

## Breastfeeding: Best for Babies and Mothers

### **Summary**

Breastfeeding is the best way to feed your baby. Although breastfeeding is easy once you get used to it, it may take a few weeks to establish. Most problems with breastfeeding can be overcome.

### **Why breastfeed?**

**Best for baby:** Breastmilk is the perfect food for human babies and has all the nutrients needed for growth and development for at least the first six months of life. Besides being easily digested, breastmilk helps protect babies from problems like chest infections, fever, earaches, diarrhoea and vomiting and reduces the risk of allergies. Breastmilk also changes to suit each stage of a baby's growth. Breastfeeding is convenient - the milk is always at the right temperature, never goes 'off' and costs nothing.

**Best for mother:** Breastfeeding can help women lose extra weight gained in pregnancy, and helps the womb return to its normal size more quickly. Breastfeeding protects women from breast cancer later in life. It may also reduce the risk of future hip fracture and ovarian cancer.

Australia's National Health and Medical Research Council (NHMRC) recommends that women should exclusively breastfeed for about six months. Breastfeeding should be complemented with appropriate, hygienically prepared foods from about 6 months of age. The NHMRC also recommends continued breastfeeding until 12 months of age or longer. The substantial benefits of breastfeeding may continue for two years and beyond.

If you don't know how you feel about breastfeeding at least try it. Even a few weeks will provide some protection for the baby in the early days.

### **Learning About Breastfeeding**

Breastfeeding is easy once you get used to it. However, breastfeeding may take a few weeks to get established. Try to learn about breastfeeding during pregnancy. Breastfeeding classes are available in hospitals and community health centres.

Take advantage of time spent in hospital after the baby is born to learn about breastfeeding. Most problems with breastfeeding can be overcome with help and support (people who can help are listed at the end).

### **Common questions about breastfeeding**

#### **Can breast size affect my ability to breastfeed successfully?**

No, breast size doesn't matter.

### **How often should I feed my baby?**

Breastfeed your baby as often as he wants. This is the way your baby regulates his own appetite.

### **Is my baby getting enough milk?**

Your baby is getting enough milk if he:

- Has six to eight wet nappies every 24 hours
- Is contented
- Is gaining weight.

Don't worry if your baby loses a little weight in the first few days - most babies do.

If you're worried about your baby's weight or your baby is unsettled, talk to your Child and Family Health Nurse before giving any other milk or food.

### **How can I increase my milk supply?**

You can increase your milk supply by breastfeeding more often or for longer periods or both. Remember - the more the baby sucks, the more milk you make. Fatigue and stress can affect your milk supply, so aim to get rest and eat healthily. Ask your friends or family if they can help with cooking and housework. You can also promote a good milk supply by eating nutritious foods yourself and drinking to satisfy your thirst.

### **Should I wind my baby when I breastfeed?**

Winding breastfeed babies is not always necessary and not all babies bring up wind every feed. If you want to wind your baby, hold him baby upright against your chest (not slumping). Gently pat his back.

### **How should I care for my breasts during breastfeeding?**

Wash your breast with water only. Soaps can be drying on the nipple and areola. Dampness can also makes nipples sore. Wear loose cotton clothes and dry pads (not waterproof) inside your bra. Application of a little breastmilk on the nipple, allowing it to dry after each feed, can be helpful.

### **Can I combine breastfeeding and work?**

You can still breastfeed even if you return to work after the birth. By expressing your breastmilk when you are away from your baby, you can ensure that your milk supply is sustained. The expressed breastmilk can be given to your baby while you are at work. Your milk can be expressed into sterile plastic containers and stored in a fridge for two days or a freezer for two weeks.

### **Getting Started**

Before the birth, tell the hospital staff you want to try breastfeeding as soon as possible after delivery - preferably within 60 minutes of birth when the baby is awake and alert.

At first your breasts produce early milk called colostrum, which is either clear or a creamy yellow colour. It may not look like milk and the amount may be small, but it's rich in nutrients and antibodies that your baby needs to help fight infection. By about the third or fourth day the milk becomes thinner and whiter and the amount

increases. If the baby seems unsettled and ‘fusses’ at the breast at this stage, he is just adjusting to the different amount of milk.

Breastfeed in a comfortable position. For example, lying on your side or sitting with pillows to support your back and arms.

Ensure your baby is positioned and properly attached to breastfeed by:

- Turning your baby's body towards you so his chest is facing your chest. Hold him close. Support his neck and shoulders with your hand along his back. Bring your baby to your breast instead of moving your whole body and breast towards the baby.
- Gently touch your baby's mouth with your nipple to encourage him to open his mouth as wide as possible. His tongue needs to be down and forward in his mouth.
- Bring his mouth to your breast, making sure he takes a good mouthful of your nipple and areola (the darker area around the nipple). His lips will appear spread (not rolled in) and his chin will be in against your breast. This will mean his nose is clear of the breast for him to breathe.
- If it doesn't feel right, it probably isn't, so try again. It is OK to ask for help. It should not be painful if your baby is feeding right. If your baby is feeding well there will be no clicking noise.
- Let him suck for as long as he wants on one breast, then offer the other side.
- Offer the second breast at the start of the next feed.
- To remove your baby from the breast, gently slip your finger into the corner of his mouth to break the suction.

## **Breastfeeding problems**

### **Lumpy breasts**

When you first start making milk, your breasts can feel very full. This can feel uncomfortable and make it hard for the baby to feed. Feeding more frequently can help as will gentle massage and softening the breast by expressing some milk before a feed (gently squeezing milk from the areola by hand). Applying a cold pack after feeds can also help.

### **Sore nipples**

It is normal for your nipples to be sensitive in the first few days of breastfeeding. If the tenderness lasts longer than about 20 seconds, ask for assistance.

If a nipple is blistered or cracked, or breastfeeding hurts, it means your baby is not attaching or sucking properly. Ask for assistance.

### **Blocked Ducts and Mastitis**

Flu-like symptoms (feeling unwell, aching body, feverish) and having hard, tender or red breasts are signs that you may have mastitis. It is important to continue to breastfeed, especially, on the affected breast, as it will assist to drain the milk that is causing the problem. If your baby is unwilling to feed, hand express or use a breast pump to empty your breast. After a few feeds it should feel a lot better. If there is no improvement after a couple of feeds or it worsens you will need antibi-

otics prescribed by your doctor. Flucloxacillin, Cephalexin or Erythromycin are the antibiotics currently recommended for ten days. They are safe for breastfeeding.

### **Where to go for help**

For help with breastfeeding, contact your local Early Childhood Centre, Australian Breastfeeding Association on (02) 8853 4999, Tresillian Family Care Centre Counselling Line (02) 9787 0855 or Karitane Care Line (02) 9794 1852.

The maternity unit of your local hospital may be able to put you in touch with a bilingual ethnic obstetric liaison officer to assist if you have difficulty understanding English.

If you need help making phone calls in English, ring the Translating and Interpreting Service (TIS) on 131 450.

Telephone numbers are correct at time of publication but are not continually updated. You may need to check the numbers in the telephone directory.

You can find more health information in your language on the Multicultural Communication website at <http://mhcs.health.nsw.gov.au>