

# Breastfeeding Patient Information



**MaternityCare**

[joondaluphealthcampus.com.au](http://joondaluphealthcampus.com.au)



**Joondalup  
Health Campus**

Part of Ramsay Health Care



## Introduction

Joondalup Health Campus recognises that every woman has the right, and should be provided with the opportunity to breastfeed and/or provide breast milk for her baby.

This booklet is designed to provide women and their families with an overview of breastfeeding.

In answering questions commonly asked about breastfeeding, we hope this booklet will be helpful and informative throughout your pregnancy and the early weeks of breastfeeding.

Although the answers we have provided are evidence based, this booklet is not intended to replace discussion about your particular needs with the health care professionals who care for you and your baby.



## How breastfeeding works

### Milk production

Colostrum is the first milk that your baby will receive from you. The production of colostrum begins early in pregnancy. You may have noticed your breasts leaking colostrum in the weeks just before the arrival of your baby.

Colostrum is a thick golden coloured fluid. The first feed of colostrum is very important as it has high levels of immune factors that line your baby's gut and help to protect against infection.

The key to continued milk production is frequent and effective removal of milk from the breast. Once the milk has 'come in' your breasts decide how much milk needs to be made for your baby according to how much milk has been removed, so demand equals supply.

We recommend that your baby has unlimited access to breastfeeds from birth. This will help to establish a good milk supply that is right for your baby.

## The first breastfeed

Immediately following the birth we encourage skin to skin contact between you and your baby. This assists your baby to maintain a normal body temperature and gives your baby the opportunity to adapt naturally to being outside your womb.

Most babies, if left skin to skin with their mother, will feed within the first hour after birth.

This ensures a good beginning to successful breastfeeding. Weighing the baby will be delayed until after the first breastfeed.

Some babies may be sleepy after the initial feed and lack interest in feeding. If this occurs colostrum will need to be expressed and offered to the baby.

### Importance of uninterrupted Skin to skin contact after birth and the first breastfeed after birth

Holding your baby skin to skin contact helps you to bond closely with your baby. There is increasing evidence that uninterrupted skin to skin contact immediately after birth and beyond can provide mothers and babies with immediate and long lasting physical and emotional benefits. Skin to skin contact is also linked to better breastfeeding outcomes and longer breastfeeding duration.

The touch, warmth and smell of the baby when in skin to skin contact causes the release of oxytocin in the mother which not only increases uterine contraction and milk ejection but also reduces stress following the birth and encourages bonding between mother and baby. Oxytocin also helps raise the skin temperature of the mother's breasts which helps to keep the baby warm as it adapts to its new environment.

### Skin to skin contact later on

Skin to skin contact provides all the stimulus your baby needs for breastfeeding.

Watch for early feeding cues – mouthing and rooting towards your nipple. As soon as you see this you know that your baby is ready to feed. Leaning back a little will allow gravity to help stabilise your baby and this will help them seek out the breast when ready.

Skin to skin contact has proven invaluable when solving some of the challenges breastfeeding mothers encounter in the early days such as breast refusal or a sleepy baby who is reluctant to feed.

It is advisable to call for help until you feel confident with positioning and attachment.

## Baby led breastfeeding

After the birth, when your healthy naked baby is placed tummy down on your bare chest for at least an hour of uninterrupted skin to skin contact, the baby will display an instinctive sequence of behaviours.

Most babies pass through nine different phases.

### Identified behaviours while skin to skin immediately after birth:

Phase	Behaviour
Birth cry	Intense crying immediately after birth.
Relaxation	No activity of the head, arms and body.
Awakening	Small thrusts of the head up, down, from side to side.
Active	Moves the head and limbs without moving body, rooting activity.
Crawling	Pushing which moves body.
Resting	Rests with some activity such as sucking on the hands.
Familiarisation	Baby has reached the areola/nipple with mouth brushing and licking.
Sucking	Baby starts to suckle.
Sleeping	Baby has its eyes closed.

Babies use a wide range of senses to find their way to the breast but it is thought that the odour cues are the most important – particularly the smell of the mother’s nipple and later the smell of the milk.

At birth babies are extremely sensitive to stimuli. The nerve fibres of smell and touch are connected to the emotional memory and conditioning of the brain. Stimulation from contact will ‘fire and wire’ neural pathways that have lifelong effects on your baby’s emotional wellbeing.

As the baby makes its way to the breast it is important not to interrupt this sequence of events. If interrupted the baby cannot continue where it left off but will have to start all over again. Helping to attach to the breast may appear helpful but is counter-productive for the future.

## Cues of feeding

### Early cues – “I’m hungry”

- Stirring
- Mouth opening
- Turning head
- Seeking/rooting

### Mid cues – “I’m really hungry”

- Stretching
- Increasing physical movement
- Hand to mouth

### Late cues – “Calm me, then feed me”

- Crying
- Agitated body movements
- Colour turning red

### Time to calm crying baby

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

**Avoid attempting to feed a crying and frustrated baby. Settle first and then try again.**

\*Developed by Women’s and Newborn Services, Royal Brisbane and Women’s Hospital.

## Positioning and attachment

Breastfeeding is a learned skill that takes time, patience and practice. In the first few days, your breasts produce colostrum which is all the nutrition a healthy baby needs. Your breasts will feel soft at this stage. These early days allow you and your baby the time to practice positioning and attachment. Correct positioning and attachment of baby at the breast is the key to the prevention of most breastfeeding problems.

1. Make yourself comfortable and unwrap your baby.
2. Turn your baby towards you with its head and body in a straight line. Your baby's neck should not be twisted.
3. Hold your baby close to you with its bottom tucked into your side, and the head and body facing the same way.
4. Support the baby's neck and shoulders, but not the back of its head. This is important because the baby needs to be able to tilt its head back.
5. Bring the baby to breast – nose to nipple. Baby should have a wide open mouth.
6. The baby tilts its head back and scoops the nipple and breast tissue into its mouth. The nipple is drawn back just before the junction of the hard and soft palate. Baby's tongue is forward over its gums, lower lip are rolled out, chin against breast and nose free.

### Demand feeding

Unrestricted breastfeeding frequency and duration should be encouraged. Responding to a baby's early cues to feed is a relaxed approach to breastfeeding.

### Handy to know...

You may find the following information helpful in guiding you on how your baby will feed once your milk 'comes in':

- At first baby will suckle rapidly – triggering your let-down reflex - then will settle into long rhythmical suckles. Swallowing will be seen and will be audible.
- If baby is attached well this suckling cycle will continue without prompting. There is no fixed time that this will last.
- As the baby nears the end of a feed the suck/swallow cycles become shorter and the pauses become longer. Some babies will detach themselves automatically at this stage but others may continue to suckle for comfort. If you wish to detach your baby from the breast you can do this by gently breaking the suction between breast and baby.
- You may like to change your baby's nappy, giving baby the best chance to wake up and be ready for the second part of the feed. Sometimes your baby will 'burp' unaided whilst being changed.
- It is a good idea to feel your breast at this stage and if it feels like there is more milk in the first breast then offer that same breast again. If the breast feels soft and comfortable and baby wants more, offer the second breast. By feeling your breast before, during and after a breastfeed you will become aware of how the breasts are draining and how your baby is feeding.
- Baby's body language is going to change as they feed. Initially their limbs are bent, muscles tight and fists clenched. Once the baby starts to feel satisfied their limbs straighten, muscles relax and fists become unclenched. The floppy, drunk looking baby is a well-fed baby and should then settle for a few hours.



## Preventing sore nipples

Painful and cracked nipples are not a normal part of breastfeeding. Nipples become damaged if the baby is not positioned and attached correctly. If feeding is painful and/or if at the end of a breastfeed the nipple seems misshapen then positioning and attachment needs to be adjusted and improved. Ineffective positioning and attachment will not only cause painful feeding, but will also result in the baby not draining the breast effectively, which may increase the risk of engorgement, blocked ducts and mastitis.

Ensure your baby is well attached will result in the nipple being deep into the baby's mouth where it is protected from being damaged. If the baby is not deeply attached to the breast, the nipple will become pinched causing initial pain and then nipple damage.

### Treating sore nipples

Treating sore and cracked nipples involves removing the cause by improving the positioning and/or attachment. Often this will require help from a midwife. Even very sore nipples can feel comfortable during feeding once the attachment is improved.

Many nipple creams are available however they will not work unless you treat the cause. Applying a small amount of purified lanolin may assist with healing a cracked nipple.

We recommend a medical grade purified lanolin. This can be applied to the nipple after feeds. The cream should not be used for any other purpose and great care should be taken that the cream does not become contaminated with bacteria. Always wash your hands before applying the cream. Nipple cream should be used sparingly and for short periods only.

### Nipple shields

When using a nipple shield a lactation consultant should be involved for ongoing advice and follow up. It is very important that shields are used correctly. Ask your lactation consultant or midwife to assist you.

## Rooming In

In hospital we encourage rooming-in with your baby immediately from birth. Rooming-in allows you to bond with your baby and develop the breastfeeding and parenting skills you will need when you return home.

## Night Feeds

Babies often require frequent feeds at night, especially during the early weeks.

Night feeds have many advantages:

- Your milk supply will be established sooner
- The chance of engorgement is reduced
- Promotes quality sleep for mother, due to the hormones released whilst breastfeeding
- An adequate milk supply will be maintained for your baby.

You may find it easier to adapt to night feeds if you are able to rest during the day whenever possible.

## Cluster Feeding

Cluster feeding is when a baby spaces feeds close together at certain times of the day. During the day most breastfeeding babies will feed every two to three hours however during a cluster feeding session babies can demand as close as 30 – 45 minutes apart.

Cluster feeding is very common and often occurs in the evening. This behaviour is normal and has nothing to do with your breast milk or parenting. When cluster feeding occurs, allow your baby to feed as often and as long as desired.

## The sleepy baby

It is normal for some babies to have a prolonged period of sleep after their first breastfeed. However some babies are affected by long labours, assisted births and some drugs given during labour, and will therefore be sleepy for long periods.

These babies need to be carefully assessed. If a baby is not getting sufficient milk, eventually they lose energy, become sleepier and are more difficult to rouse. Although weight gain and output are not a reliable gauge of milk intake they can provide some clues.

The first 72 hours are very important to establish a good milk supply. If attempts to breastfeed are unsuccessful then hand expressing and offering colostrum ensures the establishment of lactation and a more vigorous baby.

## Low milk supply

Many mothers worry about their milk supply, especially in the early days of breastfeeding. Low milk supply is usually a temporary situation and your supply can be increased with the right support.

If you are concerned about your milk supply it is important to seek advice from your child health nurse, a lactation consultant, the Australian Breastfeeding Association, your GP or other health care professional. Some useful contacts are provided at the end of this booklet.

Here are some common questions and answers around low milk supply:

### **“My baby just feeds for a short time.”**

There is no cause for concern as long as your baby continues to grow.

### **“My breasts feel soft.”**

Your milk supply will adjust according to your baby's needs and breast softness varies from person to person. Your breasts will produce enough milk as long as your baby is feeding well.

### **“My baby feeds very frequently.”**

Babies normally feed between 8-12 times in 24 hours and can be very unsettled in the early days. Frequent feeding is required to establish a good milk supply.

In the case of genuine low milk supply the following signs may be apparent

- Your baby will be hungry, have few wet nappies with concentrated urine and scant bowel actions.
- Whilst breastfeeding your baby will suck vigorously for a few minutes and then drop off to sleep. Once put down, baby wakes in a very short time and repeats the whole cycle.

## Increasing your milk supply

You can help increase your milk supply by using alternate sides in the same feeding. As soon as baby loses interest on the first side, transfer them to the alternate side as the baby will be more inclined to keep suckling.

Offering both breasts twice during any one feed will ensure a better feed for baby and more stimulation for you. Baby will be more wakeful and enthusiastic during the feed and will sleep better.

Frequent well drained breasts should increase your milk production dramatically over the next 48 hours. Once this is achieved, baby will be more satisfied with fewer switches and settle into a more normal feeding pattern.

If you are having problems with low milk supply please contact a lactation consultant.

## Management of unsettled baby

Your baby will cry for many reasons. It is your baby's most powerful form of communication. Babies cry with their whole bodies, including their legs, so the normal leg action of a baby is often misinterpreted as wind.

It is normal for babies to have at least one unsettled period per day. It usually happens in the evening but can occur at any time of the day. During these times, your baby may want to feed frequently and often seems to be snacking. This often causes mothers to be concerned about their milk supply but it is rarely the cause of the problem. These frequent feeds 'put in the order' for the next day and should be welcomed, as they will ensure your continued milk supply.

As you get to know your baby and they get to know you too, you will develop the skills to manage these unsettled times better.



## Engorgement

Breast fullness or engorgement can happen between two and five days after birth and may last up to two weeks. Breasts feel tender, larger and heavier and skin is tight and shiny.

### Cause of engorgement

- Infrequent and/or inadequate drainage of breast
- Delaying breastfeeding. Management of engorgement

### Management of engorgement

- Unrestricted access to breast
- Warm compress to breast just prior to breastfeeding (to aid flow) for no longer than one to two minutes
- If baby is unable to empty the breast – express either by hand or pump
- Cold compress to breast between feeds contracts the breast tissue, aids lymph drainage and helps blood flow.

## Blocked milk ducts

Sometimes milk ducts can become blocked. Milk builds up behind the blockage and forms a hard lump. You can prevent blocked ducts by feeding your baby often and avoiding tight tops or bras.

### How can I relieve a blocked duct?

- Keep the affected breast as empty as possible by feeding from that side as often as you can
- Apply warmth to the affected area before a feed
- Check that your baby is well attached
- Relax to help your let-down reflex
- Gently but firmly massage the lump toward the nipple during the feed
- Change feeding positions to help empty the breast, chin pointed towards the affected area
- Cold packs after a feed may help relieve pain and inflammation
- Should the blockage not clear within 24 – 48 hours, or if blockages become a recurrent problem, you should seek advice from your lactation consultant.

## Mastitis

Mastitis is caused by an inflammation or infection of the breast. Symptoms include feeling unwell and you may feel feverish. You may also notice that part of your breast looks red and may be hot and painful.

### Important – do not stop breastfeeding

Your baby is your best pump and drainage of the breast is very important. If you have mastitis, your doctor may prescribe antibiotics and it is also important you breastfeed your baby frequently on the affected breast. Start each feed on the affected side until the mastitis resolves and pay particular attention to your attachment.

### Management of mastitis

- Drain the affected breast at least every couple of hours, day and night
- Use gentle breast massage
- Vary the feeding positions
- Rest as much as you can
- Ensure adequate pain relief (e.g. paracetamol) is taken (if needed) prior to feeding
- Cold packs after a feed may help relieve pain and inflammation

If pain and symptoms persist, consult your doctor.



## Hand Expressing

Reasons why you may wish to hand express:

- To tempt a sleepy baby to feed by expressing some colostrum onto your nipple.
- To rest damaged nipples.
- To relieve temporary breast engorgement or soften a full breast.

Ask your midwife to show you how to hand express your breasts before discharge home from hospital. It is important for you to know how to do this. It can be done anywhere, any time and needs no special equipment.

You will need to:

- Wash your hands prior to commencing
- Gently massage your breast towards the nipple - thinking about your baby helps
- Cup your breast with your hand and place the thumb and forefinger (of the same hand) at the edge of the areola and opposite each other. If your areola is particularly large or small, place your fingers about 3.5cms from the nipple.
- Press your whole hand back towards your chest, gently squeeze or compress your breast with your thumb and forefinger together at the same time. You should not rub along the skin
- Once you have mastered the movement, maintain the action until the milk starts to flow – usually 3 or 4 minutes
- When the milk flow slows or stops reposition your fingers to rotate around the breast and gather more milk
- If expressing milk to collect for a feed ensure you use sterilised equipment and store the expressed milk according to the recommendations in the following pages.
- Collect the milk by holding a wide necked container under your breast.

The amount of milk you obtain depends on individual circumstances and the stage of breastfeeding you are at.

## Storage of expressed breast milk

1. Ensure hands are clean and that all containers have been thoroughly cleaned and sterilised.
2. Use plastic containers or pre-sterilised plastic storage bags (available from pharmacies, pump hire stations or the Australian Breastfeeding Association). When your baby is small you may wish to store your expressed breast milk in small quantities to avoid wastage. If freezing, a sterilised plastic ice cube tray is useful for this. Seal in a freezer bag once the cubes are frozen.
3. Label with the date and time and refrigerate or freeze.
4. Expressed breast milk can be stored in the refrigerator on the top shelf towards the back of the fridge which is the coldest area (not the door) for up to five days.

Refer to the following chart for recommended storage times at home.

Breast Milk	Room Temperature	Refrigerator	Freezer
Freshly expressed into a closed container.	6 – 8 hrs  (26°C or lower). If refrigeration is available store milk there.	3 – 5 days (4°C or lower).  Store in back of refrigerator where it is coldest.	Two weeks in freezer compartment inside refrigerator.  Three months in freezer section of refrigerator with separate door.  6 – 12 months in deep freeze (-18°C or lower).
Previously frozen – thawed in refrigerator but not warmed.	Four hours or less (i.e. the next feeding).	Store in refrigerator 24 hours.	Do not re-freeze.
Thawed outside refrigerator in warm water.	For completion of feeding.	Hold for four hours or until next feeding.	Do not re-freeze.
Infant has begun feeding.	Only for completion of feeding, then discard.	Discard.	Discard.

## Frequently asked questions

### How often will my baby feed?

We recommend baby receives a minimum of 8 – 14 feeds in 24 hours however most breastfed babies feed on average around 8 – 12 times in a 24 hour period, once the milk is in. The length of time a baby feeds will vary.

It is not necessary to time feeds at the breast as all babies have individual needs. Some may only need to feed from one breast whilst others require both breasts. Time spent at the breast can also vary from feed to feed.

Ask for assistance if you are concerned.

### How do I know when my baby has had enough?

Baby is breastfeeding well if:

- Your breast feels softer after the feed
- Baby is alert and reasonably content in between feeds
- Baby is having five or more wet nappies in 24 hours and bowels open three to four times per day in the first few weeks
- Baby's skin colour is pink and with good skin tone
- There is some weight gain after five days of age
- Baby has regained birth weight by two weeks.

### Why don't you recommend using a breast pump in the first few days?

Some mothers express significantly more milk when hand expressing especially while establishing milk production.

If you are expressing for a newborn baby, try to express between 8 – 10 times in a 24 hour period. Hand express until your milk comes in. At first you will get a small amount of colostrum. The more milk you take out of your breasts, the more milk you will produce. If you are having difficulty expressing please contact your midwife.

The number of times you express is important. Many mothers find a routine of expressing every two to three hours works for them. Milk supply and response to expressing vary between mothers.

### Should I use a dummy?

The use of artificial teats or dummies is discouraged while breastfeeding is being established.

## Expressing by electric pump

There are many reasons why mothers express milk for their babies:

- You may work outside the home where you cannot be near your baby
- Your baby may not be able to suck due to prematurity
- Your baby may be in hospital and you may not be able to be there for every feed
- You may be using a breast pump to increase your supply.

Hospital grade pumps can be hired from the Australian Breastfeeding Association or your local pharmacy. Ensure the correct size flange is used as one that is too small can damage your nipple and will not adequately drain your breast. The pump should be comfortable and effective. You need to express your breastmilk at least as frequently as you expect your baby to feed.

## Cup Feeding

Parents who wish their baby to be primarily breastfed, but on occasion may need an alternative method of feeding, can use a cup. It is also very helpful when there are initial attachment problems. Talk to your midwife, lactation consultant or child health nurse who will demonstrate the correct technique and supervise you while you learn.

## How to cup feed

1. Wash hands, half fill a small cup with expressed breast milk.
2. Make sure baby is awake and alert before feeding.
3. Wrap baby's hands securely to prevent them from bumping the feeding container and use a bib or cloth to protect baby's clothes from spills.
4. Hold baby in a sitting position.
5. Raise the cup and rest its rim lightly on the baby's lower lip.
6. Tip the cup so the milk just touches the baby's lips and they can sip or lap it but not so much that it pours into the baby's mouth. Start by allowing baby just a tiny sip to encourage them.
7. Let the baby set its own sipping or lapping rhythm, pausing when needed until he/she finishes. Some babies prefer the cup to be tilted away between swallows, others prefer to feed continuously. Some use their tongue to lap the milk, others sip it. Follow the baby's cues.

## Partners and breastfeeding

Although the majority of Australian women do start breastfeeding, some of them find it more challenging than anticipated.

The role of a partner is one of the strongest influences on the initiation and duration of breastfeeding.

Effective partner support is important for successful breastfeeding particularly in terms of the duration of breastfeeding.

Parenting a new baby is an exciting time in life but it can be tiring and challenging.

Breastfeeding is like any newly learned skill and it does get easier with time.

The Australian Breastfeeding Association provide evidence based information and support for mothers and their partners with a range of materials accessible online at [www.breastfeeding.asn.au/](http://www.breastfeeding.asn.au/)

## Resources post-discharge

There are many resources you can access which may be useful during the first few months at home.

These include:

- Early childhood centers/maternal and child health centers
- Community health centers
- Lactation consultants
- Australian Breastfeeding Association [www.breastfeeding.asn.au/](http://www.breastfeeding.asn.au/)
- Your baby's Personal Health Record book ('purple book')
- Ngala [www.ngala.com.au](http://www.ngala.com.au)
- [www.raisingchildren.net.au/](http://www.raisingchildren.net.au/)
- <https://www.parentingrc.org.au/>

### Disclaimer

All information contained in this booklet is current at the time of revision. If you have concerns about your health, you should seek advice from your general practitioner or health care provider. If you require urgent care you should go to the nearest Emergency Department.



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