

Summary of FAQ for those supporting breastfeeding mothers.

Breastfeeding is not a difficult thing to do, after all women have been breastfeeding for hundreds of thousands of years. It does however take a bit of practice, and it is much easier to learn if women have someone to copy, and even easier if women have watched other women breastfeeding as part of growing up.

In the UK, it is often the case that women have had little contact with breastfeeding until their own baby is born, so they have to learn 'on the job'.

1. **A bit of anatomy and physiology** may help to increase understanding of how a baby breastfeeds. Pictures, diagrams or DVD clips of the following may help.

- the internal anatomy of the breast
- the way in which a baby gapes to receive the breast
- the action of a baby's tongue when milking the breast
- the external appearance of a well-attached and poorly attached baby

NB. The nipple on a breast is not equivalent to the teat on a bottle. It does not matter if the nipple does not stick out very much. The breastfeeding baby creates a teat from the breast and nipple together. Provided that the baby can scoop in a big mouthful of breast, he can breastfeed. If the mother's nipple is inverted, teach her hand expressing, and later how to use a pump. Do not give her a nipple shield; you risk compromising milk removal and therefore milk production.

2. Help the mother **Position** herself **and** her baby. Consider:

- the position of the mother (sitting up / lying down)
- the relationship of the baby to the mother's body
 - across lap - same arm as breast
 - across lap - opposite arm as breast
 - underarm - on side of bed
 - underarm - using two chairs at right angles

Teach the mother **how to attach** her baby to her breast by:-

- Bringing the baby up to the breast at the same angle as the breast is coming down to the baby
- supporting the breast (if necessary)
- extending the baby's head slightly
- keeping the breast still and moving the baby's mouth against the mother's nipple to elicit the gape
- moving the baby to the breast as the baby responds
- aiming the baby to the breast with the chin leading
- aiming the baby's bottom lip as far from the base of nipple as possible

Summary of positioning and attachment (addressed to the mother who wants to feed sitting up)

- *Sit your self comfortably, preferably in a chair so that you have some back support, and so that your back is straight and your lap almost flat. You may need to put your feet on a footstool or equivalent, so you are not "up on your toes" while feeding*
- *If it is helpful to wrap the baby, wrap him so that his arms are lying at his side, not across his chest, so that he can get closer to your breast*
- *Support your baby (on a cushion / pillow if necessary) in such a way that his nose, not his mouth, is opposite your nipple before the feed begins (i.e. before his head tips back).*
- *Hold your baby's body in such a way that he is able to come up to the breast from below, so that his top eye could make contact with yours*
- *If you need to support your breast, do so by placing your fingers flat on your ribcage, at the junction of your breast and ribs, with your thumb uppermost. Remember to keep your breast still.*
- *Support your baby's head and shoulders in such a way that his head is free to extend slightly as he is brought to the breast - so that his chin and lower jaw reach the breast first*
- *Move your baby against your breast so that his mouth touches your nipple - in order to get him to gape - that is drop his lower jaw and put his tongue down and forwards. Do not move your breast against your baby's mouth*

How do you know if it is right?

- ***It should not hurt.** If your nipple hurts when you are feeding it is probably not quite right. Take your baby off the breast and start again. If you leave your baby on the breast when your nipple is hurting, your nipple will become sore.*
- ***Your baby starts to suckle almost immediately.***
- ***Your baby's sucking pattern changes** from quick short sucks to slow deep sucks.*
- ***Your baby is relaxed.** and will remain so until the very end of the feed*
- ***Your baby will pause** from time to time during feeding and then start sucking again without having to be prodded or coaxed.*

- *Your baby can breathe easily without the need for you to press your breast away from your baby's nose.*
- *Your baby's chin is in close contact with your breast.*
- *Your baby's mouth looks wide open.*
- *If you can see any of the dark part on your breast, there is more visible above your baby's top lip than below the bottom lip.*
- *The baby will let go of the breast spontaneously when he has finished, or can be encouraged to fall away if the breast is gently raised.*
- *When the baby has come off the breast your nipple should be the same shape as it was before the feed started. If the nipple has been compressed it was not far enough back in the baby's mouth*

Frequently asked Questions: -

How often?

There is no evidence than long gaps between feeds does healthy newborn babies any harm, but it would seem sensible to offer the baby a breastfeed any time he seems interested - even if it only to give the mother a bit more practice in the early days.

What about low blood sugars?

Well, term babies do not develop problems with their blood sugars simply because they have long gaps between their feeds. They do not need their blood sugar levels measured.

(The situation is a little different for babies who are born before 37 weeks, who are not as well grown in the womb as they should be, or who are ill.)

How much per feed?

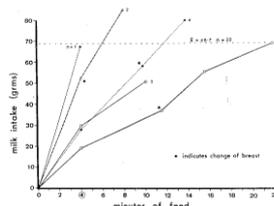
Although the possible range is quite large, the average per feed is as shown:-

Age of the baby	Average volume per feed
Day 1 (0 - 24 hours)	7mls (just over a teaspoonful)
Day 2 (24 - 48 hours)	14mls (just under 3 teaspoonsful)
Day 3 (48 - 72 hours)	38mls (about 1oz)
Day 4 (72 - 96 hours)	58mls (about 2ozs)
Day 5 (96 - 120 hours)	68mls (about 3ozs)

How long at the breast?

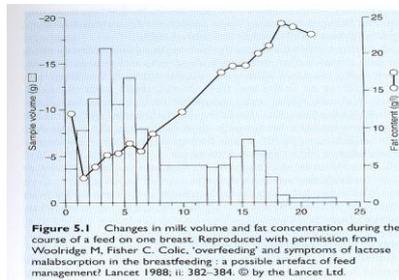
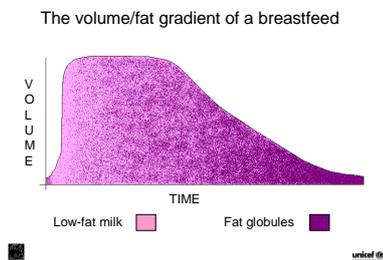
In the first 24-48 hours feeds can be quite long (40 mins or more), but once the milk is in, the baby will usually feed for somewhere between 5 and 30 minutes, per breast.

The length of the feed, if the baby is well attached, depends on the **rate** at which milk is transferred between the mother and the baby. It gives NO indication of the amount of milk the baby has had.



Getting the hind milk?

The baby will get all the fat rich milk that is available towards the end of the feed (no matter how short that might be), if he is well attached. There is no exact point during a feed when the hindmilk becomes available.



How do you know when a baby has had enough?

Comes off spontaneously, after a reasonable length of time (NB early feeds can be quite long), and seems content.

One breast or two?

No rules necessary. Allow the well attached baby to finish the first breast **first**, then offer the second, which the baby will take, or not, according to his appetite.

(For roughly even breast use, suggest she start on alternate sides - if she can't remember - it doesn't matter.)

How can you tell if a baby is getting enough?



Changing stool colour

"What's in a Nappy?"

Maximum weight loss at 3 days (back to BW by 7 days)

Increase in urine output - dilute and odourless

Appearance of the baby: good colour, tone, easily roused



The best way to ensure that a baby gets adequate quantities of colostrum/breastmilk is to ensure that the baby has unrestricted access to his mother's breast is well attached each time he asks to feed.

(Unrestricted access might include not bundling him up in his cot, but keeping him much closer to his mother; and good attachment is a learnt manual skill, for both the mother and the helper, acquired by observation and practice)

What if you can't get the baby to attach well, or the baby is unable to go to the breast?

Second best way to provide the baby with colostrum or milk is by expressing it, which in the first 24 - 48 hours is usually best done by hand. This needs to begin as soon as it is obvious that the baby is unable to, or having difficulty breastfeeding. It needs to be done a **minimum** of 6 times in 24 hours, (UNICEF-BFI say 8 times) but it **does not** have to be done at regular intervals.

In a hospital setting, use donated milk rather than formula if it is available, but NOT instead of hand expressing frequently.