Countess of Chester Hospital
NHS Foundation Trust

Breast feeding your baby

The early days of breast feeding are very important to you and your baby and we will give you the support necessary to get feeding off to a good start. Once your baby is born you will be encouraged to hold them in close contact (skin to skin). This will happen as soon after birth as possible and will be unhurried and unlimited. Skin to skin is important because it often leads to the first breast feed. It helps to keep your baby warm, steadies the breathing and heart rate and helps to keep them calm and feel safe.

Help will be at hand to assist with this first feed! Most babies' will feed within the first hour of birth, but don't worry if it takes longer! Skin to skin can be used at any time over the next few weeks - It can encourage a baby to feed if sleepy, calm a baby down if crying and can help make you feel relaxed.

Try the new Baby Buddy app, free to download on Google play or the App Store or visit: www.bestbeginnings.org.uk/babybuddy

The app guides you through the first 6 months of baby's life bringing you daily information about you and your baby's age, including breast feeding tips.

Building a relationship

Your baby needs to feel close to you – this helps them feel secure and loved; your baby will not become spoilt if you give then too much attention.

When a baby feels secure and happy they release Oxytocin which helps their brain to grow and develop. Research shows that babies whose needs are responded to grow into more confident children and adults. Holding and comforting your baby when they are crying helps them to feel secure. Talking, smiling and cuddling your baby will help you to produce Oxytocin also – this will then leave you feeling calm and relaxed – it works for both of you!

Responsive feeding (Feeding cues)

Your new baby will be by your side so you can watch for the signs that show they are hungry (feeding cues). This may be by opening their mouth, smacking their lips, making sucking noises, moving their arms or legs and putting their hands to their mouths.

If your baby has started to cry then you may have missed these cues and you will need to try some skin to skin to calm your baby before you start feeding.

How can your partner get involved?

If your baby is breast fed you will not be able to help feed them initially, but there are many other ways of caring for, and being close to your baby.

Here are some suggestions that may be useful –

- Change their nappy
- Settle your baby after a feed by winding
- Hold and soothe your baby
- Have skin to skin contact
- Carry your baby in a sling or a carrier
- Talk, sing and read to your baby
- Bath your baby
- Take your baby for a walk in their pram

The more you get involved with your baby the more quickly you will develop a strong relationship.

Feeding Patterns

Babies can vary their feeding patterns and will normally feed quite often – at least 8 times in 24 hrs. Following your baby's lead and feed for as long and as often as they want will help to provide a good supply of milk. By responding to your baby's feeding cues you will help your baby be more settled and content.

Cluster Feeding

This is when your baby feeds frequently at certain times of the day – usually late afternoon or early evening. This pattern of feeding does not mean you don't have enough milk and is normal – follow your baby's lead and let them have short feeds and sleeps.

How should I hold and position my baby at the breast?

Before feeding your baby get yourself into a position that is comfortable and will stay comfortable while you are feeding. This could be in a chair, on the bed with a pillow for back support or lying down.

Baby's whole body is facing mum and you should support their neck, shoulders and back in a straight line.

They should be able to tilt their head back easily.

Try to avoid putting hands or fingers on the back of your baby's head.

Your Midwife will help you find the most comfortable position for you and your baby.

Key Points

C - Close
H - Head free
I - In line
N - Nose to nipple

How I attach my baby to the breast

Attaching your baby comfortably to the breast is very important. A good latch on the breast means your baby gets a good feed and you will make more milk for other feeds.

1.

Hold baby with their nose level with nipple.

2.

Let your baby's head tilt back. Wait until your baby opens their mouth

3.

Baby's chins and bottom lip touches the breast first. About 2.5 to 3cm away from the nipple

4.

Quickly and firmly bring baby close. Your nipple will enter along the roof of baby's mouth.

5.

Baby is now latched onto the breast successfully

Key Points

- Wait for wide mouth
- Chin leads touching breast 2-3cm away from nipple
- Bring baby in close

What are the signs that my baby is attached well to the breast?

Your baby is well attached to the breast if:

- Feeding is pain free
- Baby's mouth is wide open
- Baby's chin is tucked into the breast
- Cheeks are full and rounded - not sucked in
- More brown area (areola) is showing above the baby's top lip
- Baby is taking long sucks and swallows with short pauses.
- Baby's nose is free (as in photo number 5).

How do I know if my baby is getting enough milk?

Your baby needs to have at least 8 feeds in 24 hours. Watch your baby feeding - a good sucking pattern is seen when your baby is feeding well and effectively. If you know your baby is having good swallows it will reassure you that their attachment is good and that they are taking plenty of milk. Your baby should be settled following a feed.

Your baby's nappies will also show you if they are getting enough milk - take a look at the feed chart of page 5. By day 5 your baby should have at least 6 wee's plus 2 yellow poo's no smaller than the size of a £2 coin, everyday. Your baby's weight will be monitored by your midwife.

The suck/swallow pattern of a feed

Beginning of feed	**Active feeding**	**End of feed**
short, rapid sucks	*long, slow, rhythmic sucking and swallowing, with pauses*	*'flutter sucking' with occasional swallows*

Please look at the Countess of Chester Infant Feeding web page for further information.

Picture courtesy from UNICEF Baby Friendly Initiative

How many wet and dirty nappies should my baby have?

Days	Wet nappies	Dirty nappies
1-2	2 or more	1 or more, d*ark green/black 'tar like' (meconium)* 
3-4	3 or more	2 or more, *changing in colour from green to brown* 
5+	5 or more, getting heavier	2 or more y*ellow, can be quite watery and at least the size of a £2 coin (not just a 'skid mark')*

Breast fed babies do not become constipated. If your baby goes for longer than 24hrs without a dirty nappy or if your baby is still passing meconium on day 3 please contact your midwife.

What is the red staining in my baby's nappy?

These are a crystal like residue from the bladder, do not be alarmed. This can be a sign your baby needs to increase their intake of milk or it may be that your baby has not passed urine for a while. Please mention it to your midwife.

Expressing breast milk

Hand expressing is a useful way of collecting 'colostrum'-the early milk in the first few days. You may need to do this if your baby is sleepy or not feeding enough or if your baby is on the neonatal unit. You may only obtain a small amount at first – this is normal. The staff on the ward will be there to support you if needed, don't be worried to ask for help.

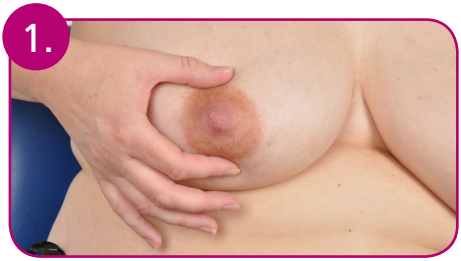
How to Hand express

Try to relax before you start to hand express as it can help the flow of milk (Try a shower or ask your partner to give you a shoulder massage first). Wash your hands. Have a clean sterilised container available to collect milk.

Top Tips...

- Hold your baby skin to skin
- Try a warm cloth on the breast before expressing
- Gentle breast massage prior to expressing will stimulate your breast.

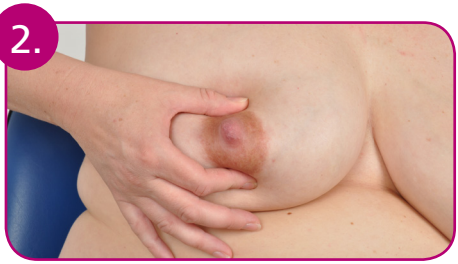
1.



Cup your breast using your thumb & first finger in a C shape.

Place fingers a few centimetres from the base of the nipple - you may feel a change in texture

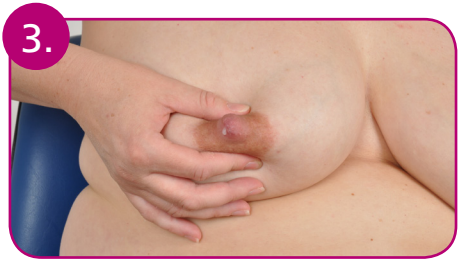
2.



Maintain C shape.

Push gently back into chest wall

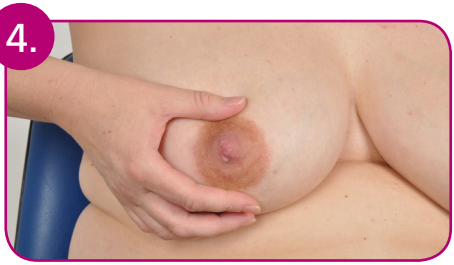
3.



Compress finger and thumb.

Release and build up rhythm.

4.



When the flow slows-rotate fingers around this area and repeat.

Avoid sliding your fingers over the skin or pinching the nipple.

If milk doesn't flow try gentle massage then move finger and thumb further away from the nipple. Repeat this for your other breast.

If you are struggling with this technique or the amounts expressed are not increasing - please ask for help (your midwife can show you using a knitted breast).

How do I know if my baby's not feeding enough?

Feeding is going well when your baby has had at least 8 feeds in 24 hours but it is common for babies not to want to feed frequently in the first 24-48 hours. This may be due to any drugs that you have had in labour – but don't worry these effects will not last.

You will be given a feed chart after your baby is born- please try to keep your feed chart up to date and please inform staff if you have any concerns regarding your baby's feeding. Always try to offer your baby the other breast when he has finished feeding. Give your baby a break - perhaps change their nappy and if they 'cue' again, offer the other breast (they may not need it). Your baby should be content and settled following a feed.

You can help your baby by doing plenty of skin to skin, watch for feeding cues and start hand expressing. Try not to put off feeding for visitors/showers/meals etc. You will get plenty of help with breast feeding whilst you are in hospital but please ask if struggling.

Cup feeding or syringe feeding

This is a different way of giving your expressed (or donor) milk if your baby is sleepy or not feeding well. This method of feeding does not replace breast feeding and will only be used for a short period of time. Staff will cup feed or syringe feed your baby for you.

Breast feeding works on a 'supply and demand' basis so you will need to express frequently (8 times in 24 hours) in order to establish your milk supply ready for when your baby starts to feed. Frequent hand expression of small amounts will stimulate your breasts; you can use a breast pump if you wish.

Donor breast milk

Breast milk is the most natural choice for babies. For some mothers who are unable to feed their baby or their baby is unable to feed then giving donor milk is an option.

A member of staff will be able to discuss this with you.

What if I have to give a bottle?

The use of a bottle (supplementary) feed is not normally necessary for healthy, full term breast fed babies. In order that you can make an informed choice we believe it is important for you to have the following information. Giving breast fed baby's a supplementary feed of formula or donor feeds may:

- Reduce your milk supply and your confidence in breast feeding
- May alter the normal healthy bacteria (bugs) in the bowel and increase the risk of your baby getting infections and allergies
- Your breasts can become full and uncomfortable (engorged) so you will need to express.

If you do give a bottle (responsive bottle feeding):

- Hold your baby close in an upright position.
- Tease your baby's top lip until your baby opens his/her mouth wide and allow your baby to draw in the teat
- Allow just enough milk to cover the teat
- Offer frequent breaks through out the feed
- This technique allows your baby to pace the feed and you will learn to respond to their needs.

How can I tell if breast feeding is going well?

☺ Breastfeeding is going well when:	☹ Please contact your midwife is any of the below occur:
Your baby has 8 feeds or more in 24 hours	Your baby is sleepy and has less than 6 feeds in 24 hours
Your baby is feeding mostly between 5 and 30 minutes at each feed	Your baby consistently feeds for 5 minutes or less at each feed Your baby consistently feeds for longer than 40 minutes at each feed
	Your baby always falls asleep at the breast and/or never finishes the feed themselves
Your baby has normal skin colour	Your baby appears jaundiced (yellow discolouration of the skin)
Your baby is generally calm and relaxed whilst feeding and is content after most feeds	Your baby comes on and off the breast frequently during the feed or refuses to breastfeed
Your baby has lots of wet and dirty nappies (see overleaf)	Your baby is not having wet or dirty nappies (see page 5)
Breastfeeding is comfortable	You are having pain in your breasts or nipples, which doesn't disappear after the baby's first few sucks. Your nipple comes out of the baby's mouth looking pinched or flattened on one side.
When your baby is 3-4 days old and beyond, you should be able to hear your baby swallowing frequently during the feed	You cannot tell if your baby is swallowing any milk when your baby is 3-4 days old and beyond
	You think your baby needs a dummy
	You feel you need to give your baby formula milk

We will continue to give you support, information and encouragement with your chosen method of feeding

For further breast feeding support:

The Countess of Chester Infant Feeding website
Cestrian Ward Telephone: 01244 365625
www.coch.nhs.uk/all-services/infant-feeding.aspx

Bosom Buddies Breastfeeding Support Chester and Ellesmere Port Facebook Group
www.facebook.com/groups/bosombuddieschester/

National Breast Feeding Help Line
Telephone: 0300 100 0212
www.breastfeedingnetwork.org.uk

The Baby Friendly Initiative
www.babyfriendly.org.uk

NHS Choices
www.nhs.uk/conditions/pregnancy-and-baby/pages/why-breastfeed.aspx#close

Accredited as Baby Friendly by unicef UNITED KINGDOM

Your Feeding Diary

A B C

This is your feeding diary to use after discharge to help you continue to monitor your babies feeds. Please refer to page 5 to check how many wet and dirty nappies your baby should be having. Remember you can contact your midwife with any concerns.

Day 5	Feeding times (Breast feed =minutes Formula Feed = Mls)																							
	00.00	01.00	02.00	03.00	04.00	05.00	06.00	07.00	08.00	09.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Fed well Y/N			Y			Y		Y				Y		Y				Y	Y				Y	
Minutes/Mls			15			30		20				15		20				25	5				40	
Nappy colour A/B/C			C																				C	
Wet nappies Y/N			N			Y								Y				Y					Y	

Day	Feeding times (Breast feed =minutes Formula Feed = Mls)																							
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If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on compact disk and in other languages on request. Please contact the Patient Advice and Liaison Service (PALS) on:

Telephone: **01244 366066**
or email: coch**pals@nhs.net**

إذا ترغب في الحصول على الوثيقة باللغة العربية ، فضلا أتصل بمركز معلومات المرضى أو تحدث مع أحد الموظفين

若是你想索取這份傳單的中文譯本，請聯絡「病人預約中心」或向其中一名職員查詢。

Si vous voulez cette brochure en français, contactez le bureau des rendez-vous ou demandez à un membre du personnel.

यदि आप यह परचा हिन्दी में लेना चाहते हैं तो कृपया पेशेन्ट अँपाइन्टमेन्ट सेन्टर से संपर्क करें या किसी स्टाफ से पूछें।

Haddii aad jeclaan laheyd buug-yarahan oo af-Soomaali ku qoran la soo xiriir xar-ruunta bukaan ballaminta ama wax wey-dii xubin shaqaalaha ka tirsan.

Si desea recibir este folleto en español, sírvase contactar al Centro de Citas para Pacientes o solicitarlo al personal.

اگر آپ کو یہ کتابچہ اردو میں درکار ہے تو پیشنٹ اپوائنٹمنٹ سینٹر یا عملے کے کسی رکن سے رابطہ قائم کریں۔

Mae'r daflen hon ar gael (ar gais), mewn print bras, ar dâp sain neu ar ddisg, ac efallai mewn ieithoedd eraill ar gais. Cysylltwch â chanolfan apwyntiadau clei-fion i ofyn am gopi.

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