



**The National Maternity Hospital**

**Breastfeeding Booklet**

# Information sessions for parents

## Breastfeeding Support

- What: Antenatal—Preparing to Breastfeed
- When: 1st Friday each month 12.45 to 1.45pm  
2nd Thursday each month 12.00 to 1.00pm  
*(followed by a Q & A session for mothers with diabetes)*  
3rd Tuesday each month 6.00 to 7.00pm
- Where: 1st Floor Lecture Theatre, 65-66 Mount Street
- Contact: Lactation Support Team (01) 637 3251  
No appointment necessary, partners welcome.



- What: Postnatal Breastfeeding Support
- When: Thursday 9.30am to 12.00 noon
- Where: Parent Education, 65-66 Mount Street
- Contact: Lactation Support Team (01) 637 3251



This support group is available to all mothers but it is best reserved for those experiencing difficulties. General support is available locally from your Public Health Nurse and peer support groups and counsellors. Phone numbers are on the back page of booklet.

The Breastfeeding Support Team in The National Maternity Hospital is available Monday to Friday 8.30am to 4.30pm at (01) 637 3251 or phone (01) 637 3100 and ask for bleep 023.

Outside these times contact the postnatal ward you attended or refer to hospital web site [www.nmh.ie](http://www.nmh.ie)

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# Breastfeeding

This booklet aims to give women general information on breastfeeding while recognising that every mother's and baby's breastfeeding experience is unique. You and your baby will learn together what works for you. So be patient, it takes time for breastfeeding to become fully established.

## **Human milk is uniquely suited for human infants**

- Human milk is easy to digest and contains more than 200 components that babies need in the early months of life
- Factors in breast milk protect infants from a wide variety of illnesses

## **Breastfeeding can save lives**

- Breastfeeding is associated with reduced risk of sudden Infant Death Syndrome (SIDS)
- Human milk protects premature infants from life-threatening gastrointestinal disease

*Breastfed infants are healthier*

## **Babies who are not breastfed have**

- 50% higher incidence of ear infections in their first year of life
- Increased incidence, and severity of a large number of infections, including pneumonia and meningitis in infants
- Increased risk of developing allergic asthma and eczema
- A 50% higher chance of developing Coeliac Disease if not receiving breast milk at the time of exposure to gluten

- An increased risk for subsequent inflammatory bowel disease, multiple sclerosis, rheumatoid arthritis and childhood leukaemia
- An increased risk of being over weight or obese, even as adults

Evidence suggests that exclusive breastfeeding for at least two months protects susceptible children from Type 1 Insulin Dependent Diabetes.

*Breast milk is the normal source of nutrition for infants*

### **Breastfeeding helps mothers recover from birth**

- Breastfeeding helps the uterus to shrink back to its pre-pregnancy state and reduces the amount of blood loss after delivery
- Breastfeeding mothers usually resume their menstrual cycles 20-30 weeks later than those who do not breastfeed
- Mothers who breastfeed use an extra 500 calories daily

### **Breastfeeding keeps women healthier throughout their lives**

Breastfeeding reduces the risk of :

- Pre-menopausal breast and ovarian cancer
- Osteoporosis
- Arthritis

*The first hours after birth is a special time for the new family  
and a good time to initiate breastfeeding*

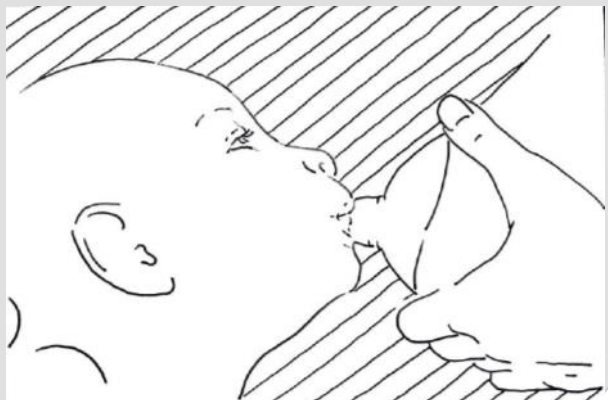
## Getting Started

Immediately after birth, or as soon as possible, place your baby on your chest. This skin to skin contact is beneficial for your baby. It will calm him and helps initiate breastfeeding. It also facilitates the bonding process while assisting your baby to acclimatise to his new life. Your baby will feed when ready usually within the first hour or two, rooting and turning towards your breast when ready to latch on.



1. Nose to Nipple

2. Tickle Baby's Lips





3. Be Patient.

4. Until Baby Opens Wide



#### Tips for Correct Latch On

- Tummy to tummy
- Nose to nipple
- Big open mouth
- Baby to breast

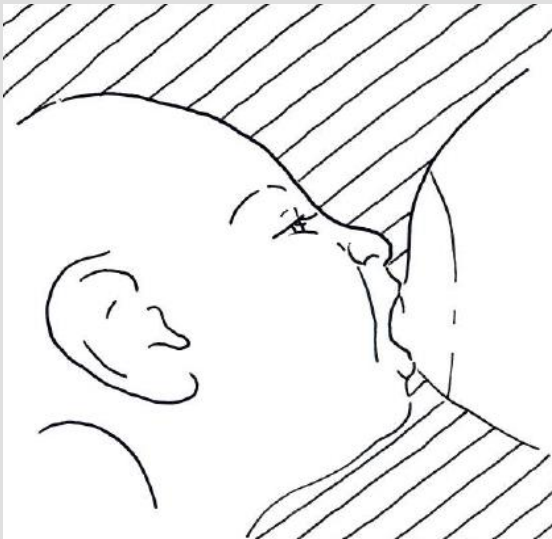
### Correct Latch On



### Signs of Good Attachment

- Baby's mouth wide open
- Baby held close
- Full cheeks
- Chin touching breast
- Deep rhythmical sucking
- Swallowing heard
- No extra noises heard
- It feels comfortable

### Incorrect Latch On



It is important that your baby is latched on properly around your areola and not on the tip of your nipple, as this will make you sore and baby will not get all the milk he



## Positions for Breastfeeding

When you breastfeed it is important to correctly position your baby. Proper position will decrease nipple soreness. There are several different breastfeeding positions. Choose the ones that are most comfortable for both you and your baby.

### Laid Back Breastfeeding



Laid back breastfeeding is a good way to start feeding following delivery and can be used to allow your baby to self attach.

See [www.biologicalnurturing.com](http://www.biologicalnurturing.com)



Cradle Position

Football Hold Position





Cross Cradle Position

On Your Side



## Some helpful tips for breastfeeding:

- Have a drink beside you prior to starting each feed
- Make yourself comfortable
- Take regular pain relief if required
- Rest during the day. Sleep when your baby sleeps
- New mothers need time to acclimatise to their role. Perhaps put your phone on silent and watch your baby while feeding
- Make sure your baby is comfortable, tummy to mummy so that your baby is looking at you
- Position your baby so his nose is opposite your nipple, this will aid good attachment
- Bring your baby to your breast or allow him to come to your breast himself, rather than breast to baby
- In the early days when your baby latches on you may feel a pinch that lasts about 30 seconds
- If you feel your baby is not well attached, take your baby off your breast and start again. One incorrect latch can cause nipple damage
- Have at least two supervised feeds prior to leaving hospital
- If this is your second or subsequent baby, remember that your last experience of breastfeeding was with a mature baby and that each baby's needs are individual
- Newborn babies, in general, do most of their feeding between the hours of 6.00pm and 6.00am, and may **cluster feed** (take a few feeds together) usually in the early evening

## What to expect in the first weeks of Breast feeding

The midwives in the hospital have a wide range of knowledge, skills and experience that will assist you during the first few days. Please seek advice and help if you need it.

Breastfeeding can seem to be challenging in the initial period, but is worth the effort once you and your baby have learnt each others ways.

### Day One

- Start skin-to-skin contact with your baby as soon as possible after birth. (This is a useful way of settling your baby at any stage.)
- Breastfeed your baby within the first hour or two of birth or as soon as your baby looks for food.
- The first milk, called colostrum, is small in volume but is concentrated and will provide a healthy, full term baby with all the calories and fluids he needs.
- Your baby may not feed very much in the first day allowing both of you to rest. Offer your baby your breast at least 4-6 times in the first 24 hours.
- If you are temporarily unable to feed your baby after the birth, start to stimulate your supply by hand expression. Your midwife will assist you.



## Day Two

- Your baby will begin to feed more frequently; it can be as often as every two hours from the start of one feed to the start of the next, especially during the second night.
- Offer both breasts at each feed.
- Allow your baby to dictate the pace, feed on demand. This will regulate your supply but if still asleep, waken your baby after 4 hours for feeding.
- Get as much rest as you can, if possible sleep when your baby is sleeping. Eat and drink regularly.
- If you are having difficulties, please seek help from your midwives day or night.
- Your baby should have passed urine at least **twice** and some meconium by the second day.

## Day Three

- Your baby may be feeding up to twelve times in a twenty-four hour period but should feed at least 8 times.
- Your breasts will start to feel heavier and full. This may be slightly delayed if you had a caesarean section, or if your iron count is very low.
- Babies also feed a lot on the third night. This is because they are stimulating your supply of milk to meet their needs. Rest during the day.
- Please observe that your baby is passing urine; at least 3 wet nappies in 24 hours and your baby's bowel motion may now be changing to a greenish (pesto) colour.





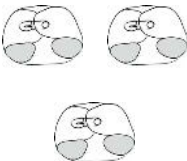
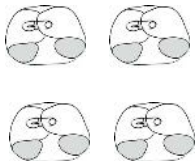


## Day Four

- Your breasts can feel very full and lumpy. Feed your baby regularly as this will help drain the milk from the breasts and soften them.
- Take regular pain relief if required. Dark green cabbage leaves cooled in the fridge, or a cool pack wrapped around your breasts may help soothe uncomfortable breasts.
- Offer both breasts at each feed.
- Baby may have small milky vomits or possets due to increased supply.
- Baby should feed 8-12 times within 24 hours.
- Bowel motions: yellow, mustard seed consistency.
- Wet nappies: 4 and will be heavier.

## Day Five

- Your baby should be feeding between 8-12 times in twenty four hours and may feed for long periods of time.
- Your baby's stool will have changed to a wholegrain mustard, or cottage cheese consistency and will have 4-6 wet nappies.
- Your Public Health Nurse (PHN) or Midwife will check your baby's weight today. Your baby may have lost up to ten percent of his birth weight. This is normal but should be regained by approximately 2 weeks of age.
- Commence vitamin D drops now and continue until your baby is one year of age.

# What to Expect when Breastfeeding

Baby's Age	Week 1				
	1 Day	2 Days	3 Days	4 Days	5 Days
Baby's Tummy Size					
How often should your baby feed?	4-6 times on Day 1	In the first month 8 to 12 feeds			
Wet Nappies (urine)	 At least 1 wet	 At least 2 wet	 At least 3 wet	 At least 4 wet	
Dirty Nappies (Bowel Motions)	 At least 1 to 2 black or dark green per day		 At least 3 per day, brown, green or yellow		
C colour & Consistency	Tar		Pesto		
Baby's Weight	Babies may lose up to 7% of birth weight but should				



adapted from "Best Start" Ontario

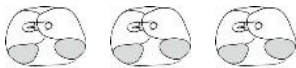
5 Days	6 Days	7 Days	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks - 6 Months
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in a 24 hour period (every 1½ to 3 hours)	6 to 8 feeds per 24 hours by week 8
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At least 6 heavy wet



At least 3 per day, soft and seedy yellow



At least 1 or more large every 1 to 7 days yellow

**Cottage Cheese or Wholegrain Mustard**

be regained by 2 weeks	Your baby should gain 150-200g (5-7ozs) per week
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## Day Six / Seven

- When feeding, continue to offer both breasts at each feed. Babies generally take most of their feed from the first breast and a small amount from the second one, which is why you start with the breast your baby last fed on. Some babies will be satisfied with one breast only.
- Remember cluster feeding! This generally happens in the early evening, but whatever the time, it should only happen once in the 24 hour period. If your baby appears to be cluster feeding all day long please seek assistance.

## Day Seven to Fourteen

- Usually babies will have a 'growth spurt' around this time. This is normal but you will notice that your baby feeds more frequently for approximately 24-48 hours.
- Consider joining a breastfeeding support group. The peer groups consist of mothers who have breastfed themselves and some of their members are trained counsellors. It helps to know 'you are not alone.'
- Your PHN may also facilitate a support group.

Weight loss is normal during the first 3 to 4 days following birth. When feeding is going well babies tend to have regained their birth weight by 14 days of age. If you have any concerns talk to PHN, La Leche League or Cuidiú counsellors. See contact details at back of book.

## Weeks Four to Eight

- Breastfeeding is generally settling around this time. Your baby will feed 6-8 times in 24 hours. His sucking becomes more efficient, so that a feed which previously took 40-50 minutes may reduce to about 10-15 minutes.
- Bowel motion pattern changes – some babies have a few dirty nappies daily and others only one every few days.



## Breastfeeding and life style.

Be nice to yourself! Rest as much as possible, ask for help and accept all offers of assistance. Spend this time with your little baby getting to know each other. The housework can wait!

*Drink to thirst, Eat to hunger.*

You do not need a special diet while you are breastfeeding, but your body needs nutritious food in order to keep your energy levels up.

- Eat 3 balanced meals during the day and a snack before bedtime.
- Include 1-2 portions of oily fish weekly. This is good for your baby's eye and brain development.
- Eat at least 3-4 portions of calcium rich foods daily.
- It is not recommended that you avoid potentially allergenic foods.
- More than 2-3 cups of caffeinated drinks each day may cause poor sleep and irritability in babies.
- After consuming one unit of alcohol, it is advisable to wait 2-3 hours before breastfeeding.
- Smoking decreases milk production and can increase the risk of Sudden Infant Death Syndrome. Chemicals from cigarettes can be passed to an infant through breast milk and nicotine may reduce milk supply. Nonetheless, it is preferable to smoke and breastfeed than to smoke and not breastfeed.
- Consult health care professionals regarding the use of medications and supplements. Some medications are incompatible with breastfeeding.

## Looking after yourself

### Engorgement

Fullness or engorgement can occur around day 3-5 when your milk 'comes in'. Breasts may feel hot, hard, tender and very full. It may be difficult to latch your baby on.

**Mastitis** is inflammation/infection in the breast tissue resulting in breast pain, swelling, warmth and redness of the breast. It may be associated with flu like symptoms and fever.

If you think you have mastitis, it is important to **continue** breastfeeding or expressing your milk and see your public health nurse or doctor without delay.

### Tips for latching when engorged

- Have a warm shower/bath
- Place a hot flannel around your breast.
- Massage breasts, working towards nipple.
- Alternate positioning and ensure a deep latch.
- Apply a cold flannel or compress after feeding.
- Engorgement will subside in



## Continuing to breastfeed

You can breastfeed anywhere. Make it easy for yourself by wearing trouser / skirt with a loose top that can be pulled up from the waist. You may feel a little uncomfortable at first, but you will soon find that you get more confident. Most people will not even notice that you are breastfeeding.

Your baby may have hungry days when he needs to feed more often for a day or two to build up your supply. Feeding your baby whenever he is hungry allows your supply to catch up with his needs quickly.

You may wish to go out sometimes without your baby, or you may be returning to work before you stop breastfeeding. It is possible to express milk for your baby so that someone else can feed them.

### **You may want to express milk if:**

- Your breast is too full for your baby to latch on
- Your breasts feel full and uncomfortable
- Your baby is too small or sick to breastfeed
- You need to be away from your baby for more than an hour or two
- You are going back to work
- You are on short course of medication which is incompatible with breastfeeding. Expressing will make it possible to resume breastfeeding after the medication is stopped. The exact time varies depending on the medication.

### **You can express milk:**

- By hand
- Using a hand pump
- Using an electric pump

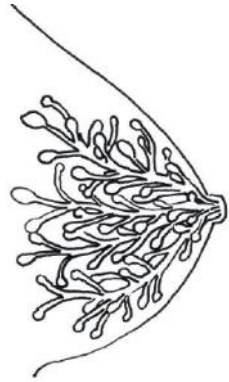
## Hand expressing

This is a free and convenient way of expressing milk and is particularly useful if you need to relieve an uncomfortable breast. These instructions are a guide but the best way to learn is to practice (perhaps in the bath or shower) so that you find what works best for you.

### Techniques for hand expressing

Each breast is divided into around 15 sections, each with its own milk ducts. It is from these ducts that you express the milk. Rotate your fingers around the breast to ensure that milk is expressed from all the areas.

1. Place your fingers under the breast, towards the edge of the areola, and your thumb on top of the breast opposite the first finger. If you have a large areola you may need to bring your fingers in slightly from the edge. (If your areola is small, you may need to move your fingers out slightly.) Your other fingers can be used to support the breast.
2. Keeping your fingers and thumb in the same place on your skin, gently press backwards towards the chest wall.



3. Maintaining this gentle backwards pressure, press your thumb and first finger together and so ease the milk along the ducts and towards the nipple. Don't squeeze your nipple, as this is not effective and could be painful. Be careful not to slide your fingers along the breast as this can damage the delicate breast tissue.
4. Release the pressure to allow the ducts to refill and then repeat steps 2 and 3.

With practice, steps 2 and 3 take no more than a few seconds. You are then able to build up a steady rhythm and your milk will drip or flow into a sterile container.

### Hand pumps

There are a number of different hand pump designs; some are operated manually and some by battery. They all have a funnel that fits over the nipple and areola.

### Electric pumps

Electric pumps are fast and easy because they work automatically. They are particularly good if you need to express for a long period, for example if your baby is in the neonatal unit. In this situation you should try to express a minimum of eight times in 24 hours, including once during the night, to maintain your supply.

It is possible to express both breasts at the same time using some electric pumps that have a dual pumping set. This is quicker than other methods and may help you to produce more milk.



Follow the manufacturer's instructions carefully if you are using a hand or electric pump. Whichever method you choose, it is important that you wash your hands thoroughly before you start. You must wash all containers, bottles and pump pieces in hot soapy water and sterilise before you use them.

### Storing breast milk at home

Where	Temperature	Area	Storage Time
Room Temperature	26°C or lower	Refrigerate if possible	6 hours
Fridge	4°C or lower	Back of Fridge	5 days
Freezer Compartment (within fridge)	-18°C or lower		2 weeks
Fridge/Freezer	-18°C or lower	Separate main door	3 months
Chest Freezer	-18°C or lower	Separate	6 months

## Early Breastfeeding Check List for Breastfeeding Mothers

Complete this screening questionnaire when your breastfeeding baby is 4 to 6 days old. This questionnaire is not suitable if you are expressing breast milk—but it can be used when your baby starts to breastfeed.

If you tick any boxes in the right-hand column, contact your PHN, local support group or Lactation Support Service.

Do you feel breastfeeding is going well for you so far?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your milk come in yet (i.e. did your breasts get firm and full between feeds)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your baby able to latch onto your breast without difficulty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your baby able to sustain rhythmic sucking for at least 10 minutes per total feed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your baby usually demand a feed? And feed for at least 8 times in each 24 hours? (Select 'No' if you have a sleepy baby who needs to be awakened for most feeds)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your baby feed approximately every 2 to 3 hours, with no more than one longer interval of up to 4 hours at night (i.e. at least 8 breastfeeds each 24 hours)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do your breasts feel full before feeds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your breasts feel softer after feedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are your nipples extremely sore (causing you to dread feedings)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is your baby having yellow, seeding bowel movements that look similar to cottage cheese and mustard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your baby having at least 4 good size (i.e. more than a 'stain' on the nappy) bowel movements (dirty nappies) each day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your baby wetting their nappy at least 6 times each day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your baby appear hungry after most feeds?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you hear rhythmic suckling and swallowing while your baby feeds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Adapted from 'The Early Breastfeeding Screening Form, Wagner CL and Purohit DM (1999) Clinics in Perinatology, Vol 26, No 2, Philadelphia.*

## Mother's Record

**Baby's Name:**

**Date of Birth:**

**Birth Weight:**

Date

Age

Current  
Weight

Notes

## Mother's Record

**Baby's Name:**

**Date of Birth:**

**Birth Weight:**

Date

Age

Current  
Weight

Notes

**Disclaimer:**

The information in this booklet is best practice and correct at time of going to print.

Throughout this booklet we refer to baby as male and mother as female for convenience and clarity. This booklet is a guideline only as all mothers and babies are individuals; if you have any concerns please contact your PHN, local support group or your doctor.

**Acknowledgement:**

The National Maternity Hospital acknowledges and thanks all those who participated in the development of this booklet, especially the mothers who kindly allowed us to use their photographs.

The artwork is the property of The National Maternity Hospital and was drawn by Michael McWilliams.

The Community Midwives Team compiled the original booklet. This edition was produced in collaboration with the Lactation Support Team with reference to Scientific Recommendations for a National Infant Feeding Policy 2nd Edition 2011—Food Safety Authority of Ireland.

**November 2014**



## Useful Numbers and Websites

The National Maternity Hospital (NMH)	<a href="http://www.nmh.ie">www.nmh.ie</a>	01 637 3100
Children’s University Hospital (Temple St)	<a href="http://www.templestreet.ie">www.templestreet.ie</a>	01 878 4200
Our Lady’s Hospital (Crumlin)	<a href="http://www.olchc.ie">www.olchc.ie</a>	01 409 6100
National Children’s Hospital (Tallaght)	<a href="http://www.amnch.ie">www.amnch.ie</a>	01 414 2925
Cuidiú	<a href="http://www.cuidiu.ie">www.cuidiu.ie</a>	
La Leche League of Ireland	<a href="http://www.lalechleagueireland.com">www.lalechleagueireland.com</a>	
HSE Breastfeeding Support Network	<a href="http://www.breastfeeding.ie">www.breastfeeding.ie</a>	

Your General Practitioner (GP) .....

Your Public Health Nurse (PHN).....



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