

Breastfeeding Simply

How to make breastfeeding easy, enjoyable and successful



Pinky McKay

I know how it is when you find information that you love and feel excited about - you want to share it!

However, I would like to request that you consider, writing is my work. This is how I make my living. If you pass this ebook around to others who haven't paid for this information, you will be impacting on my family's well-being as well as the well-being of other families. I need the income from my work so that I can continue to help others, just as I have helped you.

If you want to share this ebook, please direct your friends to my website so that they too can buy their own copy.

*Thankyou,
Pinky*

Table of Contents

Introduction.....	5
Why breastfeed?.....	7
Immunity against illness.....	7
Brain development.....	8
Mothers' health.....	8
Protect the environment.....	8
Bonding.....	8
Breastfeeding and your baby's health.....	9
Breastfeeding reduces babies' risk of these diseases by:.....	9
Breastfeeding and your health.....	9
Breastfeeding reduces mothers' risk of these diseases by:.....	9
Preparing to Breastfeed.....	10
Seek Support.....	10
Professional Help.....	10
Checking Your Breasts.....	10
Prepare for a Natural Birth.....	11
Breastfeeding 'Equipment'.....	12
Nursing Bras.....	12
Breast Pads.....	12
Nursing Clothes.....	12
A Comfy Chair.....	13
A Good Breastfeeding Book.....	13
Baby's First Feed.....	14
Save that Newborn Smell.....	14
Hey Dad, Your First Cuddle.....	14
If Baby Needs Help.....	15
Wait to Weigh.....	15
If Baby isn't Interested in Feeding Yet.....	15
Keep Baby Close.....	15
Baby's Second Day (or Night!).....	16
Baby to Breast.....	17
Position Matters.....	17
Getting Comfy.....	17
The Cradle Hold.....	18
Once you have Baby in Position:.....	19
No teats!.....	20
When Your Milk 'Comes In'.....	21
Full Breasts.....	21
Milk Letdown.....	21
Preventing Engorgement.....	22
Relieving Engorgement.....	22
If Engorgement Makes Breastfeeding Difficult.....	22
If Baby is Restless.....	23

Is My Baby Hungry?	24
Making Milk.....	24
How Often Should You Feed?.....	24
Hungry or Thirsty?.....	25
Watch your Baby, not the Clock.....	25
Supply and Demand.....	26
Is My Baby Getting Enough Milk?	27
Low Milk Supply.....	27
A Good Start.....	28
Is it a Growth Spurt?.....	28
Feeding to Make More Milk.....	28
Do I Need to Express?.....	28
Medications to Make Milk.....	29
Wet Nappies.....	29
When Breastfeeding Hurts	30
Other Reasons for Nipple Pain Include:.....	30
Vasospasm.....	30
Milk Blister or ‘White Spot’.....	31
Thrush.....	31
Symptoms of Nipple Thrush.....	31
Treatment.....	31
Feeding with Sore Nipples.....	32
Mastitis	33
Blocked Ducts.....	33
Mastitis.....	33
Preventing Mastitis.....	34
Treating Mastitis.....	34
Nipple Shields	36
Do you Really Need a Nipple Shield?.....	36
Using a Nipple Shield.....	36
Weaning from the Shield.....	37
When Baby Refuses the Breast	38
Is Baby Unwell or ‘On Strike’?.....	38
What Can You Do?.....	39
Night Feeds	40
When Will Baby Give up Night Feeds?.....	40
Make Night Feeds Easy.....	40
Is He Really Hungry?.....	40
Feeding to Sleep.....	41
Natural Sedation.....	41
Nursing and Sleep Association.....	41
Day Feeds and Night Sleep.....	41
Flexibility is Key.....	42
Expressing Milk	43
Amount Doesn’t Count.....	43
How to Hand Express.....	43

<u>Storing Expressed Milk.....</u>	<u>44</u>
<u>Thawing Breast Milk.....</u>	<u>44</u>
<u>Expressing for a Premature or Unwell Baby.....</u>	<u>45</u>
<u>Expressing When Returning to Work.....</u>	<u>45</u>
<u>Out and About with Your Nursing Baby.....</u>	<u>46</u>
<u> The Breastfeeding Cover-Up.....</u>	<u>46</u>
<u> Getting Out on Time.....</u>	<u>46</u>
<u> Are We There Yet?.....</u>	<u>47</u>
<u> Equal Rights</u>	<u>47</u>
<u>Breastfeeding and Alcohol.....</u>	<u>48</u>
<u> Known Adverse Effects on Baby.....</u>	<u>48</u>
<u> ...and You.....</u>	<u>48</u>
<u> Alcohol Levels in your Milk.....</u>	<u>48</u>
<u> Safe Milk.....</u>	<u>48</u>
<u> Reducing the Risks.....</u>	<u>49</u>
<u>Breastfeeding and Returning to Work.....</u>	<u>50</u>
<u> Choosing a Career.....</u>	<u>50</u>
<u> Expressing and Returning to Work.....</u>	<u>50</u>
<u> What Equipment do I Need?.....</u>	<u>50</u>
<u> How Much Milk Does My Baby Need?.....</u>	<u>51</u>
<u> Practically Speaking.....</u>	<u>51</u>
<u> Gaining Support at Work.....</u>	<u>51</u>
<u> A Question About Working and Breastfeeding.....</u>	<u>52</u>
<u>Weaning Your Baby Gradually, With Love.....</u>	<u>53</u>
<u> When to Wean.....</u>	<u>53</u>
<u> Good for Mothers Too.....</u>	<u>53</u>
<u> A Gentle Transition.....</u>	<u>53</u>
<u> Copping the Flack.....</u>	<u>55</u>
<u>Your Breastfeeding Family.....</u>	<u>56</u>
<u> Fathers Matter</u>	<u>56</u>
<u> Can Partners Bond by Giving Baby a Bottle?.....</u>	<u>57</u>
<u> Mummy - Step Back!.....</u>	<u>57</u>
<u> Love, Laugh, Enjoy.....</u>	<u>58</u>

Breastfeeding Simply

Introduction

Breastfeeding is as old as forever and as new as tomorrow. Women have been breastfeeding babies since the beginning of time, in all sorts of societies, in poverty and in war, without any academic understanding of the physiology of lactation.

These days, we have a plethora of information about the amazing properties of human milk and the incredible benefits of breastfeeding to mother and baby. Sadly though, despite the evidence, breastfeeding rates in our modern culture are low and breastfeeding often seems complicated. In our efforts to research human milk and infant feeding, we seem to have lost sight of the simplicity of breastfeeding. Instead of an ancient art handed down from mother to daughter, breastfeeding has become a science taught by professionals, often with the focus on mother's breast and baby's mouth, rather than the very special relationship between mother and baby that nursing can be.

It is wonderful that many professionals are motivated to support breastfeeding and that we do indeed have evidence that ensures breastfeeding doesn't become a lost art. After all, mothers' milk is the optimum infant food and can't be duplicated, despite medical advances. Even though there is no shortage of information about breastfeeding, confidence among mothers – the people who will actually be breastfeeding – is at an all-time low. I hear pregnant women say, "I will breastfeed IF I CAN." Many modern mothers may never even have picked up a real live baby before their own is thrust into their arms. So they learn to breastfeed at the same time as they are learning to understand basic baby behaviour, and at a time when they are probably feeling both vulnerable and unsure of themselves.

When a mother doubts her body's ability to nourish her young, these doubts turn to stress and, as this stress inhibits her lactation hormones, often her milk supply dwindles along with her confidence. Soon she is reaching for the bottle (of milk, that is). After all, no mother wants to starve her baby. Also, among all of the evidence out there about how breasts work and how babies feed, there is a barrage of misinformation. Much of this is due to formula feeding principles being inappropriately applied to a breastfeeding situation. For instance, recommendations to strictly schedule infant feeding so that babies will fit into a modern mother's lifestyle have no basis in the physiology of breastfeeding: rather than resulting in convenience and control, efforts to impose these schedules can see mothers spiralling downwards in despair as their breastfeeding becomes fraught with problems that range from insufficient milk to mastitis as well as anxiety about a baby who does not comply with the parent-directed routine. Some mother/baby pairs may be able to manage with these suggested regimes and not have a problem, but they are in the minority. For most, breastfeeding can only work and **last** if the mother and baby can find their own natural rhythm.

Breastfeeding Simply

by Pinky McKay

Breastfeeding is like learning to dance with a partner who is also new to the steps. And while they are learning this new dance, their tiny partner not only has to learn the dance steps (how to coordinate sucking, breathing and swallowing) but he also has to adapt to a whole new environment.

If feeding our young as nature intended was particularly difficult or painful the human race would probably have died out long ago. Seeing so many modern women struggle with breastfeeding compels me to share my experience both as a mother who has breastfed my own five babies and an Internationally Certified Lactation Consultant (IBCLC). I would like to show you how simple breastfeeding can be so that you can enjoy this very special relationship with your baby, just as my private clients do.

Why breastfeed?

The key to breastfeeding success is to know why you are doing it. If you understand in your heart and mind why breastfeeding is best for your body and breast milk is best for your baby, then you are more likely to be pro-active at seeking information so that you can resist inappropriate advice that undermines your efforts to breastfeed. You will also be motivated to persevere through challenges if they do arise.

Immunity against illness

Breast milk is like a daily vaccination against every bug your baby comes in contact with: it is a living fluid containing healthy bacteria, antibodies, white blood cells, antimicrobials and cell wall protectors and proteins that offer protection against bacteria and viruses. If you catch a bug, specialised white blood cells will appear in your breast milk to protect your baby. Conversely, if your baby becomes sick, the transfer of germs from baby to your breast will trigger the production of specific antibodies. These antibodies will be deposited into your milk to boost your baby's immunity and help her fight off illness. Without this natural protection, your baby is defenceless against common bacteria in our environment and more susceptible to respiratory infections, diarrhoea and allergies.

As your baby grows, the composition of your breast milk changes to meet her changing needs. Some immune compounds in breast milk have been shown to increase at around six months (just when babies become mobile and are exposed to a greater range of germs), and as she gets older and is breastfed less.

In many instances, the long-term protective effects of breastfeeding are related to its duration. Children breastfed for more than six months have one-third the number of middle-ear infections in the first three years of life than formula fed babies, the incidence of allergies is reduced sevenfold, and they are also protected against bacterial meningitis in their first five years. While the risks of a number of serious disorders, such as coeliac disease and insulin-dependent diabetes increase when babies aren't breastfed, your milk also protects your baby against childhood lymphoma, multiple sclerosis and chronic liver diseases and when you breastfeed your baby girl, you reduce her risk of developing breast cancer later in life by 25 percent (breastfeeding lowers your own risk of breast cancer too so you could be saving two lives!).

When you breastfeed your baby girl, you reduce her risk of developing breast cancer later in life by 25 percent (breastfeeding lowers your own risk of breast cancer too so you could be saving two lives!).

Brain development

Breastfeeding is an important source of nutrition, providing vitamins and minerals, including high levels of the brain-cell builder taurine, and fatty acids which are important for brain and eye development: Studies show significant increases in IQ of babies who are breastfed. Last but by no means least, breastfeeding can also save on orthodontic bills, as the sucking action enhances jaw and facial development.

Mothers' health

Apart from a healthy baby, the benefits for mothers who breastfeed include less postpartum bleeding as hormones released while breastfeeding cause your uterus to contract and return to pre-pregnancy size. Breastfeeding also delays the return of menstruation after childbirth, helps you lose fat stored during pregnancy more quickly and is also related to a reduced incidence of obesity later in life, and protection against osteoporosis, ovarian cancer and pre-menopausal breast cancer.

Protect the environment

The impact of breast-feeding - or rather, not breastfeeding - on the environment is also an important factor in your choice of infant feeding. Consider the fuel needed to produce any other infant food – from producing milk to transporting it, to processing a finished, packaged product then transport to stores, as well as chemicals used for sterilisation of feeding equipment and the disposal of packaging which will inevitably become landfill. Breastfeeding saves food resources, fuel and energy – no chemicals or packaging required!

Bonding

One of the most important benefits of breastfeeding is the exquisite bond you will develop with your baby.

Ask any mother who has enjoyed breastfeeding and she will tell you that mother's milk is food from her heart which not only nourishes her baby's body but connects mother and child in an almost spiritual bond.

Although breastfeeding isn't a guarantee of good mothering, just as bottle feeding doesn't rule out a lovely closeness with your baby, the hormones you release when you breastfeed will help you become more attuned to your baby. This means that if you 'listen' and 'watch' you may more easily get to know your little one's non-verbal signals. Soon, you will be able to care for her without as much

'guessing' about 'is she hungry'? Why is she crying? And, because you can settle her quickly at the breast, there may even be less crying to contend with.

What the research says....

Breastfeeding and your baby's health

A 2007 meta analysis (study of studies) from the U.S. Department of Health and Human Services (<http://www.ahrq.gov/clinic/tp/brfouttp.htm>) looked at over 9,000 studies on breastfeeding from developed countries, weeded out the ones with poor methodology, and came up with an overall percentage for each one. This is harder than it sounds because "breastfeeding" is defined differently in each study. Nevertheless, here is what they found.

Breastfeeding reduces babies' risk of these diseases by:

- Sudden Infant Death Syndrome (SIDS): 36%
- Type 1 Diabetes: 19-27%
- Type 2 Diabetes: 39%
- Leukaemia (acute lymphocytic) : 19%
- Leukaemia (acute myelogenous): 15%
- Asthma: 27%
- Gastrointestinal infections: 64%
- Lower respiratory tract diseases: 72%
- Atopic dermatitis: 42%
- Acute otitis media: 50%

Breastfeeding and your health

Breastfeeding reduces mothers' risk of these diseases by:

- Type 2 Diabetes: 4-12%
- Ovarian cancer: 21%
- Breast cancer: 28%

Preparing to Breastfeed

Although breast-feeding is a natural process, it is also a learning process for you and baby that may take several weeks to master. You will have a head start if you learn as much as you can about breastfeeding BEFORE you have a baby.

Afterwards, if you have any concerns, no matter how small they may seem, ask for help as soon as possible rather than leave it until things become really difficult and you lose confidence altogether.

Seek Support

As well as becoming informed it is important to find a 'cheering squad' and support people so that you aren't trying to find help from a total stranger or a misinformed acquaintance as you juggle a crying, hungry baby.

Attend some meetings at a breastfeeding support group such as the Australian Breastfeeding Association (www.breastfeeding.asn.au) or La Leche League (the foremost international authority on breastfeeding which has groups in many countries (<http://www.laleche.org>), where you will get to know the people who can help you if you have difficulties: it is always easier to call somebody you know and trust, than a complete stranger. You will also see babies being fed and pick up some tips to boost your confidence about mothering in general as well as breastfeeding.

Professional Help

You can call a lactation consultant (<http://www.ilca.org/falc.html>), an allied health professional who is experienced and trained to solve breastfeeding difficulties – many offer pre-natal breastfeeding education either as private sessions or classes. It is important to check that anyone claiming to be a lactation consultant is a member of a professional body such as the Lactation Consultant Association in your country or ILCA (International Lactation Consultants Association) and is Board certified (IBCLC). Many Lactation consultants will do home visits if you need extra help but are finding it difficult to get out and about to a clinic.

Checking Your Breasts

Your nipples need to pop out easily for your baby to grasp hold of and feed effectively. Some women have flat or inverted nipples, so it's a good idea to find this out before you actually have a hungry baby to feed.

To check: grasp your breast just outside the areola, with your fingers underneath (at 6 o'clock) and your thumb on top (at 12 o'clock), then squeeze. If your nipple

pops inwards or stays flat, you have flat or inverted nipples: wearing breast shells (not nipple shields) which apply gentle suction while you are pregnant will help to draw your nipples out and make breastfeeding a whole lot easier. If you aren't sure about your nipples and how 'good' they are for breastfeeding (after all, women don't actually go around comparing nipples!), ask your midwife or a lactation consultant to check. And, if your nipples seem 'flat' don't worry too much as a hungry baby will help them stretch anyway (see also, engorgement).

Prepare for a Natural Birth

One of the most important things you can do to help your baby learn to breastfeed is to attend childbirth classes that will prepare you for a natural birth so that you can avoid unnecessary drugs during labour – all medications will pass through the placenta and can affect your baby's ability to breastfeed. An epidural for instance, can affect some babies' feeding ability for up to four weeks. However, whatever birth experience you have, the most important thing you can do is to allow your baby uninterrupted skin to skin contact with you as soon as possible – there is absolutely no need to interrupt early bonding by weighing and measuring your baby before you have had 'getting to know you' time.

Breastfeeding 'Equipment'

In theory, all you really need to breastfeed your baby is a breast (yes some women have nursed their babies with just one breast! And of course if you are having twins or triplets, they will share your breasts). However, being a modern consumer you will probably also want a few other bits and pieces to help you breastfeed more comfortably.

Nursing Bras

A good nursing bra will be your breast friend – keeping you comfortable as your breasts become heavy with milk. When choosing a nursing bra the most important thing to consider is that your baby needs to have easy access to your breast – your bra cups need to open so your breast is fully exposed and your baby can latch on well. Your nursing bra will also need to have the capacity to stretch a full size larger because when your milk comes in your breasts will be up to a size larger than they are after birth. Avoid bras with under-wires and bras with bands that exert pressure on your breast tissue as these can cause blocked ducts which may lead to mastitis.

One thing to bear in mind is that you will need at least two nursing bras - one to wear and one to wash.

Breast Pads

You will want to have a good stock of nursing pads. These are absorbent pads that fit inside your bras to protect your clothing when your milk comes in and there is a lot of leakage, especially in the early weeks. You can use washable pads made from cotton fabric which are very soft and allow air to circulate around your nipples and promote healing if there is some soreness. Or you may prefer disposable pads that can be thrown out after use. Many women find a combination of both types useful.

Tip: if your breast pad gets stuck to your breast between feeds, express a few drops of milk to moisten the pad before you remove it so that you don't cause damage to your nipple.

Nursing Clothes

Although there are some great clothes specifically designed to allow easy access for breastfeeding discreetly, you don't need to lash out on specific breastfeeding

clothes. You will though, need clothing that is easy to relax in at home during the

early days such as tracksuits or separate tops and bottoms, whether these are pants or skirts. You will need easy access for feeding and you will also need to rest when baby does without having to change your clothes. You probably want to look relatively decent when visitors arrive too and, for a few weeks at least, you probably won't fit your pre-baby clothes so some comfy casual clothes will be a 'must'.

A Comfy Chair

Many breastfeeding difficulties can be attributed to poor positioning (see 'baby to breast'). One big step to avoid poor positioning is to have a comfy chair to sit in for feeding. Of course, the beauty of breastfeeding is that you can breastfeed anywhere but as you will be sitting, holding your baby for many hours each day and night, you won't want to be sitting in an awkward or uncomfortable position as this can lead to back strain and shoulder pain. A rocking chair is invaluable for relaxing as you comfort your baby and a foot stool (or improvise with phone books) will make sure you raise your knees higher than your hips. This takes pressure off your back and will help you hold your baby high enough so you can bring your baby to the breast, rather than leaning over your baby, which can cause back strain.

A Good Breastfeeding Book

Read a good breastfeeding book and take it with you to hospital so you can dispel conflicting information and later, when you don't have a midwife at the call of a buzzer, you can check out your breastfeeding book if your baby is wailing at three in the morning. You can print and bind this ebook or you can take a smaller paperback book that will be easy to read with one hand as you feed your baby. Try "Breastfeeding Naturally" (Australian Breastfeeding Association – you get this great book FREE when you subscribe as a member), "Breastfeeding with Confidence" by Sue Cox (Finch) or "The Womanly Art of Breastfeeding" published by La Leche League.

Baby's First Feed

Ideally, baby's first breastfeed will be as soon after the birth as possible, as this is not only comforting for baby but will also stimulate hormones that get the milk flowing, help your uterus contract and heal, and relax you.

After a drug-free birth, allow your newborn to lie between your breasts against your bare skin (with a blanket over you both - your baby must be kept warm). Newborns who are kept warm and allowed uninterrupted skin-to-skin contact with their mother will often seek and latch onto the breast without very much help at all (see a video of this at <http://breastcrawl.org/>).



If you are patient and allow your baby to take his time, this first breastfeed is usually quite a long suckle lasting anywhere from about half an hour to a couple of hours

Although at this feed (and for the next couple of days), your baby will only be getting small amounts of colostrum, the early, yellowish fluid which is high in antibodies, this first feed is especially important to help your baby imprint a breastfeeding sucking technique which is different from that required to milk a bottle teat

Save that Newborn Smell.

If you have a shower after this first feed, it is best to not wash your breasts just yet. The reason for this is that when baby next feeds, he will be guided by the smell of the amniotic fluid he left on your breasts at the very first attempt to feed (of course it's fine to wash your breasts after this but please don't use any soaps as the perfume could confuse your baby).

Hey Dad, Your First Cuddle.

Dads, it is best to have a 'threesome cuddle' at first so baby gets to know the smell of his food (Mum's breasts) without confusion - cuddle mum and baby as baby lies on mum's body. Of course, if for any reason your baby is separated from mum immediately after birth, it will be important for your partner to offer skin to skin care to your baby if baby is healthy – remove your



shirt and cuddle your baby close or tuck him inside your shirt like a tiny kangaroo and snuggle.

If Baby Needs Help

Some babies may need a little help to start feeding but please don't force your baby:

Hold your baby close, skin to skin and place her near your nipple (see positions below). Squeeze a drop of colostrum (the first yellowish fluid) out so she can lick and taste. This will encourage her get her tongue out in a position that will make it easier for her to latch onto your breast.

Wait to Weigh

There is no need to weigh your baby before he has his first feed and, when he is weighed, please ask for him to be placed on his tummy on a warm towel in the scales: it can be very frightening for a newborn to be placed flat on their back after they have been snuggled in your womb. Also, lying on his back will trigger your baby's 'startle' reflex which will increase his feelings of fear. Speak to your midwife about this so she/he is aware of your wishes.

If Baby isn't Interested in Feeding Yet

If your baby isn't interested in feeding straight after birth, please don't stress -allow skin to skin contact and let him come around in his own time. Your baby won't be hungry - he has stores of brown fat and his stomach will be full of amniotic fluid that will sustain him for the first day or two. If you have had medication or complications during the birth or if you and your baby are separated initially, please be reassured, nature allows ongoing opportunities to bond with your baby and establish feeding, but it may mean you will need extra help. If your baby is having difficulty attaching to the breast in the early days, hand express and give colostrum to him in a syringe or with a small spoon and please ask for assistance.

Keep Baby Close

After the first feed, your baby will probably have a long sleep - this is also your 'recovery' time so please keep visitors, other than immediate family, away for the first day or two and spend this time resting and snuggling with your newborn and your partner. Keeping your baby near you in the first days, snuggled kangaroo-style against your bare chest, helps you to get to know each other and will encourage your body to produce the hormones prolactin and oxytocin, which will

help your milk come in more quickly. If hospital staff discourage this or suggest you regulate feeding times because this is 'hospital policy', insist (politely) on doing what works for you.

Baby's Second Day (or Night!)

Just as you realise you have survived your first day as parents and are wondering if you have 'hit the jackpot' with a proverbial 'easy baby' (perhaps because your baby has been fairly sleepy so far), all hell breaks loose. Your baby wakes and goes to the breast. He sucks a bit and calms, then he falls asleep. So you gently wrap him and place him back in his cot. Moments later he is awake and yelling – again! You begin to wonder, is he hungry? Should I give him a 'top-up' bottle? You become more and more anxious, not to mention exhausted.

Unsettled behaviour is common in newborns around day two after birth. And, it isn't due to hunger: your baby has woken to the world and the sensory changes between his cosy womb world and the 'outside' are overwhelming. The closest place to 'home' for him now is snuggled in your arms against your comforting heart beat and sucking at your breast.

To help your baby settle, snuggle him and let him breastfeed (he needs the practice before he has a large volume of milk to contend with and this close contact will help your milk come in more quickly). When he falls asleep at the breast, gently move him so he is asleep against your chest in a comfortable position. Let him snuggle until he is in a deep sleep (his arms will be limp), then move him to his bed or to your partner's arms if you need a rest.

You may also have some fussy days like this later on, especially after a busy day with lots of environmental changes such as outings to busy places or being handled by lots of people. Nursing at your breast and cuddling in your arms will comfort your baby and quickly help him through these unsettled periods. Remember, for your baby 'breast' is 'home'.

For more tips to help you soothe your crying baby, see '100 Ways to Calm the Crying' by Pinky McKay at <http://www.pinkymckay.com.au/>

Baby to Breast

Latching your baby onto the breast in a good feeding position can prevent early breastfeeding problems such as sore nipples or insufficient milk. Some nipple tenderness is normal in the early days (a little like breaking in a new pair of shoes), but it isn't supposed to really hurt. If your nipples really hurt or look squashed when they come out of baby's mouth, get an expert to watch you feed as the problem may be due to incorrect positioning.



chest to chest, chin to breast

Position Matters

Many early breastfeeding problems (sore nipples, discomfort, insufficient milk) are caused by poor positioning. I see a large number of women who have been taught breastfeeding positions (such as a cross cradle hold - holding the breast with the hand on the same side and supporting baby's neck/ head with the other hand) that, whilst they facilitate a good 'baby to nipple' latch and may be useful for babies in special circumstances, don't work well with the newborn reflexes of instinctively rooting and seeking a nipple and feel rather awkward to most mothers. This often means that babies are arching away from the breast as their tiny heads are pushed (if you do use this hold, please support baby by her shoulders, don't **ever** push her head) or that mothers are experiencing severe pain as their nipples become distorted or squashed in the baby's mouth (a squashed nipple immediately after feeds is an indication that baby isn't latching correctly). Many mums also suffer from back and shoulder pain due to un-natural posture.



While positioning and latching onto the breast are two different aspects of breastfeeding easily, one facilitates the other: if you are holding your baby comfortably, it will be easier for him to latch on properly and feed effectively without hurting you.

Getting Comfy

At first, holding your baby skin to skin (with your bra off or well out of the way and a blanket over you and baby so she keeps warm) will help her stay awake and encourage sucking. If she is very sleepy, gently massage her head in a circular motion as this will encourage her to suck (please don't resort to cruel and unusual

strategies such as dripping cold water on her to wake her up).

You may find sitting up with pillows for support easiest at first, although you can nurse lying down (on your side with two pillows under your head and adapting a cradle hold - see picture). If you prefer sitting in a chair, use a footstool or phone books to help elevate your lap or place a pillow on your lap so you can hold your baby close. If you use a 'nursing pillow' check it for size against your own body – some are very firm and thick and may position baby too high to latch properly.

If you have very large breasts, use a rolled hand-towel under your breast to support its weight so it isn't heavy on your baby's lower jaw, tiring her out.

The Cradle Hold

This the most comfortable, natural hold if you can manage it and when your baby learns to nurse without you supporting your breast, you will have a free hand to stroke and 'groom' your baby, hold your own drink, a book or remote control.



Lying Down to Nurse

Nestle baby in your arm so her neck rests in the bend of your elbow, her back along your forearm and her bottom in your hand (as she gets older and longer, your hand will be support her back and shoulders). Turn her whole body so she is facing you tummy to tummy (remember the rhyme 'chest to chest, chin to breast'). Baby shouldn't have to turn her head or strain her neck to reach your nipple (try drinking a glass of water while



looking over your shoulder!), and support the weight of your breast in a 'C' shape (with your fingers underneath and your thumb on top). Place your hand so your fingers are clear of the areola (the dark area around the nipple) so she has plenty of space to latch on.

As you become more experienced you will find it easier to feed discreetly, or lying down, if you master the cradle hold. Simply lie on your side with one fairly thick pillow or two thinner ones under your head, cradle your baby in your lower arm or bend your lower arm up so that your hand is tucked under your head, with baby lying beside you, and line her up next to your breast to feed.

Football Hold

For babies who squirm, arch their backs and slip off the breast easily, or for small or premature babies who need more guidance and support, a football (or 'clutch') hold may work better than a basic cradle hold. This position can also be used to relieve pressure on a sore nipple or a caesarean scar and is a good hold for twins (one on each side).

Sit up and place baby under your arm along the same side as the breast you are using. Lie baby on a pillow and support her back, neck and shoulders with your hand on this side, and direct her legs behind you (make sure she isn't pushing her feet against the chair or pillow, and arching her back): her eyes should be facing up at you. Then, with your opposite hand supporting your breast in a 'C' shape, pull baby close to you and pop in the breast.



Once you have Baby in Position:

- With your free hand, express a few drops of milk to moisten your nipple. Gently tickle baby's lips with your moistened nipple. As soon as she opens wide, direct your nipple into her mouth (above the tongue) and quickly pull her close to you.
- Get a large part of the areola into baby's mouth. Flange her lips outward by lining her nose up with the nipple and touching her top lip to your nipple: she should gape automatically. Put her onto the breast quickly and firmly, chin-first, brushing her bottom lip into a flange as you do so.
- If you have flat or inverted nipples or if your baby has a weak suck, as soon as she starts to suck, compress your breast with your thumb and finger(well behind the areola) – this holds the milk ducts forward so baby won't lose her grip so easily.
- If baby seems to be latched on incorrectly, especially if nursing is painful, gently break the suction before removing her from the breast: to do this, insert your finger in the corner of her mouth and gently lift her lips and gums off the nipple. Then try again.

No teats!

In the first four to six weeks, as your baby learns to breastfeed, it is important to avoid the use of dummies, teats and infant formula unless you are advised to do so by a medical professional. As well as the glaringly obvious fact that there are no calories in a pacifier so sucking on an empty 'teat' could affect baby's weight gains, pacifier and bottle nipples require a different sucking action than breastfeeding. By offering dummies and bottles (even with expressed breast milk), your baby may develop what is known as 'nipple confusion' and not feed as effectively at the breast or he may even 'refuse' to breastfeed. (see 'My baby won't feed').

When Your Milk 'Comes In'

At first, your newborn's feeds will be colostrum, a yellowish fluid high in antibodies and important elements that prime your baby's immune system and protect him against infections. Although you will only produce small amounts of colostrum, this will provide all the nourishment your baby needs as he learns to coordinate sucking, swallowing and breathing in the first few days: it is much easier for a tiny baby to learn to feed without also having to contend with a large volume of milk.

Full Breasts

Sometime between the second and sixth day after your baby's birth, your milk will 'come in'. For some women this is a gradual process with relatively little discomfort, but for many it can feel very sudden and surprisingly painful – you can feel as though your breasts are literally bursting! This fullness is due to additional blood flow to your breasts and accompanying swelling of the tissues as your body prepares to nourish your baby. Although a bigger cleavage may have been something you have long aspired to, rock hard, engorged breasts can be quite frightening as you wonder, is this what happens when I breastfeed?

The good news is that this feeling of extreme fullness usually subsides naturally in a few days. Meanwhile, your discomfort can be relieved by good breastfeeding management and simple treatment (see 'engorgement' below).

Milk Letdown

An important factor in making milk is the 'let-down' or 'milk ejection' reflex. As your baby sucks, stimulation of the nerve endings in your nipple sends a message to your brain, which causes the hormone 'oxytocin' to be released. The let-down reflex occurs when this hormone causes the cells around the milk glands to contract and squeeze the milk out.

Your 'let down' can be felt as a tingly 'pins and needles' type of sensation in your breasts, your breasts may become firm, you may notice milk leaking from the side baby isn't feeding on or your baby may suddenly start gulping as your milk flow speeds up.

Your let down reflex can be inhibited by pain or stress – for instance if you feel worried about whether you have enough milk, if you are sitting in an uncomfortable position or perhaps you feel you are being 'watched' by others. You can aid your milk 'letdown' (flow) by relaxing, taking deep slow breaths, listening to soothing music or stroking your baby's body as you begin to feed. As the 'let down' is a conditioned reflex you may also find it helps to have a drink of water at each feed time and, as you sip your water and relax, your milk will flow naturally.

Preventing Engorgement

Although engorgement (tight, painful breasts) isn't always entirely preventable, it can be minimised by feeding your baby frequently from birth so that your milk comes in more gradually: although your baby's first sleep after birth may be a long one, after this sleep, gently wake him to feed if he hasn't woken after five hours on the first two days and don't let him sleep longer than four hours from the third day (this applies to a normal weight, healthy full-term baby . If your baby is low birth weight or has any medical issues, you may be advised to feed more frequently. Please follow your doctor's orders). Feeding frequently from birth will bring your milk in more quickly and will also ensure that your baby gets more of the powerful immune boosting colostrum.

Relieving Engorgement

If your breasts do become engorged (hard and painful), it is important to continue to breastfeed frequently – every two hours is ideal. A warm shower or applying warm face washers to your breasts before feeds will help reduce discomfort and get your milk flowing. Gently massaging your breasts towards your nipples may also help, especially if swelling is mainly in one area. This is most effective if you massage while in a warm shower.

If your breasts are still hard or lumpy after feeds, it is important to gently massage the lumps and express a little milk until your breasts feel soft and comfortable, as blocked milk ducts can predispose you to developing mastitis. Some women worry that expressing even a small amount of milk will stimulate their breasts to overproduce. However, although your milk supply does depend on a balance of supply and demand, removing milk when you are engorged will help relieve congestion and discomfort.

Applying icepacks between feeds can reduce swelling (if your nipples become white and sting when you apply ice, tell your health carers as it may indicate that you have a condition called vasospasm which is aggravated by cold – see 'sore nipples'). One simple home remedy that many women swear by is applying cold cabbage leaves to engorged breasts: rinse leaves and cut a hole for your nipple (or arrange the leaves so that your nipple is uncovered – this is in case of pesticide exposure, so a good reason to use organic cabbages), and tuck cabbage leaves into your bra directly against your skin. As the leaves wilt, reapply fresh ones.

If Engorgement Makes Breastfeeding Difficult

Engorged breasts can make it difficult for your baby to attach and feed if your nipples become flat as your breasts stretch – rather like a fully blown up balloon loses its 'pointy' bit. Expressing a little milk and massaging to soften your breasts and areola before feeding will make it easier for your baby to latch on. You may need to apply warm face washers to help the milk flow if expressing is difficult.

Remember – warmth before feeds will aid milk flow and cool packs afterwards will relieve discomfort and swelling.

If Baby is Restless

It is common for babies to be unsettled as your milk 'comes in'. Although your baby may want to feed and feed on the glorious flow of milk, his suddenly full tummy could feel quite uncomfortable. One way to help your baby is for your partner – who doesn't smell like milk – to carry your little one in a sling or to simply walk with baby in an upright position against their shoulder (a 'feeding' position will be confusing). Often, carrying baby over your outstretched arm, with one hand under his tummy and his legs straddled either side of a Dad's big arm can help relieve discomfort.

Is My Baby Hungry?

If your baby is at all unsettled, you can be sure to hear well meant enquiries of, "are you sure you have enough milk?" or "maybe your milk isn't strong enough?" (By the way this second proposition is NEVER true, even though it was a common belief in your mother's day). It is much more likely that your baby is simply hungry: it is perfectly normal for a breastfed baby to need feeding every two hours - and that means two hours from the beginning of one feed, to the beginning of the next - not two hours between feeds. In the early weeks, babies' tiny tummies are only the size of their tiny fists, so simply don't hold enough food to go long between feeds, day or night.

Babies regulate the volume and composition of your milk by their sucking and by how often they feed. This will vary as they grow (as their tummies grow and hold more, and as they become more active and expend more energy, they will require a larger quantity of milk), so although you may receive advice to schedule your baby's feeds, this is likely to cause unnecessary crying.

If you learn to identify your baby's hunger signals (squirming, sucking on fingers and 'rooting' at the breast) and allow your baby access to the breast when you see these early signals, you will be able to avert hunger cries (crying is a late hunger signal for most babies) and you can be reassured that she will take exactly the amount of milk that she needs.

Making Milk

Your baby's sucking at your breast stimulates milk production: the more your baby sucks, the more milk your breasts will make and according to research by Dr Peter Hartmann and associates at the University of Western Australia, an empty breast will make milk more quickly while a full breast will make milk more slowly. This means that milk production will speed up or slow down according to how hungry your baby is. This is particularly important to remember when your baby has a growth spurt and wants to feed more often for a few days to keep up with his needs. Although it is fairly common for babies to have growth spurts and corresponding appetite increases at 2 weeks, 6 weeks and 3 months, these can happen at any time.

How Often Should You Feed?

After birth your baby's stomach is only the size of a marble and about 10 days later is only the size of his tiny fist (or a golf ball). Also, breast-milk is very quickly and easily digested so your baby will need frequent feeds, at least in the early weeks. It is perfectly normal for a breastfed baby to need 8 to 12 feeds in 24 hours in the first few weeks. This could mean that he will feed as often as every two

hours – and that means two hours from the beginning of one feed to the beginning of the next, not two hours between feeds.

Hungry or Thirsty?

Whether he is wanting to feed because he is hungry or simply thirsty, your baby will be able to regulate the type of milk he needs, if you allow him to set the pace. The composition of breast milk changes throughout the course of a feeding. The first (fore) milk, is rather like skim milk. This will quench babies' thirst, which is why they often have very short, frequent feeds on hot days (if you feed your baby according to his needs, he won't need bottles of water). As the feeding progresses, the fat content increases and more closely resembles whole milk. Hunger will be satisfied by longer sucking periods when baby gets the fatty, hind milk (like a rich, creamy desert) that is squeezed down into your ducts by the 'let down' reflex. Your baby needs to 'finish' the first breast first, in order to get the hind milk, but if she is satisfied with only one side, you may need to express a little for comfort off the fuller breast. One solution, is to feed baby on one side until she chooses to drop off your breast, then burp her and/or have a little play and a nappy change, then give her the other side before you put her back to bed. This way she will seem to sleep longer before waking for another feed,

Watch your Baby, not the Clock

Trying to impose a strict feeding schedule, rather than watching your baby's cues to be fed, is not only likely to result in unnecessary crying, but may be a risk to her health. When you compare a baby's needs to those of an adult (who is generally not trying to gain weight - at least not to double or triple their current size!), it is easy to understand that expecting a baby to eat according to a strict regime which restricts the duration and amount of feeds is not only unrealistic and unkind, but can also contribute to 'failure to thrive'. Consider: how often do you eat, drink, nibble, snack, or sip through an average day? Did you know that you would be having a cup of coffee at four o'clock this afternoon, or did you just feel like one? Did you tell your work colleagues you wouldn't be able to have lunch with them at midday because you are not scheduled to eat until one o'clock? Doesn't your hunger and thirst change according to the weather and your own activity level?

As adults, we eat and drink according to our own body signals, not a predetermined schedule - and so should babies. In fact, the average need of a baby is to breastfeed 8 to 10 times a day, and up to 12 to 14 times a day during growth spurts!

If you follow your baby's lead, your milk supply will catch up with your baby's increased demand whether it is due to a growth spurt or other factors, such as an impending illness (babies who are 'coming down' with a bug tend to increase feeds as though they 'know' they need a boost of protective antibodies). By responding to your baby's hunger cues, he will quickly settle down into a more

predictable rhythm again. Take it easy for a few days, or take baby and a good book to bed with you, and remember, the more your baby sucks, the more milk you will make.

Supply and Demand

The more milk you remove from your breasts the more they will make and an 'empty' breast will make milk more quickly. If you are worried that baby is hungry, offer the breast again, even after a few minutes. If you offer a bottle as a 'top-up', he won't suck the whole amount of milk from your breasts and they won't get the message to increase the supply. So next time you offer another bottle, and so on until the decreased sucking causes your milk supply to dwindle and you find your baby is weaned.

Is My Baby Getting Enough Milk?

If your baby is solely breastfed (no other foods or fluids are given), you can be confident that she is getting enough milk if she is gaining weight, has a growing length and head circumference, and is having at least six to eight pale (dark urine is a sign of dehydration), wet (cloth) nappies (or at least five full/heavy disposable ones) every day (scarce amounts of concentrated urine mean your baby does need more breast milk).

If your baby gains weight slowly, consider are you comparing her weight gains with non-breastfed babies? An article published in *Essence*, the Australian Breastfeeding Association magazine (Volume 42, Number 6) explains: Breastfed babies have different metabolic rates and different sleeping patterns. Artificially fed babies on average have higher intakes of energy and as a result are heavier.

One study (Dewey, 1998) explains some of the differences between breastfed and artificially fed infants. The average weight gain of breastfed babies is lower, even after complementary foods are introduced. The length gain is also less in some studies. Growth in head circumference does not differ by feeding mode. Breastfed infants are generally leaner at 12 months of age. Evidence suggests that there are no adverse effects to the slower weight gain of breastfed infants; they do not differ in activity level and they experience less illness and have enhanced cognitive development.

If you are concerned about your breastfed baby's size, it would be helpful to check out the World Health Organisation Growth Standards (<http://www.who.int/childgrowth/en/>) as these are based on breastfed babies as the 'norm'.

Also, whether your baby is large or small, it is worth considering whether this could be influenced by genetics – asking your own mum and your mother-in-law for your and your partner's baby books could provide reassurance that your child is simply following a family pattern.

Low Milk Supply

True low milk supply, where mothers are unable to produce adequate milk despite good breastfeeding management is rare but also often treatable. Reasons can include retained placenta, excessive loss of blood during the birth, hypothyroidism (which can be corrected with medication) or Polycystic ovarian syndrome. Very rarely, inadequate breast tissue can also create low supply

Baby related reasons for low milk supply include poor attachment or insufficient time at the breast. This can be due to a sleepy baby, strictly scheduling feeds,

supplementing with formula, overuse of dummies or anatomical issues such as tongue tie. Thankfully, all of these issues can be easily overcome with proper management.

A Good Start

It can take a few days longer for your milk to 'come in' if you have had a difficult birth or if your baby has been very sleepy and not suckled much during the first few days. But even in these testing early days, you can increase your milk supply quite quickly by allowing your baby to feed whenever he shows hunger signs (rooting movements with his mouth, sucking noises or trying to suck on his hand). Between feeds, cuddling him skin to skin will boost your milk production hormones - and your milk supply.

Is it a Growth Spurt?

Another time when you may become concerned about your milk supply is when your baby has a 'growth spurt' and an appetite increase. This doesn't mean you are running out of milk – it just means your baby needs to suck more often for a few days. When your breasts catch up with the increased demand (and they will, if you follow the baby's lead - see box), things will settle down again. Take it easy (or take baby and a good book to bed with you) and remember that the more your baby sucks, the more milk you will make. Conversely, if you offer a 'top-up' bottle, your baby won't need to empty your breasts and they won't get the message to increase milk production.

Feeding to Make More Milk

To boost your milk supply, baby needs to be well attached (get an expert to check) and nursing efficiently. Offer both breasts at each feed. As baby slows his sucking, encourage him to drain the breast (and stimulate more milk) by compressing your breast so that milk is expressed into his mouth. You can also try 'switch feeding' - let baby suck on one breast until he slows his swallowing then switch sides, several times during a feed.

Do I Need to Express?

Many mums trying to increase their milk supply are advised to adopt a regime of feeding and expressing. In reality this often amounts to feed, settle baby, express, then it's time to start all over again. Apart from the fact that a baby who sucks effectively will empty your breasts far more efficiently than any pump, this exhaustion can be counterproductive. If your baby isn't sucking effectively or you are worried about needing to give your baby a 'top up', it is sensible to work out a 'happy medium' and express for short periods of say, fifteen to twenty minutes,

several times a day (this may vary from a few times a day to every three hours), with perhaps one longer expressing session when it works best for you, such as after baby is in bed at night and you are feeling more relaxed. A good rule of thumb when considering how often to express is to keep 'one feed ahead' of your baby's needs so that you balance rest, feeding yourself, and feeding your baby, and have some expressed milk in the fridge as 'insurance' if your baby needs a 'top up' (your own milk is better for baby and your supply than offering formula). Express after feeds if your breasts aren't soft, otherwise it is better to express between feeds to keep breasts as empty as possible so milk production speeds up.

Medications to Make Milk

Some mothers swear by herbal teas to increase their milk supply. You could try raspberry leaf or fenugreek tea, or fenugreek or blessed thistle tablets. However, please use these with caution as in some cases they have been linked to allergic reactions or fussiness in babies. If you are experiencing a low milk supply and measures such as skin to skin contact with your baby, rest and more frequent feeding aren't helping, you can ask your doctor for a prescription medication such as Motilium to increase milk production. This is best done as early as possible, rather than waiting until you become disheartened and desperate.

Wet Nappies

What comes out must have gone in: your baby is getting enough milk if she is having six to eight pale wet (cloth) nappies or five heavy disposables every day and is only drinking breast milk. If nappies aren't really wet or your baby isn't gaining weight, you will need to get her checked by your doctor or baby health nurse and also seek breastfeeding help from a lactation consultant. If you do need to supplement, consider using a feeding system such as a supply line (milk flows through fine tubing into baby's mouth as he nurses at the breast) so that your supply is stimulated and baby is encouraged to suck at the breast.

When Breastfeeding Hurts

Some nipple tenderness is normal in the early days, but breastfeeding isn't supposed to *really* hurt. If breastfeeding is at all painful, get an expert to watch you feed as the problem may be due to incorrect positioning or a problem with your baby's suck – for instance a baby with a high palate or tongue tie (a short frenulum that reduces mobility of his tongue) may make your nipples sore as baby attempts to feed.

Nipple soreness can also be related to dryness and cracking from inappropriate treatment (such as using soap) or a lack of skin suppleness and how well your nipples stretch in and out. Many experts recommend massaging your nipples with pure lanolin before the birth, to increase their suppleness. Vitamin supplements, in particular a good multivitamin containing zinc and vitamin E, as well as 1000 milligrams of vitamin C daily and evening primrose oil, will help sore nipples heal and increase your energy levels.

Other Reasons for Nipple Pain Include:

Vasospasm

Poor peripheral circulation can cause a condition called vasospasm. When vasospasm occurs, your nipples look white or may be white after a feed then turn purple. Your nipples may also turn white as you expose your body to cool air after a shower or if you treat sore breasts with ice packs (if you have vasospasm, ice packs are not appropriate treatment for sore breasts). As you feed, vasospasm will cause a stinging stabbing pain and as circulation returns to your breasts, you will feel an intense burning feeling as your nipples return to their normal colour. .

Some asthma medications, decongestants, caffeine, cigarette smoking (even two cigarettes daily can affect your circulation), a condition called Reynaud's Phenomenon or poor attachment at the breast may be contributing factors to vasospasm.

Vasospasm can be helped or avoided by exercise to increase circulation, keeping yourself warm, breastfeeding in a warm room, and applying heat packs to your breasts before and after feeds, as well as taking supplements of magnesium and a six week course of evening primrose or fish oil.

Milk Blister or 'White Spot'

You may notice a small painful white lump or blister on the tip of your nipple. This 'milk blister' may be caused by skin over one of the nipple pores that is causing milk to block up behind the skin and thicken. These spots often open during a feed and clear, but if not, you can help the blister open and clear by soaking your nipple area in warm water or applying a warm wet compress before feeds. If this doesn't work, you will need to open the nipple pore with sterile needle (if you aren't comfortable doing this yourself, seek professional help from your doctor). It can often be easier to do this after your baby has sucked a little first. After you have opened the blister, remove the thickened milk by expressing or continuing to feed your baby.

Thrush

Another cause of nipple soreness, described by most women as *excruciating!*, is a fungal infection such as thrush (*Candida albicans*, a yeast infection), which can occur if you or your baby are treated with antibiotics (which kill the natural gut bacteria), during summer and in hot humid climates (which encourage yeast growth). Nipple thrush may also occur if you have vaginal thrush or if you or your partner have tinea.

Symptoms of Nipple Thrush

Symptoms of nipple thrush are red and stinging nipples (check baby's mouth for white spots if this occurs) and/ or a burning pain deep in your breast during feeds. If your baby is affected he may suddenly have difficulty latching on or fuss unusually while breastfeeding. Look inside your baby's mouth: thrush produces a white cheesy substance, which won't wipe away, on the insides of baby's cheeks or tongue. In the early stages, thrush may not be obvious in your baby's mouth – your first warning may be excruciating, shiny red nipples and your baby may develop a sore, red angry looking nappy rash.

Treatment

If you suspect thrush, see your health care provider as soon as possible. Your doctor can prescribe an antifungal cream to treat your nipples and medication. You will need to treat your baby's mouth too, as infection will pass from your nipples to baby's mouth and vice versa.

Meanwhile, there are some environmental precautions to take to alleviate thrush:

To prevent re-infection, apply antifungal cream to your nipples, wash your bras frequently, use disposable nursing pads and boil all dummies, teats and toys that come into contact with your baby's mouth. Insist that everybody who handles your baby washes their hands first.

Reduce candida (thrush) in your body by eliminating refined sugar and alcohol from your diet, increase your intake of plain yoghurt containing live cultures or take acidophilis tablets (the potent ones are kept in the refrigerator at the chemist or health food shops) to increase the 'good' bacteria that control yeast in your gut.

Feeding with Sore Nipples

If your nipples do become sore, feed baby on the least sore side first and encourage shorter, more frequent feeds. Nursing less often usually won't help sore nipples, as a hungrier baby will suck harder and this will only aggravate the problem.

Mastitis

You have woken up and, out of the blue it seems, you have a sore, red lumpy patch on one breast. You have heard so many horror stories about mastitis that you feel terrified as you wonder, do I have mastitis?

Your sore breast may be due to a blocked duct that, if treated quickly, could prevent a bout of mastitis, an inflammation of the breast that may or may not also be infected.

Blocked Ducts

A blocked duct is just as the name sounds, an area of the breast that hasn't been properly drained. When this happens, fat globules can clump together causing milk to bank up behind the blockage, creating an inflammation of the breast tissue. If you have a blocked duct your milk may taste salty so your baby may not feed well on that side. A tip from lactation consultant Sue Cox is to eat freshly crushed garlic. The garlic taste will mask the salty taste and because babies like garlic flavoured milk, your baby will drain your breast. Also, as garlic is a natural antibacterial agent it could help reduce infection.

Mastitis

Feeling 'fluey' any time when you are breastfeeding is a warning sign that you could be coming down with mastitis. Symptoms of mastitis can hit suddenly and hard: one minute you feel just fine and the next you feel shattered and aching all over with chills and a fever. Sometimes flu-like symptoms come on even before you get a fever or notice breast tenderness. Mastitis can affect you emotionally too - it is common to feel 'just awful' and teary.

Another sign that mastitis may be rearing its ugly head is an intensely painful breast. Your whole breast may feel tender and 'tight' and be swollen, red and hot or you may present with a red, sore, lumpy patch on one area of your breast only. A sore, lumpy breast may also be caused by a blocked duct or, in the early days of breastfeeding can be due to engorgement (full breasts). A blocked duct or mastitis without infection will start to feel better with simple measures such as rest and emptying the breast but if you feel increasingly unwell, you will need to seek medical treatment – the sooner the better!

Preventing Mastitis

Often the causes behind mastitis can be attributed to lifestyle stresses such as overdoing things and becoming exhausted or stressed, missing feeds (such as when you go on a long car trip and baby sleeps through a feed or if you express to go out but don't express while you are away from your baby) or scheduling feeds too strictly and too far apart. Cracked nipples can also set you up for mastitis as infection can enter the breasts through broken skin so it is important to seek help early for nipple soreness.

- **Watch your baby, not the clock:** avoid overly full breasts and feed long enough to drain your breasts – if you feel tender or full after a feed, express a little milk for comfort.
- **If you feel very full (perhaps if baby has slept a long stretch),** offer your baby a feed – chances are he will nurse enough to relieve your fullness even if he is sleepy.
- **If you feel any lumpiness,** massage your breast gently towards the nipple under a warm shower (or apply a warm face washer if water restrictions are an issue) and express for comfort.
- **Avoid under-wire or tight bras** that may compress milk ducts. Also take care when you are sleeping that you don't sleep in a position that may squash your breasts – such as lying on your stomach.
- **Take care of yourself.** Rest, a nutritious diet and relaxing activities that make you feel good will reduce the effects of stress and boost your immune system.

Treating Mastitis

The good news is that if you start treatment early, you can get on top of mastitis before you become very ill. 'Warmth, rest and empty your breast' is a good adage to remember and if you suspect mastitis, consult your doctor early.

- Mastitis is a medical illness so should be taken seriously – take sick leave from all duties except feeding your baby.
- Empty the affected breast. Vary feeding positions to empty all ducts.
- Take pain relief such as Panadol or Nurofen half an hour before feeding, have a warm shower or apply a warm face washer or warm water in a disposable nappy against your sore breast (this will stay warm longer than a face washer but test carefully that it isn't too hot). Feed on the sore side first but if your affected breast feels too sore to nurse on, start feeding on the least sore side for a few minutes, then switch sides when your milk lets down.
- Alternate hot and cold packs on your breast for comfort – hot before a

- feed to stimulate circulation and mobilise infection fighters in the breast and cold afterwards to relieve pain.
- Drink plenty of fluids – fever and infection will increase your need for fluids.
 - Weaning isn't wise while you are treating mastitis as this will increase the chances of developing an abscess that needs to be surgically drained
 - If you are prescribed antibiotics, be sure to take the full course.

Nipple Shields

I have included this chapter because I am seeing many mums who have been given nipple shields (an artificial teat made from thin silicone that fits over your nipple as you feed) in hospital.

A nipple shield can be a boon or a bane, depending who you speak to. For a desperate mum with flat nipples who is struggling to attach her baby to the breast; a baby who is struggling to manage an extremely fast milk flow; or a mum with excruciatingly sore nipples, nipple shields might be a temporary solution. Or not: most mothers who have tried to hold a nipple shield in place as they grapple with a baby who is having attachment problems will tell you that it isn't as simple as it may sound. Also, many experienced breastfeeding specialists will tell you that although nipple shields may help breastfeeding to continue in some special cases, they can also convey the illusion of solving a breastfeeding problem without really addressing the cause and, used incorrectly, can potentially create problems such as a reduced milk supply.

Do you Really Need a Nipple Shield?

One of the most common reasons given for using nipple shields is that the mother has 'flat' or 'short' nipples but in many cases, this isn't justification for resorting to a nipple shield. If you do have 'flat' nipples, you may be able to help your baby attach directly onto the breast (without a nipple shield) by compressing your breast into a 'sandwich' (rather like how you would squash a sandwich that is too thick to fit into your mouth). As this 'breast sandwich' fills your baby's mouth, it will elicit the sucking reflex and encourage your baby to stay attached as he feeds. To use this 'sandwich' hold, your fingers and thumb should be well behind the milk sinuses where your baby's jaws and lips will be and the shape of the 'sandwich' needs to match the position of your baby's mouth. You will probably need to support your breast throughout feeds until your baby learns to feed well by himself. If this results in any 'lumpiness' after feeds, you can relieve this by massaging your breast.

Using a Nipple Shield

A good way to comfortably apply a nipple shield is to warm it in water for a few minutes to make it more pliable. Then, turn the shield half inside out so the brim looks like a turned up hat and roll it over your nipple, peeling it back over your areola to create a tight fit. Moistening the inside of the shield with breast milk or water will help to maintain a seal once the shield is placed well onto your breast. Expressing some milk into the shield before you attach your baby will encourage

him to latch and start sucking. As he sucks, your nipple will be drawn more deeply into the shield, allowing your baby's jaws to compress the milk sinuses and feed effectively.

Just as when feeding directly from the breast, it is important to make sure your baby is well-latched on when you use a nipple shield: your baby's jaws should be closing on the breast as he sucks, not back on the shaft of the nipple shield. If your baby isn't properly positioned, you are likely to experience increased nipple pain and damage, your baby won't get sufficient milk and breast stimulation that is necessary for milk production will be reduced.

While using a nipple shield, it is important to see your baby health nurse regularly to check your baby's weight gain. You may also need to express after feeds to maintain your milk supply.

Weaning from the Shield

To wean your baby from a nipple shield, try removing the shield after he has been sucking a little while, so that your nipple is drawn out and easy for him to grasp. If he becomes upset, allow him to feed with the shield and try again later or at another feed time, so that he doesn't associate feed times with feeling stressed. One way to encourage your baby to feed directly on the breast is to plan a day or two at home, snuggling skin to skin and feeding often, seeing each attempt to feed as 'practice' rather than becoming obsessed about 'success'. Remind yourself that your baby is getting your milk and your cuddles and be reassured that some mothers have happily breastfed for months using a nipple shield. Remember, help is available from a lactation consultant or an Australian Breastfeeding Association or La Leche League counsellor.

When Baby Refuses the Breast

Your little baby isn't 'refusing' to breastfeed because he is being stubborn. Generally, a baby who won't breast-feed, can't. For newborns, reasons for this may include being affected by drugs that you have taken during labour – being able to latch on and coordinate sucking, swallowing and breathing isn't easy when your central nervous system is 'hung over' by drugs such as pethidine which pass through the placenta to your baby, staying in their body for several days or longer. Some drugs given by epidural have been found to affect breastfeeding for up to four weeks.

Early feeding attempts can also be affected by a difficult birth. For instance, babies who have had a forceps delivery may have some pain when they feed, others could be in pain in particular positions if, for instance, they have a sore shoulder or clavicle after birth. These babies often benefit from some gentle adjustments by a paediatric osteopath or chiropractor (it is important that any practitioner is trained to treat infants).

Other babies may have difficulty latching on due to problems with their oral anatomy such as a high palate (which can be helped by careful breastfeeding positioning) or a tongue tie (this can be easily remedied by seeing a Dr who will 'snip' the tongue tie). And some babies seem to develop an 'aversion' to breastfeeding after being 'forced' to breastfeed (your baby has a natural reflex to resist if his head is pushed forwards – don't ever push your baby's head against the breast).

Another possible reason for 'breast refusal' could be nipple confusion: bottles and dummies require a completely different sucking action to the breast and babies can become ineffective at breastfeeding if they are given bottles in the early days. If your newborn is having difficulty feeding at the breast, it is better to offer supplements by spoon or a syringe, or you could use a 'nursing supplementer', a device with fine tubing that slides into baby's mouth, so he gets milk while he is at the breast. If you do have to temporarily offer some feeds from bottles, please don't feel 'this is the end'. With patience and persistence, even though it may take a few weeks, it is possible to gradually encourage your baby to breastfeed.

Is Baby Unwell or 'On Strike'?

After the early days, even babies who have been feeding beautifully can refuse to breastfeed or seem to struggle at the breast. A baby who has oral thrush may find it uncomfortable to breastfeed and a baby who has gastro oesophageal reflux can squirm and pull off the breast if feeding is causing discomfort. A baby with reflux may find it more comfortable to feed 'sitting up' perhaps straddled across your leg to feed. Babies with allergies can also seem restless during feeds or may reject the breast.

Although your baby is NEVER allergic to your milk, if he is sensitive to something in your own diet, a bit of detective work and eliminating the culprit food can make all the difference.

Older babies can seem to be rejecting the breast as they become more efficient feeders so feed more quickly and are also easily distracted; painful teething can see babies 'go on strike'; babies who have been given bottles can almost suddenly seem to 'prefer' drinking from a bottle and other babies can refuse the breast for reasons that aren't at all obvious.

What Can You Do?

Whatever the reasons for your baby refusing to breastfeed, the most important considerations are to feed your baby (please don't EVER try to 'starve' him into taking the breast), and to maintain your milk supply, by expressing so that when your baby does attempt to feed, his efforts will be rewarded by good milk flow.

Offer Lots of Skin to Skin Contact – wear clothes with quick access to the breast and cuddle your baby with your top off, allowing him to fall asleep on you. Wear, cuddle and carry baby lots and sleep with or close to him, so you can offer the breast at his very first hunger cues.

Try Feeding in Different Positions and at Different Times – lying down, walking, in the bath. Try offering the breast as baby is just waking, as he is falling asleep or when he is asleep but stirring slightly.

Don't Try to Pressure Your Baby to Feed. Stay calm (not always easy!) and avoid making your baby frustrated. If he is becoming stressed, feed him however you have been and try again later. If baby is having bottles, he may try the breast after he has had a little drink, rather than when he is very hungry.

Be Patient. It can take time for babies to learn to feed effectively but this can happen more quickly with expert help from a breastfeeding counsellor or lactation consultant.

Night Feeds

During the early weeks it is important to feed your baby during the night. His tiny tummy will need frequent refills and your breasts will also need the stimulation of night feeds to establish a good milk supply. Since you produce more prolactin (the milk production hormone) at night, night-time feeds will increase and maintain high levels of this important hormone – and a plentiful milk supply.

When Will Baby Give up Night Feeds?

Your baby will give up night feeds when he is ready and this will vary between a few months or longer. Some babies give up night feeds relatively early but wake again after a few months and are comforted by a night-time suckle as they go through growth spurts or become too busy during developmental leaps (such as learning to crawl) to feed enough during the day – if your baby seems easily distracted you may need to feed in a quiet room with minimal stimulation to encourage day-time feeds. Babies who are teething or experiencing separation anxiety (a natural developmental stage) will be comforted by nursing and little ones who are in childcare during the day may get into a 'reverse cycle' feeding pattern and sleep long periods during the day but feed more at night. These little 'reverse cyclists' may be helped by offering cluster feeds during the evening so that they at least take one longer sleep spell during the night when you sleep. Some mothers find a quick breastfeed is an easy way to settle a baby or toddler (whatever the reason they may be waking) and if this works for you, it isn't a problem – or anybody else's business.

Make Night Feeds Easy

For now, if you are in the midst of night feeds, you can make things simpler by keeping the lights dim as you attend to your baby so that neither of you is stimulated to a fully awake state.

Avoid disturbing your little one unnecessarily by changing nappies unless they are very wet or soiled. If you do change nappies during the night, it is better to change your baby halfway through the feed, then let him snuggle and relax as he finishes his feed, than to disturb him when he is all full and drowsy.

Is He Really Hungry?

When your baby is a few months old, you can, if you like, wait a minute or two when she wakes during the night to see whether she is just stirring between sleep cycles or whether she is going to wake fully and need a cuddle or a feed. Some babies make noises as they stir but don't wake fully. By picking them up too quickly, you may inadvertently disturb a baby who would otherwise snuggle back to sleep by himself. On the other hand, waiting even a few moments may

mean that some babies become more awake and difficult to resettle, so relax and do whatever works best for you and your baby.

Feeding to Sleep

Although you may like to use other sleep cues as well as breastfeeding, advice that includes warnings to never, ever allow a baby to fall asleep at the breast is unrealistic and impractical: it is the most natural thing in the world for a relaxed baby and mother to snuggle and doze together as they breastfeed.

Natural Sedation

The soporific effect of breastfeeding is hormonally induced: cholecystokinin (CCK), a hormone released in both mother and baby during breastfeeding, has a sedating effect on both of you. In babies, sucking-induced CCK peaks at the end of a feed, drops to almost baseline after ten minutes and is high again thirty to forty minutes after a feed. It is thought that this second peak is induced by fats in breast milk, so this is another reason to watch your baby, not the clock, as you breastfeed and allow your baby to nurse long enough to fill up on the rich fatty hind milk.

It makes no sense to resist this naturally sedating and bonding process, or to wake your baby who has fallen asleep, cocooned against your warm body, only to try some other settling technique or plug him up with a dummy to get him to sleep again. Please be reassured, any fears you may have that a baby who falls asleep at the breast will never learn to sleep by himself are unfounded.

Nursing and Sleep Association

It is true that if breastfeeding to sleep is your baby's primary sleep association, when she wakes during the night, she will probably expect to be soothed back to sleep with a breastfeed. If you are enjoying the closeness and convenience of nursing her to sleep, then this isn't a problem, but if it is an issue for you, once your baby is at least four months old (or older), you can gently teach her to go to sleep without the breast. Rather than resort to a cold turkey (let her 'cry it out') approach, it is kinder for your baby (and you) to make this change in baby steps. (For more information about helping your baby sleep, see the book 'Sleeping Like a Baby' by Pinky McKay at <http://www.pinkymckay.com.au/>)

Day Feeds and Night Sleep

A study at Fukushima University in Japan which asked mothers to track their babies' sleep behaviour for six months, found that in the first few weeks babies were as likely to be awake in the dark as in daylight hours. At seven weeks, almost all the babies shifted to sleeping more at night than during the day. By twelve weeks, most (though not all) had consolidated their sleep into naps and rarely woke for long periods at night, although many still woke to feed. If you would like to adapt your baby's day-night feeding and sleeping pattern so that he takes his longer sleep at night (and who wouldn't?), consider

that each baby will need a certain amount of food in any twenty-four hour period. It therefore makes sense that if you are stretching out daytime feeds to fit a rigid

schedule this could backfire, as your baby will need to wake for more feeds at night to meet his daily requirements. However, you can adjust your baby's pattern by encouraging him to take shorter spaces between his day feeds. You can try to gently wake him by unwrapping him and changing his nappy if he sleeps longer than three or four hours between feeds during the day. Then, with luck, he may take his longer sleep at night.

You could also try offering a cluster of feeds closer together in the evening – many babies feed frequently in the evening anyway, as though they are 'tanking up' for the night.

Flexibility is Key

Of course, flexibility is key: you can't make a baby feed if he isn't ready, and there will also be times when your baby has a growth spurt and will need extra feeds for a few days to match his increased appetite and this could mean more waking for a few nights too.

For more information about infant sleep and feeding as well as a plethora of baby sleep tips, see 'Sleeping Like a Baby' by Pinky McKay at <http://www.pinkymckay.com.au/>

Expressing Milk

Expressing your milk means squeezing milk from your breasts either by hand or using a breast pump. You may need to express a little milk to help your baby attach more easily if your breasts are very full; you may want to relieve an uncomfortable breast and clear blocked areas if you still feel 'lumpy' after your baby has fed; you may want to 'rest' a sore nipple and allow it to heal (although if positioning is corrected this may not be the best option – be guided by your carer); you may need to express to stimulate your milk supply if you have low supply or if your baby isn't sucking effectively; you may be separated from your baby either because your baby is unwell and hospitalised or you are; or you may need to leave your milk for your baby to drink if you leave him with a carer.

Although breast pumps are useful if you need to express longer term and a good electric breast pump will stimulate and maintain your milk supply more efficiently over time if you have a premature or sick baby or are returning to work, learning to express milk by hand is useful for all breastfeeding women. For instance, in the first few days when you are producing a small amount of colostrum, you should express by hand. Later, as your milk comes in, you may prefer to use a breast pump, depending on your reasons for expressing.

Amount Doesn't Count

When you express milk for your baby, please don't worry if you don't seem to be expressing very much. Whether you use a breast-pump or hand express, your baby's sucking action will be far more effective at taking milk from your breasts – he will almost always get more milk by feeding directly at the breast than you will when you express. The quantity you express is less important than the stimulation of regular expressing to increase and/ or maintain your milk supply.

How to Hand Express (see Milk Letdown)

- Always wash your hands before expressing and use a sterile container to collect your milk.
- Encourage your milk to start flowing by gently massaging your breasts towards the nipple and roll your nipples between your fingers (**see also 'milk letdown'**) .
- Grasp your areola about 4-5cm back from the base of the nipple, with your thumb on top and your index finger exactly underneath (if you visualise your breast as a clock you would have your thumb at 12 and your index finger at 6)
- Push your fingers back into the chest wall and, as you do this, gently compress your thumb and index finger together at the same time. Press for about 2 seconds, then release
-

- Compress your fingers rhythmically until the milk stops spraying. Then work your fingers around your breast (to 2 and 8 o'clock, then 4 and 10 o'clock, for instance), until the milk stops flowing from that breast.
- When the flow in that breast slows to drops of milk, change to the other breast.
- Massage both breasts again and repeat the process. By switching sides two or three times you will gradually increase your milk supply.
- Expressing will take about 20 to 30 minutes altogether.

Storing Expressed Milk

Storage of your milk can include slightly different guidelines, depending on why you are expressing. If you are expressing to leave an occasional bottle for a healthy full term or older baby, you can add breast milk to expressed milk in the fridge but as breast milk is obviously warm when it is expressed, it needs to be chilled before you add it to previously expressed and chilled milk. Also, don't add freshly expressed milk to milk that has already been frozen.

If you are expressing for a premature baby, store each collection in a separate bottle and label each container with your baby's name and the date and time of pumping, as well as any medications that you are taking. If you aren't taking your milk to the hospital for your baby within 24 hours, you will need to freeze it. Of course, fresh milk will have the maximum immune factors –some of these are destroyed by freezing. Glass or hard plastic containers are best to store breast milk – plastic storage bags aren't recommended for milk storage for premature babies due to alteration of some nutrients and the risk of leakage.

How Long Can You Keep Breast Milk?

For a healthy, full term baby, expressed breast milk can be stored in the fridge for 3 to 5 days. Keep it at the back of the fridge where it is coldest. Breast milk can be stored for up to 2 weeks in a freezer compartment inside the fridge or 3 months in a freezer section with a separate door and 6 to 12 months in a deep freeze (minus 18degrees or lower).

Note the date and time on containers, so you use the oldest milk first and, as with any other foods that may not be fresh, please remember the motto - 'If in doubt, throw it out'. Discard any leftover, previously frozen expressed milk after a feed.

Thawing Breast Milk

To thaw frozen milk, place the bottle or freezer bag in a bowl of warm water, run it under warm tap water, or defrost it in the refrigerator overnight. Don't use the microwave for defrosting or warming - it kills the nutrients in breast milk. And don't ever save partially drunk portions for later use –throw out any milk that is left in your baby's bottle.

Expressing for a Premature or Unwell Baby

Your milk will probably come in more slowly after a difficult birth such as a caesarean and/ or separation from your baby, but please be reassured that your baby will only need a small amount of milk at first and every drop (collect it in a syringe if you don't have enough to squirt into a bottle) is precious to your baby's vulnerable immune system.

It is important to express frequently in these early days while your post birth hormone levels support optimal milk production. If you are aiming to breastfeed exclusively, try and plan to express 8 to 10 times daily until you get a good supply that is ahead of your baby's needs. Then, if there is a setback or your baby needs extra milk, you will not have to also feel stressed about the amount of milk you can produce.

To boost your milk supply while you are expressing, it can be helpful to express while you are next to your baby or to express just after you have cuddled your baby: ask if 'kangaroo care' is permitted as studies show that this snuggling 'skin to skin' with your baby has a significant effect on milk production. If you are expressing at home you could take an article of your baby's clothing home and smell it and/ or look at a photo of your baby and visualise him growing strong and healthy, as you express.

Breast massage before expressing, and using a breast pump that can express both breasts at once will also help increase supply. It is important to take care of yourself and rest as much as possible, so it is ok to express more often during the day and sleep a 5 to 6 hour stretch at night. You can also ask your doctor about prescribing medication to help increase milk supply – the sooner you start this the better, as it is much easier if you can get a head start and get your milk in before your baby needs larger amounts.

Expressing When Returning to Work

As well as keeping your baby healthy – so you won't be using your sick leave to care for her –one very important factor for choosing to breastfeed when you return to work is the special connection you will have with your little one: However competent her carers are, breastfeeding is the one thing only you can do for your baby.

For specific information about breastfeeding, expressing and employment, see the chapter 'Breastfeeding and Working'.

Out and About with Your Nursing Baby

One of the best benefits of breastfeeding is the convenience of having your baby's food literally 'on tap'. As long as you have a spare nappy or two in your bag, you can spontaneously change plans and accept an invitation to 'catch a bite to eat' with friends. You can go on holidays (even camping) without stressing about packing feeding equipment and, if facilities are questionable, you can relax because you know your baby will be protected from germs by the ultimate mum-made food, available at the perfect temperature anywhere, any time.

However, just as it takes a little while for most mums to get used to breastfeeding comfortably, it can take some time to pluck up the confidence to breastfeed out and about. One trick to manage this more easily is to wear clothing that doesn't make you feel exposed as you feed. And this isn't just a matter of baring your breasts – many mums are far more concerned about exposing wobbly 'mummy tummies' than their breasts.

The Breastfeeding Cover-Up

Although there are some fabulous nursing clothes designed to make breastfeeding more discreet, you can feed unobtrusively (apart from baby sucking noises) by wearing normal tops that are loose enough to pull up from your waist, rather than unbuttoning shirts from the top down or pulling tops off your shoulder. If you wear a nursing bra that can be opened easily with one hand and allows easy access for baby to feed, you can hold your baby so he is covering your tummy. Then, if you also have a wrap around baby, it will just look as though you are cuddling him – not a bare nipple or stretch mark in sight!

If you have a baby who is likely to pull off and look around during a feed, it may be easier to try and find a quiet space or drape a wrap over your shoulder and baby to block out stimulation so he focuses on his feed. This will also offer a little extra cover for you, if it helps you feel more at ease.

Getting Out on Time

Perhaps one of the most challenging things when going out with baby is managing outings around feed times, especially if you have an appointment which is between feeds. Also, rushing out can mean baby may not feed as well as when you can offer a relaxed, leisurely feed. Rather than becoming stressed about when baby is 'due' for a feed, one way to match your outing with baby's feeds is to get yourself ready then offer a top-up just before you leave. Of course, there is always the chance that your baby may not want to feed, but it's worth a try and even if he does get hungry while you are out, you do have the goods right there.

Are We There Yet?

Another potential difficulty of being on the move with your baby is having him screaming for a feed when you are driving. It can be enormously stressful to drive with a screaming baby whatever the reason, but it is important to find a safe place to pull over and settle your baby (don't ever take him out of his car restraint while the car is moving). This is an extra benefit of breastfeeding – you can pull over and settle your baby with a feed or just give him a top-up and finish feeding when you arrive, if it's a reasonably short distance.

Equal Rights

In most places, it is your legal right to breastfeed anywhere (in Australia, for instance, you can report discrimination to the equal rights commission in your state). This however doesn't mean that others will always feel comfortable in the presence of a nursing mother or even that in an extreme case of ignorance, somebody may ask you to feed your baby in a restroom. But try not to feel stressed, other people's discomfort is their problem, you aren't responsible for their feelings and your baby deserves to be fed when he is hungry, not made to accommodate adult hang-ups. Besides, by breastfeeding out and about you are helping break down barriers for all breastfeeding mothers and babies: the more commonplace breastfeeding in public becomes, the more this absolutely normal event will be accepted and, hopefully, supported.

Other people's discomfort is their problem, you aren't responsible for their feelings and your baby deserves to be fed when he is hungry, not made to accommodate adult hang-ups.

Breastfeeding and Alcohol

The Australian National Health and Medical Research Council are currently revising safe drinking guidelines and it looks as though pregnant and breastfeeding women will be advised not to drink alcohol at all. This is because, in light of worldwide research, a safe limit of alcohol consumption can't be determined during pregnancy and breastfeeding – there are potential risks to babies whose immature livers aren't able to process the alcohol transmitted through the placenta or their mother's milk.

Known Adverse Effects on Baby...

Daily consumption of alcohol by breastfeeding mothers has been shown to affect baby's sleep patterns (with babies falling asleep more quickly but waking more often), increases the risk of slow weight gain and slows gross motor development.

....and You

Although many people may tell you that a glass of alcohol will increase your milk supply, there is evidence that this isn't the case. Drinking more than 2 standard drinks can inhibit your letdown and even small doses of alcohol can alter the taste of breast-milk. Babies dislike this, so may not drain the breast. These factors could result in temporarily reducing your milk supply and an inadequately drained breast could increase the likelihood of mastitis. .

Alcohol Levels in your Milk

If you do choose to drink while you are breastfeeding, it is important to be aware that alcohol will pass into your milk very easily – as your blood alcohol level rises, so does the level of alcohol in your breast milk. The good news is that as your blood alcohol level drops, so does the level of alcohol in your milk.

Alcohol peaks in your blood approximately half an hour to an hour after drinking (this varies among individuals, depending on factors such as how much food was eaten in the same time period, your body weight and percentage of body fat).

It takes approximately two hours for your body to break down one standard drink and your blood alcohol level to drop to zero (two standard drinks will take 4 hours).

Safe Milk

If you plan to drink while you are breastfeeding, either express before drinking and feed your baby 'alcohol – free' milk or drink after a feed and wait until your blood alcohol level is safe before you breastfeed. Expressing after you drink will not reduce the alcohol level in your milk, but could actually increase the transfer of alcohol from your bloodstream to your milk

Reducing the Risks

Bear in mind that alcohol will affect your responsiveness to your baby so whether you are breastfeeding or not, *if you drink it is wise to have a designated parent (one parent stays sober and in charge of the baby) just as you would have a designated driver.* Also, please remember safe sleeping guidelines: if either you or your partner have been drinking – even single drink - it is unsafe to sleep with your baby.

Breastfeeding and Returning to Work

Breastfeeding has been going well: your baby is thriving and happy. But now you are returning to work and feel sad at the prospect of weaning your baby. Take heart, returning to paid work doesn't mean you have to stop breastfeeding. Your baby can enjoy the health and nutritional benefits and you will still have that unique connection through the one thing that only you can do for your baby - snuggling him close as he drinks your milk.

One important consideration about continuing to breastfeed (or feed your baby breast milk) when you return to paid work is the immunity factors conveyed by breast-milk:

Your baby will not only be protected against any bugs that you come into contact with but when he or she shares toys and space with other babies in childcare who may have coughs, colds or infections, she will transfer these 'bugs' through her saliva to your breast as she feeds. Your amazing breasts will then produce antibodies to the bugs your child has come into contact with, she will receive these antibodies in her milk and this boost to your baby's immunity will mean fewer sick days for you both!

Choosing a Career

To make breastfeeding and working possible from a practical perspective, it is important to choose a carer who is breastfeeding friendly: your carer will need to be motivated to implicitly follow your instructions to store and thaw (if necessary) and feed your milk to your baby. Also, there is nothing worse than arriving with full breasts to pick up your baby, only to find she has just been fed, so do request that your carer considers this. She can either help your baby wait (as long as he isn't upset) or offer a small amount of milk to 'tide him over' (rather than a full feed) if you are on your way home. This will also require close communication on your part – perhaps a call as you leave work with an estimated arrival time.

Expressing and Returning to Work

It is wise to start expressing about two weeks before you return to work. This will allow you to become efficient at expressing and store some milk in case you have some 'low supply' days when you are back at work. However, please don't worry if this happens, breastfeeding according to your baby's cues on your days off will boost your supply again.

What Equipment do I Need?

To maintain your milk supply, a good quality electric pump is an investment, especially if you buy or hire a pump which expresses both breasts at once as this will shorten the time required to express and also stimulates milk production more effectively. You will need a private space to express and a fridge or eski with ice

packs as well as milk storage bags or containers to store your milk while you are at work.

How Much Milk Does My Baby Need?

The research shows that from one to six months, breastfed babies take in an average of 750 - 800mls per day (intake doesn't increase with age or size). This will vary between individual babies but a typical range of breast milk intake is from about 570 mls to 900 mls a day.

So, to estimate how much milk your baby will need each feed, work out about how many feeds your baby has in 24 hours then divide 800 mls by that number. For instance, if your baby has 6 feeds a day, you would make up feeds of 150 mls.

It would also be wise to leave some smaller amounts with your carer - say, about 30 to 50 mls, to offer as a top-up if your baby is thirsty or it is almost time for you to pick her up. Then she will still feed when you arrive and also, your carers won't waste precious expressed milk by starting another full bottle if your baby is a bit hungrier than usual.

Practically Speaking...

At work, it can help to look at a picture of your baby or smell an article of his clothing as you express. Besides expressing at work, other options to maintain a good milk supply include asking for some flexibility so that perhaps you work from home one day mid-week (and breastfeed as your baby needs) or either go to your baby or have him brought to you by his carer for a feed during your lunch break if this is practical. You will also need to take care that after a weekend of more frequent feeding, you express for comfort to avoid engorgement and the possibility of developing mastitis.

Gaining Support at Work

Although legally your right to breastfeed (or express at work) may be protected by law (In Australia, for instance, the federal *Sex Discrimination Act* prohibits discrimination on the basis of sex, marital status, pregnancy and potential pregnancy), an understanding employer and co-workers will make things a lot easier.

If you feel less than assertive about requesting support at work, you can tell your employer that your paediatrician has prescribed breastfeeding for health reasons or to prevent allergic reactions (this isn't necessarily untrue – your baby may develop health problems or allergies if he is fed formula).

If your co-workers object to human milk in the office fridge (it has happened), store your milk inside a lunch box with your name on - they will be none the wiser!

A Question About Working and Breastfeeding

I have just returned to work full time, and I still want to breastfeed my six month old son. I have been feeding him in the morning, evening and middle of the night, but not during the day. Will I still be able to feed him full time on the weekends? Or will my milk adjust to just feeding in the morning and at night? I have been expressing once during the day at work, but don't want to continue as I am finding it difficult at work to express. Or should I continue to express at work to keep my milk supply up for the weekends?

Ideally, it would be best to continue expressing during the day so that you have breast-milk for your baby to drink while you are at work, until he is eating a variety of other foods.

Although your milk supply will reflect the amount of milk your baby drinks (or how much you express), if your baby nurses several times during the evening and at night, you should be able to breastfeed as often as you like during the weekend – it is rather like when babies step up feeds if they are feeling unwell and with some extra feeds your supply adjusts quite quickly.

To make expressing easier, a good quality electric pump that expresses both sides at once (this is faster and also more stimulating to your breast milk supply) is an invaluable investment.

It can also help to look at a picture of your baby or smell an article of his clothing as you express. However, if expressing at work is very stressful, you could experiment and see what works best for you regarding choosing to express or not. If you do find your supply is affected, you could continue to express and this will increase it again.

Weaning Your Baby Gradually, With Love

The World Health Organisation recommends exclusive breastfeeding (that is, no fluids or food other than breast milk) for the first six months of life and that infants continue to be breastfed for up to two years of age and beyond.

When to Wean

How long you choose to breastfeed is between you and your baby. However, as you make this choice, please consider carefully that you are choosing on behalf of your child - the benefits of breastfeeding will affect her health and well-being for as long as she is being nursed and for years to come. Often, the positive effects that continue beyond weaning are relative to breastfeeding duration.

Because brain development is incomplete for several years, there is particular interest in the role of breast milk and children's intelligence levels. One study in New Zealand demonstrated that children who were breastfed as babies performed better in school and scored higher on standardised maths and reading tests – and that the longer they had been breastfed the higher they scored.

Although research into the effects of extended breastfeeding on psychological development is scarce, another New Zealand study, which dealt specifically with babies nursed longer than a year, showed fewer behavioural problems in six- to eight-year-olds. According to the test results, the longer the children had been breastfed the better they tended to behave.

Good for Mothers Too

Mothers, too, benefit from full-term breastfeeding. Women who breastfeed for a lifetime total of two years have a reduced risk of developing breast cancer. The risk among mothers who breastfeed for a total of six years or more is reduced by two-thirds, and because maternal bone density increases with each child who is nursed, breastfeeding mothers experience less osteoporosis in later life.

A Gentle Transition

When you decide to wean your baby isn't simply about immunity, intelligence and convenience, it is also about comfort, pleasure and communication for both you and your child.

Weaning may be mother-led or child-led. Ideally, it shouldn't be the sudden end of a relationship but rather a gentle transition to the next stage. For this reason, the best way to wean is gradually, and with love: throwing out bottles or painting foul-

tasting substances onto nipples (yes, it does happen!) is a sad way to suddenly deprive a little one of comfort and security.

Here are some tips to consider when the time is right.

If you are weaning a baby under a year old, you will probably need to wean from breast to bottle as your baby will still have a strong sucking need. Gradually drop one feed at a time. Make the transition as gentle as possible (and avoid engorgement of your breasts) by eliminating no more than one feed a week.

Wean gradually and not by desertion (such as going on holiday)

If you are weaning a toddler, adopt a 'Don't offer but don't refuse' approach. But be flexible: a toddler may need to refuel at the breast from time to time, for emotional or nutritional sustenance.

Develop creative alternatives to comforting with the breast or bottle. A story, a game or a walk to the park may avert a toddler from nursing out of boredom. Try to observe your child carefully and stay one step ahead. If you want to drop the early morning feed, for instance, get up before your child and have a drink and a distraction ready, rather than putting her in a refusal/rejection situation. Carry snacks and drinks with you when you go out, and if you aren't prepared to nurse your little one for comfort, try not to overextend her so that she feels stressed.

Night-time or nap-time feeds are usually the last to go. One simple approach is to gradually substitute story-time: read the same story at each bedtime feed, so that it becomes the 'bedtime story'. Later on you can read different stories, but sameness helps give littlies a sense of security. Alternatively, have Dad take over the bedtime comforting, or 'overlap' the bedtime feed with another sleep cue: for instance, begin playing a gentle piece of music as you give that feed, then gradually just play the music.

If you prefer a child-led approach, simply let the child decide and 'go with the flow'.

As feeds are spaced further apart, your milk supply will naturally decrease and your child will become less interested until one day, painlessly, you may realise that she hasn't asked for a feed for a week or so. She must be weaned.

Copping the Flack

If you sense disapproval from friends and relatives about how (or how long) you feed your baby, remember that you don't owe them an explanation of your child-rearing philosophy any more than they owe you their support (though their acceptance would be nice). If you simply state the obvious (positively, not apologetically) – 'Yes, I am still breastfeeding' (with a smile), or 'No I am not breastfeeding' (with a smile) – you'll usually find that they back off. An explanation, on the other hand, may be interpreted as criticism of their parenting style. If you are really under pressure to wean, try responding with 'Our [GP/paediatrician/lactation consultant] has advised us to continue breastfeeding' or (if they are really rude) put it back on them with 'I'm sorry you can't appreciate the beauty of it'.

Your Breastfeeding Family

A healthy, nursing baby is a joy to the whole family: your baby will smell sweet, save you money on medical bills and can be easily soothed at the breast.

However, because breastfeeding is something only a mother can do for her child, you and your partner will need to be conscious about your baby's needs and how these may impact on you as a family.

Fathers Matter

One of the most important factors in your success at breastfeeding is your partner's support. Often it can be difficult for men to watch the close bond between their partner and newborn, especially if it arouses feelings of exclusion.

If you are a dad reading this, your feelings of exclusion are a common reaction that, at times may even have you wondering whether your beloved has fallen out of love with you, now she is so besotted with your baby.

It may help you both to understand that a mother's all-consuming nurturing behaviour is part of nature's blueprint for your baby's survival that is biologically, hormonally driven. These 'mummy lioness' hormonal effects begin brewing even before your baby arrives. During the last trimester of pregnancy, women's bodies begin to concoct a potent cocktail of hormones that includes oxytocin, the love hormone and prolactin which is often referred to as the 'mothering hormone' because it promotes maternal responsiveness. When combined, these two amazing hormones direct a woman's loving feelings towards her baby. The effects of this 'chemistry of attachment' which is boosted by a natural birth and enhanced by breastfeeding, is so well recognised that scientists have labelled it as 'the motherhood mindset' or 'maternal pre-occupation'.

Simply being aware of your biological drive (or your partner's, if you are a father reading this) to care for your baby, can be enough to help you share parenting without attacking each other or implying that the non-birth partner or other family members, such as grandparents, may somehow 'mess things up' if they share care, especially if they do things a little differently.

Guys, it can help you to consider that while you can't over-ride nature, you can get in on the act yourself – the more contact you have with your baby, this will have an impact on your own hormones, helping you to feel mellow and calm and connected to your little one. Also, the more involved you are in your baby's care, the more competent you will feel and the more you will want to share parenting.

Can I give you one more small but important tip?

If you want more sex (yes, it will happen again – and sooner with some gentle understanding!), support your partner: make her

drinks and offer her food when she is breastfeeding; notice housework that may need to be done without being asked, tell her

what a great job she is doing (don't EVER suggest, "are you sure you have enough milk?") and share the care of your little one. There is no greater turn-on for a new mum than a big strong guy being tender towards his own tiny, helpless baby.

Can Partners Bond by Giving Baby a Bottle?

I am often asked by parents, when can a nursing mum express so that Dad can give the baby a bottle. Apart from the fact that giving bottles in the early weeks can confuse your baby and may contribute to ineffective sucking at the breast or that 'missing feeds' may predispose you to a reduced milk supply or blocked ducts (If dad gives a bottle you will still need to express at this time to avoid over-full breasts or a reduced milk supply), there are much easier and more effective ways for babies to bond with their non-lactating parent. For instance, an Australian study showed that fathers who massage their babies enjoy more eye contact, vocalisation and a closer connection than those in a control group (for step by step instructions to massage your baby, see my DVD at <http://www.pinkymckay.com.au/>).

Bathing or showering together can also be a wonderful bonding time for Dad and baby and some fathers find that taking baby out to play after the early morning feed and giving mum some extra snooze time is helpful to everyone: Dad and baby have their special time without mum 'hovering' and mum gets much needed rest.

Although I don't encourage fathers to give bottles to bond with their babies, if you do choose to give bottles sometimes, one caution is to please make sure you use expressed breast milk, rather than expose your baby to potential allergies or reduced immunity by giving formula.

Mummy - Step Back!

If your partner feels anxious about caring for a tiny baby and sees you as more competent than he is, despite your previous experience with babies (or lack of it), sensitive communication (not nagging!), can positively encourage your partner's involvement. Then, as his attachment with baby develops, the more his confidence will increase and your own trust will grow –both about your partner's competence and your baby's resilience (it really doesn't matter if baby's vest is inside out or she gets a splash of bathwater in her eyes). Soon it will become easier to 'let go' and cherish the special relationship between your partner and child.

Love, Laugh, Enjoy

There is nothing more wonderful than seeing a family bonded, happy and enjoying each other. For each family this will be a unique journey because you and your baby are all very special individuals. Along the way, it is important to nurture yourself as you nurture your child and to nurture your relationship with your partner.

From my personal experience as a mother who has breastfed my own five babies, my best advice would be - remember always, you are the expert about your baby. Listen to your baby, listen to your heart and trust your feelings. Look into those dark navy blue eyes, smell your baby's sweet breath and feel his soft skin as you nourish him with your milk. And, on days or nights when your baby seems to wake often to feed, try to see these times as precious moments – extra opportunities to enjoy this special closeness that will pass, all too soon. I promise.

Above all, love, laugh, enjoy and please remember to be as gentle to yourself and your beloved as you are to your baby.

