

FACTSHEET



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Breastfeeding

Breastfeeding is not always easy and you may have trouble breastfeeding your baby. If you are able to breastfeed, it is worth the effort. Breast milk has the perfect ingredients for your baby.

Ask for help if you need it. There are fantastic support groups in the community to help you with any problems you may have (see next page).

Does breast milk change?

Yes. For the first few days after birth, breast milk is called colostrum. After this time, when feeding, the milk produced by the breast is firstly foremilk which changes to hindmilk. Over the time that your baby breastfeeds, this milk changes in fat and energy content to suit the energy needs of your baby.

1. **Colostrum** – the first milk produced by the breasts which has 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, and is concentrated so your baby's kidneys don't become overloaded. It helps 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 each feed. This milk is higher in water and lower in fat and has the role of quenching the child's thirst.
3. **Hindmilk** – is milk high in fat and calories. It follows the foremilk as the feed continues. It is creamy and satisfies hunger. Let your baby set the pace of feeding to make sure they receive the appropriate amount 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). Keep your back, arms and feet supported.
2. Give your baby close contact with your breast by opening your bra and clothes.
3. Support your baby's head and shoulders in a comfortable position. For example, have your baby's head and shoulders on your forearm, your baby's hips, stomach and chest against your body (e.g. you should be chest to chest) and tuck your baby's lower arm around your side. Your baby should be at breast level. You can use a pillow to bring your baby to this level.
4. Touch your nipple on your baby's cheek to initiate the rooting reflex and then bring your baby towards your breast so your nipple touches his mouth. This should cause your baby to open their mouth wide, and you can then bring your baby onto the breast. Bring your 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 that your baby is not well attached, break the suction by placing a clean finger in the corner of your baby's mouth (between the gums) and try again.

How often should I breastfeed?

Feed your baby on demand, e.g., whenever they are hungry. For new babies, this is usually about 8 times per day (day and night).

Common problems: what to do

There are Lactation Consultants/Nurses who can give you advice and support. Check with your nearest Local Hospital or Child Health Centre.

Nipple soreness

In the first few days after birth, nipples are more sensitive, so sore nipples are common. It can also be due to incorrect attachment or positioning of your baby. To 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.
- Take baby off the breast if necessary for a break.
- Wipe hindmilk on the nipple after breastfeeding and let it air dry (keep your nipples dry by changing nursing pads often). The use of breast shields may prevent clothes rubbing.

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

Not enough milk

It is common for mothers to think that their baby is not getting enough milk and to then stop breastfeeding. Most of the time this is not the case. Babies will feed more often if they need more milk e.g. in 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, you probably have enough milk.

If your supply is low:

- Increase your supply by breastfeeding more often than usual (maybe also express between feeds) and let your baby decide how much they want.
- Allow your baby to finish feeding from the first breast before offering the second breast.
- Look after yourself with enough rest, good nutrition and plenty of fluids.

Blocked ducts

Signs of blocked ducts include an engorged or lumpy area on the breast, soreness and redness. If you have blocked ducts:

- Rest as much as you can and keep feeding your baby. 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, ask for 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 your nipples can heal. The usual cause is poor positioning, attachment or the incorrect use of a breast pump.
- Follow the advice given for nipple soreness.
- If your nipples are too sore to breastfeed, express breast milk by hand for 12-24 hours and then gradually start feeding again when it is possible. You can feed your baby your expressed milk via an open cup, spoon or bottle.
- Seek medical advice from a Lactation Consultant, Child and Family Health Nurse or your GP if your nipples are not healing.

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:

- Follow the same steps as you would for a blocked duct and get medical advice as soon as possible as you may need antibiotics.
- Keep 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 is 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 them before feeding.
- Try feeding your baby when they are sleepy (just awakening or going to sleep).
- Change the feeding position or get your baby to suck on your finger first.
- Express milk and feed your baby with a cup or bottle.
- If this continues to be a problem, get help from a Lactation Consultant, Child and Family Health Nurse or the Australian Breastfeeding Association.

Engorgement

Engorgement is when your breast stretches and swells as milk production increases. To treat engorgement:

- Young infants may feed 8 to 12 times in 24 hours, including several times overnight
- Massage breasts and express milk before feeding to soften the areola and help 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, ask for advice on pain relievers from a Lactation Consultant, Child and Family Health Nurse, Australian Breastfeeding Association or your GP.

Further information

Websites:

Australian Breastfeeding Association

www.breastfeeding.asn.au

The ABA website provides information on a large number of topics associated with breastfeeding, including some that aren't included in this factsheet.

Australian Department of Health and Aging

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-brfeed-index.htm>

Child and Youth Health

www.cyh.com

Karitane

www.karitane.com.au/

La Leche League International

<https://www.llli.org/>

Tresillian

www.tresillian.net

Support Associations:

Australian Breastfeeding Association Help line

Ph 1800 686 268

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

<https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/health-services-map.aspx>