Some mothers decide well before the birth of their baby that they want to breastfeed, some prefer to keep an open mind and see how they feel after the birth while others decide beforehand that they definitely do not want to breastfeed at all. Breastfeeding is a natural process and provides the best nutrition for your baby but it is a skill that you and your baby will need to learn together. It is not unusual for it to take several weeks for breastfeeding to become well established and for you both to feel comfortable about doing it.

Before you start

You do not need to prepare your breasts in any way for breastfeeding. If your nipples are inverted or flat, the baby’s suck will draw them out enough to enable him to feed. Truly inverted nipples that inhibit breastfeeding are very rare. If your nipple can be drawn out by gentle stimulation or protrudes slightly during sexual activities, your baby should not have any problems feeding.

It is wise to purchase a properly fitting nursing bra before you have your baby. Ill-fitted bras can be a cause of mastitis. During late pregnancy you can purchase a bra but have yourself measured properly beforehand. Your breasts will probably become slightly fuller while breastfeeding so there should be enough room in the cup to allow for this. Your ribcage will become slightly smaller after the birth so ensure the back adjustments can be tightened. The bra you wear should be comfortable with wide straps and should not pinch or feel tight anywhere.

You do not need to purchase a breast pump unless you are planning on expressing milk from the outset. Some women find the hand pumps are adequate while others feel the electric variety work better. Some women find they are unable to express milk at all although they may not have any problems with breastfeeding.

You will probably need some breast pads to place inside your bra in the first few weeks. Until your milk supply becomes established your breasts may leak milk between feeds or one breast may leak while you are feeding from the other one. Some women find this happens the whole time they breastfeed their babies. Some pads are quite uncomfortable. Most women seem to prefer the shaped disposable pads but there are also round reusable pads available from stores selling mother & baby supplies.

The first feed

Sometimes a baby will have his first breastfeed within minutes of being born while others may not show any interest for an hour or two. Holding your baby close after he is born, cuddling and talking to him helps you to feel close to him before he starts feeding. There are lots of different positions you can feed your baby in. You may need to experiment until you find a position that is comfortable for you both. If you are expecting twins, you may find the rugby hold the easiest when feeding both babies at the same time.

Positioning

Most problems occur with breastfeeding when the position of the baby is not quite right.
Whatever position you use, your baby should be lying on his side, with his tummy up against you. Before he latches onto your breast, he should open his mouth wide, searching for the breast. Babies will sometimes sniff and lick the breast before opening their mouths wide enough for a good latch. If you try to place your baby on the breast before his mouth is wide enough, he will be sucking on your nipple and not stimulating the breast effectively. If he is poorly positioned you are also more likely to suffer from sore nipples which can lead to cracking and mastitis. Breastfeeding should not hurt. If it does, he is not properly latched on. When feeding, your baby’s nose will be level with your nipple and he will not have to turn his head or neck to reach the breast.

Some mothers are shown how to hold or depress their breast when they first begin feeding. If your baby is well positioned though, you should have one hand free (unless of course you are feeding twins or your breasts are particularly heavy!) If you depress the breast with your finger you can stop the milk from flowing well and this can lead to a blocked duct. Depressing the breast will also change the angle of the nipple and may make it more difficult for the baby to latch on. Your baby’s nose is flanged to enable him to be able to breastfeed even when he is close to the breast. There is no fear of him not being able to breathe. You can support him but he should still be able to easily move his head so he can reposition himself if he is too close to your breast. Breastfeeding should feel comfortable – your back should be straight and you should not have your shoulders hunched. If you feed in this position you will soon get a sore back and this can inhibit your milk flow.

The make up of breastmilk

The first milk your breasts produce is called colostrum. You may find your breasts leak a little colostrum in the last few weeks of pregnancy. This is concentrated milk, containing everything your baby needs for the first few days. There are high levels of antibodies in this first milk, providing your baby with protection from disease and illness.

Sometime around the 3rd or 4th day after your baby is born, the more mature milk will appear and your breasts may become full or engorged at this stage. At the beginning of a feed, your baby drinks foremilk that is watery and thirst quenching. After sucking for a few moments your baby stimulates the release of the hormone oxytocin which causes the hindmilk to be pushed forward to the nipples. This hindmilk is richer and satisfies your baby’s hunger. When the hindmilk is being passed down to the nipple, you may feel a tingling or warm sensation in the breast. This is called the “let-down reflex”. Once your baby is receiving hindmilk you may notice that he swallows in deep gulps.

Breastfeeding works on a supply and demand basis – the more your baby sucks at the breast, the more milk you will make. The hormone prolactin is released to cause the production of milk. Higher levels of prolactin are released during the night when you are night feeding, helping to establish your milk supply. If you limit the length of feeds by timing them or top up your baby’s breastfeeds with formula milk, you will be upsetting the supply & demand process. This can result in a reduction of your milk supply. The best thing you can do to increase the amount of milk you have for your baby is to feed more frequently.

If you are trying to establish breastfeeding, you should feed from one breast whenever the baby wants feeding and continue from that breast until he falls asleep or lets go. If he lets go of the breast you can offer the other one but it is not essential that he take both breasts. The longer he stays on one breast, the more of the rich, creamy hindmilk he is receiving. At the next feed, offer the other breast first. Babies all vary in the amount of times they feed and the length of time they feed for. Some babies can receive all they need in just a few minutes, while others may need to feed for 30-45 minutes initially. It is not unusual for a newborn baby to breastfeed every 2 hours throughout the day and night in the first few weeks.

Taking care of yourself

It is important that while you are breastfeeding you get plenty of rest, eat well and drink whenever you are thirsty. Your body needs an additional 500 calories each day to make enough milk for your baby so this is not the right time to be dieting. Since a breastfed baby tends to eat often, you should follow this pattern with your own eating. Try to eat something whenever the baby has a feed. Small meals that are high in carbohydrate and
protein are good for you. You do not need to drink excessive amounts but it is a good idea to always have a glass of water at hand while you are feeding – especially in this tropical climate. Some mothers find they are more prone to mastitis if they do not drink enough.

You will need to rest a lot when you are breastfeeding. It is hard work and uses up a lot of energy. Try to sleep whenever your baby takes a nap, especially if you are feeding throughout the night. If you notice any red or hot patches, swelling or discomfort on the nipples or the breasts, seek help immediately. If breastfeeding hurts in any way you should seek the help of a breastfeeding counsellor. It is much easier to resolve breastfeeding problems if caught early on rather than leaving them.

Do you need special foods?

You do not need to eat anything special when you are breastfeeding. Some people believe that eating certain foods will increase the quantity of your milk or that some foods can cause colic in the baby. There are many Chinese foods that are thought to make a baby fatter if the mother consumes these while breastfeeding. There is no scientific evidence that proves or disproves these theories. The flavour of foods you eat will change the flavour of your milk but this can be a positive thing since your baby will be used to a variety of flavours when you decide to wean him onto solid foods. Alcohol will be passed through your breastmilk but in tiny amounts so the occasional glass of wine is unlikely to do any harm to your baby. Some drugs also pass through the breastmilk, even those not bought on prescription, so it always wise to check with your doctor before taking any drugs.

Breastfeeding problems

Engorgement: In the first few days you may find your breasts become engorged or very full and uncomfortable. This does ease after a few days, once your milk supply settles down and comes into line with your baby's needs. To ease the discomfort, you can try to hand express a little milk or place warm or cold compresses on the breasts. Aiming warm water from a shower head onto your breasts can also provide relief. If the breasts become very uncomfortable, you could try placing a cooled cabbage leaf inside the bra. Replace it with a new one once it starts to warm up.

Blocked Ducts: These usually occur because of poor positioning or something putting pressure onto one part of the breast. Try going without a bra or change your nursing bra to see if it stops the problem. Make sure you are not depressing the breast with your fingers. To move the blockage, massage down the breast, over the lump, towards the nipple several times a day. This will probably be easier to do in the shower with soap or using some moisturiser or oil. If a blocked duct is not cleared, it can develop into mastitis.

Mastitis: This is an infection in the breast tissue. The symptoms are similar to flu and there is often a hot red patch on the breast. It is important to feed frequently from the infected breast to help clear up any blockage and get the milk flowing again. Your doctor may prescribe antibiotics.

Poor weight gain: If your baby is not gaining weight it may be normal. Breastfed babies often go through growth spurts then their weight plateaus for a few weeks. However, a baby should never lose weight. If you want to continue breastfeeding, you should not give a top up bottle after feeds with formula milk. This will reduce your milk supply even further. Increase the frequency of feeding instead, and do not limit the feeds to a specific amount of time. Make sure you are getting plenty of rest, eating well and drinking enough. It can be helpful to take yourself to bed with your baby for 48 hours and feed whenever he wants to. This can make a big difference to your milk supply.

Breastfeeding in special cases

Twins: Breastfeeding twins is definitely a challenge. You will first of all have to find a position where you can comfortably feed both babies if they feed at the same time. You will need to be extra careful about getting enough rest and eating enough. Try to get someone to make up food for you in advance that is easy and quick to eat like rice or pasta salads and fruit milkshakes.

Special Care Babies: If your baby has to go into an intensive care or high dependency unit, breastfeeding can be difficult. Babies do not have a well developed sucking reflex until about 36 weeks gestation so babies born
before this time can find it difficult to suckle at the breast, using up more calories than they are consuming. You can still express milk though and have this fed to your baby through his tube. You will probably find it easier to express if you can see your baby while pumping or even a look at a photograph of him. Try to have as much time as possible with the baby nuzzling your breast even if he is not feeding there – he is more likely to spontaneously begin breastfeeding if he is in skin contact with you frequently than if he is in a crib. The more you can do in participating in your baby’s care, the easier you will find it coping with this difficult time.

Resources for further help

La Leche League: An international support group for breastfeeding moms. Most branches have group leaders and lactation consultants who can help if you are having problems. www.lalecheleague.org

Australian Breastfeeding Mothers: Provides breastfeeding consultants and peer group support in Australia www.breastfeeding.asn.au

National Childbirth Trust: The NCT provides Breastfeeding Consultants and peer group support in the UK. www.pregnancyandbabycare.co.uk


Websites for more information

www.kellymom.com
http://www.bfirc.com/newman/articles.htm
www.breastfeeding.com

Helpful Breastfeeding Books

So that’s what they’re for! Janet Tamaro-Natt

Bestfeeding Mary Renfrew

Fresh Milk: The secret life of breasts Fiona Giles

Please note that the information in this information sheet is not intended as medical advice. If you are concerned, seek professional medical care.