

Feeding your baby

Breastfeeding – great for babies and mothers

For about the first six months of your baby's life, he or she only needs to have breastmilk.

If you and your baby are well, breastfeeding can start in the first hour after birth. Your baby is born with a strong instinct to suck, and if placed on your tummy or chest skin-to-skin, he or she will seek out the breast.

For the first few days after you give birth, your body produces a rich milk called colostrum which nourishes your baby while you get breastfeeding established. After three or four days, your milk “comes in” and your breasts will get bigger and firmer.

From 6 months, babies need to be introduced to family foods. Breastfeeding continues to be the most important part of your baby's diet until she or he is one year old. Between one and two years of age, breastfeeding can continue to make a significant contribution to your baby's health.

Water can be offered from around 6-8 months and cow's milk can be introduced from 12 months. Babies feed very well from a training cup and bottles, however, bottles are not recommended over the age of 12 months.

Breastfeeding is important for babies because it:

- promotes a good immune system during childhood and adult life
- promotes normal growth and development
- promotes brain development
- decreases the risk of infections and childhood illnesses
- decreases the risk of SIDS
- decreases the risk of Type 1 diabetes, overweight and obesity in childhood and later in life
- decreases the risks of respiratory disease, gastroenteritis, middle ear infections, allergies and eczema.

Breastfeeding is important for mothers because it:

- helps you bond with your baby
- improves your bone density
- helps heal the body faster after childbirth
- decreases the risk of pre-menopausal breast cancer, diabetes and ovarian cancer
- helps you return to your pre-pregnancy weight
- takes the worry out of whether your baby is getting what he or she needs. Breastmilk is never too strong or too weak – it's always just right.

Getting started

Soon after birth – usually within the first hour – babies show signs of wanting their first breastfeed, especially when they have had skin-to-skin contact. Your midwife will help by making sure you and the baby are comfortable and well-supported during the feed. After the first feed, babies often have a long sleep.

Don't be worried or upset if you and your baby don't get it straight away – breastfeeding is a learned art for both of you and it can sometimes take some effort to get breastfeeding established. Once you've got the knack, it's easy and convenient. Many women who have a difficult start go on to breastfeed happily and successfully.

Midwives and child and family health nurses are trained in lactation management and can provide expert advice on breastfeeding. If needed, you can also get specialist support from a lactation consultant (often a midwife) who has advanced training in supporting breastfeeding mothers and babies.

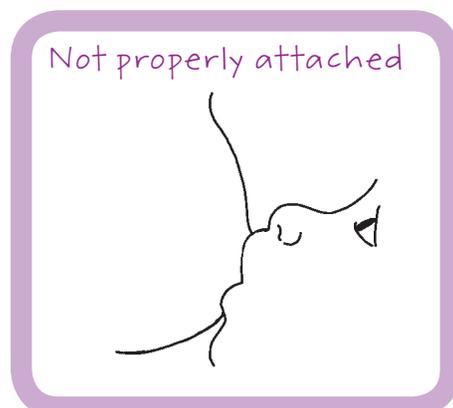
Putting your baby to the breast

Before you feed it's important to find a comfortable position. If you're sitting down to feed, try to make sure that:

- your back is supported
- your lap is almost flat
- your feet are flat (you may need a footstool or a thick book to support them)
- you have extra pillows to support your back and arms if needed.

There are various ways that you can hold your baby for breastfeeding. Your midwife will help you find a position that feels comfortable for you. Whichever way you choose:

- hold your baby close to you
- your baby should be facing your breast with head, shoulders and body straight (chest-to-chest)
- his or her nose or top lip should be opposite the nipple
- he or she should be able to reach the breast easily, without having to stretch or twist
- your baby's chin should be against the breast.



Once your baby is attaching well to the nipple and you're feeling confident, breastfeeding lying down can be very comfortable – it helps you to rest while your baby feeds, however, you should ensure that your baby's face is kept clear so that he/she has room to breathe. It's also important to remember that babies under four months of age are at an increased risk of sudden unexpected death in infancy when they share a bed with you or your partner. For information on safe sleeping, see *The first weeks of parenthood* on page 104.



If you have any questions during pregnancy about breastfeeding, your midwife or doctor can provide support and information.

Attaching your baby to the breast

It's important to make sure your baby latches onto the breast properly, otherwise he or she may not get enough milk during the feed and your nipples could become sore. To attach your baby to your breast:

- position your baby with his or her nose or top lip opposite your nipple
- wait until the baby opens his or her mouth really wide (you can gently brush his or her lips with your nipple to encourage this)
- quickly move your baby onto your breast, so that the bottom lip touches the breast as far away as possible from the base of the nipple. This way, your nipple will be pointing towards the roof of your baby's mouth
- always remember to move your baby towards the breast rather than your breast towards the baby.

When your baby is properly attached you will notice:

- more areola visible above your baby's top lip than below the bottom one
- the sucking pattern will change from short, fast sucks to long deep sucking with pauses
- a deep pulling or tugging sensation on your breast that is not uncomfortable
- your baby will look relaxed with eyes wide open at first. They'll close towards the end of the feed
- when your baby comes off the breast, your nipple will look softened and longer but rounded on the end, not pinched or flattened
- once your supply has increased you will hear swallowing.

During the first week or so, you may notice some pain or discomfort when your baby first attaches. This should soon go away, but if it continues through the feed, your baby may not have attached well, and you will need to gently take your baby off and help him or her to re-attach.

It's normal for your nipples to feel sensitive in the first 7-10 days after birth. You may notice this when you have a shower or when your clothes brush your breasts.

Pain during the feed and a pinched or flat nipple on detachment are signs your baby isn't attaching properly. Ask your midwife, child and family health nurse, or lactation consultant for help and to watch you feed. You can also contact the Australian Breastfeeding Association's Breastfeeding Helpline on 1800 686 268 (1800 mum2mum).

How do I know my baby is getting enough breastmilk?

Breastfeeding works on supply and demand. The more your baby feeds, the more milk your breasts will produce. To reassure you that you are making enough milk for your baby:

- feed when baby shows signs of hunger. Don't make him/her wait! Crying is a late sign of hunger
- in the early weeks, expect to feed at least 6-8 times each day (and maybe up to 10 or 12 times a day). Some of those feeds will be overnight
- your baby will have at least 4 (disposable) or 6 (cloth) wet nappies
- he or she may poo once a day, several times a day or once every few days – the poos will be soft or runny and mustard-yellow
- you will feel a strong sucking action during feeds
- you will hear the sound of milk being swallowed
- expect your baby to be settled after some feeds and restless after others – there will be no pattern to this at first but after a few weeks one may appear.

Some important questions...

Can I breastfeed if I have hepatitis B?

Yes, this is safe - when your baby has received an immunoglobulin injection after birth, and has started the course of hepatitis B vaccinations.

Can I breastfeed if I have HIV?

In Australia, HIV positive women are advised not to breastfeed. Current research shows there is a risk of passing HIV onto the baby through breastfeeding.

Can I breastfeed if I have hepatitis C?

Yes, the health benefits of breastfeeding are considered to outweigh the very low risk of transmitting hepatitis C in breastmilk. If you develop cracked or bleeding nipples, you should express and discard milk from that breast until the cracks have healed, as blood may be present in the breastmilk. For more information, contact Hepatitis NSW. Tel: (02) 9332 1853.

The first few weeks

Mothers and babies usually take several weeks to feel comfortable and confident with breastfeeding. It takes around four weeks for your milk supply to become "established". At first, your breasts may be quite full and uncomfortable but this will soon settle.

Most babies will be wakeful at night and sleepy during the day for the first week or two as this is what they were used to while still in the womb. Most babies also continue to need at least one to two feeds at night for many months in order to grow and develop normally.

Your baby's wakeful time will gradually move to the late afternoon or early evening. During this time, babies like to be cuddled and breastfed frequently. This is an important process: they are making sure there will be plenty of milk available the next day as the breast will now only refill if it is well drained. It is perfectly normal to feel "empty" at the end of the day.

Remember, breastfeeding is a new skill you and your baby are learning. Even if you've breastfed before, your baby hasn't and you might need some help in the early days and weeks. There are lots of places you can turn for support and help:

- your midwife
- the Australian Breastfeeding Association on 1800 686 268 (1800 mum2mum)
- your local child and family health nurse – see Community Health Centres or Early Childhood Health Services in the *White Pages*
- Karitane on 9794 2300 or 1800 677 961
- Tresillian Family Care Centres on (02) 9787 0855 (Sydney metropolitan) or 1800 637 357 (regional NSW)
- your GP or paediatrician
- a certified lactation consultant. Ask for a list before you go home.



When do I start solids?

You can start to introduce solid foods around six months. Contact your child and family health nurse for advice.

Babies are constantly growing so it's not surprising for them to have at least one "hungry day" a week where they feed more often. Every few weeks, they may also have a bigger appetite where they feed frequently for several days then settle. There is nothing wrong with your supply; they are just "topping" it up.

The table on the inside back cover describes breastfeeding in the first few days after birth.

To maintain your milk supply and decrease the risk of lumps, blocked ducts and mastitis, it is important to drain one breast well at each feed. Let your baby feed from the first breast until your breast feels comfortable, then offer your baby the second breast. Depending on your baby's age, how hungry he or she is, how long since the last feed, the amount of milk available in the first breast and the time of day, your baby may want one or both breasts. Alternate the first breast at each feed (so start on the right breast for one feed, and start on the left at the next feed).

Breastfeeding and food

When you start breastfeeding, it's normal to feel hungrier and thirstier than usual. You can enjoy more of the healthy foods you need. Keep planning your food based on the table in the section *Healthy eating for pregnancy* (page 28), and add one or two extra serves of each of these food groups:

- bread, cereals, rice, pasta, noodles
- vegetables, legumes
- fruit.

Can I use a dummy or pacifier?

While many women offer their babies dummies, there are some things to think about when you're deciding whether to start one or not. Studies suggest that introducing a dummy before breastfeeding is well-established may reduce the length of time you and your baby enjoy breastfeeding. It's thought that the different sucking techniques that a baby uses for a dummy and the breast may have a negative effect on breastmilk supply. Older babies seem to be able to recognise the difference between the dummy and the breast.

If you decide to go ahead and use a dummy, we recommend you wait until breastfeeding is well-established. Clean and sterilise your baby's dummies every day. Keep the dummy in its container when it's not in use. Never put a dummy in your mouth (to "clean" it) and never put any food or other substance (such as honey) on a dummy.

Talk to your midwife or child and family health nurse about the different ways in which you can settle your baby.

Alcohol, other drugs and breastfeeding

Alcohol and other drugs can be passed to your baby through breast milk. The safest option, for both you and your baby, is to not drink alcohol or take any illicit drugs when breastfeeding. Experts recommend that women avoid drinking alcohol for at least a month following the birth of your child until breastfeeding is well-established. After that, if you drink alcohol, they recommend that you limit your alcohol intake to two standard drinks a day.

Alcohol passes into your bloodstream and into your breastmilk 30-60 minutes after you start drinking. Avoid drinking alcohol immediately before breastfeeding and consider expressing milk in advance if you wish to drink alcohol. You can find more information on the MotherSafe website at www.mothersafe.org.au

The Australian Breastfeeding Association's also produces a brochure on alcohol and breastfeeding. You can access it online at <https://www.breastfeeding.asn.au/bf-info/safe-when-breastfeeding/alcohol-and-breastfeeding>

Health alert! Medications and breastfeeding

If you need to take any prescribed or over-the-counter medications, tell your doctor or pharmacist that you are breastfeeding. They'll help you choose a safe medication. You can also call MotherSafe on (02) 9382 6539 (Sydney metropolitan area) or 1800 647 848 (regional NSW).



Methadone, buprenorphine treatment and breastfeeding

If you take methadone or buprenorphine treatment you can still breastfeed, as long as you are not using other drugs. Only a small amount of the methadone or buprenorphine pass into the breast milk.

Speak with your doctor to discuss your options and any potential risks. Additional support and information is available from MotherSafe on (02) 9382 6539 (Sydney) or 1800 647 848 (regional NSW) or from ADIS on (02) 9361 8000 (Sydney) or 1800 422 599 (regional NSW).

"In the beginning, breastfeeding was a bit difficult and uncomfortable at times. I managed by getting help from my midwife and child and family health nurse and by setting myself goals – six weeks, three months, etc. By the time I reached that first goal, it had become so much more comfortable and easy that I was happy to keep going to the next marker. In the end, I breastfed for 16 months. In those first few tough weeks, I wouldn't have believed I'd do that." Chloe

Breastfeeding involves your partner too

Your partner has an important role to play in supporting breastfeeding and helping you and your baby get breastfeeding established. Research shows that mothers who are encouraged and supported by their partner and family find parenting more enjoyable.

Your partner can:

- make sure you are comfortable and have enough to eat and drink while you are breastfeeding
- give you some 'time out' by helping to settle the baby after the breastfeed
- provide practical support by bathing and changing baby before or after the breastfeed
- monitor and manage visitors in the early days and weeks so you're not overwhelmed.

About expressing breastmilk

Many women express breastmilk for different reasons. You might want to express because:

- your breasts are too full for your baby to attach properly, so you need to remove some milk before the feed
- your baby is too sick or small to feed directly from the breast
- you need to be away from your baby for a couple of hours and he or she might want to feed
- you are going back to work and need to leave milk for the carer to feed your baby.

You can express milk by hand, or you can use a hand pump or electric pump. How you do it depends on why you want to express, how often and how much you want to express. You can ask your midwife or hospital lactation consultant to show you how to hand-express and how to use a pump. There are lots of different types of pumps available, so

before you buy or hire one, it's best to talk to a lactation consultant or the Australian Breastfeeding Association for advice about which type would suit you.

Express your breastmilk into a clean container. Expressed breastmilk should be used immediately, or stored in a sealed container in the coldest part of the fridge (towards the back) until you're ready to use it. Breastmilk can also be frozen.

To learn more about expressing and storing breastmilk, ask your midwife or child and family nurse for a copy of the NSW Health booklet *Breastfeeding your baby*. It's also available online at http://www0.health.nsw.gov.au/pubs/2011/pdf/breastfeeding_your_baby_w.pdf

Possible breastfeeding issues

Tender nipples

Sore and damaged nipples usually mean that the baby is not attaching well to the breast. Leave your bra or top off after you breastfeed so your nipples dry naturally. If any of the following problems continue after the first week of breastfeeding, contact your child and family health nurse or the Australian Breastfeeding Association if you have:

- persistently tender nipples
- damage to the skin on your nipples
- distorted or pinched nipples.

Mastitis

Mastitis is a breast inflammation or infection. It's more common in the first weeks when the milk supply is still establishing. Prompt treatment will resolve mastitis quickly.

Watch out for:

- tender or red painful areas on the breast
- lumps and firm areas on the breast
- flu-like symptoms with a mild temperature or suddenly becoming very sick with a high temperature and headache.

Formula feeding your baby

Mastitis can be caused by:

- the first breast not being well drained before the second breast is offered
- nipple damage (grazes or cracks caused by poor attachment)
- blocked milk ducts
- sudden changes in feeding pattern
- being overtired and skipping meals.

If you develop symptoms of mastitis treat the breast that's affected by:

- offering frequent feeds, draining the breast well
- expressing milk if you can't put the baby to the breast
- starting feeds on that side two feeds in a row (then go back to alternating starts)
- using cold compresses before and after feeds if they symptoms are in the first ten days of breastfeeding
- applying moist heat (such as a shower, bath or warm pack) before feeds and cold compresses afterwards if the symptoms occur later in the breastfeeding relationship
- gently massaging the area towards the nipple during the feed
- resting, increasing fluids and accepting any offers of help.

If you are not able to soften the lump/decrease the redness within about 12 hours or begin to feel unwell, it is important to contact your doctor as you may need antibiotics. There are antibiotics available that are safe for you and your baby so that you can continue breastfeeding. It is important to keep breastfeeding to empty the breast.

If you have decided to formula feed, make it safe for your baby:

- use only approved infant formula – most are based on cow's milk
- all formula in Australia meets the required food and safety standards
- be careful with preparation, sterilisation and storage:
 - > follow the instructions on the label for the preparation and storage of the formula
 - > sterilise all equipment used.

Always follow food safety guidelines:

- follow manufacturer's instructions for safe storage of formula
- make formula up as you need it as bacteria can grow in unused formula
- throw out any formula in a bottle that your baby doesn't finish during a feed – don't keep it for later.

What to bring to hospital if formula feeding:

If you have decided to formula feed, you will need to bring formula and your equipment into hospital with you when you have the baby. Bring with you:

- one container of your chosen formula
- two to six large bottles with teats, caps and teat covers. Decorations and odd shapes make bottles hard to clean and there is no evidence that a particular shape of bottle or teat prevents wind or colic.

Before you go home, staff will make sure you feel confident with making up the bottles and feeding. The midwives will also provide you with written information on the correct preparation and storage of formula. Please contact your midwife or child and family health nurse for information, assistance and support when using infant formula.

Can I combine breastfeeding with formula feeding?

Replacing a breastfeed with a formula feed on a regular basis will reduce your milk supply. You can express breast milk which your baby can take from a bottle if you are unable to directly breastfeed your baby. Do this in advance so you are not rushing at the last minute. If your expressed breast milk is not available, then infant formula can be used but it is important to breastfeed or express again as soon as possible. Many mothers find that they are able to successfully maintain breastfeeding when they return to work or study by combining breastfeeding with expressing. For more information, contact your Early Childhood Health Service or the Australian Breastfeeding Association.

Health alert!

Babies can get sick from incorrect preparation of formula feeds. Follow the instructions on the label.

Breastfeeding, formula feeding and allergies

Breastfeeding may help prevent children from developing allergies or eczema. If you have a family history of allergies or eczema and you are worried about your baby might need formula talk to your midwife, doctor or a paediatrician during your pregnancy.

If you have any questions during pregnancy about breastfeeding, your midwife or doctor can provide support and information.