Congratulations
On choosing to breastfeed your baby and giving them the best start in life!

Should you ever require any support with breastfeeding it is important to seek professional advice; either locally or nationally. Your health professional can inform you of local Breastfeeding Peer Supporters in your area, or the Infant Feeding Advisor can put you in contact with a local breastfeeding trainer in your area who can help.

Here are the most important telephone numbers that you may need...

**Locally**
NHS Highland Infant Feeding Advisor, Karen Mackay 📧 karen.mackay3@nhs.net ☎️ 01463 704842.

To book an appointment at the Acute Infant Feeding Clinic which runs fortnightly contact Louise Benson ☎️ 01463 704790.

Raigmore Hospital ☎️ 01463 704374
Caithness General Hospital ☎️ 01955 880331
Belford Hospital ☎️ 01397 700371

For all Argyll and Bute please refer to local leaflet.

For tongue tie referrals please contact Louise Benson on ☎️ 01463 704790.
Nationally
Association of Breastfeeding Mothers:
✨ www.abm.me.uk 📞 0300 330 5453

Breastfeeding Network:
✨ www.breastfeedingnetwork.org.uk 📞 0300 100 0210

La Leche League:
✨ www.laleche.org.uk 📞 0845 120 2918

Feed Good Factor
✨ www.feedgoodfactor.org.uk 📞 0300 100 0212

National Childbirth Trust:
✨ www.nct.org.uk 📞 0300 330 0771
Relationship Building

Your baby’s brain will grow rapidly in size from about 400g at birth to 1,000g at one year. Research tells us that one of the most significant factors to influence this early brain development is the relationship between a parent and their baby. This in turn improves the long term emotional and social health of your baby. Babies love looking at the faces of their carers and will watch and follow your face. As they get older they will focus more and listen intently to your voice. At this stage it is great to:

• Make eye contact with your baby.
• Be aware of the tone, pitch and rhythm of your voice.
• Make smiley facial expressions.
• Use lots of gentle touch.
• Sing wee nursery rhymes – they don’t mind if you can’t sing.

Remember you cannot spoil your baby with love or by giving them attention. Babies need to feel safe and secure and more importantly they need to know you are there to care for them. Babies who are regularly left to cry have been shown to have high levels of cortisol which stunts brain development, so crying needs to be responded to.
Ways to build on your relationship and aid your baby’s brain development are:

• Respond to their needs – feeding, changing nappies, cuddling and bathing.

• Keep them close both during the day and at night, rooming in at bedtime for the first 6 months of life, a cot is the safest place for your baby to sleep in your room. Using a sling during the day is a great way to keep them close and enables you to move around and do things.

• Interact with your baby through touch, smiling, talking and singing.

• Encourage your partner to do the same.

Demand feeding is now referred to as responsive feeding. So really responding to your baby’s needs and not sticking to rigid regimes. If your baby is sick or has a problem sometimes a regime of 3 hourly feeds is common practice but at all other times responsive feeding is encouraged.

Your baby doesn’t come with an instruction manual so it is perfectly ok to ask for help if you feel that things are getting too much for you. It is a huge transition from being pregnant to having a wee baby dependent on you and seeking help can have a positive impact on both you and your baby’s well being.
Relationship building

Skin to skin contact is really important. Early and prolonged skin to skin contact builds on the relationship you started with your baby in pregnancy.

We know through research that the quality of early relationships between parent and baby improves the long term emotional and social health of your child.

Ways you can help build this relationship include:

• Responding to your baby’s needs - feeding, changing nappies, cuddling, bathing.

• Keeping them close - rooming in at the hospital, keeping your baby in your bedroom until they are 6 months old, keeping your baby close during the day.

• Smiling, talking, singing.

• Touch, stroking.

All will have a positive effect on the mind, brain and emotional development of your baby.
Hormones

You will produce two hormones when you are breastfeeding

**prolactin**
- produces milk
- mothering and protecting hormone

**oxytocin**
- squeezes milk cells to push milk out
- love hormone

Both help to build positive relationships.

Your baby’s brain development

Oxytocin fertilises the brain aiding development

while high levels of cortisol (a stress hormone) stunts brain development.

Babies who grow up in loving and caring environments thrive. If babies are subject to high prolonged levels of stress, cortisol levels can be constantly raised restricting brain development. It is important to be responsive to your baby’s needs.
Feeding cues

Your baby will let you know when they need a feed by:

• Rooting - turning head and opening mouth as if looking for a feed.
• Licking - sticking out tongue or licking lips.
• Becoming increasingly alert.
• Flexing arms and legs as if having a good stretch.
• Taking hands to mouth and maybe sucking on their fist, fingers or blanket.

A crying baby is a late feeding cue.

Don’t be afraid to cuddle, stroke or talk to your baby as this will give him added security. You cannot spoil babies with lots of love and cuddles. ❤️
Important points you need to know when breastfeeding your baby

It is not uncommon to feel discomfort in the early days at the start of a feed. Prolonged pain throughout or at the end of a feed should be investigated.

Before feeding your baby it is important that you are aware of your position, make sure that:

• You are relaxed and comfortable.
• Your breast is lying naturally.

How your baby should be positioned:

• Baby lying with head and body in a straight line.
• Don’t hold the back of the baby’s head as this needs to be free to tilt back slightly.
• Hold baby close to your body.
• Bring your baby to the breast, not your breast to the baby.
• Your baby’s nose needs to be opposite your nipple, allowing him to take a big mouthful of breast from underneath the nipple.
Attaching baby to your breast:
• Baby’s mouth is wide open.
• Baby’s tongue comes down and forward.
• Baby’s chin/lower lip/tongue touches the breast first.

During the feed:
• Baby’s mouth is wide open.
• Baby’s cheeks are soft and round, not sucked in.
• Baby’s nose is free and chin is pressed into the breast.
• More of your areola (the brown area) should be visible above the baby’s top lip than below.
• Baby takes short sucks initially, followed by slow rhythmic sucks with pauses (see picture opposite).
• You should hear no other noise than swallowing, i.e. no smacking sounds.

At the end of the feed:
• Baby should release the breast spontaneously.
• Check the skin around your nipple looks healthy.
• Your nipple should be normal shaped, not wedged or squashed.

Quick and easy
C lose
H ead free
I n line
N ose to nipple
Milk composition and the suck/swallow reflex

The suck/swallow pattern of a breastfeed

<table>
<thead>
<tr>
<th>Beginning of a feed, short, fast, rapid sucks</th>
<th>Active feeding - long slow rhythmic sucking and swallowing with deep sucks and pauses (suck:swallow ratio 1:2 or 1:1)</th>
<th>End of feed “flutter sucking” with occasional swallow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Like our soup course</td>
<td>Like our main meal</td>
<td>Like a delicious pudding</td>
</tr>
</tbody>
</table>

Your baby should be weighed at 3 days of age – there is a weight loss policy for the breastfed neonate within NHS Highland and weighing babies at 3 days has reduced our admissions to the children’s ward greatly.
## How can I tell that breastfeeding is going well?

<table>
<thead>
<tr>
<th>Breastfeeding is going well when:</th>
<th>Talk to your midwife if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your baby has 8 feeds or more in 24 hours.</td>
<td>Your baby is sleepy and has had less than 6 feeds in 24 hours.</td>
</tr>
<tr>
<td>Your baby is feeding for between 5 and 30 minutes at each feed.</td>
<td>Your baby consistently feeds for 5 minutes or less or longer than 40 minutes at each feed.</td>
</tr>
<tr>
<td>Your baby has normal skin colour.</td>
<td>Your baby always falls asleep on the breast and/or never finishes the feed himself.</td>
</tr>
<tr>
<td>Your baby is generally calm and relaxed whilst feeding and is content after most feeds.</td>
<td>Your baby appears jaundiced (yellow discolouration of the skin).</td>
</tr>
<tr>
<td>Your baby has wet and dirty nappies (see chart).</td>
<td>Your baby is not having wet and dirty nappies (see chart).</td>
</tr>
<tr>
<td>Breastfeeding is comfortable.</td>
<td>You are having pain in your breasts or nipples, which doesn’t disappear after baby’s first few sucks. Your nipple comes out of baby’s mouth looking pinched or flattened on one side.</td>
</tr>
<tr>
<td>Once your baby is 3-4 days old and beyond you should hear your baby swallowing frequently during the feed.</td>
<td>You cannot tell if your baby is swallowing any milk when you baby is 3-4 days old and beyond.</td>
</tr>
<tr>
<td></td>
<td>You think your baby needs a dummy.</td>
</tr>
<tr>
<td></td>
<td>You feel you need to give your baby formula milk.</td>
</tr>
</tbody>
</table>
Nappies

The contents of your baby’s nappies will change during the first week. These changes will help you know if feeding is going well. Speak to your midwife if you have any concerns.

<table>
<thead>
<tr>
<th>Baby’s age</th>
<th>Wet nappies</th>
<th>Dirty nappies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 days old</td>
<td>1-2 or more per day urates may be present*</td>
<td>1 or more dark green/black ‘tar like’ called meconium</td>
</tr>
<tr>
<td>3-4 days old</td>
<td>3 or more per day nappies feel heavier</td>
<td>2 or more, changing colour and consistency - brown/green/yellow, becoming looser (‘changing stool’)</td>
</tr>
<tr>
<td>5-6 days old</td>
<td>5 or more, heavy wet**</td>
<td>2 or more yellow, may be quite watery</td>
</tr>
<tr>
<td>7-28 days old</td>
<td>6 or more, heavy wet</td>
<td>2 or more at least the size of a £2 coin yellow and watery, ‘seedy’ appearance</td>
</tr>
</tbody>
</table>

* Urates are a dark pink/red substance that many babies pass in the first couple of days. At this age they are not a problem, however if they go beyond the first couple of days you should tell your midwife as that may be a sign that your baby is not getting enough milk.

** With new disposable nappies it is often hard to tell if they are wet, to get an idea if there is enough urine, take a nappy and add 2-4 tablespoons of water. This will give you an idea of what to look/feel for.

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Poop

<table>
<thead>
<tr>
<th>Meconium</th>
<th>Changing poo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery to 1-2 days</td>
<td>Day 3 onwards</td>
</tr>
</tbody>
</table>

| Normal breastfed nappy        | Weaned breastfed nappy         |
| AT LEAST 2 per day            |                                |

Cluster feeding

It is common for babies to feed in this way. They often cluster their feeds at certain times of the day especially in the evening. Ensure positioning and attachment is effective and that your baby has wet and dirty nappies, this should reassure you that this is normal for your baby and will help to establish milk supply and aid bonding.

Vitamin D

If you are breastfeeding take 10mcg of oral vitamin D per day. If you are entitled to Healthy Start vouchers vitamin supplements are available free of charge. If you are not entitled to Healthy Start vouchers you can buy Healthy Start vitamins from local participating pharmacists.
Common problems and how to deal with them

Cracked nipples
- Check positioning and attachment.
- Check baby doesn’t have a tongue tie.
- Keep crack moist until heals – DO NOT let them dry out.

Fullness/engorgement
- Check positioning and attachment.
- Express by hand enough milk to soften nipple and aid effective attachment.

Mastitis
- Check positioning and attachment.
- Encourage baby to feed if not express – DO NOT stop feeding.
- Simple analgesia for pain.
- Seek specialist help.
- Antibiotics if symptoms don’t alleviate with feeding/pumping.
- REST.

“I don’t have enough milk”
Only about 2% of the population will not have enough milk.
- Check positioning and attachment.
- Feed baby frequently.
- Express milk frequently.
- Try to avoid giving formula if you are questioning your milk supply and have not tried expressing or feeding more frequently first.
- Stop using or don’t introduce a dummy which may mask a feeding cue.
UNICEF Baby Friendly Initiative

All maternity units and community health visiting areas within NHS Highland have achieved full Baby Friendly status.

UNICEF have recently issued new standards and in the post natal period you should expect the following:
• An educated workforce.
• Be supported to initiate a close relationship and feeding soon after birth.
• Be supported to get breastfeeding off to a good start.
• Be supported to make informed decisions regarding the introduction of food or fluids to your baby other than breast milk.
• Be supported to have a close and loving relationship with your baby.
• Feel supported to recognise the importance of breastfeeding and early relationships on the health and wellbeing of your baby.
• Be enabled to breastfeed for as long as you wish.

If your baby has to go to a neonatal unit you should expect to be:
• Supported to have a close and loving relationship with your baby.
• Supported to enable your baby to receive breast milk and to breastfeed when possible.
• Be valued as partners in your babies care.
Bed sharing

The safest place for your baby to sleep is in a cot next to your bed.

**NEVER** share a bed with your baby if you or your partner
- Smoke.
- Have drunk alcohol.
- Are taking medication or drugs that make you sleepy.
- Are excessively tired.

**NEVER** fall asleep with your baby on an armchair, sofa, camp or blow up bed.

Keep your baby close

Your baby will be with you at all times in the hospital (this is rooming in). This will help you get to know each other and enable you to recognise feeding cues. It is also beneficial for night time feeds. There are no nurseries in the hospital and if your baby is taken away from you it may result in him being left unsupervised.

At home it is recommended that your baby sleeps in a cot in your room until he is at least 6 months old.

You will be given an additional leaflet ‘Caring for your baby at night’ which will explain this in more detail.

Remember night feeds are important as prolactin levels are higher at night.
Hand Expression - The Basics

Why hand express? - you don’t need any equipment, you can do it anywhere, you get a better hormonal response, good for obtaining colostrum and can target specific area of the breast.

1. Locate your fingers in a c shape.
2. Gently squeeze and release in a rhythm.
3. When milk starts to slow down rotate your hand to a new position.
4. Do not squeeze the nipple.

Best times to express - by hand or pump
• About 30 minutes after your baby has fed.
• In the morning.
• If your baby has only fed from one breast express the unused breast.
• In between feeds if your breasts are really full.
• Before a feed to soften the nipple.

There are various reasons you may want to express. To tempt baby to feed, to kick start milk production, to relieve fullness/engorgement, to alleviate problems with blocked ducts or mastitis, if your baby is in SCBU.

Unless you have been asked to express for a medical reason, or a problem, expressing isn’t recommended until breastfeeding is established at around 6-8 weeks on average.
If your baby is in SCBU:
• Hand express as soon as possible after birth.
• Express at least 8 times in 24 hours, including at night.
• Hand express initially then combine hand and pump.

Keeping it going:
• Frequent visits to SCBU with kangaroo care if possible.
• Double pump if possible, using breast compression whilst expressing.
• No more than 6 hours between expressions.
• If using nipple shields make sure they are fitted.

Storage of breast milk

Breast milk can be:
• Stored in a refrigerator at a temperature of 0-4 °C for between 3 and 5 days. Store low down towards the back of the refrigerator and never in the door.

(Please be aware that domestic refrigerators cannot reliably be kept at a constant temperature due to doors being open and shut. It is recommended that any milk which you do not intend using should be frozen within 24 hours.)

• Frozen for up to 6 months in a domestic freezer at -18 °C or lower, when ready to use the milk
  - it should be thawed slowly in a refrigerator and used within 24 hours.
  - it may also be thawed at room temperature and used immediately.
  - it SHOULD NOT be defrosted in a microwave.
  - it SHOULD NOT be re-frozen.
Weaning

Your breast milk is the perfect first food.

Babies are not developmentally ready for other foods until about 6 months (26 weeks).

Why wait?
• Your baby’s kidneys will be mature enough to cope with an increased concentration of different nutrients.
• Reduces the risk of gastroenteritis (tummy bugs).
• Protects the baby’s immune system so reduces the risk of infections.
• Reduces the risk of developing food allergies and intolerences because baby’s bowel has matured enough.
• Your baby will have enough enzymes to digest starchy foods and fat.
• Reduces the risk of developing obesity.

Also leaving solid foods until 6 months means that babys can move onto mashed/lumpier food quicker as they
- are able to sit up with minimal support.
- are able to hold their head steady.
- are able to pick up food and put to mouth.
- are able to chew.

Never wean before 17 weeks old.
The problem with supplementary feeds in the early days

The problem with giving ‘just one bottle’

- A healthy baby needs no other food or fluid except BREASTMILK for the first 6 months of life.
- The milk produced in the first few days of breastfeeding is called colostrum. It comes in small volumes and contains all the necessary nutrients and anti infective properties that your baby requires in the first few days of life.
- Supplementary feeds of formula milk are only required if medically indicated and prescribed by a midwife or paediatrician who has trained in breastfeeding management.
- Giving supplementary feeds of formula milk or water to your breastfeeding baby will result in the baby not going to the breast often enough. This will make it more difficult to establish breastfeeding.
- Infrequent breastfeeding caused by giving water or formula milk to babies can lead to breast engorgement and reduce your milk supply.
- Formula milk can cause intolerance to the proteins in the artificial milk. Just one formula feed can increase the risk of allergies and conditions such as diabetes, especially if these run in families.
- Bottle feeding runs the risk of infection through contamination.
The problem with teats or dummies

• If you are breastfeeding, giving your baby a bottle or a dummy can cause the baby to become confused between the teat and the nipple. This is because the baby sucks differently on an artificial teat than from the breast.

• If you have been advised by your midwife or paediatrician to give your baby artificial feeds, it is recommended that you use a sterilised cup instead of a bottle.

• Your baby needs to let you know when he is hungry, and giving a dummy prevents him from doing this. The more often you feed your baby the better your milk supply will be.

• Dummies are a source of infection.

• Prolonged use of dummies can interfere with speech development in later years.

• Dentists claim that children who have used dummies are more prone to crooked teeth.

The decision to give your baby a dummy rests with you. If you do decide to use one it is recommended that it be introduced only when breastfeeding is well established. It is very important to sterilise it before each use, and to offer it to baby at each sleep if baby is used to sucking on a dummy.
Building your own special baby bond

Mums and dads interact with their children in completely different ways and you will form your own individual relationship with your baby.

Skin to skin contact is not just for mums, your baby will find your chest very warm and cosy too. Babies often settle happily with their dad, as the smell of mum’s milk can be distracting for them.

Change your baby's nappy, bathe him, make the most of eye contact, talking and playing.

Feeding your new baby

It is proven that mums are more likely to start and continue breastfeeding when dads actively participate in the decision, understand the benefits and apply a positive attitude. Your support and encouragement are vital for your partner.

What can you do?

• Take as much time off work as you can.
• Be around to take over some household chores. Don’t refuse help from anyone that offers, it will allow you to spend time with your family.
• Allow your partner to use her maternal instincts.
Dad’s page continued ...

• Encourage her to keep breastfeeding. Tell her what a great job she’s doing.
• If she is having difficulties encourage her to ask for help from a professional.
• When the midwife/health visitor calls stay and be involved in the discussions.
• Keep an eye on how many visitors you receive and how long they stay.
• Provide regular food and drink for you partner, to help her keep her energy levels up.
• Encourage her to sleep when your baby sleeps.
• Play, bath and take your baby for walks.

Most importantly enjoy the time you have together with your newborn.