six months of life, but any period of breastfeeding at all, however short, will benefit you and your baby.

Over the page, you'll see just how important your breastmilk is for your baby. It's useful to share this information with others in your family, especially if the idea of breastfeeding is new to them, or if they fed their own children with formula milk.



## Talking about breastfeeding

In pregnancy, a midwife or midwives will talk to you about breastfeeding. They'll answer your questions and explain what to expect. They'll also discuss these points:



- **the importance of skin-to-skin contact** (see page 13) after your baby is born. This is a lovely way for you to greet and get to know your baby and it:
  - keeps your baby calm, warm and comforted
  - steadies your baby's heartbeat and breathing
  - helps get feeding underway.
- **keeping your baby with you**, while you are in the maternity unit and, later, when you're at home. This is known as 'rooming in' and it:
  - helps you see when your baby is showing you signs he is ready to feed
  - builds up your confidence in caring for him
  - meets the Cot Death Society's recommendation that your baby should share your room for at least the first six months.
- **demand feeding** – following your baby's lead when it comes to the timing and length of feeds. It:
  - makes sure your milk supply is good
  - allows for frequent feeds, which are normal, and means your breasts are less likely to get engorged.
- **making sure your baby is correctly positioned and attached at the breast.** This:
  - means you're less likely to get sore
  - helps your baby to thrive.

- **why it's important to avoid the use of teats and dummies while you and your baby are learning to breastfeed, because:**
  - your baby needs to learn to suck at the breast; using a dummy or teat can confuse him because the sucking action is different
  - he needs to suck at the breast as often as he wants, in order to establish the milk supply. Using a dummy may reduce the frequency of breastfeeds and thus decrease the milk supply.
- **feeding breastmilk and nothing else for around six months, which:**
  - helps your baby get the maximum health benefits from breastfeeding
  - protects against infections, allergies and diabetes.



## **Breastfeeding: the facts**

Babies who are breastfed are less likely to have many illnesses including:

- gastro-intestinal infections (vomiting and diarrhoea)
- chest infections
- urine infections
- ear infections
- wheeze when breathing/asthma
- eczema, where this runs in the family
- diabetes in childhood
- obesity.

In addition, breastmilk has a special value for pre-term babies – see page 29.

Breastfeeding has benefits for you, too. Mothers who breastfeed have a lower risk of:

- ovarian cancer
- breast cancer
- hip fracture in later life, caused by the bone disease osteoporosis.

Breastfeeding helps you return to your pre-pregnancy weight. During pregnancy, your body lays down fat stores in preparation for feeding; if you breastfeed, you use them up, helping you avoid the long-term health risks associated with being overweight, such as diabetes and heart disease.

## Breastmilk is always best

There are many differences between breast and formula milk. Breastmilk is a living fluid providing perfect nutrition, changing according to the baby's needs and stimulating his budding immune system. Antibodies in breastmilk help babies to fight common infections. Formula milk has none of these qualities.

The quality of your breastmilk always remains high, even if you are unwell, you smoke or your own diet is not ideal (though of course there are benefits to you if you eat well and don't smoke). Your breastmilk supplies everything your baby needs for food and drink for around six months.

Previously, mums were advised to start introducing solid foods around four months, but experts now believe it's better to wait till six months to give the baby's digestive systems time to develop and mature.

**Any breastfeeding, even for a short time, is worthwhile.** The World Health Organisation (WHO) recommends breastfeeding with no other foods or drinks for around the first six months of your baby's life; your baby can be fed breastmilk for as long as you like after this, alongside whatever else he may eat and drink. The WHO also says there are benefits in continuing to breastfeed your baby well after the end of the first year.



## Other benefits?

- Successful breastfeeding makes you feel good.
- You see your baby growing and developing as he should.
- You can be proud that it's all your own work.
- Breastmilk is always available, at the right temperature and with just the right ingredients.
- There are no bottles or teats to sterilise.
- It's free – mothers who breastfeed save money because they don't have to pay for formula milk, bottles, teats, sterilising equipment, electricity for boiling the water, etc.



# How breastfeeding works

once you know, it's easier!

Your body assumes you're going to breastfeed, so prepares for it, right from the start of pregnancy. You are able to make all the milk your baby needs – even if you have twins, or more.

## In pregnancy

As soon as you become pregnant your milk-producing cells and milk-collecting ducts get ready to produce milk. There is an increase in the blood supply to your breasts as well. This 'activity' inside sometimes makes the breast feel tense, extra sensitive and possibly slightly larger in size. You may need a larger bra – it's a good idea to get properly measured to be sure of a comfortable fit.

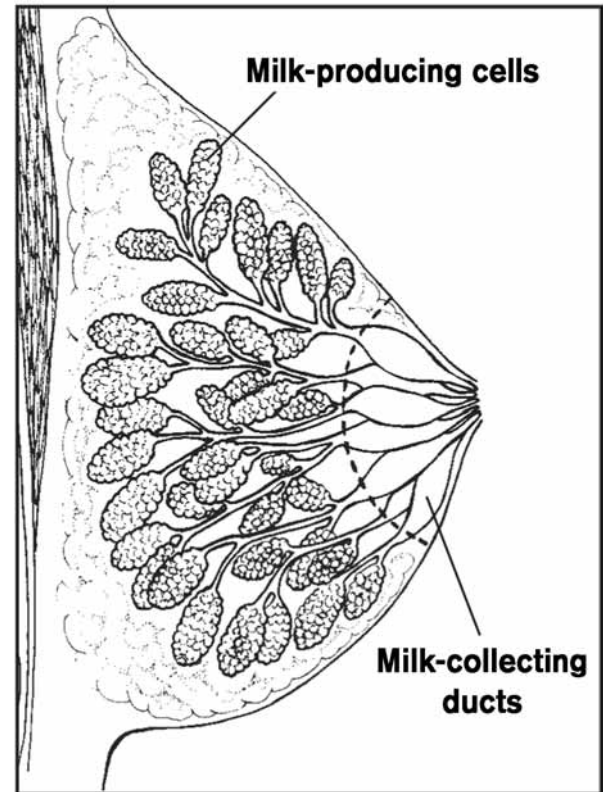
- From about the sixth or seventh week of pregnancy you may notice small raised 'spots' on each areola (the dark area surrounding the nipple). They are called Montgomery's tubercles, and they secrete an oily substance that keeps your nipples and areolae supple and soft.
- From the middle of your pregnancy onwards, your breasts make concentrated milk (colostrum), which is a highly valuable, antibody-rich fluid. It is designed to meet your baby's nutritional needs for the first few days after the birth until the mature milk is produced.

Some women leak a little bit of colostrum in pregnancy – if this happens to you, just wash off any dried colostrum on your nipples with plain water.

## After the birth

Every woman makes breastmilk at first, whether or not her baby ever comes to the breast.

The delivery of the placenta (afterbirth) sets up a hormonal response in your body, and prolactin,



Reproduced by kind permission of the UNICEF UK Baby Friendly Initiative.

the hormone which stimulates milk production, starts acting on the breasts, 'telling' them to make milk.

At some time between day two and day five after the birth, your baby is ready for more milk and your breasts start producing more breastmilk in response. You may feel your breasts are fuller and heavier than usual. It's not just the milk that makes them feel like this; there is a great increase in the amount of blood and fluid going to your breasts at this time. You may be uncomfortable as a result but this usually passes in a day or so (read more on page 34).



### How you continue to make milk

You continue producing milk only if it is taken from the breast. Normally this happens as a result of the baby feeding at the breast, so when your baby is feeding effectively you make milk in response, in the amount your baby needs in order to thrive.

You can also encourage milk production by expressing your milk (see page 23). You may need to do this if your baby is very sleepy and reluctant to feed in the early days, or if he is unable to breastfeed directly from you, perhaps because he is pre-term or ill.

If you don't breastfeed, or express, your milk production gradually stops. It's possible, even so, to start producing milk again if you express, or put your baby to the breast often enough.



# Getting started

at birth  
positioning and attachment

When your baby is born, the midwife will give him to you to hold. It is best if you hold him, undressed, directly next to your skin. This is a lovely, calming experience for you and your baby. Even if you have a caesarean section, you can still have skin-to-skin contact with your baby, either straightaway or after you leave the operating theatre.

Holding your baby skin-to-skin helps to regulate his temperature and breathing. After a period of time the baby will begin to show signs of being ready to feed (feeding cues) and the midwife will offer to help you to attach the baby at the breast for the first feed. Usually the baby will take longer than 30 minutes to be ready to feed but this varies from baby to baby. Some will be ready earlier and some will take much longer, particularly if you have had pethidine or diamorphine in labour.

It is essential that skin contact starts as soon as possible and is unhurried and not interrupted, unless you or your baby require medical attention.



## Positioning and attachment

The way your baby is positioned and attached to your breast can make the difference between a happy, comfortable and successful feed and one which is painful for you and frustrating for your baby. Getting positioning and attachment right is sometimes called 'latching on'.

### Here's what to do

- Hold your baby with his body and head in a straight line. He will be uncomfortable and unable to feed effectively if he is twisted.
- He needs to be in close. He will reach for the breast with his nose rather than his chin if he is too far away from you. Depending on your breast and nipple shape and size, his body may be turned towards you or tucked slightly under the breast – your midwife or health visitor will help with this.
- His neck needs to be extended very slightly – not tucked into his chest. Think of the way you tip your own head back a little to drink from a glass.
- The nipple needs to be pointing to his nose. If you try to put your nipple into his mouth too low down he will not get enough breast tissue in his mouth to ensure an effective feed. If he is ready to feed, his mouth opens. You can encourage this by gently stroking his bottom lip with your nipple or a finger.
- When his mouth is wide open, and his tongue is down and forward (almost like a yawn), bring him even closer. Do this swiftly but gently, so he can scoop up the nipple with his tongue and get a good mouthful of your breast. His chin will come to the breast first, and his nose will probably remain free.



## What you'll see and feel: how to know he is correctly attached

- You should be comfortable, though you might feel you need to get used to the new sensation of the baby at your breast.
- More of your areola will be visible above the baby's mouth than below – ask someone else what they see, though if you have small areolae there may not be a lot to see above or below.
- The baby's chin is directly on the breast and his bottom lip is curled out.
- His sucking will change from short sucks to longer ones with pauses. His cheeks will remain rounded, not sucked in, and you will hear him gulp.



The previous pictures show one common position for breastfeeding but there are others. You can feed lying down with the baby's body parallel to yours or tuck the baby's body under your arm (the

'rugby hold'). Try different options to see which you find most comfortable. The process for attaching is always the same though.



## Remember:

- your baby shouldn't have to twist, turn or flex his head
- support your breast from underneath with your hand if you need to, but be careful not to put your fingers near the nipple or areola – you could prevent your baby attaching well
- it's 'baby to breast' not 'breast to baby' – try not to 'post' your nipple into your baby's mouth
- try not to push your baby's head onto your breast – this can frighten some babies and put them off the whole idea.

At first you may find breastfeeding uncomfortable when your baby latches on and begins to feed. This discomfort shouldn't last through the whole feed. After the first few days, breastfeeding shouldn't hurt – this includes pain in your nipples, back or shoulders. If you do feel pain, you may need help to get into a more natural position for feeding.

Using a pillow to support your baby can help with the very early feeds, but you have to find out what works for you. If you want to use a pillow, check that it doesn't raise your baby up too high, making it harder for him to latch on.





## Let-down reflex

The reflex is stimulated by the baby feeding at the breast. The hormone oxytocin is released into the bloodstream causing the tiny muscles surrounding the milk-producing cells to contract, pushing the milk down into the milk-collecting ducts (see diagram on page 10).

The reflex ensures that a satisfying feed is available to your baby. Some mothers are aware of the reflex as a 'drawing' feeling within the breast; other mothers are barely aware of it. Some mothers may only notice more rapid dripping of milk from the opposite breast once the baby begins to feed.

## Making enough milk

Breastmilk itself has a component known as an 'inhibitory factor'. A build-up of this factor within the breasts causes the production of milk to slow down. This might happen if:

- your baby doesn't feed effectively (perhaps because he isn't well-attached or well-positioned at the breast)
- you try to limit the length and the number of feeds for some reason
- your baby gets a bottle of formula milk which makes him uninterested in the breast, in which case your body gets the message that less milk is needed and produces less
- you are separated from your baby and don't start expressing breastmilk.

In time, without the frequent stimulation that's needed to establish breastfeeding, the milk supply dwindles away. You can see this 'in action' when a mother chooses not to breastfeed. Her milk will 'come in' between days two and five, and then over a period of days (and sometimes a few weeks) it will go, and her breasts will stop making milk.

You don't need to empty the breasts at each feed – that's almost impossible anyway. Just ensuring that your breastmilk is removed helps on-going milk production because it removes the inhibitory factor.

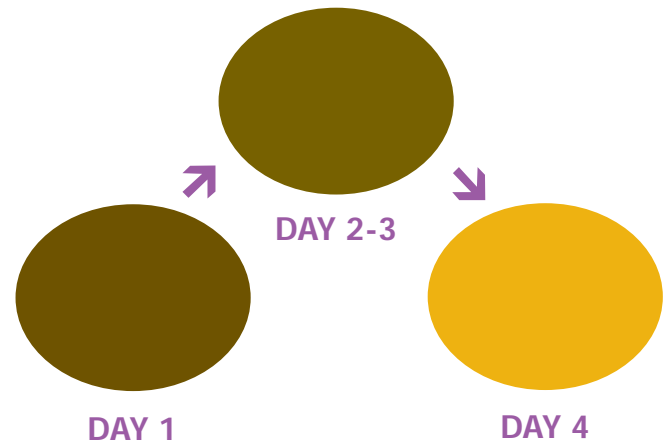


# How do you know breastfeeding is going well?

building your confidence

## You and your baby are doing fine if:

- your baby appears content and satisfied after most feeds
- your baby manages to attach to the breast without a fuss at most feeds
- your baby is healthy, and gaining weight satisfactorily
- you feel confident, and your breasts and nipples aren't sore
- your baby has at least six wet nappies a day
- newborn babies (after the first two to three days, and for at least the first month or so) pass a soft yellow stool at least one to three or more times every day (see the picture for a colour guide). Later, it's normal for bowel movement frequency to change; some babies may only have a dirty nappy once a week, and as long as your baby seems happy and comfortable, there's no need for concern. Breastfed-only babies don't usually become constipated.



### COLOUR CHART

Guide for a baby's stools for the first few days.  
*Use as a guide only*



## How do I know how long my baby needs at any single feed?

It really doesn't matter that you can't see exactly how much your baby has had at any one feed. In fact some research suggests that this is a good thing as it allows the baby to take just what he wants or needs, helping him to establish his own appetite control. This could be important in avoiding obesity later on.

Sometimes, it's easy to tell your baby has had enough. He stops sucking, comes off the breast by himself, and lies in your arms in a deep, contented sleep. At other times, you may not get such clear signs. Some babies appear to have finished, and then they show signs of wanting more. Others stay at the breast, happily sucking, off and on for a long time. In time, you learn when you can take your baby off without him objecting.



You will gradually get better at knowing what your baby wants. Some babies, especially older ones, take what they need at some feeds in just a few minutes.

Long feeds in the evening are very common – many babies need extra comforting and attention in the evenings, but that goes for formula-fed babies as well.

If you are taking your baby off your breast, insert your finger into the corner of his mouth to break the suction first.

## One side or both?

Follow what your baby wants when it comes to offering one or both breasts. There are no rules. Some babies want both breasts at each feed, and you can offer the second when your baby seems to take a natural break after the first. If he doesn't want it, that's fine; just offer the 'unused' breast at the next feed. Some babies like to change from side to side during breastfeeding. Your breastmilk changes during the course of a feed, but as long as you always let the baby decide when he's had enough, he will get what he needs. After a while you will become very skilled at knowing what your baby is 'telling' you.



# How breastfeeding changes

after the first days and weeks

The early weeks often mean frequent feeds, with no set pattern, but this is normal and it's the way breastfeeding becomes established.



## After the first days and weeks

At first, you may find your baby wants to feed very frequently – 8-10 times in 24 hours is normal – this is similar to a formula-fed baby. A new baby needs to feed often because his stomach is very small – roughly the size of a walnut – and breastmilk is very easily digested. There may be times when you aren't sure when one feed ends and another begins.

But as your baby grows, he will probably need fewer feeds, though there will be occasional days when he wants to feed a lot. Some babies reach the stage of less frequent feeding later than others – all babies are different.

It's normal for your breasts to feel softer and smaller after several weeks of successful breastfeeding. This is fine, and doesn't mean your milk is 'disappearing'. It means your breastmilk production is closely matched to the needs of your baby, without the 'between feeds' build-up that's a feature of the early days and weeks. If your baby wants more milk, he will feed more often and/or for longer, and your body will respond and make more.

Breastfeeding mothers sometimes feel concerned that their babies do not gain weight as fast as formula-fed babies. It is now known that breastfed babies tend to gain weight more quickly in the first few months and then slow down. This is a normal pattern. At one year old, breastfed babies are leaner and healthier than formula-fed babies.

*“Gohar is now four months old and I feel very proud that I have been able to give him such a good start.”*

*Mumtaz*



# Expressing your milk

## a useful skill

If you go somewhere without your baby, and he is likely to want to feed while you are away, you can express your breastmilk. Hand expressing can be useful in the early days, especially if your baby is ill or reluctant to feed. Once breastfeeding is established, you can use a breast pump to express milk.

Expressing is a useful skill that makes breastmilk available to your baby wherever you are, and it also stimulates your milk supply.

### How is it done?

You can use hand expression or a pump – or both – to express your milk. Whichever method you use, you may find that practice helps (though some women find expressing easier than they expected).

### Getting the milk to flow

However you express your milk, the most important thing is encouraging the milk to flow. Start with breast massage to stimulate the let-down reflex (see below).

Hand expression is a handy skill to have. Reasons why you might want (or need) to hand express include:

- to produce milk in the first few days for an ill baby
- to tempt your baby to attach and feed
- to help your baby attach to a very full breast
- it may be more effective than a breast pump for some women
- it doesn't cost anything
- it's convenient
- you are in full control
- it helps you learn how your breasts work.



### Breast massage

Try the following different massage techniques to find the one that suits you best.

- Gently stroke from the outside of your breast towards the nipple with the tips of your fingers.

Then, try either of the following.

- Beginning at the outside of your breast, gently massage your breast with circular movements towards the areola and nipple area. Follow this by gentle stroking as above and complete this by standing up and shaking your breasts.
- Use your knuckles to gently massage the outside of your breast towards the nipple – this is particularly useful if you have a duct which has become blocked or if your breasts are slightly engorged (see page 34).



## Finding the place you need to press

- You need to find where your milk-collecting ducts are in your breasts (see page 10). Feel for them about a few centimetres from the end of the nipple – they might feel a bit like peas or peas in a pod and you'll feel a change of 'texture' inside your breasts. The milk-collecting ducts are usually found where the darker tissue of the nipple area (areola) meets the skin of your breast.



## Removing the milk

- Use something with a wide neck to catch the milk, like a jug or a plastic container.
- Place the flat of your thumb above and first finger below, in a 'C' shape over the milk-collecting ducts. Without sliding your thumb and finger over your skin, gently push your breast back towards the chest wall.
- Bring your thumb and finger together in a press/release movement. Repeat this process, moving your finger and thumb around the breast, building up into a rhythm. You may need to swap hands to express milk from the other side of the breast.



**Tip:** Unlike breastfeeding, when hand expressing you may get more milk by changing from one breast to the other. Each time you stop managing to produce spurts of milk, change to the other breast.

During the first few days, your colostrum comes out in drips. That's normal – colostrum is produced in small amounts, as that's all your baby needs. When your milk has 'come in', it drips at first and then may come out in streams or spurts – this is what you want. Continue to do this until the flow of milk either stops or slows down to drips again, then move your finger and thumb round your breast to the next set of milk-collecting ducts and start again.

Some women find that they get plenty of milk by following the above methods. However, other women find that their breasts need more stimulation to get the streams or spurts of milk flowing. Massaging your breasts will give this extra stimulation.

Other suggestions for helping the milk to flow include:

- heat – try a warm flannel on your breast or have a shower or bath beforehand
- sit somewhere warm and comfortable
- try to relax – perhaps doing some deep breathing, watching TV or listening to some music you like
- try thinking about your baby – a photo or piece of his clothing may help, or even a tape of his sounds.

Many women find it most effective to combine pump and hand expressing if they are separated from their baby.

**With a pump:** most hospital maternity units have electric pumps for use on the unit, or you can hire or borrow similar models for use at home. You can also buy smaller electric pumps which run on batteries or from the mains. If your baby is ill or premature, a pump is available on loan from NIMBA – call 028 9332 9933.

Hand pumps come in different versions. You can buy them from pharmacies or baby stores and by mail order.



### How much to express?

As a rough guide, a baby under three months will take 100-120 ml (3-4 ounces) of expressed breastmilk per feed, and a baby over three months will take 150-200 ml (5-7 ounces) per feed. But this is very general – after you have done it a few times, you'll soon become good at knowing what your baby is likely to need.

What type of pump you need depends on how often you're going to use it. Ask other mothers and health professionals for advice on which one is likely to work best for you.

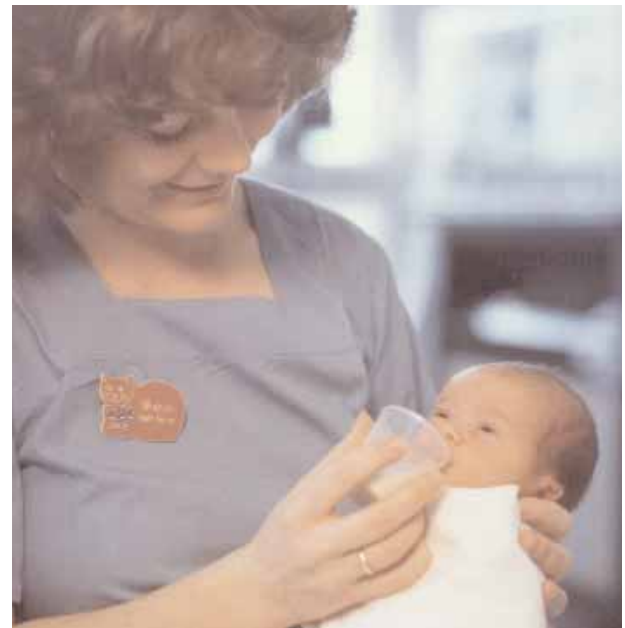
## Keeping your expressed breastmilk

You will find different books give different guidelines about the length of time for which you can safely store expressed breastmilk. However, the most up-to-date advice is that milk can be kept in the fridge for up to five days. The milk may separate, but it's still perfectly safe – just give it a shake before you use it. Expressed breastmilk can also be frozen for up to three months. Your fridge and freezer need to be clean and the temperature reliable. You can also store and transport expressed breastmilk in a cool-bag until you get home – that's useful if you are expressing at work and don't have a fridge you can use there.

The recommended storage times for ill or pre-term babies may be less. Check with the staff in the special care baby unit if this applies to you.

### When expressing and storing:

- always use a sterilised container for the milk
- freeze in small quantities using, for example, ice-cube trays – this way, it's easier to defrost the milk and also less wasteful if your baby only needs a small amount
- label and date your milk



- thaw by leaving it in the fridge overnight, or by standing the container in a jug of warm water. Keep the jug away from your baby, for safety reasons. Do not use a microwave; it may heat the milk unevenly and scald your baby. There is also evidence that microwaving breastmilk destroys some of the beneficial anti-immune factors.

## Feeding your baby expressed milk

If you're expressing breastmilk in the early days for a baby who is ill or reluctant to feed, it's best to use a syringe or a newborn feeding cup. The hospital staff or your midwife will do this or show you how to do it.

Once you are confident about breastfeeding, your milk supply is established and your baby is attaching easily, then your baby can be fed your expressed milk from a bottle and teat.



# Breastfeeding and your baby in special care

challenges and overcoming them

If you'd never thought about breastfeeding before,  
having a small or ill baby may change your mind.

Breastmilk is even more important to the health of a sick, small or pre-term baby. Babies born early are vulnerable to some potentially very dangerous problems (such as neonatal necrotising enterocolitis, which is a very serious bowel disorder) and breastmilk protects against this. Breastmilk also ensures better eyesight and brain development in pre-term babies. For these reasons you may be encouraged to give your baby expressed breastmilk while he is vulnerable, but this does not mean that you have to breastfeed later if you do not want to.



*“The twins were born five weeks early and were taken straight to the special care unit... the hospital had a good breast pump and I expressed milk every three hours which the staff then gave to the girls through their feeding tube.”*

*Sarah*

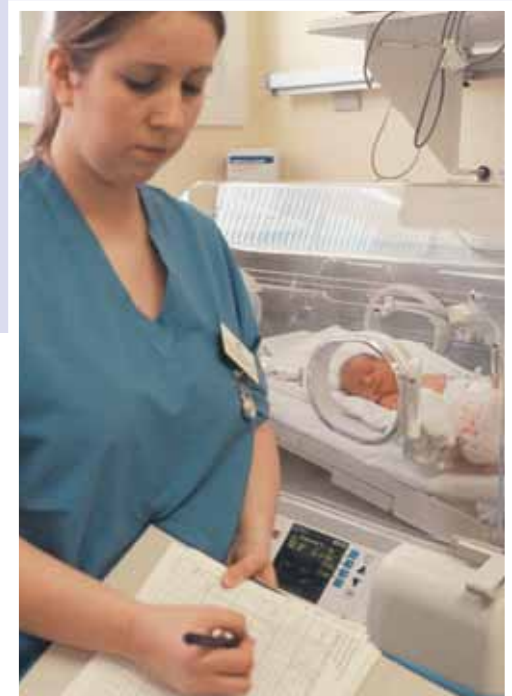
Staff in the special care baby unit will encourage you to express your milk if your baby is unable to come to the breast at first, or if you really don't want to put your baby to the breast.

Expressed breastmilk can be given to your baby by tube (which goes in his nose or mouth and into his tummy), syringe or cup, and, later, if you don't want to breastfeed, by bottle.

Very pre-term babies may not be able to breastfeed in the early weeks, as their reflexes don't start to mature until about 32 weeks' gestation. From about 36 weeks, most babies can manage to co-ordinate their sucking and swallowing, though you and your baby may still need help and support to get it right. Your baby's medical condition, weight and maturity all play a part in his sucking ability.

## Here's how to get going with breastfeeding small or ill babies:

- express early – as soon as you can, and preferably within six hours of your baby's birth. Hand expressing is usually better at this stage (see page 24)
- express as often as you can manage – six to eight times in 24 hours is ideal, including at least once in the night
- at first you will express small amounts – every drop is valuable – and then the amount will increase after about two to five days
- talk to the staff about continuing hand expressing, or whether changing to a breast pump would make things easier for you. Double pumping – expressing both breasts together – can save time and increase the amount produced.



## Helping your baby to feed

Even the very tiniest babies benefit from skin-to-skin contact, and being held close to your breast (see page 13). Your baby will be aware of your smell, taste and touch, and it helps him practise rooting for the breast, and get positioning and attachment right. It may take many attempts over several days or weeks until he is ready to feed – everyone needs to be patient during this time, and to remember that he'll do it when he is ready.

## Cup feeding

Premature babies and babies who are ill can often cup feed before they can breastfeed; cup feeding can be part of the pathway towards breastfeeding, and staff in most special care baby units will do it or teach you how to do it. It gives your baby a positive feeding experience, and reduces the need for tube feeding.



# Getting it right

problems and how to resolve them

Breastfeeding seems natural, but is actually a learned skill.

Many mothers and babies enjoy the experience, but that doesn't mean it's always easy for everyone.

Breastfeeding has to be learnt, and you and your baby may need quite a lot of practice to get it right.

If you have good information, support and the confidence you need, you are likely to be able to overcome any difficulties. Ask your health visitor or midwife for help and advice if you are having any problems.

This section describes some of the difficulties that some breastfeeding mums may experience. You may not get any of them, but even if you do, with the right help they can be overcome and you can still continue to enjoy breastfeeding your baby.

## The sleepy baby who is not keen to feed (reluctant feeder)

### What you may see and feel

Some new babies don't feed immediately following the birth. Others may feed but be reluctant to wake very often for feeds and when offered a feed may not suck very strongly.

### When it happens

This is most often a problem in the first 24 hours after birth.

### Why it happens

Some babies are tired, sore or still too sedated to feed after the birth. Full-term, healthy babies are born with a supply of fluid and stored fat to support them in the first day or so until they recover from the birth and start to feed well.



### Solving the problem

Encourage your baby to feed by holding him in skin-to-skin contact as much as possible. Stimulate your baby to wake up and take an interest in feeding by massaging his skin, changing his nappy and offering him a little expressed milk on your nipple to taste.

Offer breastfeeds if your baby shows any sign of wanting to feed. Ask your midwife to help with positioning your baby for breastfeeding and how to look for the signs of effective feeding (see page 15).

Don't push your baby's head onto the breast or try to force him to feed as this could put your baby off feeding completely and cause breast refusal (see page 39).

If your baby isn't feeding, start expressing your milk and ask your midwife to feed your baby by syringe or cup. This will start to stimulate a good milk supply for your baby. Giving him your colostrum also helps him to pass his first stools quickly, which will reduce the level of early jaundice many babies can get. Don't worry if you only manage to get a few drops of colostrum at first, this is all he needs. The amount of milk you produce will increase if you keep expressing at least six to eight times in 24 hours, including at least once during the night.

It is important to check that your baby is having enough wet and dirty nappies (see page 19). If your baby is not having sufficient wet and dirty nappies and remains sleepy, contact your midwife or speak to the maternity unit. If your baby has been feeding well to begin with, and then becomes sleepy and reluctant to feed, ask your midwife to check him over.



## Sore/cracked nipples

### What you may see and feel

You have painfully tender nipples that may or may not be blistered and/or bleeding. Sometimes, the nipples may look pink or red, or even white at the tip. In other cases, there may be nothing to see. The pain is worse when the baby starts to feed, though the nipples themselves may be sore to touch between feeds as well.

### When it happens

In the first days, sore nipples tend to arise from poor attachment. They get worse if the situation is not corrected. (Soreness caused by thrush can happen at any time, but it's often later on.)

### Why it happens

Most sore nipples are caused by the baby not being properly attached. Your nipple skin is easily grazed or cracked as a result of the baby's gums pinching it, or perhaps the tip of your nipple becomes sore because it hasn't been in far enough in the baby's mouth, and has rubbed against the roof of the mouth.

## Solving the problem

If the cause is poor attachment, you need to learn how to get your baby on the breast in a way that does no more damage, and your skin will then have a chance to heal. (See pages 14-15 for details of good positioning and attachment.) You may need help from an informed professional or breastfeeding counsellor who can suggest ways to help you correct any difficulties.

Some women use creams, sprays and lotions to soothe sore or cracked nipples or skin. However, you and/or your baby may have a sensitivity or allergy to substances in these products. Rubbing the last few drops of breastmilk onto the nipple is normally very soothing, but the underlying cause of the soreness (usually problems with positioning and attachment) must also be dealt with.



However, if you have an actual crack in your nipple ask your midwife, health visitor or breastfeeding counsellor what products are recommended for moist wound healing.

## Engorgement: the stage beyond normal fullness

### What you may see and feel

You have swollen, lumpy, full breasts or the more severe form, engorged breasts, which are tender, shiny, red and very swollen.

### When it happens

At any time, but most commonly in the first days after the birth.

### Why it happens

When milk production gets underway, at between one and five days after the birth, the breasts contain more than milk as there is an increase in blood supply and fluid. If your baby has been delayed in receiving his first feed, is not attached correctly or feeding often enough, the milk builds up in the breasts and the physical tension that results can be very uncomfortable. Separating mothers and babies, giving water or formula feeds or not letting the baby feed often and long enough can cause this.

When engorgement happens at a later stage, it's often because your baby has missed a feed – maybe he slept through, or left a longer gap between feeds than usual. It can also happen because you consistently produce more breastmilk than your baby actually needs.



*“I thought breastfeeding was such a natural process that I wouldn’t even have to think about it. It was a real shock to find out that not only did I have to learn what to do, but that my baby had to as well.”*  
Carrie-Anne

### Solving the problem

A well-supporting bra or vest can help with the discomfort. You can also use warm or cool compresses. A compress is a sort of home-made pad, which you place against the affected body part. A cool compress (for soothing after or between feeds) can be made from a cloth cooled in the fridge or freezer, or even a bag of frozen peas wrapped in a towel. A warm compress (before feeds) such as a small hot-water bottle, again wrapped in a cloth, may help.

You hold the compress against your breast for as long as it feels comfortable. Some women find a warm shower or warm compress encourages milk to flow, softening the breast just before feeding and making attachment easier. You may also find that raw cabbage leaves, placed over your breasts inside your bra or vest for about 20 minutes, can ease the discomfort.

Early fullness usually goes away by itself in a day or so, as the baby starts to get interested in feeding. Gentle hand expressing (see page 24), just enough to relieve the tension, can help the milk to flow and enable the baby to attach to a very full breast. If he is too full to take any from the second side you can hand express enough from this side to make yourself comfortable.

In very severe cases it may help to express milk from both breasts once or twice, by hand or with a pump, as this seems to restore the balance. Your baby may have real difficulty feeding from the breast if the nipple and areola are very swollen. You can give him your expressed milk by cup until it settles.

If the engorgement happens at a later stage, simply putting your baby to the breast is usually enough to relieve it.



## Blocked ducts and mastitis

### What you may see and feel

A pink or red area on the breast, usually with a lump. The breast may be painful and hot, with a red area. You may have flu-like symptoms.

### When it happens

At any time, but it is more likely to happen 2-3 weeks after the birth.

### Why it happens

Blocked ducts and mastitis (inflammation/ infection of the breast) are linked, but they are not the same condition.

- **A blocked duct** means that milk is unable to flow along a duct (a milk channel) in one part of the breast. The milk builds up in the duct and breast tissue behind the blockage, and that results in a swelling. You can sometimes feel this as a tender lump.

The blockage is caused by a build-up of milk in the breast, for example if the baby is feeding less for any reason. Sometimes, pressure on the breast from clothing or your bra, or even from the baby when he feeds, can cause the blockage.

- **Mastitis** is an inflammation or an infection (rarely) of the breast or breasts. When one or more ducts are blocked, milk may leak out into the surrounding breast tissue, causing an inflammation. The milk in the tissue may become infected, so it is important to clear a blocked duct by massage and frequent feeding.

## Solving the problem

Good positioning and attachment help your baby to drain the breast effectively, helping to avoid or deal with blocked ducts. It is very important to carry on breastfeeding at this time. A warm compress before feeding is soothing and may help your milk to flow more easily.

Frequent feeding on the affected side first over the next few feeds should help, and will ensure that your baby has a good feed while also relieving the pressure and any blockage. Massage of the affected area and trying different feeding positions may also help.

You may need bed rest if you feel poorly. Anti-inflammatory tablets or antibiotics may be advised by your doctor. The medication you'll be given will be safe to take while breastfeeding. Using antibiotics may make it more likely you will get thrush and taking them without emptying the breast will not help. In most cases mastitis does not need antibiotics.

Unresolved mastitis can develop into a breast abscess, though this is rare. If it does not seem to be clearing, contact your GP or the breastfeeding advisor at your local hospital. If an abscess forms it may need to be drained, or aspirated, in hospital. These procedures are quite simple, and aspiration in particular is usually quick.

Mastitis does not mean you have to stop feeding, and you could make the condition worse if you stop. It is almost always possible to continue feeding, even if you have an abscess.



## Thrush

### What you may see and feel

Your nipples are sore, and may be 'flaky' in appearance, look red, or pale, possibly shiny, and feel itchy and burning. The nipples remain sore between feeds. You may also have a sharp, shooting pain in your breast during and/or after feeds. Your baby may or may not have a white coating on his tongue, gums and inner cheeks (but if it isn't there, it doesn't mean thrush is not present).

### When it happens

A thrush infection can happen at any time, but it seems to be more common after taking antibiotics, or after the early days of

breastfeeding. Thrush can happen by itself, or together with sore nipples caused by poor positioning and attachment.

### Why it happens

Thrush (*candida albicans*) is a fungal infection. It can thrive on broken skin and in warm moist conditions and can be passed on between baby and mother. If you have vaginal thrush, you might be more prone to nipple or breast thrush.

### Solving the problem

Check your baby's positioning as this is the most common cause of sore nipples. Thrush needs anti-fungal treatment, prescribed by your doctor. Both you and your baby need to be treated at the same time. If you also have vaginal thrush, your partner should probably be treated as well.

If you have thrush, any breastmilk that you express should not be stored, as the thrush infection is present in the milk. As you and your baby should be having treatment at the same time it is fine to carry on breastfeeding. It is also a good idea to put your bra through a very hot or boil wash as this will help kill the thrush and it is advisable not to use breast pads at this time as these could cause re-infection.



## Refusing the breast

### What you may see and feel

Some babies get cross and frustrated at the breast, and seem to fight, tossing their heads from side to side.

### When it happens

At any time. Probably all breastfed babies refuse to suck sometimes.

### Why it happens

Illness, tiredness, lack of hunger, lack of energy may all cause a baby to refuse the breast, or to show no interest in it. A baby who has had the experience of a bottle teat, a dummy or a nipple shield may also refuse the breast, or else not suck efficiently and effectively.

If your baby has had an uncomfortable experience at the breast – perhaps his head has been 'pushed on', particularly in the early days – he may resist it at the next feed.

Babies who are full up with formula milk, water or any other fluids, or (in the case of an older baby) solids, are less likely to want the breast.

Babies who are teething, or who have thrush in the mouth, may find it uncomfortable to feed. Certain drugs, including alcohol, may affect the taste of the milk. Older babies may refuse the breast if you smell or taste differently for some reason, for example if you use a cream for sore nipples or a different perfume. Some mothers say their babies refuse the breast for a day or so before a menstrual period – it seems to change the taste of the milk.





### Solving the problem

Sometimes patience is all you need. Your baby may come to the breast in a few hours without any difficulty at all. Hold your baby next to you, skin-to-skin, as much as you can, day and night, so that you can respond straight away when he shows any signs of wanting to feed, and so that he learns that your breast is a comforting and soothing place to be.

If formula or expressed breastmilk is being given, think about giving it in a spoon or from a small cup instead of from a bottle. Try not to use teats or dummies, and if you are using a

nipple shield\*, you may need help to attach the baby without it. Perhaps you can remove the shield and latch the baby on to the breast after the baby's had a few sucks with the shield.

Older babies may refuse the breast after a few minutes because they have taken just what they need in that time. Trying to get them back on the breast produces frustration and tears. It's usually better for you to accept that the baby is no longer hungry, and to offer the breast as usual when the baby clearly shows he wants it.

\* research shows that nipple shields can create difficulties by slowing down the flow of milk, and by encouraging the baby to suck in a way which is unlike breastfeeding. They are usually best avoided, or only used in the very short term. Teats and dummies are also not advisable in the early days of breastfeeding as they interfere with demand feeding and greatly reduce milk supply. They can also confuse a baby who is still learning to feed at the breast.

## Poor weight gain

Slow weight gain can be normal for some babies, but for others it can be a sign that the baby isn't getting enough milk to grow. The variation in weight gain is huge but most breastfed babies from two weeks of age gain:

0-4 months 125-200g per week (5-8oz)

4-6 months 50-150g per week (2-6oz)

6-12 months 25-75g per week (1-3oz)

## What you may see and feel

If your baby isn't getting enough milk, he may be unhappy and frustrated at the breast. Alternatively, he may be listless, sleep a lot, and seem uninterested in feeding for a long time – it sounds contradictory, but sometimes the quiet baby may be wrongly thought of as 'good' because he's undemanding. But he may not demand very much because he's saving his energy.

He may have fewer wet nappies than normal (nappies will feel light even when he does pass urine). *Contact a midwife, health visitor or doctor urgently.* He may pass dark or dry stools infrequently. Infrequent stools can be normal after the first month or so, but most babies have a dirty nappy several times a day in the first weeks and within the first three to four days babies should have soft, runny stools.

Over a period of time, his growth may give cause for concern. Young babies normally lose some weight in the early days as they use their fluid and fuel stores, but a baby who is not getting enough milk will lose more, continue to lose weight, or be slow to regain his birth weight.



### When it happens

Sometimes, you may be mistaken in thinking you haven't got enough milk. But this can and does happen at any time – either because breastfeeding has not got off to a good start, or because problems haven't been solved.

### Why it happens

If your baby isn't well attached he may not stimulate a good supply. If you time the feeds, or try to fit them into a schedule (like feeding for a certain number of minutes a side every three or four hours), you may upset the 'demand and supply' process that produces the amount of milk the baby needs. The more often milk is removed from the breast, the more milk is produced. Or, removing the baby from the breast before he's finished may mean he doesn't get enough milk. Giving your baby bottles of formula milk or other fluids, or introducing solid foods too early, may also interfere with a good milk supply.

### Solving the problem

Make sure your baby is well-positioned and correctly attached (see page 16), and feed as often and for as long as he wants. Offer both sides at every feed – he may only take one, but offer him the second anyway. Remember that babies have natural pauses during a feed, and your baby may sometimes appear to have had all he needs when, in reality, he is just resting before wanting to feed some more.



If your baby likes to sleep a lot, wake him up more often so that you can feed him more. If he is listless and uninterested in feeding he may be unwell, so it is best to contact your doctor, midwife or health visitor. Sometimes, for a short period of time, you may be advised to express milk in order to increase milk production and get the baby back on track.



# Breastfeeding and your life

fitting it in, making it easy

When you're thinking about whether to breastfeed, or whether to continue once you've begun, you may find other people's attitudes and feelings play a part in your decision. In the end, what you do is up to you and your baby – but your friends and family, and your own personal circumstances, are likely to influence you.

## What about:

### ...in the hospital?

Most mums need some practical help with starting breastfeeding, not least because breastfeeding is a completely new skill for them and they're tired after the delivery. The midwife will help you position your baby properly so that he can attach well. The first few attempts may be tricky, but it will get easier as you get more



*Here in Northern Ireland the HPA has a scheme called Breastfeeding Welcome Here. This helps you recognise places that welcome breastfeeding. Look for the heart*



*shaped logo. A full list of the premises participating in the scheme can be viewed at [www.breastfedbabies.org](http://www.breastfedbabies.org)*

experienced. Some babies take longer to get the hang of breastfeeding than others, but don't worry – the baby won't starve or get dehydrated, because he's born with stores of fat and fluid that will keep him going for several days.

Most women don't get the technique straight away, so when you are learning to feed in the hospital you can pull the curtains round your bed for extra privacy if you want to. You may also want to let family and friends know before the birth that you will be breastfeeding, to make it easier when they visit. It may seem strange at first, but once you get the hang of breastfeeding you will be able to do it very discreetly.

### ...breastfeeding in front of others?

Some mothers can feed happily enough when family or friends are around but feel awkward when they are in a public place; others find it's the other way round.

Attitudes are changing and some shops and stores and public places now have supportive breastfeeding policies. Once you feel confident, you can breastfeed so that others are not even aware of it. You don't need to unbutton your top and expose your whole breast to feed your baby. If you wear something that lifts up from the waist like a t-shirt or a jumper, rather than a shirt or blouse with buttons, you can breastfeed without any breast showing at all.

Remember that your confidence is likely to grow as you and your baby get more used to breastfeeding. Also, your baby's feeds will become less frequent, so you can plan outings between feeds.



*“Breastfeeding was something I hadn’t thought about. I didn’t really know much about it. My wife was keen to give it a go although at times I felt it was quite hard for her. In the early days the baby seemed to want to feed all evening and that was tiring for both of us! But it was magic seeing him fall asleep, full up, content with that wee half smile on his face! I didn’t feel left out. She needed me there and when I look back now it was such a short but very special time in our lives. It’s a great start you can both give your baby.”*

*Andrew*

### **...getting support from family, friends or a partner?**

Your relatives may be in favour of bottle feeding, or perhaps they know very little about breastfeeding as they haven't done it themselves. It will help if you can explain about the health benefits of breastfeeding, which they may not know about, and remind them that all health professionals encourage it. Perhaps they would like to read this booklet, or talk with the midwife or health visitor themselves.

The support of your family is so helpful to you that it's worth making sure they know why you have chosen to breastfeed.

Your partner may be uncomfortable about you breastfeeding, or feel unhappy about you feeding in front of other people. It's known that partners' attitudes to breastfeeding are crucial to success – if your partner is not keen, for whatever reason, it will be a lot more difficult for you to carry on. It may help to remind him that there are many other aspects of your baby's care he can be involved in – cuddling, holding, bathing, playing, massaging – and that the time when your baby is receiving nothing but your milk is very short (around six months).

Fathers can show babies that love doesn't have to come as a package with food – they can develop their own unique relationship, and that's valuable for you and the baby. Your partner may worry that he can't help if you are breastfeeding – reassure him, and let him know you and your baby need him for other essential things.

### **...feeling 'tied' to the baby?**

As you're the only one who can feed the baby, you might feel you have less freedom to go out, to socialise or to share the care of your baby.

There are ways of coping with this, nevertheless. You will find your baby's needs are more predictable as he gets older, and he can be encouraged to be more flexible too, so he can feed at a time that suits you. You can also express milk for someone else to give to your baby (see pages 24-27). Or, you may want to give the occasional bottle of formula milk, but bear in mind the benefits of exclusive breastfeeding, and the possible impact of using teats and dummies (see page 7). See pages 47-49 for combining breastfeeding and working.

### ...meeting other mothers?

Many mothers find it helpful to meet others who are also breastfeeding. There are breastfeeding support groups in all parts of Northern Ireland, which offer friendship and mutual support. You can usually join these groups while you are pregnant. Support groups give information and reassurance, as well as the chance to make new friends. Your midwife or health visitor will know the groups meeting near you, or ask your local maternity hospital. (See pages 54-56 for information about support groups, etc.)

### ...coping with night feeds?

Once it's well established, breastfeeding is easy and many women find it much more convenient than bottle feeding, especially at night – you don't have to fetch a bottle and heat it in the middle of the night. It can be a lovely quiet time for you and your baby.

Your baby should sleep in the same room as you for at least the first six months, as this helps to reduce the risk of cot death. While you are breastfeeding, you may want to bring your baby into bed with you to feed and settle – this can make coping with night feeds easier, as you and the baby are disturbed less than if you have to get up and sit in a chair to feed. Mothers who do this also find they are able to keep up their milk supply and breastfeed for longer. Once you've finished feeding, however, it's safest to put your baby back in a cot to sleep.

If you do bring your baby into bed for feeding or settling, you need to consider safety issues and ensure that your baby is not in danger of becoming trapped, suffocating or overheating.

You also need to consider other risk factors in case you fall asleep with your baby in bed. Although cot death is rare, the risk is increased if you or your partner:

- are smokers (no matter where or when you smoke)
- have been drinking alcohol
- are using drugs
- are on medication that makes either of you drowsy
- are extremely tired and unable to respond to your baby

**Note: It is extremely dangerous to fall asleep with your baby on an armchair or sofa.**

If you would like further information on this issue see the DHSSPS leaflet *Reduce the risk of cot death*, or the leaflet *Sharing a bed with your baby*, produced by the Foundation for the Study of Infant Deaths and UNICEF, provides useful guidance – ask your midwife or health visitor for a copy.





# Going back to work?

you and your options

Any breastfeeding, even for a short time, is worthwhile, so, if you want to breastfeed, don't let the fact that you're returning to work put you off. Breastfeeding can be combined with a working life.

You have a range of options when you return to work – which one you choose will probably depend on how supportive your employer is and how old your baby is. Talk to your midwife, health visitor or breastfeeding counsellor about what's best for you.

Many women will be returning to work when their baby is around six months old. At this stage, your baby will be beginning to take some solid food and needing fewer breastfeeds, so this can make it easier to combine breastfeeding and work.

### Continuing breastfeeding

If you are lucky enough to get childcare at or near your workplace, you may be able to continue to breastfeed as normal. You can feed immediately before or after work, at lunchtime or during work breaks. It will help if the people providing childcare are supportive of continued breastfeeding.



### Working flexible hours

You might want to talk to your employer about flexible working hours and arrange to work around your breastfeeding times. Or you could negotiate shorter hours temporarily until your baby gets to the stage where he feeds less often during the day.

### Feeding expressed breastmilk

You can express your breastmilk so that someone else can give it to your baby while you are at work. Depending on your working hours, you may need to express at work, so that you have milk to leave for your baby for the next day. Expressing will also help stop your breasts getting overfull and maintain your milk supply.

It's a good idea to start expressing milk and freezing it a few weeks before you return to work, so that you have a back up supply in case there's ever a time you can't express for some reason. At the same time, you will also need to get your baby used to taking expressed milk. Older breastfed babies may be reluctant to accept a bottle if they have never had one before, but will happily drink from a cup. It may be easier if someone else feeds your baby this way at first – breastfed babies sometimes get confused and cross if their mother offers an expressed feed.

## Combining breastfeeding and formula feeding

You could also breastfeed your baby when you are together and leave formula for when you are apart. Providing breastfeeding is already well established, most women find that their bodies quickly adapt and that they have enough milk to feed in the evenings and at weekends.

If you choose this option, you will need to start preparing about a month before you return to work. Identify the breastfeeds you will need to substitute with formula and gradually replace them – one feed every three days or so. This will allow your milk supply to adjust gradually – if you stop feeds suddenly your breasts may become sore and engorged. As with expressing, you will also need to get your baby used to feeding from a bottle or cup.

## Breastfeeding and your employer

There is legislation in place which means that your employer must make it possible for you to continue breastfeeding when you go back to work. You must let them know in writing that you intend to continue breastfeeding. For details of the specific legislation, see our website [www.breastfedbabies.org](http://www.breastfedbabies.org) The Health and Safety Executive for Northern Ireland can also advise you.

## Preparing for going back

To qualify for protection under the current legislation, you must inform your employer in writing that you intend to continue breastfeeding after you return to work. It's a

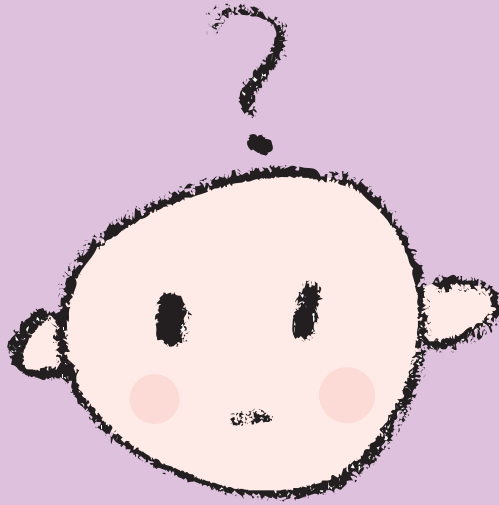


good idea to let them know as early as possible, to allow plenty of time to make arrangements.

If you are planning to express milk at work, you will need to arrange with your employer how you are going to manage this. There are health and safety guidelines covering breastfeeding mothers at work. Ideally, you should have access to:

- a clean, warm room with a low, comfortable chair. If the door can't be locked, you can put a sign on it to ensure privacy. The toilet is not a suitable place
- an electric point for an electric pump if necessary
- handwashing facilities nearby
- a hygienic area where you can clean your pump and store your sterilising equipment
- a fridge for storing milk. If this is difficult, a well-insulated cool-bag is an alternative.

For advice on how to express and store breastmilk, see pages 24-27. You'll also need to make sure that your childminder or nursery knows the correct way to store and use your breastmilk.



# Your questions about breastfeeding

here are the answers!

## Here are some of the questions often asked by breastfeeding mothers.

My mother says that when she had me, she didn't have enough milk to feed me. Will I have the same problems?

The vast majority of women have enough milk, but if breastfeeding is timed or limited, or if the positioning's not right, then building up a good supply may be difficult. Your mother may have been told to feed to a schedule (mothers were, at one time), and that can be harmful for breastfeeding; she may not have had help to ensure a good position. There's no reason to think you will face the same problems, especially if you get any help you need to get breastfeeding off to a good start.

What about my diet when I'm breastfeeding?

Simply make sure you eat according to hunger, and drink according to thirst. Eat a variety of foods, including five or more portions of fruit and vegetables, and lots of bread, cereals, potatoes, rice and pasta, and limit your intake of fatty and sugary foods. Most women feel hungry and thirsty during breastfeeding. This probably reflects the demands made on the body.

If you've been avoiding peanuts during pregnancy because you have a family history of allergy, asthma or eczema, you should continue to avoid them while breastfeeding. Apart from that, you don't need to continue to avoid the foods that are not recommended in pregnancy such as liver or soft cheese. However, advice from the Food Standards Agency recommends that pregnant and breastfeeding women should avoid eating shark, swordfish and marlin and limit the amount of tuna. Don't eat more than one tuna steak a week (about 170g raw weight) or two medium-sized cans (drained weight about 140g per can). This is because of the levels of mercury in these fish.

It's good to look after your own health while breastfeeding. In order to get all the nutrients you need, you should take supplements containing 10 micrograms (mcg) of vitamin D each day. If you qualify for the Healthy Start scheme, you're entitled to free supplements - ask your midwife or health visitor about this.

What should I do if I smoke, and can I drink alcohol while I'm breastfeeding?

Alcohol does reach the breastmilk, but there's no evidence yet to show that light social drinking does any harm. Light social drinking means one or two drinks.

If you or your partner smoke, breastmilk is still the healthier option for you and your baby and will give your baby protection. However, nicotine from cigarettes does reach the breastmilk and has been shown to reduce the milk supply and can make you more prone to mastitis.

If you would like help to stop smoking, contact the Smokers' Helpline on 0800 85 85 85. The staff on the helpline are specially trained in helping pregnant women and new mothers to stop smoking. You can use nicotine replacement therapy (gum or patches) while you're breastfeeding, but you must talk to your doctor or midwife first if you want to try this.

My baby was jaundiced and very sleepy. He didn't seem interested in feeding. He needed phototherapy (to go under a very bright light). What can I do if this happens with my next baby?

Jaundice is very common in newborn babies, particularly sleepy babies who are reluctant to feed, and some babies need phototherapy. Feed your baby as soon as you can after birth and as often as he wants.

If he is sleepy and does not want to feed, try to waken him and feed him more often or express and cup feed him some extra breastmilk. Jaundiced babies may need more breastmilk to replace fluids lost with phototherapy and even if he does not need treatment, extra breastmilk will help to clear the jaundice.

### How do I wean my baby from the breast?

Always do this gradually, unless you are switching to the bottle in the first days of life. Substitute one breastfeed every few days with a bottle feed, or, if your baby is old enough, you can use a lidded cup.

If your baby is over a year, you may have to distract his attention at times when he wants to breastfeed.

### Can I breastfeed twins?

Yes – even triplets! You will need more help with other jobs, as feeding twins can take more time. You make twice as much milk for twins because your breastmilk supply gets twice the stimulation.

### Can I breastfeed if I use drugs?

Prescribed and over-the-counter medications can affect breastfeeding. Make sure you tell your doctor you are breastfeeding if he/she prescribes medication, or ask the pharmacist's advice if you're buying over-the-counter medications such as painkillers or cold and flu remedies.

The quality of your breastmilk should not be affected if you are given antidepressant medication for postnatal depression.

If you use illegal drugs, you can be referred for specialist help in pregnancy and afterwards. If you are a regular user, and you're told there is a risk your baby might suffer withdrawal symptoms when he is born, it can sometimes be really helpful to your baby if you breastfeed. Ask to speak to health professionals with experience in supporting mums who use drugs, and you will be able to make a choice based on good information. You can also call the National Drugs Helpline free on 0800 776600.





Further information,  
support and sources of help

Northern Ireland has a number of breastfeeding support groups. They offer friendship, advice and a cup of tea or coffee!

They're especially helpful if you have a concern about breastfeeding, or if you don't feel you know many mothers who are breastfeeding.

Your maternity hospital, your midwife or your health visitor should know where your nearest group is.



Alternatively, look here for a list:  
[www.breastfedbabies.org/support](http://www.breastfedbabies.org/support)

Ask your health professional about peer supporters as well. Peer supporters are mothers who have breastfed and have undergone training that enables them to offer friendship and support to other mothers in their area.

## On the web

The following websites are likely to be reliable and up-to-date, and offer information about breastfeeding:

[www.breastfedbabies.org](http://www.breastfedbabies.org)

Help and advice about breastfeeding written specially for parents in Northern Ireland by the Health Promotion Agency for Northern Ireland.

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

National Childbirth Trust's consumer site, for parents and members. A free 'Q&A' service lets you put your questions about breastfeeding to a breastfeeding counsellor.

[www.ukparents.co.uk](http://www.ukparents.co.uk)

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

Information, and a bulletin board to get support from others.

## Talk to other parents

Emailing lists are collections of people who discuss a common interest via email.

Try BreastfeedingUK for a friendly welcome.

To join, send a blank email to:

[breastfeedingUK-subscribe@yahoogroups.com](mailto:breastfeedingUK-subscribe@yahoogroups.com)

## UK-wide support groups

### National Childbirth Trust

Alexandra House  
Oldham Terrace  
Acton  
London W3 6NH

Enquiry line 0870 444 8707

Breastfeeding line 0870 444 8708

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

[www.nctms.co.uk](http://www.nctms.co.uk) (sale of products including breast pumps and bras)

[enquiries@national-childbirth-trust.co.uk](mailto:enquiries@national-childbirth-trust.co.uk)

### The Breastfeeding Network

PO Box 11126  
Paisley PA2 8YB

BfN Supporterline 0870 900 8787

[www.breastfeeding.co.uk/bfn](http://www.breastfeeding.co.uk/bfn)

[BfN@btinternet.com](mailto:BfN@btinternet.com)

Supporterline can also put you in touch with groups or supporters local to you.

### La Leche League Great Britain

LLL (GB)  
PO Box 29  
West Bridgford  
Nottingham NG2 7NPA

0845 120 2918

[www.laleche.org.uk](http://www.laleche.org.uk)

Their helpline provides local numbers for breastfeeding help and support.

### Association of Breastfeeding Mothers

PO Box 207  
Bridgwater  
Somerset TA6 7YT

ABM helpline 0844 412 2949

[www.abm.me.uk](http://www.abm.me.uk)

The helpline is open every day from 9.30am to 10.30pm and all volunteers have breastfed their own children and are trained on all aspects of breastfeeding.

## Other organisations

### UNICEF UK Baby Friendly Initiative

Africa House  
64-78 Kingsway  
London WC2B 6NB

020 7312 7652

[www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)

Visit the website for information on safe bed-sharing with your baby, and for details of the Baby Friendly Initiative which aims to ensure that breastfeeding mothers in hospital and outside get the right sort of support.

We cannot guarantee the quality of information on websites run by other organisations. Inclusion does not necessarily imply endorsement by the HPA.



# Glossary

Here's a handy glossary of terms you'll come across in this booklet and in other discussions about feeding.

**Alveoli:** tiny structures in the breast which actually make and store the milk.

**Areola (plural, areolae):** the coloured skin surrounding your nipple. Strictly speaking, the nipple is only the end bit. Different women have different-sized areolae, which is why it is misleading to say the baby 'should have' all the areola in his mouth when feeding.

**Baby Friendly Initiative:** UNICEF/WHO programme which aims to ensure that health professionals and the places where they work follow practices which support a woman's choice to breastfeed.

**Blocked ducts:** a duct in the breast can become clogged and prevent a free flow of milk (see page 36).

**Colostrum:** the first fluid produced in the breasts, in later pregnancy and for the first days after birth.

**Engorgement:** swelling of the breast, because of extra milk, blood and lymph (see page 34).

**Exclusive breastfeeding:** breastfeeding only with no other fluids or foods given to the baby.

**Expressing:** removing the breastmilk by hand or pump.

**Inhibitory factor:** a substance in the milk which prevents milk being produced; if a lot of milk is left in the breast for a long time, the inhibitory factor has more time to work, and therefore milk production slows down.

**Latched on:** when a baby is 'latched on' he is well-positioned and attached.

**Let-down reflex:** under oxytocin, the let-down reflex happens inside the breast, and makes tiny muscle cells surrounding the alveoli push the milk out into the ducts (see page 17).

**Mastitis:** inflammation of the breast (see page 36).

**Mixed feeding:** this used to mean solids alongside breastmilk/formula milk. Now it usually means feeding with formula milk and breastmilk.

**Oxytocin:** the hormone which produces the let-down reflex (see above).

**Placenta:** the afterbirth. Once the placenta is delivered, the breasts receive the hormonal trigger to produce breastmilk.

**Positioning and attachment:** getting this right (see page 14) ensures you do not have any pain and your baby has a good feed.

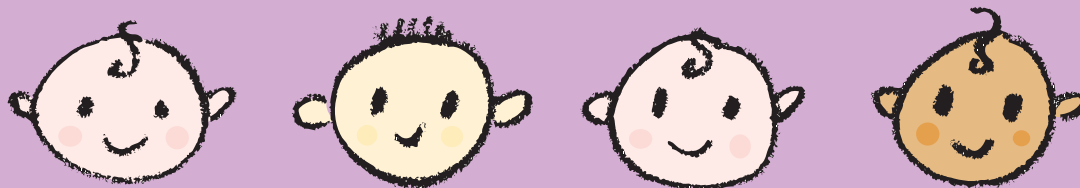
**Prolactin:** the milk-making hormone, produced at the start of breastfeeding. Prolactin levels are high at first, and then fall as breastfeeding becomes well established.



This booklet cannot cover all aspects of breastfeeding, so if you need more information your midwife, health visitor, breastfeeding counsellor or doctor will be able to advise you. However, it should help to make you feel more confident about breastfeeding and able to enjoy this experience with your baby.







**Health**  
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