

Patient Information

Maternity

Breastfeeding your baby



Why is breastfeeding good for your baby?

Your breast milk is uniquely made for your baby's growing and changing needs. It helps to protect your baby from infection and other diseases and it provides many long-term health benefits. We recommend you fully breastfeed your baby for at least the first six months of life.

What is in breast milk?

- Lactoferrin – to absorb iron from the milk
- Bifidus Factor – create acid in the gut to kill bacteria
- Enzymes – helps digestion
- Hormones – mature the gut to protect against harmful bacteria
- Antibodies and white cells – to fight infection
- Viral fragments – to fight viruses and help baby to cope better with immunisations
- Oligosaccharides – Carbohydrates which protect the gut walls
- Anti-inflammatory molecules – reduces inflammation (the damaging effects of infection)
- LCP's – aid brain development and neural pathways
- Neucleotides – building blocks of DNA and may also improve leucocyte maturation (important during recovery periods from sepsis and injury).



The benefits to babies include:

- Relationship building and bonding increases the happy hormone (Oxytocin), which encourages early brain development
- Reduces baby's risk of diarrhoea and vomiting due to infection.
- Reduces baby's risk of chest, ear and urine infections
- Baby is less likely to become constipated
- Baby is less likely to develop obesity, diabetes, eczema

Why breastfeeding is good for you

- Reduces the risk of developing ovarian and breast cancer
- Uses up to 500 extra calories a day
- Helps to regain pre-pregnant figure
- Encourages a close bond between you and your baby
- Reduces your risk of postnatal depression

Skin-to-skin contact

- Start with skin-to-skin contact in a calm warm environment and repeat as often as you wish
- Skin-to-skin helps with: Bonding and relationship building (strengthens connection and responsiveness to each other), colonisation of good bacteria on baby's skin to protect from infection, regulates heart rate, breathing, temperature, calms mother and baby, helps baby become interested in feeding and searching for the breast.

During or after skin-to-skin – stimulate milk production

- Massage and stimulate your breasts to encourage hormones (prolactin and oxytocin) for milk production
- Hand express a few drops of colostrum (first milk) onto the end of your nipple to encourage the baby to initiate a feed (See Hand expression patient info sheet)

How to recognise when your baby is hungry

Babies ask for feeds by showing “early feeding cues”:

- Moving their eyes rapidly looking for mum
- Making murmuring sounds
- Wriggling and /or waving
- Rooting, opening their mouths and turning their head from side to side
- Sucking things that are in easy reach (blanket, clothing, their fists)
- **“Crying is your baby’s last resort”** (This is a late and sometimes desperate attempt at communicating for food)

Principles of positioning for good attachment

Follow the **C.H.I.N.S.** acronym to remember the important principles:

- **C** – Close (baby’s chest is really close against your body)
- **H** – Head Free to tilt back (hold back of neck and shoulders with your hand)
- **I** - In-line (head, shoulders and body in a straight line)
- **N** – Nose to nipple (line the nose up with the nipple, nipple enters mouth last and needs to reach the junction of the hard and soft palate at the back of the throat)
- **S** – Sustainable (comfortable and sustainable position for both of you).

These principles apply to all positions for feeding.

Process of good attachment

- Wide open mouth
- Chin leads
- Bottom lip touches breast well away from the nipple (3-4cms from nipple)
- Nipple towards rear of the roof of the baby’s mouth



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Important note - Mother must move baby towards her breast to attach in one swift movement at the peak of mouth gape for good attachment (Do not move your body and breast towards baby – This will not achieve effective attachment)



1. Start holding your baby close to you with his nose level with your nipple.



2. He'll reach towards your nipple, his mouth will open wide and you may see him putting his tongue out.



3. When his mouth opens really wide, and he will open wider if you wait a little, bring his shoulders in close so that his head tilts backwards as he comes to your breast.



4. Well latched on, his chin will be against your breast and there will be a little gap between your breast and his nose. You should be comfortable and feel no pain.



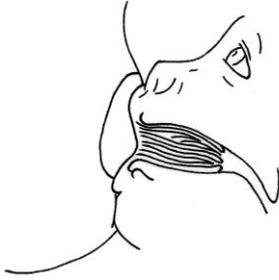
5. When he first starts to suck, your milk may begin to flow very quickly and he may come off. Don't worry about this. Just start again.



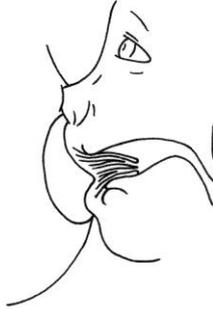
6. If it hurts, you can take him off by slipping your little finger gently into the corner of his mouth to release the suction.

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Good attachment



Poor attachment



NB: Notice the different head positions, position of nose and chin, volume of breast tissue and nipple in mouth, position of bottom lip

Signs your baby is feeding well at the breast

- Large mouthful of breast and shows deep jaw movements.
- Chin is firmly touching your breast.
- Pain free (although the first few sucks may feel strong).
- If you can see the dark skin around your nipple (areola), you should see more areola above your baby's top lip, than below your baby's bottom lip.
- Full and rounded cheeks (no drawing in at the cheeks)
- Rhythmical long sucks and swallows (it is normal for your baby to pause from time to time, but if prolonged then stimulate your baby by blowing gently on his/her face, talking to your baby, gentle stroking of the cheek).
- No slapping sounds or leaking milk at the sides of the mouth
- Allow baby to complete the flutter sucking phase to get all the fatty milk towards the end of the feed (lip vibrations with less swallows)
- Baby finishes the feed and comes off the breast on his or her own (If baby is allowed to fall asleep at the breast, a full feed will not be achieved and frequent/fractious feeding will occur).

Assessing the effectiveness of the feeding

- Frequency of feeds (8 – 12 feeds in 24 hour period, according to initiation by baby feeding cues or mothers full breasts). Try to avoid feeding by the clock.

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- Length of feed – 10 - 40 minute feeds at one breast.
(Always offer second breast once **baby has ended the feed** at the first breast).
- Sucking patterns –
 1. Quick stimulating sucking
 2. Deep rhythmical active sucking and swallowing with pauses
 3. Flutter sucking (High fat, very Important)
- Signs of effective attachment (see above)
- Regular wet and dirty nappy output (see mothers checklist in your postnatal notes pack and feeding record - first week daily log)
- Weight loss under 7%

Important notes

A sleepy baby who is not displaying feeding cues and waking for feeds independently needs the mother to initiate and wake baby after at least 3 hours from the start of the last feed. If baby continues to be sleepy after 24 hours of age and still not initiating feeds, ask your Midwife to assess and observe your baby's health and refer for medical assessment if deemed right.

Breastfeeding can sometimes take a couple of days to start, this is normal and it does take determination and regular support to ease this process. Do ask for help

Useful Contact Numbers

National Breastfeeding Helpline

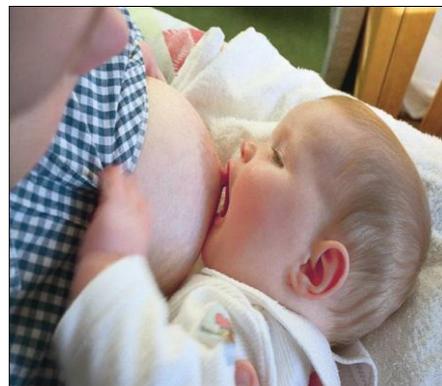
0300 100 0212

www.nationalbreastfeedinghelpline.org.uk

NCT Breastfeeding Line

0300 330 0771

www.nct.org.uk



Patient Information

La Leche League

0845 120 2918

www.laleche.org.uk

Coventry Peer Support Team

02476 788483

07904984620



The Trust has access to interpreting and translation services. If you need this information in another language or format please ask the ward staff and we will do our best to meet your needs.

The Trust operates a smoke free policy

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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