

# BREAST FEEDING

Simply the best



**NORTHLAND DISTRICT  
HEALTH BOARD**

*Te Poari Hauora Ā Rohe O Te Tai Tokerau*





## Congratulations

Congratulations on the birth of your baby. Breastfeeding will be a unique experience for both of you. For most women breastfeeding is a learnt art that requires assistance and support initially to start and then to continue breastfeeding.

The following are the ten steps to successful breastfeeding as outlined by the World Health Organisation/UNICEF. Our maternity staff are committed to breastfeeding and Northland District Health Board use these as a guide to provide the service you require.

### The Ten Steps to Successful Breastfeeding:

- Step 1a** Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
- Step 1b** Have a written breastfeeding policy that is routinely communicated to staff and parents
- Step 1c** Establish ongoing monitoring and data-management systems.
- Step 2** Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
- Step 3** Discuss the importance and management of breastfeeding with pregnant women and their families.
- Step 4** Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth and any opportunity thereafter.
- Step 5** Support mothers to initiate and maintain breastfeeding and manage common difficulties, even when baby is unable to be with mother.
- Step 6** Avoid giving breastfed newborns any food or fluids other than breast milk, unless clinically indicated.




- Step 7** Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
- Step 8** Support mothers to recognise and respond to their infants' cues for feeding.
- Step 9** Discuss with mothers the use and risks of using feeding bottles, teats and pacifiers.
- Step 10** Coordinate discharge so that parents/wha'nau and their infants have timely access to on-going support and care.

## Why Breastfeed?

### *Good For Baby Because:*

- ♥ Protection against ear infections
- ♥ Protection against diarrhoea, gastroenteritis and tummy upsets
- ♥ Protection against chest infections and wheezing
- ♥ Lower risk of diabetes
- ♥ Increased mental development
- ♥ Better mouth formation and straighter teeth
- ♥ Always ready, clean and at the right temperature
- ♥ Less likely to have allergies
- ♥ Can protect against Sudden Unexpected Death of an Infant (SUDI).

### *Good For Mother Because:*

- ♥ Lower risk of pre-menopausal breast cancer
  - ♥ Lower risk of ovarian cancer
  - ♥ No cost
  - ♥ Very portable
  - ♥ Reduced risk of postnatal depression.
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## The First Breastfeed:

Offer your breast to your baby as soon as possible after birth and ideally within one hour of birth.

Try skin-to-skin contact from birth until after the first breastfeed. This helps with bonding, keeps your baby warmer and will enable your baby to feed sooner.

## Baby-Led Feeding (Responsive Feeding)

Baby-led or responsive breastfeeding means there should be no restrictions on how long or how often your baby is fed. Your baby should be breastfed when your baby shows cues for wanting to feed.

Night feeds are essential to successful breastfeeding. On nights two and three your baby will feed constantly throughout the night. Your baby has a job to do and that is to help make an awesome milk supply. It is important that you keep your baby with you at night so you do not miss any feeding cues.

Initially babies commonly wake more at night to feed and sleep more during the day. Ensure that you rest when your baby is sleeping.

## First Breast milk (Colostrum)

The amount of colostrum you provide in the first few days is enough for your baby to fill his/her small cherry-sized tummy.

Colostrum is easily digested and passes through the tummy quickly. A baby will get between 2-10mls of colostrum per feed in the first 24 hrs, averaging 30mls in a day. In a day a baby gets on average 35mls.



## How Often Should Your Baby Feed?

Your baby needs to breastfeed frequently - between 8-12 feeds in a 24-hour period. When your breasts are full of milk, let your baby suck on one breast until your baby lets go, then offer the other breast.

Sometimes your baby will be satisfied with one side and at other times it will need both. Some babies want a long feed and some have several short feeds. If your baby feeds off both sides then start the next feed on the breast you finished on.

## What if my Baby is not Breastfeeding Well?

Some babies, for various reasons, do not attach and suck at the breast soon after birth. If your baby is full-term and healthy then, provided your baby is offered the breast three-four hourly, your baby will come to no harm. A feeding plan will be made with you and staff will support and assist you. You may need to hand-express and you will be shown how to do this. If you are having feeding problems, try Skin to Skin when attempting to feed.

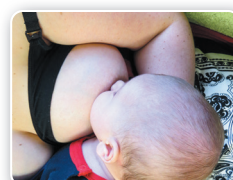
If your baby is in the Special Care Baby Unit (SCBU) and is unable to breastfeed you will be shown how to express and store your milk.

In that case you will need to express 8-12 times a day in a 24-hour period. Night time expressing is very important for your milk supply.

## Attaching Your Baby

- ♥ Sit upright in a chair in a comfortable position with good support for your back and legs
- ♥ Hold your baby around the neck and shoulders and not by the head and allow your baby's head to tilt slightly backwards
- ♥ Turn your baby's body towards your chest (baby's tummy against your tummy)
- ♥ Line your baby's nose up with your nipple by tilting their head slightly backward (aim your nipple towards the roof of your baby's mouth). Their chin should be touching your breast
- ♥ Wait for a wide open mouth (like a yawn)
- ♥ Flick your nipple under the top gum as you bring your baby in close to you. Wait for 10-12 sucks. You should feel a strong non-painful tug
- ♥ Check that your baby's cheeks are round during sucking with lips flanged (fish lips)
- ♥ Listen for swallowing
- ♥ Check your nipple shape after your baby has come off the breast. It should be rounded rather than pinched

**Don't hesitate to ask a member of staff or your midwife for help.**



## Different Positions for Breastfeeding

**FOOTBALL/RUGBY HOLD**



**SIDE LYING HOLD**



**CRADLE HOLD**



**CROSS CRADLE HOLD**





## Baby's Feeding Cues

Learn to recognise and respond to your baby's early feeding cues.

### ***"I'm nearly ready"***

- Breathing becomes more rapid
- A light sleep state
- Licking the lips
- This is a good time to get ready to feed your baby.

### ***"I'm ready now"***

- Rooting reflex – searching with mouth
- Mouth to hand
- Sucking fist, blankets etc.
- Feed your baby.

### ***"Too late"***

- Crying
- Settle your baby first and then feed.



## Be Sure Your Baby is Positioned Correctly at the Breast

Your baby's mouth should be wide with lips flanged out on your areola (dark area surrounding your nipple). If your baby is well attached you will hear swallows and see your baby sucking in long drawing sucks. Please make sure you ask staff to check baby is attached correctly.

## Sore Nipples

Nipples are often sore in the first few days when your baby initially attaches. If the pain does not settle after 10-12 sucks then take your baby off by sliding your finger down your breast and into the corner of your baby's mouth between the gums and breaking the suction. Ask staff to observe positioning and attachment to see if they have any suggestions.

### **If you see the following:**

- A pinched nipple
- White nipples
- Blisters
- Cracks
- Bleeding nipples

then you should ask for help.

***Further damage can be avoided by altering the position or improving the attachment of your baby.***

**Breastfeeding attachment video:**



## Full breasts

About three-four days after the birth your breasts may become full and hard. This is normal as your milk comes in.

It can be difficult to attach your baby to the breast due to the fullness. It is very important at this stage to ensure your baby is attaching correctly.

### Try the following:

- Place a warm face cloth on the breast before you feed and hand express a little milk to soften the areola. This may only take five-ten drops
- Take your bra off before feeding to let the other side drip freely
- If you have lumps in your breast feel across the lump to the soft area behind the lump, gently apply pressure and move towards your nipple to see if you can move the lump
- Feed frequently and try different positions.

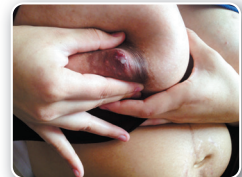
The full feeling will improve over the next few days.

If you notice a reddened area on your breast or if you feel unwell then contact your midwife as soon as possible.



## Hand Expressing Breast Milk

- Wash your hands well
- Be comfortable and express beside your baby or have a photo by your side
- Gently massage your breast in a circular pattern for a few minutes using the flat of your hand. Then stroke your breasts downwards towards the nipple
- Put your first finger and thumb on either side of the areola to form the letter C
- Push straight back into chest wall
- Roll your thumb and fingers forward as if making thumb and fingerprints at the same time
- Repeat rhythmically to drain the ducts – position, push and roll.
- Rotate the thumb and finger position to milk the other ducts
- Collect the milk into a sterile syringe or cup  
The entire process should take 20-30 minutes. You should hand-express for the first 48 hours if your baby is not feeding before the introduction of an electric pump would be recommended.
- The following methods are not recommended as they are likely to cause damage or discomfort:



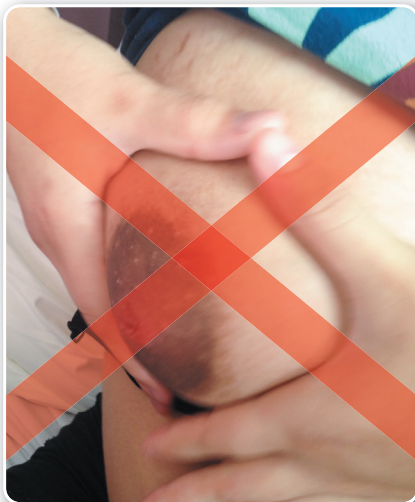
**Hand expressing video:**



### SQUEEZING



### SLIDING



### PULLING



### SQUEEZING NIPPLE



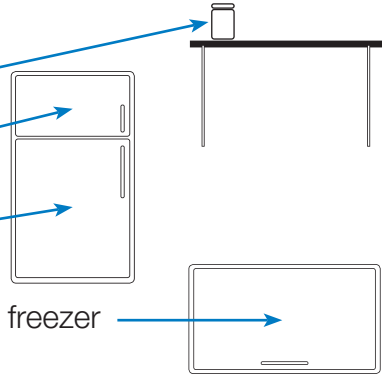
## Storage of Breast Milk

Up to 4 hours at room temperature

3-6 months in a fridge freezer

2 days at the back of a fridge

6-12 months in a separate freezer or chest freezer



### ***Do not store breast milk in the fridge or freezer door***

- Store breast milk in a plastic or glass container with an airtight sealed lid (e.g. a food storage container or bottle)
- Milk should be stored in small portions to prevent waste – around 100–300 mls
- Date containers at the time of collection and make sure caregivers use the oldest milk first
- Fresh or refrigerated milk retains beneficial properties and is preferable to breast milk that has been frozen
- If refrigerating or freezing breast milk store it in a new container rather than adding it to previously refrigerated or frozen milk. Adding expressed breast milk to frozen milk can cause the milk to thaw and then refreeze, which increases the risk of bacterial growth in the milk
- Wash containers and feeding equipment in hot soapy water and then rinse.
- If the infant is three months old or younger, the containers and equipment also need to be sterilised
- When refrigerating the expressed breast milk should be stored in the bottom half of the fridge and at the back. Fridges should operate at 2-4°C

- If you only need to store breast milk a short time and don't have access to a fridge or freezer, you can use an insulated cooler bag with ice packs
  - Don't use this method to store milk for more than 24 hours
  - The ice packs should be in contact with the milk containers at all times.
  - Try not to open and close the cooler bag too often.

## Using expressed breast milk

Frozen expressed breast milk can be thawed in the refrigerator or by placing the container in warm water until the milk has thawed. Expressed breast milk should not be thawed or heated using a microwave because:

- microwaving destroys some of the milk's immunological components
- there is a risk of uneven heating and scalding.

Expressed breast milk can be warmed by placing the cup or bottle containing the milk in hot water. Before feeding the infant, caregivers should swirl the container of milk to mix the fat portion back in and distribute the heat evenly. They should test the temperature of the milk by shaking a few drops on the inside of their wrist. It should feel comfortably warm to the touch before being given to the infant. The following table gives you a quick guide as to the timeframes for use of fresh or thawed breast milk.

Breast milk	Room Temperature (25° or less)	Fridge (4° c)	Separate Freezer (-20°c)
Fresh	4 hours	2 days	6-12 months
Thawed in a fridge	4 hours	24 hours	Do not reheat or refreeze
Thawed in a pan of warm water	Use right away		Do not reheat or refreeze



## Growth spurts

At different stages in your baby's growth he/she will need more milk. This usually occurs around:

- 7 – 10 days
- 2 - 3 weeks
- 4 - 6 weeks
- 3 - 4 months
- 6 months.

Your baby knows what to do to increase your supply and will feed more frequently, sometimes one-two hourly for two-three days to increase the amount of milk. Trust your baby. As long as they have a good wet nappy every three-four hours then just feed in response to your baby's needs.

Between four and eight weeks of age your baby may cry for prolonged periods. Research shows us that this is the period of time when babies cry more than at any other time of life. Your baby cannot be entertained easily – cannot read books yet nor play with toys! But they also do not want to just eat and sleep and so are unsettled.

Unfortunately mothers often think it is because their baby is not getting enough milk. This period coincides with a decrease in breast size, which is normal at this time. Remember if you have good wet nappies every three-four hours then your baby is getting enough. Enjoy your baby and by 12 weeks things begin to settle.



## Breastfeeding Support

Other than your own midwife, the following are places around Northland that you can access support with your Breastfeeding.

### **Free Drop-in Breastfeeding Clinics**

**Whangarei** – Te Puawai Ora, 18 Commerce Street.

Monday, Tuesday and Thursday 10-2pm

**Dargaville** – Dargaville Hospital Outpatients, Awakino Rd

Wednesday 10-2pm

**Kawakawa** – Bay of Islands Maternity, Kawakawa Hospital

Fridays 10-2pm

These are run by a Lactation Consultant, 10am – 2pm except for public holidays. These clinics are available to all.

**To contact a Lactation Consultant phone or text 021679837 during business hours only (8am – 4pm)**

### **Plunket**

Plunket provides Well Child and family/whānau health support services through free home and clinic visits. Plunket will offer you information, support and developmental assessments of your child at varying stages between birth and five years.

Check the Plunket website for your up-to-date details for local Plunket clinics.

**Website <https://www.plunket.org.nz>**

Plunket Line is a toll-free parent helpline and advice service available to all families, whanau and caregivers 24 hours a day, seven days a week. **Phone: 0800 933 922**



## Other contacts and websites

Healthline can be contacted on 0800 611 116 for free advice from their trained registered nurses.

- [www.breastfeedinginc.ca](http://www.breastfeedinginc.ca)
- [www.kellymom.com](http://www.kellymom.com)
- [www.lalecheleague.org.nz/](http://www.lalecheleague.org.nz/)
- [www.health.govt.nz/your-health/healthy-living/babies-and-toddlers/breastfeeding](http://www.health.govt.nz/your-health/healthy-living/babies-and-toddlers/breastfeeding)
- [www.tehikuhauora.nz](http://www.tehikuhauora.nz)
- [www.mamaaroha.co.nz](http://www.mamaaroha.co.nz)
- [www.globalhealthmedia](http://www.globalhealthmedia)
- [www.breastfednz.co.nz](http://www.breastfednz.co.nz)

### **Breastfednz App:**



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Northland DHB

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### **Bay of Islands Hospital**

Hospital Road  
PO Box 290  
Kawakawa 0243  
**Phone:** (09) 404 0280 Ext. 5833  
**Fax:** (09) 404 2853

### **Dargaville Hospital**

Awakino Road  
PO Box 112  
Dargaville 0340  
**Phone:** (09) 439 3330  
**Fax:** (09) 439 3531

### **Kaitaia Hospital**

29 Redan Road  
PO Box 256  
Kaitaia 0441  
**Phone:** (09) 408 9180  
**Fax:** (09) 408 9251

### **Whangarei Hospital**

Maunu Road  
Private Bag 9742  
Whangarei 0148  
**Phone:** (09) 430 4100  
**Fax:** (09) 430 4115 working hours  
**Fax:** (09) 430 4132 after hours

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