

Breastfeeding tips for new mothers

Breastfeeding is important for the health of mothers and babies. You need to learn how to breastfeed, and it may take time and patience. It is important to get support while learning.

THE EARLY DAYS

- Skin-to-skin contact after birth helps with breastfeeding.
- Newborns are very alert in the first few hours. Look for signs that your baby is ready to feed. Babies often then have a long sleep.
- The small amount of colostrum (first milk) you make is important for your baby's immune system.
- Babies are more alert and show clear hunger signs within a couple of days. They may breastfeed up to twelve times in a 24 hour period.
- Breasts will become firm and may be lumpy for a few days. Feed regularly and change your baby's position at the breast. Expressing small amounts of milk softens the areola and helps with attachment. If uncomfortable, use cold compresses, gentle massage and pain relief according to the directions on the pack.
- Ask your Midwife to sit and talk you through a feed. Correct positioning and correct attachment will prevent problems.
- Keeping your baby close day and night will help you understand their hunger and tired signs.
- If your baby is not with you or you are not able to directly breastfeed, ask for help with learning how to express. This will help your supply and provide milk for your baby.

POSITIONING

- Wash your hands in soapy water, rinse and dry.
- Get comfortable, support your back.
- Unwrap your baby for closer contact.
- Turn your baby on his or her side facing you.
- Support your baby's neck and shoulders (rather than their head) with your hand.
- Use your forearm to keep your baby close to your body.
- Your baby's chin needs to be touching the areola and their nose in line with your nipple.

HUNGER SIGNS (CUES)

- Yawning and stretching when waking.
- Mouthing and licking lips.
- Bringing hands to mouth.
- Crying is a sign of distress and a late cue.

WHICH BREAST AND HOW LONG?

- Change the breast you start with at each feed.
- Try to feed from each breast for the same amount of time in the first few days.
- Once your milk supply increases, try to empty one breast well at each feed. Offer the second side if your baby looks interested.

- Most babies will finish feeding when ready; there is no need to time feeds.
- Feeding will take less time as your baby gets older.

ATTACHMENT

- Wait for your baby to open their mouth wide. Stroking your baby's lips with your nipple or expressing a little milk into their mouth may encourage them to open wide.
- Direct your nipple to the roof of your baby's mouth. Be sure your baby takes in plenty of breast tissue and not just the nipple.
- The first sucking is rapid, followed by a slower suck/swallow pattern with pauses.
- Distorted nipples when your baby comes off the breast means you might have an attachment problem.

- Nipple tenderness can be normal in the first few days. Ongoing nipple pain, cracks and bleeding are not – ask for help.

FIRST BREASTMILK: COLOSTRUM

- Colostrum is very good for your baby's immature immune system.
- There can be a few drops or as much as 5–15 mL and this will satisfy your baby's hunger.
- It helps your baby pass meconium and reduces the chance of developing jaundice.

Most babies will finish feeding when ready.

MATURE BREASTMILK

- You will make more milk when your milk 'comes in' about three to five days after birth. Your full, firm breasts settle after two to four weeks.
- Milk can look a 'watery' whitish-blue colour at the start of the feed. This milk satisfies your baby's thirst.
- It is creamier towards the end of a feed to satisfy your baby's hunger.

NIGHT FEEDING

- Many babies sleep more during the day in the first few months. They catch up on their breastfeeds in the late afternoon or evening.
- Most babies will have at least one or two breastfeeds overnight.

SOME ISSUES TO CONSIDER

- Breastmilk is digested very quickly and babies need frequent feeds.
- Most women make plenty of milk for their baby if they feed when their baby is hungry instead of feeding to a schedule.
- Trying to make a baby feed to a schedule by using a dummy or giving formula instead of a breastfeed can lead to engorged breasts, mastitis or a drop in milk supply. There is also a risk of the baby developing allergies or other health issues.
- If you have any concerns about your breastfeeding, it is important to talk to a health professional or an Australian Breastfeeding Association Counsellor.

Contacts

- Your local Maternity Unit.
- Your Child and Family Health Centre.
- Australian Breastfeeding Association Helpline
Ph: **1800 686 268**, 7 days a week, or visit www.breastfeeding.asn.au
- MotherSafe (Medications in Pregnancy & Lactation Service)
Ph: **(02) 9382 6539** or **1800 647 848** if outside the Sydney Metropolitan area.
- For a Lactation Consultant (IBCLC)
www.lcanz.org/find-a-consultant.htm
- After-hours telephone advice lines are listed in your baby's *Personal Health Record* (Blue Book).

References

Eat for Health, NHMRC Infant Feeding Guidelines for Health Workers 2012.
Australian Breastfeeding Association, Lactation Suppression 2010.