



# Breastfeeding

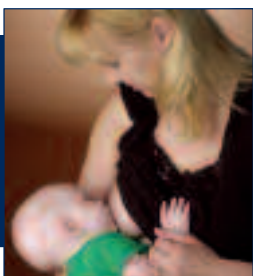
Breastmilk has the perfect ingredients for your baby. Remember that sometimes problems occur, however they are only temporary and it is worth persevering and seeking help to overcome them. There are fantastic support groups in the community to help you with any problems you may encounter (see below).

## What is breast milk like?

- 1. Colostrum** – the first milk produced by the breasts which is a thick yellow consistency (1-2 days). Colostrum boosts the baby's immune system for protection at a vulnerable time. It is very nourishing for your child while being concentrated so the baby's kidneys don't become overloaded. It assists your baby to pass meconium (blackish-green bowel motion the baby first passes).
- 2. Foremilk** – is pearly milk with a bluish tinge. It is milk the baby receives at the beginning of the feed. This milk is higher in water and lower in fat and has the role of quenching the child's thirst.
- 3. Hindmilk** – milk high in fat and calories that follows the foremilk as the feed continues. It is creamy and satisfies hunger. Let your baby set the pace of feeding to ensure they receive the appropriate proportion of both foremilk and hindmilk.

## The steps of breastfeeding

1. Find a position that is most comfortable for you (eg. in bed or on a chair) with your back supported.
2. Allow your baby close contact with your breast by opening your bra and clothes.
3. Place your baby in a position so that your baby's head and shoulders are supported on your forearm, the baby's hips, stomach and chest are against your body (ie. you should be chest to chest) and the baby's lower arm is tucked around the back. Your baby should be at breast level. You can use a pillow to bring your baby to this level.
4. Touch your nipple on the baby's cheek to initiate the rooting reflex and then bring your baby towards your breast so your nipple gently touches his mouth. This should cause your baby to open their mouth wide, and you can then quickly bring your baby onto the breast (ensure you bring the baby to your breast, not your breast to the baby).
5. Your baby's mouth should cover the nipple and a large proportion of the areola (darker area around nipple), with their chin touching the breast. If attached correctly, babies can breathe while feeding.
6. If you feel the baby is not well attached, simply break the suction by placing a clean finger in the corner of the baby's mouth (between the gums) and then retry.



## How often?

Your baby should be fed on demand, ie, whenever they are hungry. For new babies, this is usually about 8 times per day (day and night).

## Sources of further information

### Websites:

*Australian Breastfeeding Association*  
[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

*Australian Department of Health and Aging*  
[www.health.gov.au/pubhlth/strateg/brfeed/](http://www.health.gov.au/pubhlth/strateg/brfeed/)

*Child and Youth Health*  
[www.cyh.com](http://www.cyh.com)

*Karitane*  
[www.swsahs.nsw.gov.au/karitane/](http://www.swsahs.nsw.gov.au/karitane/)

*La Leche League International*  
[www.lalecheleague.org/bfinfo.html](http://www.lalecheleague.org/bfinfo.html)

*Promotion of mothers milk, inc.*  
[www.promom.org/](http://www.promom.org/)

*Tresillian*  
[www.cs.nsw.gov.au/Tresillian/about.htm](http://www.cs.nsw.gov.au/Tresillian/about.htm)

*Queensland Health*  
[www.health.qld.gov.au/brochure/breastfeeding.asp](http://www.health.qld.gov.au/brochure/breastfeeding.asp)

### Books/Booklets:

*Breastfeeding I Can Do That - A do it yourself guide.*  
Sue Cox, TasLac 1997.

*Breastfeeding ...naturally.*  
Nursing Mother's Association of Australia 1997.

*Kids Food Health 1*  
Dr Patricia McVeagh & Eve Reed, 2001.

Nursing Mother's Association of Australia Booklets:  
*An Introduction to Breastfeeding.*

*Breast and Nipple Care.*

*Increasing Your Supply.*

### Support Associations:

*Australian Breastfeeding Association Help line*  
Ph (02) 8853 4999

*Tresillian Help line*  
Ph (02) 9878 5255 or 1800 637 357  
(outside Sydney Metropolitan Area).

*Karitane Help line*  
Ph (02) 9794 1852 or 1800 677 961  
(outside Sydney Metropolitan Area).

*Child and family Health Nurse.*

See Early Childhood Health Centre in the White Pages

## Trouble shooting: What to do

### **Nipple soreness**

In the first few days nipples are more sensitive so sore nipples are common. It can also be due to incorrect attachment or positioning of the baby. The following may help sore nipples:

- Before breastfeeding, express some milk by hand and use to soften the areola and lubricate the nipple. Applying warm water on a cloth to your breasts may also help.
- Offer the less sore side first and try different feeding positions.
- Remove baby from the breast if necessary for a break.
- Smear hindmilk on the nipple after breastfeeding and let it air dry (keep dry by frequently changing nursing pads). The use of breast shells may prevent clothes rubbing.

If pain persists or you think you need help with attachment, seek advice from a Lactation Consultant, Child and Family Health Nurse or your GP.

### **Not enough milk**

It is common for mothers to cease breastfeeding due to the perception their baby is not getting enough milk. The majority of times this is not the case. Babies naturally feed more frequently if they require more milk due to a period of rapid growth. If your young baby has 6-8 wet cloth nappies or 5-6 wet disposables per day and 2 or more soft bowel movements, or a bit less in an older baby, is gaining weight, has good skin colour and muscle tone and is alert and not wanting to feed constantly, it is likely you have enough milk. If your supply is low:

- Increase your supply by breastfeeding more frequently than usual (maybe also express between feeds) and let your baby decide how much they want.
- Look after yourself with enough rest, good nutrition and adequate fluid intake.

### **Blocked ducts**

Signs of blocked ducts may be an engorged or lumpy area on the breast, soreness and redness. Start the following treatment immediately if you have blocked ducts:

- Rest as much as you can while continuing to feed frequently. Hand express between feeds if necessary.
- Apply warmth to the affected area before feeding. Feed from the affected breast first while gently but firmly massaging the lump towards the nipple (also do so after feeding).
- Changing your baby's feeding positions may help drain the ducts.
- If not cleared within 12 hours, you have a fever or are unwell, seek advice from a Lactation Consultant, Child and Family Health Nurse or your GP.

### **Cracked nipples**

Sore nipples untreated can lead to cracked nipples. If you have cracked nipples:

- Try to identify the cause so it can be eliminated and healing can occur. Incorrect positioning and attachment or the incorrect use of breast pumps are usually the cause.
- Treat the nipple as per advice for nipple soreness.
- If too sore to continue feeding, temporarily express breast milk for the baby via hand (usually 12-24 hours) and then gradually start feeding again when possible. You can feed this milk to the baby via an open cup, spoon or bottle.
- Seek medical advice from a Lactation Consultant, Child and Family Health Nurse or your GP if healing is not occurring.

### **Mastitis**

Mastitis is inflammation of the breast tissue. It can cause pain, swelling, hot and reddened area on breasts, fever and general aches and pains. If you suspect mastitis:

- Carry out the same steps as per a blocked duct and seek medical advice as soon as possible as you may need antibiotics.
- Continue breastfeeding to help empty the breast and reduce pain and swelling.

### **Breast refusal**

Breast refusal is usually temporary, and should not be seen as a personal rejection. Sometimes it may be because your baby is unwell and you should see your doctor if you think this is the case.

- Try calming your baby by singing, rocking or massaging your baby before feeding.
- Try feeding your baby when they are drowsy (just awakening or going to sleep).
- Try feeding in a dark room.
- Change the feeding position or get your baby to suck on your finger first.
- If this continues to be a problem, seek advice from a Lactation Consultant, Child and Family Health Nurse or the Australian Breastfeeding Association.

### **Engorgement**

To prevent engorgement feed the baby frequently from birth without the use of other fluids (unless medically advised) as this can reduce their milk intake. To treat engorgement:

- Massage breasts and express milk before feeding to soften the areola and enable attachment. If having trouble, express under a warm shower or with a warm compress.
- Use cold packs between feeds for relief.
- Use analgesia
- If all else fails, seek advice for pain relievers from a Lactation Consultant, Child and Family Health Nurse, Australian Breastfeeding Association or your GP.