

Successful breastfeeding

A guide for breastfeeding mothers



If you are starting to breastfeed, this booklet is for you.

It is packed with information that will give you the knowledge to succeed.



Mothers whose babies are in the Special Care Unit will need extra help. If your baby cannot feed from the breast you will need to start expressing your milk as soon as possible.

Please talk to your midwife about this.
(Please also see page 18.)

Part 1

Confidence is the key to successful breastfeeding

Successful breastfeeding starts in the mind



but what gives women the confidence needed for success is knowing how.



In this booklet mothers will find practical information on how their breasts work and how to breastfeed.

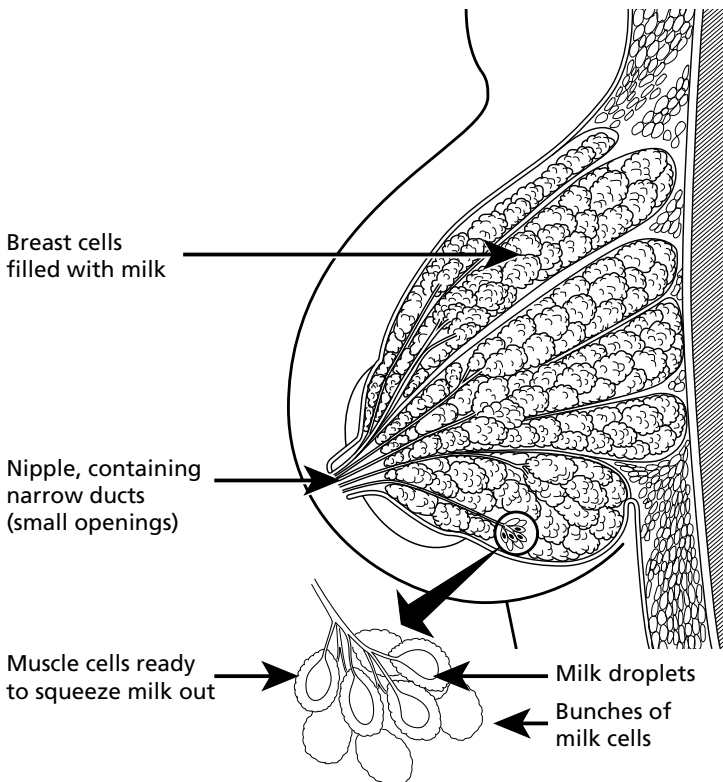
How your breasts change during pregnancy

All through pregnancy changes take place in your breasts so that by the time your baby is born they have become the 'finest milk-producing system in the world'.

Your breasts and nipples do not need any special treatment during pregnancy, but as your breasts are growing, a larger bra with wider straps may give more comfort and support. A natural oil comes from the skin around the nipples, so nipple creams and lotions are not usually needed.

Colostrum (your baby's first food) will be ready and waiting in your breasts when your baby is born, even if they are born early.

The finest milk-producing system in the world



Your baby's first food

The first food that your baby gets from the breast is called colostrum. Colostrum often looks thick and yellow but its appearance varies from mother to mother. It is rich in fats and protein and is easy for your baby to digest. It also contains infection-fighting antibodies (immunoglobulins), which strengthen your baby's immune system and will help protect them from many infections.

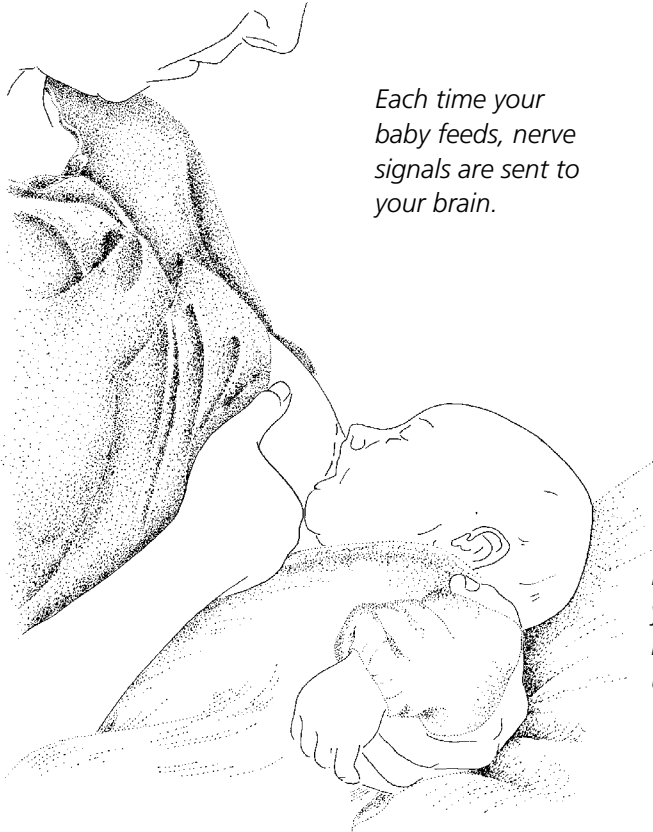
Although there is little colostrum to see, there is plenty to feed your baby and get his/her digestion and bowels working well. The important thing is to give your baby all the colostrum you can by breastfeeding as soon as possible after their birth. Breastfeed as often as your baby wants to in the first few days – this 'free' feeding will also help the mature breast milk to come into your breast.

The hormone which will make your breasts produce milk is called prolactin. This comes from a gland in your brain. Prolactin cannot do its work until the hormones from the placenta (afterbirth) have gone from your bloodstream. It may be 1-4 days after the birth before this happens.

As prolactin starts to work, your breasts will begin to fill with milk. The veins in your breasts may look bluish and more obvious under your skin and your breasts may feel hot and hard. This is because they have more blood flowing through them. Your breasts will settle down as the milk begins to flow and your baby learns to feed. While this is happening some mothers and babies may have a difficult few days when extra help and support are needed.

How your baby builds up the milk supply

Each time you feed your baby the nerves around your nipple send signals to your brain to produce more prolactin; this in turn sends signals to your breasts to produce more milk.



Each time your baby feeds, nerve signals are sent to your brain.

Prolactin is sent to your breast and milk supply builds up.

MORE FEEDING = MORE SIGNALS = MORE MILK
(provided that your baby is feeding efficiently)

How the milk comes out

The milk stored in your breasts will not simply flow out of your nipples as soon as it is made; your baby has to feed effectively to get the flow going.

As your baby feeds a hormone called oxytocin is released. This causes milk to be pushed into the ducts which lead to your nipple. The end of your nipple has several openings for the milk to come out. Oxytocin works on both breasts at the same time. This means when your baby is feeding on one breast you may see milk dripping from the other.

When your baby is ready to feed there is sometimes a little milk ready to flow from the ducts behind the nipple. When this milk is finished your baby needs to suck well to keep the milk flowing. Your baby will not feed non-stop. There will be short spells of strong sucking with little pauses in between. This is the way he/she responds to what is happening in your breast.

Getting the milk flow going

For some women the milk may flow almost as soon as the baby goes to the breast. (It may even flow just by thinking about feeding their baby.)

For others it may take a few moments of good feeding before the milk begins to flow.

*Efficient feeding
sends nerve
signals to your
brain.*



*Oxytocin is sent
to your breast and
milk is squeezed
out.*

Putting your baby to your breast

The most important thing you need to know about breastfeeding is how to put your baby to your breast so that your nipples will not be damaged while you and your baby are learning. This can take some time to get right as it is a new skill for both you and your baby to learn.



*You can choose different positions in which to feed – but it is the way that your **baby** is held which is important.*



In any position, your baby's shoulders and chest should be turned towards your breast, with their nose/top lip opposite your nipple.

You can then use your hand across your baby's shoulders, supporting their head with just your thumb and forefinger. This means that their head will be tipped back slightly as you bring them to your breast. This should ensure that your baby's chin, not their nose, meets your breast first.

It is better to bring your baby to your breast than to stretch your breast to your baby!

Putting your baby to your breast

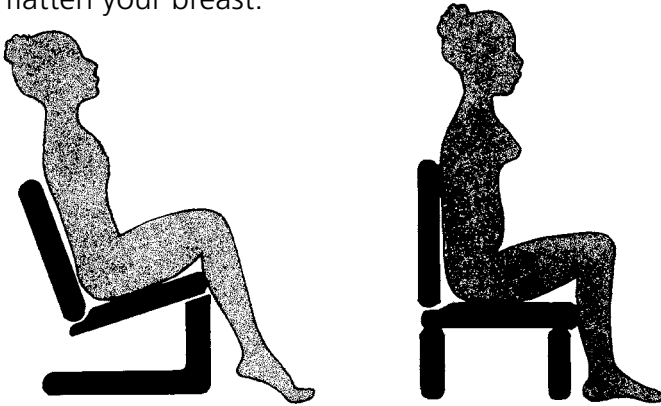


In the first few days, you may find it more comfortable to feed your baby lying on your side with baby lying alongside you.

In this position your baby lies facing you and is brought up to your breast with your free hand.

You may need help to do this in the beginning.

If you are sitting down to feed, you should sit with your back straight, your lap almost flat and your feet flat on the floor, using a footstool if necessary. Try to avoid leaning back as this can flatten your breast.



Wrong

Right

You may need extra pillows to support your back or arms, or to raise your baby to a more comfortable level.

It may be helpful to wrap your baby so that his/her arms are by their side. This will make it possible to bring your baby closer to your breast. When your baby is feeding you can bring their top arm out of the wrap so, if they want to, they can put their hand on your breast.

How your baby 'milks' the breast

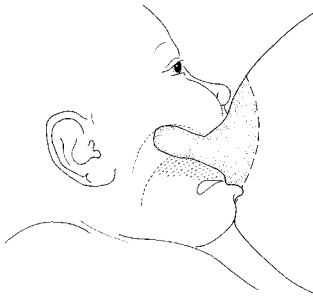
If your baby is not on your breast properly, he/she will not have a good feed and your nipples will become sore and damaged.

To be able to feed well your baby needs a big mouthful of breast. As they go to your breast their lower lip should be aimed as far away from the base of your nipple as possible.

The pictures below show correct attachment.



A big mouthful of breast –
chin close to the breast –
bottom lip curled back –
although you will not see
this.



Inside his mouth your baby
uses his tongue against the
breast.

Your nipple stays at the back
of their mouth.

If the attachment is right, your baby's sucking pattern should change from short sucks to long deep sucks. Their body should be relaxed and they should be able to breathe easily without any help from you. Every now and then they will pause and then continue sucking again without needing to be coaxed. Noisy sucking or hollowed cheeks may mean that they need to be further on the breast.

Your baby needs to breastfeed – not nipple suck.

Is my baby on my breast properly?

A baby feeds with a wide mouth and an active tongue.

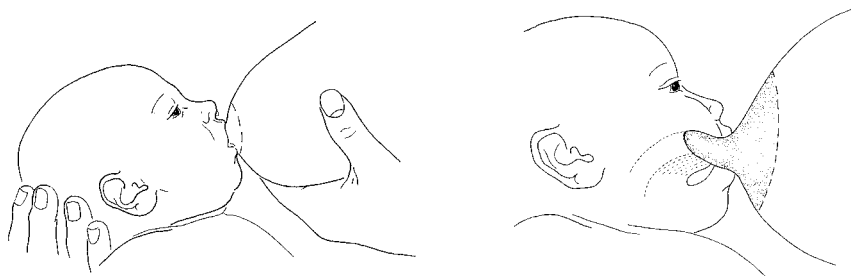
Move your baby gently against your breast, encouraging them by brushing their mouth against your nipple.

Wait until your baby's mouth is open wide, then...



...bring your baby quickly and smoothly to your breast, aiming their bottom lip as far as possible from the base of your nipple.

If your nipple feels sore, your baby is probably not attached correctly. Soreness is most commonly caused by your baby's tongue moving against the nipple instead of the breast (see page 24).



Mouth not wide enough – the tongue will rub the nipple.

If your baby takes a long time to feed, does not let go of the breast by itself or does not seem satisfied after feeds, this may also mean that they need to be better attached. Your baby needs to take in enough breast to reach the milk-filled ducts which are well behind the nipple.

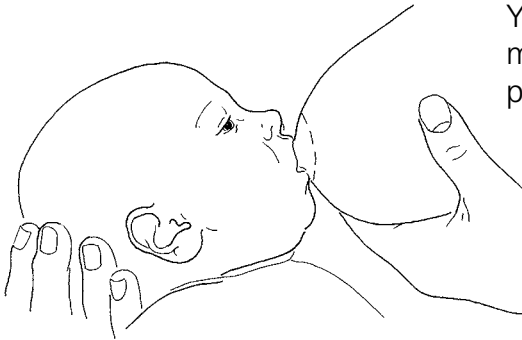
If in doubt – read the checklist on the back cover.

How long to feed

Don't set a time limit – the length of feeds will vary throughout the day and no two babies will take the same time to feed.

No matter how long you feed for, no damage will be done to your nipples if your baby is correctly attached.

If you are not sure about your baby's feeding, ask someone with experience to check that your baby's mouth is open wide enough and that enough breast has been taken in.



Your baby won't get much milk like this – and it will probably hurt.



This is good attachment and should be pain-free.

How often do babies feed?

Babies vary – it is best to let your baby feed whenever they want to.

In the first 48 hours your baby may not ask for many feeds. If you want them to feed a little more often, you can try waking them or offer a little expressed colostrum. (See page 18 for information about expressing.)

Some babies may feed a lot from birth, but many babies will have at least one night (often their second night) when they appear to be hungry constantly. Each time your baby feeds well your milk supply is being built up and gradually they will want to feed less frequently.

Remember...

more feeding = more signals = more milk
(provided that baby is feeding efficiently)

This way of feeding is sometimes called 'baby-led feeding'.

Breast milk and nothing but breast milk

A breastfed baby who wants to feed needs breast milk and nothing else. Breast milk contains all the food and water that a baby needs, whatever the weather. (Even in tropical climates breastfed babies need no extra water.)

What does breast milk look like?

Breast milk does not look like cows' milk or formula. The first milk, colostrum, may be quite yellow in colour because it is concentrated, but as the milk 'comes in' it looks much paler and, later still, even bluish in colour. Breast milk is lighter and easier for your baby to digest than any other milk.

One breast or two?

At the start of a feed your baby gets milk with less fat in it – this is the foremilk. If your baby stays at the same breast, the milk will contain more and more fat as the feed goes on.

The milk that the well-attached baby gets at the very end of the feed is much higher in fat than the milk they get at the beginning. This is the hindmilk.

Your baby needs a good balance of both foremilk and hindmilk.

The fat in hindmilk is not like the fat in cows' milk – it is light, easy to digest and a valuable source of energy.

Allow your baby to come off the first side on their own, then offer the other side. Your baby may not want to feed from both breasts every time but always offer the second breast, just in case!

Your baby needs fat to be contented and to gain the right amount of weight to stay healthy

If your baby is well attached, a whole feed at one breast gives them both foremilk and hindmilk.

However, if your baby only wants one breast at a feed, then offer the other one first at the next feed.

Your baby will automatically receive the right balance of foremilk and hindmilk if you do not take them off the breast before they have finished and they are well attached to your breast during the feed.

Breast care

Breast milk has so much in it to protect your baby from infection that no extra washing of your breasts or nipples is needed before each feed. However, hand washing is very important as hands can transfer germs from anywhere on the body, or from surfaces in the home or on the maternity ward.

Night feeds

Babies need night feeds until they are able to take all the milk they need during the day. The age at which this happens varies from baby to baby. Night feeds also help to build up the milk supply, particularly in the early days.



The best way to deal with night feeding is for you to keep your baby close to you. Lift your baby quietly, without fuss or nappy changing, unless their outer clothes are wet. It may help to use thicker nappies at night. If your baby is fed without being disturbed by noise or light, both you and he/she may return to sleep more quickly.

While you breastfeed, your body seems to make its own relaxation hormones, so although you have to wake to feed your baby, you should sleep restfully afterwards.

Things you don't need to do:

- **You don't need to prepare your breasts for breastfeeding.** Attempts to improve breastfeeding by antenatal breast expression, toughening your nipples, or trying to improve inverted or flat nipples by using shells or stretching 'exercises' have all been shown to be of no value.
- **You don't need to restrict your normal diet in any way.** Whatever you enjoyed before you had your baby you can go on enjoying. Although 'old wives' tales' abound, there is no evidence that you should avoid any particular foods. Once your baby is born you no longer need to avoid the foods you have avoided during pregnancy.
- **You don't need to 'eat for two'** – just eat when you are hungry. It is now known that a woman's body becomes better at using food when she is breastfeeding. This means you can make plenty of milk on far fewer calories than was thought in the past.

- **You don't need to drink 'on purpose'** to make milk – just drink when you are thirsty. If you are short of fluid your urine will become more concentrated, that is all.
- **You don't need to give up alcohol altogether** because you are breastfeeding. An occasional glass of wine will have no ill effect on either you or your baby. The same goes for tea and coffee.
- **You don't need to rest in order to make milk.** Being a new mother is tiring, so rest if you want to and are able. On the other hand, if you want to go to the gym or exercise classes, or take part in sport while you are breastfeeding, go ahead – it will have no effect on your milk production.
- **You don't need to 'be relaxed' in order to breastfeed.** If your baby is well attached to the breast he will get enough milk whatever your state of mind. Breastfeeding is a learned skill and it can be difficult to relax while you are learning something new.
- **You don't need to give your breastfed baby any other fluid** – even in very hot weather, although your baby may feed more often. Your milk provides all the fluid (as well as all the food) that he/she needs.
- **You don't need to put any cream, lotion or spray on your nipples after you have breastfed your baby.** You will not get sore if your baby is well attached (unless you have thrush – see later). If your baby is not well attached nothing will heal your nipple except improving the attachment.
- **You don't need to check to see if his bottom lip is curled back when your baby is at the breast.** If your baby is well attached, it will be and there are more important and reliable clues. A well-attached baby causes their mother no pain; feeds with a slow rhythmical jaw action; is relaxed throughout the feed; comes off the breast by themselves in a reasonable length of time and is content. As a breastfeeding mother you will come to know all this even with your eyes closed!

Part 2

Expressing milk for your baby

If your baby is born early or needs special care, you will need to be shown how to express colostrum (and later milk) by hand and/or by electric pump, as soon as you are able. As the Women's Centre has a Human Milk Bank, you may want your baby to be given donor milk whilst you build up your milk supply.

If your baby is unable to feed from the breast at all, you should aim to express at least 8 times in 24 hours. The intervals do not need to be regular and can be fitted around visits to your baby and your need for sleep, etc.

If your very young full-term baby seems uninterested in feeding, but is otherwise well, it may be suggested that you give some hand-expressed colostrum (by syringe). This often has the effect of stimulating the baby's appetite.

If you have difficulty getting your full-term baby to feed well directly from your breast, it may be suggested that you hand express or use an electric pump to keep up your milk supply and make sure that your baby is well fed while you are receiving help.

Expressing milk so that you can leave your baby with someone else

If you want to leave your breastfed baby with another carer while you have an evening out or go shopping, you can express some milk and leave it for your baby if they need it. It may be easier to wait until your milk supply is properly established before you start this (4 - 6 weeks after the birth).

The easiest way is to express some milk by hand (or with a hand or electric pump) after your baby has been fed from the breast. This can be stored in a clean container in the fridge and you can add more expressed milk to it over the course of the next 5 days.

After that it can be frozen for up to six months in a three-star freezer. Store the milk in small amounts so that it can be thawed more quickly and you do not waste it if your baby only wants a small amount. Thaw it by standing it in the fridge overnight or, if you need it more quickly, in a jug of warm water.

If you are using a hand-controlled pump, it will work much better if you pause and hold the vacuum for a few seconds before releasing the handle. If you are having difficulties please ask for help.

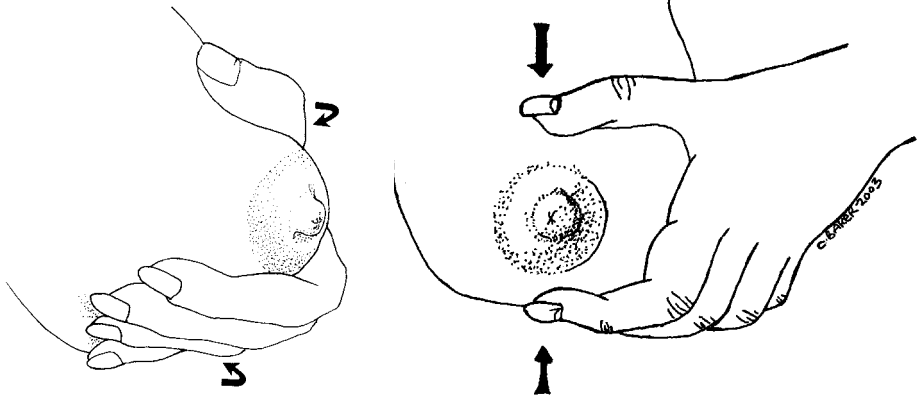
Working and breastfeeding

It is quite possible to combine working and breastfeeding. You can either:

- a) feed your baby when you are at home then express milk using an electric pump or by hand while at work and give it to your child-minder to use on the following day (and so on). Begin expressing after some feeds for several days before you plan to start work, so that you build up enough stored milk for the child-minder to use on the first day.
- b) have your baby brought to you or go to your baby at feed times, if your workplace is close enough; or
- c) breastfeed whenever you are at home with your baby and ask your child-minder to give him/her formula while you are away from them. However, you may still need to express whilst you are at work, to relieve your breasts.

If you are unable to feed or express enough during the day to relieve your breasts, but you still want to continue with morning and evening feeds, you may need to start dropping breastfeeds and substituting formula for a short time before you return to work. This will help your milk production to reduce before you have your first long break from your baby.

How to hand express



It is easier to learn how to express if someone guides you – ask for help.

- 1) Sit comfortably, with your back straight and gently massage your breast.
- 2) Place your little finger at the base of your breast, against your ribs and spread your other fingers slightly to support your breast. Your thumb will be on top.
- 3) Adjust your fingers if necessary to ensure that your first finger and thumb are opposite each other, making a big 'C' shape around your breast.
- 4) The milk comes from deep within the breast, so your finger and thumb need to be well away from your nipple, towards the edge of the areola (the darker skin surrounding the nipple). If you have a large areola, you may need to bring your fingers inside your areola.
- 5) Gently squeeze your thumb and first finger together, hold the squeeze for a count of 3 and release, but do not change the position of your finger and thumb.
- 6) Repeat the squeezing and releasing until you see drops of colostrum/milk appearing at your nipple. Be patient, it may take a minute or two for your efforts to be rewarded.

- 7) Some women find hand expressing more effective if they press their whole hand back and in towards the breast just before they squeeze.
- 8) Do not slide your thumb over the skin of your breast, as this may damage the skin.
- 9) If your fingers get tired, change hands, or change breasts.
- 10) If the milk flow slows, rotate your hand slightly and try a different section of the breast before you change breasts.
- 11) Collect the milk in a clean, wide-mouthed container.

How to express using an electric pump

- 1) Sit comfortably, with your back straight and gently massage your breasts.
- 2) Support your breast from underneath, with your fingers flat on your ribs and your index finger where your breast meets your ribs. This raises your breast tissue and allows it to be drawn easily into the funnel of the pump.
- 3) Ensure that your nipple is in the centre of the funnel.
- 4) Hold the funnel close enough to your breast to keep the vacuum, but do not press it too firmly onto your breast or your breast tissue will be squashed.
- 5) Be patient – it often takes a minute or two for the milk to flow well. You may find you get more milk if you massage your breast at the same time as expressing.
- 6) Be guided by the milk flow, not the clock. Pump until the milk flow slows and then switch to your other breast. When the flow slows on your second breast, go back to the first and finally finish off on the second when the flow slows for the second time.
- 7) If you are pumping both breasts at the same time (double-pumping), turn the pump off for 30 seconds or so when the

flow slows and then turn it back on and continue until it slows down again. Stop pumping after the milk flow slows for the second time. This seems to be more effective than pumping continuously.

8. End by hand expressing from both breasts. This can help to increase your milk production.

How much milk?

The amount that you can express will depend on a number of things, including the age of your baby, how often you express, whether your baby has fed first and the method and technique used.

Some mothers find expressing much easier than others.

You will probably only be able to express small amounts in the first 24 - 48 hours after your baby is born, in line with the amounts that your baby needs. As your milk matures and the volume produced increases, you should be able to express larger amounts.

The amount that can be expressed is no measure of how much is actually in your breast, nor how much a well-attached baby could get by feeding from your breast.

Because breastmilk changes to meet the needs of your growing baby, the volume does not need to continually increase once milk production is fully established; the mother of a six-month-old baby will produce about the same volume of milk each day, on average, as the mother of a three-month-old (about 750 mls).

You may not be able to express that amount – babies are much better at removing milk from breasts than are pumps and fingers!

Storage of breastmilk/colostrum

Provided it has been collected in a clean container, colostrum is safe at room temperature for 24 hours. Breastmilk is safe:

- at room temperature for up to six hours;
- in the main part of a fridge for up to 5 days – after which it can be frozen.

It can remain frozen:

- in the ice box of a fridge for two weeks;
- in a three-star freezer (-18C or lower) for up to six months.

Different criteria apply to milk to be given to the Human Milk Bank.

Thaw breastmilk overnight in the fridge or more quickly in a jug of warm water.

The milk should not be given cold, but need not be warmer than room temperature before it is given to your baby. If in doubt, test a little on the inside of your wrist.

Do not use a microwave to thaw or heat milk as this can cause hot areas in the liquid which might burn them when they are feeding.

Once milk has thawed, it should be kept in the fridge if it is not for immediate use.

Thawed milk should be discarded after 12 hours.

Thawed milk from the Human Milk Bank, which has been pasteurised, can be kept in the fridge for up to 24 hours.

Part 3

Common problems and their solutions

MOTHERS:

Engorgement

As the level of placental hormones in your bloodstream starts to drop, your breasts start to become active. The blood supply increases and your breasts may feel full and tense. This is sometimes called vascular engorgement. This will settle as milk production begins if the milk is removed efficiently – i.e. your baby is correctly attached and allowed to feed whenever they want to.

If the milk is not removed your breasts may become overfull (milk engorgement). This can be resolved with skilled help to get your baby attached properly. It may be difficult for your baby to attach effectively to a firm, engorged breast. Gently expressing milk by hand or with an electric pump will encourage the milk to flow and soften your breast to the point where your baby can be correctly attached.

Sore nipples

In the early days of breastfeeding sore nipples are almost always the result of incorrect attachment. If your baby is not able to take a good mouthful of breast, so that your nipple reaches the point where the hard part of the roof of their mouth meets the soft part, their tongue will compress (squash) your nipple against the roof of their mouth and make it sore.

Damaged nipples

Repeated compression of your nipple will usually result in damage. Depending on the shape of your breast the damage may be at the tip or the base of your nipple.

Blanching nipples

Some women experience intense nipple pain after a feed, accompanied by an obvious change in the nipple from its normal pink to a pinched, white colour. This occurs more often in women who have a history of Raynaud's phenomenon (fingertips going white and 'dead' in cold weather) but is usually a sign that your nipple is being damaged by incorrect attachment.

The treatment for all of these problems is to find someone to help you improve the way you attach the baby to your breast. After this, feeds should be pain free, although there may be brief pain at the very beginning of the feed until the nipple is healed. As a guide, count slowly to ten as your baby starts to feed. If the pain has gone by the time you get to ten, your baby is better attached. If the pain continues at the same intensity, take your baby off and try again. The easiest and most comfortable way to remove your baby from your breast is to gently insert your little finger well into the corner of their mouth. This will encourage them to release your breast. Damaged nipples heal very quickly once the cause is removed.

Exposing nipples to the air to aid healing does not help. There is evidence that a shallow, clean wound will heal more rapidly if it is kept moist. Some health professionals may suggest that you use small squares of sterilised paraffin-impregnated gauze (available from pharmacies) over your nipple, held in place under a breast pad, to prevent the damaged area from drying out. A small amount of petroleum jelly ("Vaseline") or purified lanolin will have the same effect. This will only aid healing if the underlying problem is treated at the same time. There is no evidence to support the use of any creams, sprays or ointments, either before or after birth, to prevent or treat sore nipples.

Nipple shields are often used as a substitute for attaching the baby to the breast correctly. Do not be persuaded to use them before your milk is 'in' as it is unlikely that your baby will be able to draw enough colostrum through the shield to meet their needs. Nipple shields may be suggested if your nipples have

become damaged. Although they reduce nipple pain for some women, they may make it worse for others. The disadvantages of using nipple shields are that they interfere with your baby's ability to milk your breast. This in turn can lead to problems with milk supply as your breast is not being stimulated to make more milk. Finally, babies can become so used to feeding through a nipple shield that it can then become difficult to feed without using one. This may affect your baby's weight gain and may even result in mastitis if milk is not removed efficiently.

If you cannot attach your baby to your breast at all, or if you cannot do so without damaging your nipples, you can protect and encourage your milk supply by giving your baby your expressed milk. Get professional help for as many feeds as you can until your baby is feeding well at the breast. See page 32 for ways to find help with feeding.

Mastitis

Mastitis, or inflammation of the breast, is usually the result of inefficient 'milking' of the breast. In the majority of cases, mastitis develops in the breast which is opposite the side you prefer to hold and carry your baby.

Milk production is a continuous process. If milk removal does not keep pace with milk production then the pressure within the breast will rise. While the milk is still contained within the ducts, you may be aware of lumpy, painful areas in your breast, but there will be no obvious redness. This is sometimes called 'blocked ducts'.

If nothing is done to remove the milk and the pressure continues to rise, milk is forced through the lining of the milk ducts into the surrounding breast tissue. This can cause severe inflammation, with redness, pain and swelling. If the milk also enters your bloodstream you will start to feel ill, as if you have flu, and your temperature will rise. You may even start to shiver and feel hot and cold alternately. This is caused by a reaction of your immune system to the milk, not because you have an infection.

At this point it should still be possible to resolve the situation, by improving attachment and milk removal and possibly by using hand expression or an electric pump as well. You will know if you are succeeding because you will start to feel better almost as quickly as you started to feel ill.

Although your doctor will almost certainly prescribe antibiotics if you have mastitis, unless you have a true breast infection (which is unlikely in the early stages) this will only treat the symptoms and not the cause. Most people know that antibiotics kill bacteria, but it is not so widely known that they also reduce swelling. This will make you feel better but the mastitis may well return if you do not sort out the original cause; making sure your milk is removed by either your baby feeding or by expressing. Antibiotics can be very effective in treating swelling and infection, but you and your baby may develop nipple/oral thrush as a side effect.

A sensible approach might be to get a prescription for an antibiotic but not to take it unless the symptoms do not get better after improving attachment or if you are unable to get the extra help you need.

On no account should you stop breastfeeding as this will increase your chances of developing an infection, or even an abscess.

Blocked nipple ducts

Rarely, an opening in the tip of your nipple may become blocked by white granules or a milk-filled blister. These are not caused by poor attachment.

White granules appear to be caused by the clumping together of particles in the milk.

This hardened lump may block a milk duct as it slowly makes its way down to the nipple, where it may be removed by your baby during a feed or by hand expression.

A milk-filled blister may also be resolved by feeding your baby or it may be removed with a clean fingernail, a rough flannel, or a sterile needle. Blockages of this sort tend to come back, but once you discover how to deal with them, you can avoid the risk of mastitis.

Deep breast pain

In most cases this is also due to a rise in the pressure within the breast because of inefficient milk removal. It usually responds to improvement in breastfeeding technique.

This may happen during the feed but it usually occurs afterwards, so you will know it is not just from a strong let-down reflex. Very rarely, deep breast pain may be the result of a thrush infection in the ducts of the breast. Improved feeding technique will not help with this, but it should respond to anti-fungal preparations taken by mouth. These can be prescribed by your GP.

Breast abscess

Although by no means a common problem, an abscess may develop rapidly due to an infection, usually from a damaged nipple. An abscess may also develop when mastitis is not treated quickly. When an abscess has formed, a fluid-filled mass can be felt in the breast and can be seen on a scan.

You can continue to breastfeed if you want and are able to. Or you might want to express and discard the milk from the affected breast until the abscess is healed and then go back to full breastfeeding.

All breast abscesses used to be treated surgically, but in many cases it is now possible to treat them simply by needle aspiration, where a needle is used to drain the abscess. This can be done in the out-patient department of a hospital or sometimes even by your own doctor.

Thrush

This is a fungal infection which occasionally causes sore nipples. It is more common in women who have been treated with antibiotics. If you have had a period of trouble-free breastfeeding and you suddenly get sore nipples it is quite likely that you have thrush. It commonly occurs on both breasts at the same time.

The nipple pain increases during the feed and continues for some time between feeds. The nipple and areola will often be pink and shiny. In some cases the baby may also have a persistently sore bottom or white patches in their mouth.

If you have thrush both you and your baby should be treated together so that you do not re-infect each other. You will need a cream for your nipples and surrounding skin and your baby will need drops (or a gel) for their mouth. Your doctor will be able to prescribe these. Very rarely the ducts inside the breast may also become infected, causing deep breast pain (see previous page). In this case you will need an oral treatment (tablets or liquid to swallow) as well.

Poor feeding technique and nipple thrush may occur together. If you are not sure which is the cause of your pain, or the soreness does not start to improve within 3 days of using the thrush treatment, ask a knowledgeable health professional to watch you as you breastfeed. They will be able to see if any improvements can be made in the way you attach your baby to your breast.

Let-down or milk ejection reflex

Although all lactating women will release oxytocin and 'let-down' their milk in response to their baby's sucking, most women will be unaware of anything happening in their breasts. Sometimes, in the early days, they may be aware of 'afterpains' which are caused by the same hormone.

However, once milk production is established, some women will start to feel a brief shooting sensation in their breast as the feed begins. Other women may never be aware of this. Both are

normal. It is also normal for your breasts to go back to feeling soft most of the time when breastfeeding has been going well for a few weeks. This doesn't mean that you are producing less milk.

BABIES:

Colic

Colic is a vague term which is often used to describe the symptoms of a baby who cries as if in pain, whilst drawing up their knees towards their tummy. Colic has several causes but if your young baby also has explosive poos and passes a lot of wind, is feeding very often or for a long time, or often brings up a lot of milk after feeds, the colic is very likely to be the result of poor attachment at the breast or to limiting the time they are 'allowed' to spend feeding.

You do not need to time feeds or to take your baby off the first breast to feed from the second one. If this is what you are doing you should stop restricting the feeds and allow your baby to finish the first breast, before offering the second – which he/she may or may not take. This will make sure that your baby is getting the richer hindmilk, filling them up and giving them the essential fat they need to grow and feel satisfied.

If there is no improvement within 24 hours you should find someone knowledgeable to watch you while you feed. The distressing symptoms of colic are more likely to be due to poor attachment than to anything else. Poor attachment does not always result in pain and damage, so you may not realise that this could be causing the colic.

Colic and dietary sensitivity

In the few cases where the colic continues in spite of good attachment, it may be that your baby is reacting to something in your diet. This is more likely to be the case if there is a family history of allergy or asthma, hay fever or eczema.

The most likely cause is cows' milk protein, although eggs and wheat are sometimes responsible. You could try avoiding cows' milk and related products, such as cheese and yoghurt, for at least a week to see if there is any improvement. This will mean reading the labels on processed food even more carefully than usual; whey (a milk product) is used in all sorts of foodstuffs, for example, crisps, bread and vegetarian 'meat' products.

If your baby is reacting to something in your diet, avoiding it can produce a big improvement. If you or your doctor feel that the improvement is so good that you should avoid the food for the entire time you are breastfeeding your baby, you may find it helpful to talk to a dietitian to make sure that your own nutritional needs are adequately met.

Where to get help if you need it

The health professionals you will see most during your pregnancy and after your baby is born are your midwife, GP and health visitor. These are the obvious people to turn to first.

Help is also available from the following breastfeeding organisations:

NCT (National Childbirth Trust) 0300 330 0771

BfN (Breastfeeding Network) 0300 100 0210
www.breastfeedingnetwork.org.uk/contact-us

LLL (La Leche League) 0845 120 2918

Department of Health funded

National Helpline Number 0300 100 0212

(Staffed by ABM (Association of Breastfeeding Mothers) and BfN (Breastfeeding Network) counsellors.)

To get more help with aspects of breastfeeding, including photos and written information, try:

www.babycentre.co.uk/baby/breastfeeding/visualguide

You can visit the Oxford University Hospitals NHS Trust's infant feeding page for more information, help or support with:

- feeding your baby
- caring for your baby at night
- donating your spare milk to the Oxford Human Milk Bank.

www.ouh.nhs.uk/infantfeeding

Use the links at the top of the page, or scroll down to find the information you need.

This booklet is based on the RCM Handbook
'Successful Breastfeeding'.

It was originally produced by the Oxford Branch of
the Royal College of Midwives, with additional thanks to
the South Bedfordshire Midwives.

It is given free of charge to all breastfeeding mothers
in the care of the Women's Centre midwives.

Further copies are available from
the Breastfeeding Clinic, Womens' Centre.
Tel: 01865 221 695

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@ouh.nhs.uk**

Breastfeeding checklist

If you are experiencing any of the following:

- Pain – except possibly brief discomfort at the beginning of a feed
- Breasts – engorged
- Nipples – damaged
 - compressed when your baby comes off (white 'line' visible on your nipple)
- Baby – not coming off the breast of their own accord
 - restless at the breast
 - not satisfied after the feed
 - taking a long time to feed (i.e. regularly more than 30 - 40 minutes per breast after the first few days)
 - feeding very frequently (i.e. more than 10 feeds in 24 hours)
 - feeding very infrequently (i.e. fewer than 3 feeds in the first 24 hours or fewer than 6 feeds in 24 hours after the first day)
 - still passing black stools at 36 - 48 hours

– then you need to seek help.