

Breastfeeding Your Baby

Checklist for breastfeeding preparation:

- Read “Breastfeeding a Good Start in Life” available in antenatal clinic and it would be useful to have this linked on your phone.
- Visit www.breastfeeding.ie for further information & local support search.

Your local support group:

Phone number: _____

Day & Time: _____

- Watch video on '[How to position and attach baby](#)'
- Watch video on '[Hand Expressing](#)'
- Endeavour to attend a postnatal breastfeeding support group session in your area prior to the birth of your baby. Continue to attend after your baby is born.
- Speak to your Public Health Nurse & voluntary breastfeeding support personnel and have their contact details in your mobile phone.
- While you are in hospital your midwife will support and assist you in achieving skills and confidence with breast feeding.
- Please read the information enclosed.
- Continue to record baby's feeding and output (wet/dirty nappies) on the infant feeding record provided at your bedside. We have attached additional sheets for use following discharge home.

The Public Health Nurse in your local Health Centre will provide support following discharge from hospital.

Useful Contact Information and Additional Support

Postnatal Breastfeeding Support Follow-Up Clinic:

We offer follow up breast feeding support for mothers & babies by telephone, and 1:1 consultations by appointment only.

Contact number for midwife specialists (Mary/Kathy) is: 01 4085761.

Non urgent voice mail messages only. Calls will be returned Monday - Thursday.

Baby Clinic

Monday - Friday 9.00 am – 3.00 pm

Telephone: 01 4085236

Out of hours and weekends (Main Reception) 01 408 5200

Emergency Room (24 hrs) 01 408 5216

Useful Websites

- www.breastfeeding.ie
- www.mychild.ie - Ask Our Expert facility – email questions to online lactation consultants or chat online using webchat facility.
- HSE publication: "[Breastfeeding & Expressing for your premature or sick baby](#)"
- www.unicef.org.uk
- www.alcireland.ie
- <https://www.cuidiu.ie>
- www.lalecheleagueireland.com
- <https://kellymom.com>
- www.friendsofbreastfeeding.ie
- www.fsai.ie
- www.nbc.ca (Dr. Jack Newman)

Breastfeeding during the early days

Day 1: Hold your baby in skin to skin contact at least until the baby has completed the first feed (Breastfeeding, A good start*, page 5). Observe for baby's feeding cues (*page 6/7) and feed during the 1st two hrs after birth as babies are alert at this time. Attempt as many feeds as possible (at least 6 feeds) during the first 24 hrs.

Output: Minimum 1 wet and 1 dirty nappy (in 24 hrs).

Day 2: Baby will have lots of "Cluster feeds". Encourage as many feeds as baby is demanding. Sleep/rest when baby sleeps, as on night 2 and 3 baby will be more alert and demanding more feeds.

Output: Minimum 2-3 wet, 1-2 Greenish Black stool (in 24 hrs).

On day 1 or 2 baby may have orange stained urine (Urates). This is due to very concentrated urine. You should report to midwife and feed more frequently if urates are seen. Request your midwife to check the latch and observe the feeding to ensure correct latch and milk transfer (audible swallows).

Day 3: Minimum 3-4 wet, 3-4 greenish yellow stool (in 24 hrs).

Day 4: 4-6 wet, 3-4 large yellow/seedy stools.

Day 5: 6 wet, 3-4 + yellow stools.

Baby will generally do a lot of 'Cluster feedings' in the late afternoon and early evening.

24 hour period	Wet Nappies	Dirty Nappies
Day one to two	1-2 or more	1 or more, black & tarry (meconium)
Day three to four	3 or more, heavier	2 or more, greenish
Day five	5-6 or more, heavy	2 or more, yellow and seedy
Day seven	+ 6 or more, heavy	2 or more, yellow and seedy

During the first month baby needs 8-12 feeds over 24 hrs

Baby may drop 5-7% of birth weight during the first few days, but should regain birth weight by 2 weeks (*page 17) There after baby should gain 150-200 gms (5-7 ounces)/week.

If you notice any variations from the above findings, or have any concerns please contact midwife/PHN/G.P/Hospital. Contact details are in this leaflet.

A good start!

Achieving a correct latch is essential to effective breastfeeding. If your baby is latched incorrectly, feeding could be uncomfortable and may contribute to inadequate milk intake by your baby. There are specific techniques that can be used when latching your baby to your breast (*page 14). See also [global health media](#).

How you hold your baby is very important. When a good position and latch is achieved, breastfeeding can be a wonderful experience for mother and baby. Preparation for breastfeeding during pregnancy and assistance from a skilled health care professional in the early postnatal days will help in effective feeding and reduce challenges.

Feeding & hunger cues

Your baby may first display some feeding/hunger cues, signalling that he/she is ready to feed. He might suck on his lip, tongue, finger, or fist. Fidgeting and fussing at this time are also indicators that your baby is ready to feed. Crying is a late hunger cue and may make it more difficult to commence a feed (*page 7). Try to pay attention and recognise those earlier feeding cues. Avoid swaddling, pacifiers, and mittens as these will inhibit the hunger cues, as the baby's mouth and hands are restricted.

Latching on:

A good latch is essential for effective breastfeeding and good milk transfer.

The following techniques used with proper positioning, can help ensure a good latch:

- Sit upright in a comfortable chair with good back support. A foot stool to rest your feet on will help with good posture and prevent you from straining your neck and shoulders.
- Use your breastfeeding support pillow if you have one. A good supportive pillow can make a huge difference in assisting the baby to maintain a comfortable position for you both.
- Position baby tummy-to-tummy.
- **Make sure you bring baby up to your breast.** Do not lean forward to baby. Not only will this cause severe strain on your neck and shoulders, it can result in poor latch.
- Remember to keep your baby's ear, shoulder, and hip in alignment, which will make swallowing easier.
- The baby's nose should be opposite the nipple.
- You might need to hold your breast to help guide the nipple to your baby's nose. Hold the breast using either a "C" hold or "U" hold. Make sure to keep fingers well back from the nipple so you don't interfere with baby's latch.
- Aim the nipple toward the baby's upper lip/nose, not to the centre of the mouth. You may need to rub the nipple across the top lip to get your baby to open his/her mouth.
- The baby's head should be tilted slightly back. Do not push baby's chin to the chest.
- When he opens his mouth wide, with the chin forward and tongue down, baby should latch on to the breast. If baby does not open mouth wide, do not try to push the nipple in. It is best to move back, tickle the lip again with the nipple and wait for a wide open mouth.
- Try to get as much of the lower portion of the areola (the area around the nipple) in the baby's mouth.
- The baby's chin should indent the lower portion of your breast.
- Look to see if the baby's bottom and top lip are flanged out like fish lips. If they are not, you may use your finger to pull the bottom lip down.

Positioning your baby to feed

There are many different positions for breastfeeding. It is important to find one that is comfortable for both you and your baby. Make sure to utilise the tips in the above list to help ensure that the position is correct.

Cross-Cradle Hold:

This position is often the most helpful for mothers immediately after birth and until they gain more confidence. It may feel awkward at first, but with practice it is the favourite for most breastfeeding mothers in the early days.

Support your baby using the opposite arm and hand the side you are feeding on, while you use the hand on the side you are feeding from to support your breast.

Hold your baby next to you, tummy-to-tummy, with your opposite hand supporting the back of his head, neck & shoulders. You want to make sure you are holding at the neck, so you are just guiding the head. You will use the other hand (on the same side the baby is feeding from) to hold your breast. Once the baby is securely latched on, you can move your arms to the cradle hold.



Figure 4 Cross cradle hold

Cradle Hold:

This position is often used when you are more confident in your breastfeeding hold. Your baby lays across your tummy at breast level with his/her tummy toward your chest. Your baby's head will be resting in the crook of your elbow, on the same side you are breastfeeding from. You will use the opposite hand to help hold your breast.

Football Hold:

Your baby will lay along your side under your arm, with your hand supporting the back of the baby's neck. Make sure to bend the baby's legs at the hip, so that he does not push his feet against whatever you're leaning against, as this will affect how he will be able to latch. This hold is generally good after caesarean birth and for women with large breasts.



Figure 5 Football hold

Side-lying:

Lay your baby on his/her side with a pillow behind his back for support. You should also lie on your side facing your baby. You might use a pillow behind your back or between your knees for support. Your baby's nose should be in line with your nipple.

There are other positions that can work for both you and your baby. Make sure that you and the baby are comfortable. If not, try another position.

Signs that confirm a good latch & transfer of milk:

- Cheeks are rounded and full.
- You do not hear clicking or smacking noises.
- Most of the areola is in the baby's mouth.
- Tongue is seen when the bottom lip is pulled down.
- There is circular movement of the jaw rather than rapid chin movement
- You can hear swallowing.
- Chin is touching your breast
- When your baby comes off the breast, the nipple is not flattened or misshaped
- Any discomfort ends quickly after getting the baby latched on
- Your baby ends the feeding with signs of satiety/satisfaction. These signs include: the baby looks relaxed, "falls" off the breast, has open hands, and/or falls asleep.

Remember!

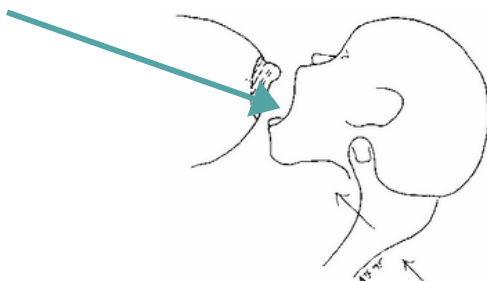
Breastfeeding should not be painful. A good latch will help keep discomfort to a minimum. When the baby has not latched on well, other problems can develop including cracked and sore nipples. Once you get accustomed to positioning your baby and helping him/her get a good latch, breastfeeding can be a wonderful, pain-free bonding experience for you and your baby.

Watch lower lip, aim it as far from base of nipple as possible, so tongue draws lots of breast into mouth.

Reminder! - Watch global health media video.

Wide mouth / gape

Area drawn into baby's mouth



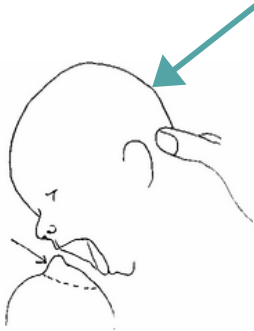
Push base of hand firmly against baby's shoulders keeping baby "uncurled" chin coming in first.

Mother's view while latching baby

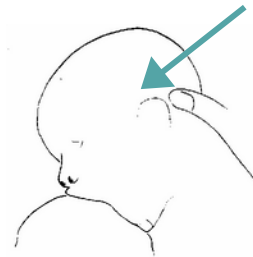
Area baby draws in mouth

- Baby's head tilted slightly back
- Bring baby in quickly
- Push with base of hand on shoulders
- Chin touches first
- Baby's body close against mother
- Head tilted slightly back
- Chin well in at breast
- Hold in firmly against shoulders keeping baby uncurled

Move baby, not breast



Mother's view of nursing baby



Reccomendations for the mother

Mother's posture (while feeding sitting up)

- Sit with straight, well-supported back
- Trunk facing forwards, lap flat

Baby's position before feed begins

- On pillow can be helpful,
- Nipple points to the baby's upper lip or nostril

Support breast

- Firm inner breast tissue by raising breast slightly with fingers placed flat on chest wall and thumb pointing up (if helpful, also use sling of tensor bandage around breast)

Move baby quickly on to breast

- Head tilted back slightly, pushing in across shoulders so chin and lower jaw make first contact (not nose) while mouth still wide open, keep baby uncurled (means tongue nearer breast) lower lip is aimed as far from nipple as possible so baby's tongue draws in maximum amount of breast tissue

Mother needs to AVOID

- Pushing her breast across her body
- Chasing the baby with her breast
- Flapping the breast up and down
- Holding breast with scissor grip
- Not supporting breast
- Twisting her body towards the baby instead of slightly away
- Aiming nipple to centre of baby's mouth
- Flexing baby's head when bringing to breast
- Moving breast into baby's mouth instead of bringing baby to breast
- Moving baby onto breast without a proper gape
- Not moving baby onto breast quickly enough at height of gape
- Having baby's nose touch breast first and not the chin
- Holding breast away from baby's nose (not necessary if the baby is well latched on, as the nose will be away from the breast anyway)

Biological Nurturing, or Laid Back Breastfeeding

(See www.biologicalnurturing.com for further information)

- The mother's body is a **habitat** for the baby. It is normal for the new mother and baby to be snuggled up together for long periods of time.
- The mother **sits back** or reclines comfortably, completely supported. Definitely not flat.
- The baby lies on top of the mother. It does not matter what the **angle** is. The baby may be parallel to the mother's body, diagonal or, rarely, transverse. The position where the baby is most comfortable possibly mimics the position of the baby in the womb.
- The baby's body is in **full frontal contact** with the mother. However if the baby is lying in a transverse position on the mother's body the feet will need to be resting on something – a pillow or blanket say. This enables the stepping reflex to work.

These set of positions enables **primitive neonatal reflexes** to work.

Some of those reflexes, such as arm cycling, can appear to impede breastfeeding in a more upright position – mothers can think new babies are pushing themselves off - but are seen to be more helpful if the mother is sitting back.

The infant has a variety of **sleep states**. Research shows babies do not have to be awake to feed. They can even feed when drowsy or in an active sleep state.



Nancy Mohrbacher

Expressing breast milk for your baby

“Breast milk is the best food for your baby.”

Join Us!

Support Group workshops for all mothers who are expressing breast milk for their premature or sick babies in the Neonatal Unit and also for women who are inpatients in the Antenatal ward. **Currently on hold due to Covid 19 restrictions.** Days: Mondays & Thursdays @ 11. 00Am,
Venue: Maurice Reidy Room, 3rd Floor.

Very Important!

If it is recommended that you express milk for your baby for any reason, you should hand express on day 1 and 2.

Please read information on hand expressing in this leaflet & HSE booklet “Breastfeeding: A Good Start in Life” or “Breastfeeding & Expressing for your premature or sick baby”

Watch the video www.Newborns.stanford.edu/Breastfeeding/Hand Expression.

If your baby is in Neonatal Centre or you have not yet established breastfeeding you will require a hospital grade double electric breast pump combined with breast massage and hand expressing to ensure you establish and maintain a good milk supply.

Mini electric /battery operated and hand pumps are not recommended for mothers with preterm babies/sick babies or if experiencing early breastfeeding challenges. Hospital grade pumps are generally recommended in the above circumstances as smaller convenience pumps are for occasional use only, once milk supply is established.

For hygiene reasons and to prevent cross infection mothers using hospital grade electric breast pumps must use their own individual collection set. Please discuss with your Midwife/Nurse before purchasing. Hospital grade double pump attachment sets may be purchased in hospital shop on the ground floor. Information on Hospital grade breast pumps and rental is available on, www.rental.medicare.ie Or www.breastisbest.ie

Pumps must be ordered and paid for online prior to collection

Collection points for pumps:

1. Moore's Pharmacy, Cork Street, Dublin 8.

(for Medela Pump)

Tel: 01 4542981

Mon-Fri 9am-7pm

Sat 9am- 6pm (Closed Sunday)

2. Hospital shop, Ground Floor, Coombe Women & Infants University Hospital

(for Ardo Pump)

Mon-Fri 8.30am - 8.15pm

Sat & Sunday 9.30am- 8.15pm (Closed on Bank Holidays)

3. Meagher's Pharmacy, Upper Baggot Street, Dublin 4.

(for Medela Pump)

Tel: 01 6605744

Mon-Thur 8am-8pm

Fri 8am-7pm

Sat 9am- 6pm

Sunday 12pm-6pm.

Infection Prevention and Control guidelines: Hospital Grade Breast Pumps

Good general hygiene is essential when expressing milk for your baby. A daily shower, clean clothes & changing breast pads regularly is recommended.

Careful attention to hand hygiene will help to keep your milk as clean as possible. Please follow the guidelines on hand washing placed at every hand washing facility. Breast milk is not sterile, the bacteria in breast milk helps the development of beneficial micro-organism in the newborn baby. Try to keep everything as clean as possible.

Breast pumps and steam sterilisers are available for use while in hospital. It is important that you know how to use and care for them. Your Midwife/Nurse/Health Care Assistant will show you how to use them correctly. **(Please read manufacturers' guidelines on using breast pumps prior to use of same.)**

You must use your own double pump set. Please follow the steps below:

Before Expressing:

1. Wash your hands very thoroughly with soap and running water.
2. Follow the guidelines on breast massage and hand expressing.
3. Make sure everything is within easy reach e.g. clean pump, sterile attachments and breast milk collection containers.
4. Once you are ready to start wash and dry your hands again before using the pump.

After Expressing:

1. Remove the collection kit and wash in warm soapy water, using appropriate brush (all mothers should have their own brush) to remove any milk residue.
2. Rinse well and dry with a paper towel.
3. Store in a clean container with lid.
4. Keep your collection kit at your bedside or bring it home as required.
5. Sterilize your collection kit just before your next expressing session.

How to sterilise your expressing kit:

1. Wash and dry hands thoroughly.
2. When using the steam steriliser for the first time, ask your midwife/nurse to show you how.
3. Pour exactly the recommended amount of tap water into the steriliser checking that the water does not exceed the maximum level line.
4. Place the collection kit into the steam steriliser and turn it on, place your identification beside the steriliser.
5. The cycle time will depend on the load. After each cycle the steriliser will automatically switch off and the light will go out.

After sterilisation:

1. Let the steriliser cool for 3 minutes before opening.
2. Unplug from the mains.
3. Wash your hands again before removing your sterilised
4. collection kit, which should be cool enough to handle before removing
5. If necessary shake any excess water from the collection kit prior to assembling.

How to care for the breast pump:

1. Before using the pump, wipe the pump with a paper towel moistened in soapy water solution to remove any milk residue.
2. Please leave the breast pump and its surroundings dry for the next user.

How to care for the steam steriliser:

1. After use, pour away any remaining water, rinse and dry well.
2. Leave the steriliser and its surroundings clean and dry for the next user.

Labelling and storage of expressed breast milk:

1. All expressed milk must be stored in special bottles.
2. These are available from the neonatal centre on the postnatal wards. Ask your midwife.
3. It's important that you fill in the Identification labels clearly to allow for accurate checking by the nurse/midwife, prior to giving your milk to your baby. Labels can be obtained from the secretary in the Neonatal centre.
4. While babies are in the Neonatal centre, breast milk must be used within 24 hrs.
5. Breast milk for healthy term babies can be stored in the main body (never in the door) of the refrigerator (2- 4^o C) for 2-3 days and 3 months in a fridge freezer and 6 months in a separate freezer (-18 degrees Celsius). Refer to www.fsai.ie for further information.
6. The safest way to defrost expressed milk is to let it thaw in a fridge for several hours.
7. Write the date and time the milk is removed from the freezer and the lid label, so as to remind you how long the milk has been defrosting. Must be stored in the fridge & used within 24- 48 hours.



Keep a record of milk expressing!

Infection control guidelines stipulate that storage of breast milk following discharge of mother and baby from the postnatal wards is not permitted. Please check fridge/freezer before discharge home. Any leftover breast milk will be discarded.

Breast milk expressing Record. (Hand expression or Hospital Pump)

It is essential that you commence hand expressing immediately after birth or at least within the first hour while in Delivery Suite/ Recovery Room if your baby is not breastfeeding.

Express regularly every 3 hours building to 15-20 mins (both breasts simultaneously) ensuring 8-10 sessions in 24 hrs.

You may express at your bedside/Room, lactation rooms in neonatal units or beside your baby.

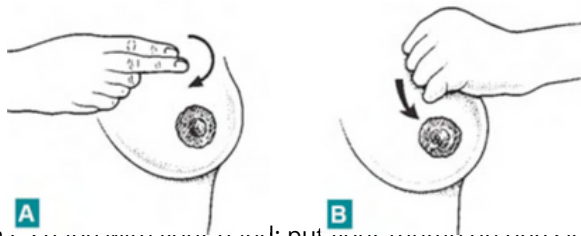
Remember! Hand expressing before & after pumping will enhance supply & improved milk removal.

Your Midwife/Nurse/Health Care Assistant will educate and assist you with breast massage, hand expressing and the use of breast pump before discharge. Make extra Copies of this expressing record for each week your baby is in the Neonatal Centre or use one of the many apps available to download.

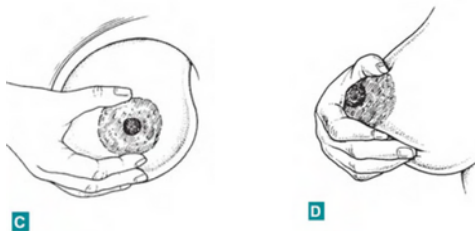
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TOTAL							

How to express breast milk by hand

1. Wash your hands first
2. You can help your milk to flow by:
 - Sitting comfortably, relaxed and thinking about your baby
 - Warming your breast with a warm moist cloth.
 - Massage or stroking your breast (Pictures A & B)
 - Gently roll your nipple between your fingers
 - Have your back massaged



3. Make a C shape with your hand; put your thumb on one side of the breast and the first 2-3 fingers opposite towards the edge of your areola. Do not squeeze the nipple.
4. Press your fingers and thumb backwards towards your chest. (Picture C & D).



5. Gently but firmly press your breasts between your fingers and thumb. This helps to move milk towards your nipple. Release and repeat the pressure until the milk starts to flow.

6. Move the position of your fingers all around the areola to release milk from around the breast. Move to the other breast when the flow of milk slows and massage your breast occasionally as you move your hand around.

For further information please see:

1. HSE publication: "[Breastfeeding A Good Start in Life](#)", pages 22 & 23.
2. www.Newborns.stanford.edu/Breastfeeding/Hand Expression
3. www.nbc.ca (Dr. Jack Newman).

Infant Feeding Record:

Current weight:

Date & time	Sucking Time on Breast		Additional Top up If medically indicated D=Dropper/ C=Cup/ B=Bottle		Nappies Put(✓) mark		Time spent in Skin to skin contact	Comments On latching, suck & swallow
	Right	Left	Expressed Milk	Other	Wet	Dirty (Colour)		
Day								
Day								
Day								



Coombe Women & Infants University Hospital
Cork St.,
Dublin 8.
D08 XW7X

Tel: +353 (1) 408 5200
Fax: +353 (1) 453 6033
email: info@coombe.ie