

Recommendations for Breastfeeding: A Guide for Mothers (Antenatal)



Experts agree

that breastfeeding is the best way to feed your baby. It creates a bond between you and your baby and provides the best nutrition for your infant. Breastfeeding also protects your baby against many illnesses.

Baby Friendly Hospital Initiative – BFHI

Auckland City Hospital, National Women's Health, has been a BFHI accredited hospital since 2008. Auckland City Hospital maternity facilities protect, support and promote breastfeeding through the WHO/UNICEF "Ten Steps to Successful Breastfeeding" and the WHO Code of Marketing of Breastmilk Substitutes (and relevant, subsequent World Health Assembly resolutions), implemented as the Baby Friendly Hospital Initiative

Decision Making

The World Health Organisation recommends that you exclusively breastfeed your baby, with no other milks, food or drinks, until your baby is about six months. At about six months it is recommended that you begin to offer solid foods while continuing to breastfeed for up to 2 years and beyond. Breastfeeding can continue to provide health benefits in your baby's second year of life and beyond. The longer you breastfeed the greater the benefit. If you are still undecided about breastfeeding you could give it a try for a few weeks, as any breast milk is better than none. If you're not open to directly breastfeeding talk over your concerns with your Lead Maternity Carer (LMC) and explore the option of giving only breast milk to your baby via bottle.

If it is your decision to bottle feed your baby please talk to your LMC about your decision so you are prepared when you come into hospital with the appropriate equipment and formula of your choice. Your decision on how you wish to feed your baby will be fully supported by Auckland City Hospital staff, and assistance will be given to ensure you have the skills and knowledge to be able to make up formula correctly and safely, clean and sterilise your equipment and feed your baby confidently both during your stay and on discharge home.

Benefits

The health benefits of breastfeeding for your baby include:

- *Breastmilk meets all your baby's nutritional needs for the first six months*
- *Breastfeeding is FREE compared to formula*
- *Breastmilk changes during the feed, as well as over months and years, to meet your baby's changing nutritional, immunological and developmental needs*
- *Regular skin-to-skin contact and close interaction during breastfeeds encourages mutual responsiveness and attachment*
- *Breastmilk contains many anti-infective factors that help protect your baby from illnesses such as gastroenteritis, diarrhoea and infections*
- *Breastfeeding lowers the risk of being overweight, obesity, asthma, eczema and diabetes in childhood and adulthood*
- *Babies who are breastfed have higher IQ scores and better jaw development*
- *Breastfed babies have a lower risk of sudden, unexplained death in infancy (SUDI).*
- *Breastmilk is more easily digested than other milks and nappies smell less offensive.*

Breast milk is nature's perfect baby food. Your milk has just the right nutrients, in just the right amounts, to nourish your baby fully. It also helps your baby's mind and body grow. Breast-feeding (also called nursing) is a good choice for both the baby and the mother.

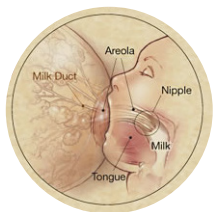
The health benefits of breastfeeding for the mother include:

- *Early suckling minimises bleeding after birth and helps your uterus return to its pre-pregnant state*
- *Breastfeeding aids a faster return to pre-pregnancy body weight as your body uses a lot of energy to make the milk*
- *Exclusive breastfeeding may delay the return of fertility*
- *Breastfeeding may reduce the risk of pre-menopausal breast, ovarian and endometrial cancers*
- *Breastfeeding may lead to stronger bones and less osteoporosis*
- *Breastfeeding is safe and convenient.*

The benefits of breastfeeding for your family include:

- *A healthier baby means reduced costs in doctor's visits and medicine*
- *Breastfeeding is free and allows your family more money to spend on other important things.*

Facts about Breastfeeding



During pregnancy, your nipples may start to leak a little colostrum. After you give birth, your body sends a signal to your breasts to start making milk. **Colostrum is all that your baby needs until your milk comes in.** Within a few days, colostrum is replaced by transitional milk (your mature milk comes in after 2-3 weeks). When your baby suckles at your breasts, the nerves in your nipples send a message to your brain. In response, your brain releases hormones that tell the ducts in your breasts to “let down” their milk so that it flows through your nipples. This is called the let-down reflex. It first occurs when your milk comes in, a few days after the birth of your baby.

Some women barely notice the let-down reflex. Others have a pins-and-needles feeling in their breasts a few minutes after their baby starts nursing. When transitional milk replaces your colostrum after the first few days, you may experience engorgement. Engorged breasts feel full and tender.

Once feeding is established, the first milk that flows out of your breasts is watery and sweet. This quenches the baby’s thirst and provides sugar, proteins, minerals, and fluid. As the feeding goes on, the milk becomes thick and creamy. This milk will give your baby the nutrients he or she needs to grow.



Try to breastfeed without supplementation for at least the first 6 months of your baby's life if you can. It is recommended that you breastfeed for longer (up to 2yrs and beyond) if both you and your baby are willing. Any amount of breastfeeding, even a few days, is good for the baby.

Diet

When you are pregnant, your body stores extra nutrients and fat to prepare you for breastfeeding, your LMC will give you more information on this. The increased nutritional demand of pregnancy continues during lactation. Well nourished mothers should aim to meet the additional energy requirement of approximately 500kcal per day whilst breastfeeding.

When you are nursing:

- *Your baby will more than double his/ her birth weight within the first six months from a diet of your breast milk alone.*
- *Some mothers fear that they cannot breastfeed because they do not eat 'well enough'. Good nutrition need not become a barrier to breastfeeding. The human body is very flexible and can make good milk out of many combinations of foods.*
- *Remember that small changes in your diet can lead to big improvements for you and your baby.*
- *Eat a well-balanced diet. During breastfeeding you need about 500 calories a day more than you did before you became pregnant or about 2,500 calories a day for most women.*
- *Make sure you get 1,000 mg of calcium a day. Your health care provider may suggest that you keep taking a daily vitamin.*
- *Avoid foods that bother the baby. If your baby acts fussy or gets a rash, diarrhoea, or congestion after nursing, let your baby's doctor know. This can signal a food allergy.*
- *Drink at least eight glasses of liquid a day.*

How to Breastfeed

Although breastfeeding is a natural process; it may take some practice and patience to master. Mothers and babies have to learn together.

Getting Started

To help give you a good start, during pregnancy tell your LMC that you plan to breastfeed. They can help you get started right after birth. If possible, feed in the first hour after your baby is born. At this time, your newborn is most alert and ready to suck.

Skin-to-Skin

Hold your baby skin-to-skin right away.

Skin-to-skin means:

- *Your newborn baby is gently dried and placed on your bare chest*
- *A towel covers both you and your baby*
- *Helps baby stay warm*
- *Reduces crying*
- *Improves baby's health*
- *Lowers mother's stress*
- *Makes breastfeeding easier*
- *Helps mother's make more milk.*

Your baby will:

- *Rest for about 30 minutes. It can take up to an hour for baby to start feeding.*
- *Start smacking lips and sucking on fists*
- *Move towards the breast*
- *Bobs head up and down*
- *Latch onto the breast after a few tries.*

What Should I Expect?

- *Your nipples may feel tender as you get started, but breastfeeding should not be painful.*
- *Your breasts started making milk (colostrum) while you were pregnant, so you have just the right amount for your newborn baby.*
- *Your baby has a small stomach at first, so plan on feeding at least 8-12 times in 24 hours for the first few weeks (baby-led feeding).*
- *Most babies finish feeding in about 30-60 minutes, a few babies feed in less time.*
- *Babies normally lose weight the first 3 days after birth and are back to birth weight at 10-14 days.*



If your baby cannot breastfeed right away:

- *Some drugs used in labour can have an effect on your baby by causing him or her to be sleepy instead of alert and actively wanting to breast feed*
- *Spend as much time with your baby as possible, preferably doing skin-to-skin*
- *Hand express each breast every 2-3 hrs. to start increasing your milk supply and to provide baby with some nutrients.*

Ask for help to teach your baby how to breastfeed.



If the baby is latched on right, he or she will have your entire nipple and much of the areola (the darker skin around the nipple) in his or her mouth. the baby's nose will be touching your breast. The baby's lips also will be curled around your breast. the baby's suckling should be smooth and even. You should hear him or her swallow. You might feel a slight tugging. You may have discomfort for the first few days. You should not feel any severe pain though. If you do, take the baby off the breast and re-latch more deeply.

Rooming-in 24hrs a day

This means that your baby will be in the same room as you, day and night, during your stay in hospital.

Benefits of Rooming-in:

- *Helps you to bond with your baby.*
- *Helps you to see those early feeding signs (cues) and learn what normal behaviour is for your baby.*
- *Helps breastfeeding to get off to a good start.*
- *Babies who are with their mothers cry less often so both mother and baby get more sleep.*
- *Reduces the risk of infection as there are less people around your baby.*
- *Is safer for your baby and helps you learn coping strategies for settling your baby.*

There is no nursery in the hospital. It is normal for babies to feed at night. Because babies have small stomachs they need to feed more frequently. It also helps to stimulate the hormones that help you to make more milk.

Baby led-feeding (demand or cue feeding)

Baby-led schedules tend to be very loose routines. You follow your baby's lead, meaning you'll look for baby's cues to decide what your baby needs next rather than imposing a timetable for feedings, rest, or play. This doesn't mean your days have to be totally unpredictable.

- *After the first few weeks, most babies form their own fairly regular patterns of sleeping, playing and eating.*
- *Your baby's schedule may vary from day to day, depending on the signals he or she is giving you.*
- *If your baby seems ready for a nap at 1 p.m. on Monday, but on Tuesday doesn't seem sleepy until 3pm, your schedule shifts accordingly.*
- *Newborns nurse approximately 8 to 12 times in a 24hr period and at least every four hours.*

Expressing breast milk and storing expressed milk

- *Expressing breast milk by hand can become quite fast and efficient.*
- *It has no financial cost except for obtaining containers for the milk.*
- *You may find the time it takes to achieve a let-down of milk is shorter than with a breast pump.*

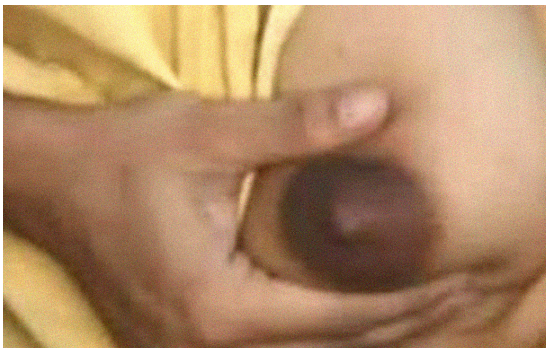
Hand Expressing breast milk

Your milk is very important to your baby. It is useful to express your milk if:

- *Your baby cannot feed at the breast*
- *You are away from your baby*
- *You want drops of milk to encourage your baby to suck,*
- *Your breasts are overfull or you have a blocked duct,*
- *You want some hind milk to rub on sore nipples, and other reasons.*

You can help your milk to flow by:

- *Sitting comfortably, relaxed and thinking about your baby,*
- *Warming your breast,*
- *Massaging or stroking your breast, and rolling your nipple between your fingers,*
- *Having your back massaged.*



***Sit comfortably, relaxed
and think about your baby***

...

Hand Expressing

Feel back from your nipple to find a place where your breast feels different. This may feel like knots on a string or like peas in a pod. This is usually a good place to put pressure when expressing. Put your thumb on one side of the breast and 2-3 fingers opposite.

Compress the breast over the ducts. Try pressing your thumb and fingers back towards your chest, and then press your thumb and fingers towards each other, moving the milk towards the nipple. Release and repeat the pressure until the milk starts to come.

Repeat in all parts of the breast. Move your fingers around the breast to compress different ducts. Move to the other breast when the milk slows. Massage your breast occasionally as you move your hand around. If you are expressing to clear a blocked duct, you only need to express in the area that is blocked. It takes practice to get large volumes of milk. First milk (colostrum) may only come in drops. These are precious to your baby. How often to express depends on the reason for expressing. If your baby is very young and not feeding at the breast, you will need to express every 2-3 hours. It is important to have clean hands and clean containers for the milk. Discuss milk storage if needed.

These points are suggestions not rules.

- *Find what works best for you.*
- *Expressing should not hurt and to ask for help if it does.*

This website has a great hand expressing video that will be helpful to view before you start:

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Breast pumps

If hand expressing is not an option then a manual hand breast pump can be used. There are also mini-electric pumps available for purchase, which run both on a battery and through a mains electrical supply – please talk to your Lead Maternity Carer (LMC) before using the breast pump to ensure your technique/timing is correct.

The type of breast pump required depends on why you need to express:

- *It may be because of a sick preterm baby or a temporary breastfeeding challenge.*
- *You may also wish to express if you're returning to the paid work force or need to spend some time away from the baby.*

How often to express

- *Breast milk needs removing regularly and frequently from the breasts to maintain supply.*
- *In general terms if a baby is not at the breast for any feedings the breasts should be expressed at least eight times in a 24-hour period.*
- *There are many variations in breasts, milk supply, and circumstances, so you will need individual, ongoing advice.*
- *Ask your LMC, Well Child health worker, a La Leche League counsellor or a lactation consultant about breast pumps and expressing.*

Continued overleaf ...

Storing breast milk

Ideally, milk fed directly from the breast is best. However, direct breastfeeding is not always possible, so expressed breast milk that has been correctly stored is the next best option for infants.

- *You should wash your hands before you express breast milk.*
- *Store breast milk in a plastic or glass container with an airtight sealed lid (e.g., a food storage container or bottle).*
- *Milk should be stored in small portions to prevent waste – around 100–300 mL.*
- *Date containers at the time of collection, and make sure caregivers use the oldest milk first.*
- *Fresh or refrigerated milk retains beneficial properties and is preferable to breast milk that has been frozen.*
- *If refrigerating you can add to the expressed breast milk over a 24-hour period and if not for use then freeze it.*
- *Adding expressed breast milk to frozen milk can cause the milk to thaw and then refreezing increases the risk of bacterial growth in the milk.*
- *Wash containers and feeding equipment in hot soapy water, and then rinse.*
- *If the infant is three months old or younger, the containers and equipment also need to be sterilised.*

You can get sterilising equipment and tablets to make sterilising solution from your supermarket or pharmacy. Follow the manufacturer's instructions carefully. Alternatively, the containers and feeding equipment can be boiled (for at least 5 mins). In the fridge, expressed breast milk needs to be kept towards the back or wherever the temperature is coolest. Fridges should be operated at 0–4 °C. If you only need to store breast milk a short time, and don't have access to a fridge or freezer, you can use an insulated cooler bag with ice packs. Don't use this method to store milk for more than 24 hours.

Note that these guidelines are for expressed breast milk that is fed to healthy, full-term infants who live at home.

M.O.H. Guidelines for Storing Expressed Breast Milk

Fresh breast milk at room temperature	4 hours
Refrigerated	2 days
Freezer	4 months (<i>normal upright freezer</i>)
Freezer Box	2 weeks
Chest Freezer	6 – 12 months

Using expressed breast milk

- *Frozen expressed breast milk can be thawed in the refrigerator or by placing the container in warm water until the milk has thawed. Do not use a microwave, because: microwaving destroys some of the milk's immunological components and there is a risk of uneven heating and scalding.*
- *Expressed breast milk can be warmed by placing the cup or bottle containing the milk in hot water.*
- *Before feeding the infant, caregivers should swirl the container of milk to mix the fat portion back in and distribute the heat evenly.*
- *They should test the temperature of the milk by shaking a few drops on the inside of their wrist. It should feel comfortably warm to the touch before being given to the infant.*
- *Expressed breast milk provides very similar nutrient and immunological composition to breast milk from the breast although its composition does change over time.*

Who can support me with this?

Seek support from your family and friends. You may also need support from your workplace. Go to www.health.govt.nz (Working and Breastfeeding). Talk to your lead maternity carer, (LMC), Well Child nurse or doctor if you have any questions – they'll be able to help you, or refer you to someone else who can help.

Conditions that may affect breastfeeding:

- Diabetes – Babies born to diabetic mothers have an increased risk of complications at the time of birth due to babies being larger in size, unstable blood sugars, and higher risk for caesarean surgical birth, and possibly being delivered before their expected date of birth. Breastfeeding or providing breastmilk for the baby may prove to be a challenge during the first few weeks or days after the birth. There are no differences in the breast milk composition of women with Insulin Dependent Diabetes Mellitus.
- Prematurity – When babies are born early there may be a delay in establishing your breastfeeding which can lead to a delay in your milk supply. Expressing early and frequently will not only stimulate your supply but will ensure your supply will match your baby's needs when you and your baby are ready. Your colostrum at this stage is specific to your baby's needs and changes to match these as your baby grows. You may need to continue expressing for a few weeks and use your expressed milk as a supplement until you and your baby establish breastfeeding.
- Some drugs used to manage pain in labour can have effects on your baby; may cause baby to be born sleepy instead of alert and actively wanting to breast-feed, this can continue for a few days and may delay your milk coming in.

Other examples of primary lactation failure include conditions in the mother such as:

- *Insufficient glandular (breast) tissue*
- *Postpartum haemorrhage (significant blood loss after delivery)*
- *Sheehan syndrome (severe damage to the Pituitary Gland)*
- *Polycystic ovarian syndrome (PCOS)*
- *Some breast surgeries*
- *Breast abnormalities*

Risks of formula feeding

It is important for women to know the likely effects and risks of giving infant formula so that they can make an informed decision.

- *More babies who are fed with infant formula are admitted into hospital with upper respiratory conditions and gastroenteritis.*
- *Exclusively breastfed babies are less likely to have food allergies and related problems such as diarrhoea, vomiting, eczema, asthma and respiratory infections. This is because breast milk helps provide a baby with immunity and protection against infections.*
- *Giving formula reduces the protective effect that breast milk gives and can affect a baby's immune system.*
- *Breasts may become engorged (overfull). This signals to a woman's breasts to stop making breast milk.*
- *If fed by bottle, the baby uses a different sucking action on a synthetic teat and may have problems latching onto the breast and cause sore nipples.*
- *Incorrect cleaning of bottles, teats and equipment can lead to diarrhoea and infections.*
- *Preparing and storing infant formula incorrectly can make a baby sick.*
- ***There is a continued cost in buying formula and replacing bottles and teats .***
- *Increases the risk of diabetes in childhood, and childhood and adult obesity.*

In special circumstances extra calories are medically required. Some babies have low blood sugars, are small at birth, premature or have other difficulties. These babies are likely to be under the care of a Paediatrician. It is always preferable to give expressed breastmilk (EBM) when extra calories are required orally, however if EBM is not available infant formula may have to be considered. There is currently only one Breastmilk Bank available in New Zealand and that is in Christchurch hospitals' Neonatal Intensive Care Unit (NICU)

Safe Sleeping

You will be given information on how to reduce the risk of Sudden Unexpected Death in Infancy (SUDI).

The Change for our Children Safe Start Programme recommends that baby is:

Smoke free	Face up
Face Clear	Breastfed
Handled gently	Close to a parent

Baby needs his own place to sleep, if baby is born early, born small, or born into a family who are smokers.

If you or your partner smokes, talk to the midwife about safe sleeping spaces.

(www.wakawhetu.co.nz) or (www.changeforourchildren.co.nz).

Ask your midwife for the “Safe Sleep Essentials” pamphlet. Also ask where to get help to become smoke-free.

Plan for Breastfeeding

Before you come into hospital make a plan for yourself about your breastfeeding. Include when you want skin-to-skin to commence, e.g. immediately after delivery, and that it is your intention to breastfeed your baby. Note your plan down in a note-book or even on the back cover of this booklet and bring this with you into hospital.

Speak up for your baby’s health.

- *Decide to breastfeed then look for a healthcare provider who supports breastfeeding.*
- *Plan to keep your baby with you in your room so you can feed your baby at the first sign of hunger.*
- *It’s OK to hold your baby as much as you like - your baby will be comforted by being with you*
- *Hearing your heartbeat and feeling your warmth will help your baby adjust to the new world outside your body.*
- *Educate your family about the importance of breastfeeding.*



**Remember,
it is your right to speak up for the health
of your baby and your own health.**

- *Plan to feed your baby nothing but your own milk for 6 months because it is the best way to keep your baby healthy.*
- *Locate a breastfeeding support group in your community such as a Leche League or visit one on the internet.*
- *Try not to be discouraged by people who do not support breastfeeding.*

References and Further Information

Auckland Antenatal Classes

- *Birthcare* *Fee (Free for 1st child)*
Go to www.birthcare.co.nz
- *MAMA (Maternity Information Services)* *Fee (Free) Ph. 815-8108*
- *Parents Centre* *Fee (A range of costs)*
Go to www.parentscentre.org.nz

Breastfeeding Classes – Auckland Birthcare run breastfeeding classes monthly on a Tuesday from 10.30 till 12.30pm, cost \$40.00 and bookings are essential.

Ph 3740-800

Waitakere Hospital has 2 breastfeeding classes a month:

1st Tuesday of the month 10.00-12.00 FREE

3rd Tuesday of the month 7.00pm-9.00pm FREE

Contact Barbara Taylor Parent Education @ NSH (09) 486 8900 ext 3048

North Shore Hospital has 1 breastfeeding class a month:

3rd Monday of each month – 7.00pm -9.00pm FREE

Contact Barbara Taylor Parent Education @ NSH (09) 486 8900 ext 3048

Collecting of colostrum antenatally – there are some mothers who may benefit from antenatal colostrum expression, e.g. diabetic or previous history of breastfeeding problems. Exclusive breastfeeding is the gold standard for feeding human babies - antenatal harvesting may help you achieve this. You should discuss antenatal harvesting of colostrum with your LMC.

Donor Milk - if you are considering feeding a baby with human milk from a source other than the baby's mother, you should know that there are possible health and safety risks for the baby. Risks for the baby include exposure to infectious diseases, including HIV, to chemical contaminants, such as some illegal drugs, and to a limited number of prescription drugs that might be in the human milk, if the donor has not been adequately screened. In addition, if human milk is not handled and stored properly, it could, like any

type of milk, become contaminated and unsafe to drink. Please discuss this with your Lead Maternity Carer and ensure that the Lactation Consultants at Auckland District Hospital are aware of your intention.

Breastfeeding Support in the Community

- *Lactation Consultants* www.nzlca.org.nz
- *La Leche League* 846-0792 / www.lalecheleague.org.nz
- *Birthcare Auckland* 374-0800 / www.birthcare.co.nz
- *Plunket Family Centres* *Contact the one in your area*
- *Teen Parent Project* 376-3227 or text 021 0299-1044
- youngparent@womenz.org.nz
- *Tongan Health society* 636 4129/ vhanga@tonganhealth.com
- *Health Star Pacific* 527-2300 / office@healthstarpacific.co.nz

Ngati Whatua o Orakei Community Health

Services include:

- *Parenting Education Programme*
- *Becoming a Mum?*
- *Breastfeeding Support*
- *Contact No. 578-0941*

Pamphlets

- Ministry of Health (2001) Breastfeeding and Working
- Ministry of Health (2007) Eating for Healthy Pregnant Women
- Ministry of Health (2009) Breastfeeding Your Baby
- NZBA (2008) Skin-to-skin Information Guidelines
- NZBA (2010) The Importance of Rooming In
- Change for Our Children (2010) Safe Sleep Essentials

Publications

ADHB Breastfeeding Support Directory

Ministry of Health (2006) Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women: A background paper

Ministry of Health (2008) Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2yrs): A background paper

Useful Reading

Breastfeeding with Confidence:

a practical guide by Sue Cox (2006)

Meadowbank Press, New York

Internet Resources :

www.babyfriendly.co.nz

www.babyfriendly.org.uk

www.lalecheleague.org

www.changeforourchildren.co.nz

www.bfw.org.nz

www.health.govt.nz

www.kellymom.com

www.nbci.ca (Dr Jack Newman)

www.kidshealth.org.nz/good-latch-key-successful-breastfeeding

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Notes

Recommendations for Breastfeeding

