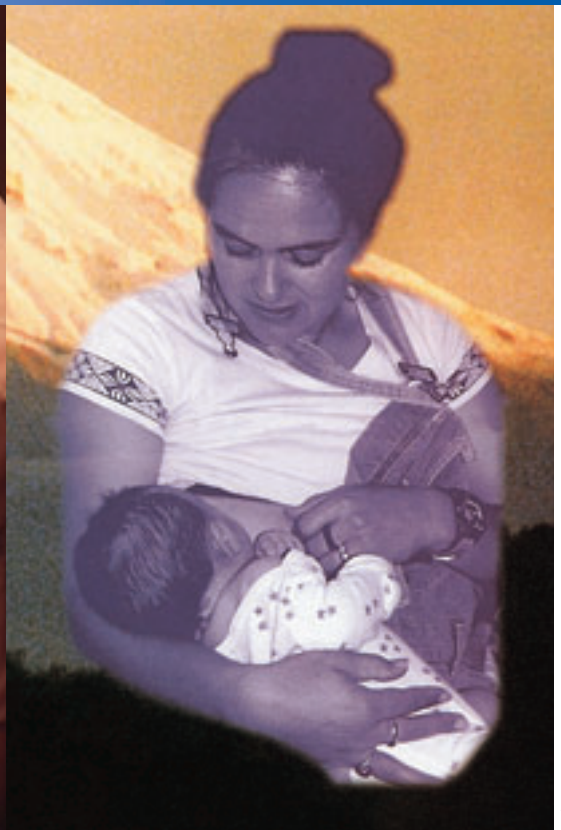


# Breastfeeding

you can do it



# Breastfeeding

*Although breastfeeding is a natural process, it doesn't mean you will know everything about it. These answers to some commonly asked questions can not replace the support and practical help a mother needs to breastfeed successfully. (See back page for support people near you.)*



## Position – the key to comfortable feeding

Being in the correct position to feed your baby helps prevent problems such as sore nipples.

You can either lie down or sit up to feed baby, but be comfortable. Some people like to use a pillow to raise baby up to the breast. If you choose sitting, sit upright so you can bring baby to the breast (not take the breast to the baby). Leave baby's arms free to move.

Position baby across your front with the whole body facing you and pulled in close. Baby's mouth should be level with your nipple.

Cupping your breast with your hand, touch the corner of baby's lip lightly with your nipple to encourage baby's response. When the mouth is open wide like a yawn, draw baby closer to you. Baby needs to take your whole nipple and a large mouthful of your breast. With the chin against your breast baby sucks and draws in the milk. Allow baby's head to move freely to breathe.



## How long should baby feed?

Feed for as long as baby wants. If baby tires or falls asleep in the middle of a feed, try burping baby and/or changing the nappy before trying the second breast. To release your nipple from baby's mouth, slide your little finger gently into the corner of the mouth – this will break the suction and help prevent sore nipples.

Both breasts may not always be wanted at each feed.

## How often should baby feed?

Let baby tell you. New babies need frequent, small feeds day and night and may want to be fed every two hours (or more often) to begin with. As babies get older they may feed less often during the day and (usually at night) have one longer sleep.

Remember to get a daily rest and to eat and drink when you are hungry and thirsty – even if it is the middle of the night!

At times (sometimes at 2 and 4, and usually at 6 and 12 weeks) your baby may want to breastfeed more often. This extra feeding usually lasts for several days and is due to an increased appetite. As your baby takes more milk, your supply increases and your baby will settle again. This is often called a growth spurt.

Suckling is the most efficient way of increasing your milk. So let baby lead the breastfeeding.

## Is baby getting enough milk?

Yes, if baby:

- has 6 to 8 wet nappies over 24 hours (or 5 to 6 disposable nappies)
- is gaining weight
- is well and mostly happy.

Breastfed babies often have frequent, loose bowel motions. However some only have one dirty nappy every few days. If you are concerned see your health professional.



## How is your milk produced?

The first milk made by the breasts after birth is colostrum which your newborn baby needs. It is often quite yellow and creamy, gradually changing to mature breastmilk which looks thinner and whiter but is just right for your baby. Both colostrum and mature milk have antibodies which help your baby resist infection.

The letdown reflex starts the flow of milk from your breasts. It can be triggered by your baby's cry, smell, or just thinking about baby, as well as by suckling. Some women feel a tingling (letdown) sensation in their breasts as the milk starts to flow. As the milk comes in your breasts may, at first, feel heavy, hard and uncomfortable. As your breasts adjust to your baby's needs, the amount of milk you produce will settle down and your breasts will feel more comfortable.

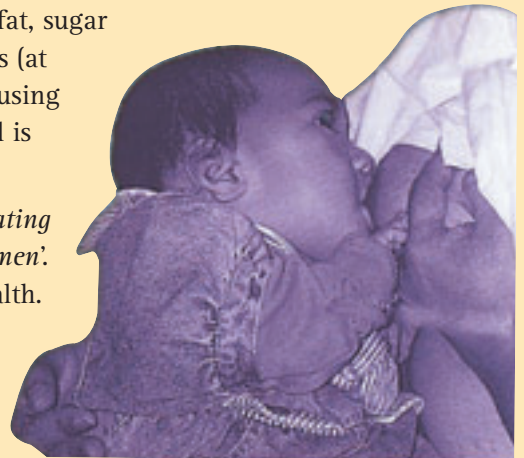
The amount of milk the breasts produce is controlled by the needs of the baby. The baby suckling and removing milk increases the volume of milk. The more you feed or express the more milk you will produce.

Tiredness and stress can affect your milk supply, so rest when baby rests, if possible.

## Look after yourself by eating well

Your body needs more energy (kilojoules or calories) when you are breastfeeding so your appetite will increase. Eat regularly, including breakfast and healthy snacks. Choose a variety of healthy foods that are low in fat, sugar and salt. Drink plenty of fluids (at least 6 to 8 glasses each day) using your thirst as a guide. Alcohol is not recommended.

For more information read '*Eating for Healthy Breastfeeding Women*'. Code HE1806, Ministry of Health.



## Sore breasts?

Engorged breasts feel hard and uncomfortable. Engorgement can occur when milk first comes in or if baby is not taking enough off the breast. (Remember, new babies need about 8 feeds or more a day.) When breasts are engorged it is hard for baby to latch on properly. (A bra that is too tight can cause engorgement.) This can mean baby takes only the nipple to feed, which can cause soreness. You can reduce engorgement by gently hand-expressing some milk before baby feeds. This will help baby to latch on. Painful breastfeeding may mean baby is latched on to the breast incorrectly.

### *Check:*

- your position
- baby's position
- correct latch-on.




Royal New Zealand Plunket Society

### *Try:*

- a warm shower and expressing a small amount of milk
  - placing a warm face cloth, wheat pack or covered hot water bottle on the sore spot before a feed
  - gently massaging away lumpy areas during a feed
  - feeding frequently from the affected breast but continuing to feed from both breasts
- feeding in a different position
  - talking to another mother, or to your health worker.

If you have a sore or red area on your breast and also have a high temperature, or feel as if you have the flu, you may have a breast infection.

*Breast infections need treatment straight away.  
See your doctor or midwife.*



You should continue to breastfeed. Baby will not be harmed and feeding helps clear up the infection more quickly. Try to get plenty of rest and fluids.

## Nipple care

Wash nipples with water only. Do not use soaps as they remove the natural protective oils. Creams are not needed. Breast milk and baby's saliva have healing properties. After feeding or washing, gently rub a drop of breast milk on to the nipples and let it dry. Nipples do not need toughening.

### *Sore or cracked nipples?*

In the early days of breastfeeding the first sucks might feel tender on your nipple. If the nipple remains sore, remove baby from the breast (break the suction first) and start again with the nipple well inside baby's mouth. Baby should not nipple-suck, but breastfeed.

### *Look for the cause of the sore nipples:*

- Check your position.
- Check baby's position.
- Wait for baby's mouth to open wide and see that the tongue is down before baby takes the breast.
- Break the suction with your little finger before taking baby off the breast.
- Check the shape of the nipple after baby comes off. It should be round, not squashed or flattened.
- Have your doctor/midwife/Well Child nurse check the baby for thrush.

If nipples are still sore talk to your health worker.

## Expressing breastmilk

Breastmilk can be expressed by hand or by pump. Ask your health worker to show you how. It's important to do this the right way to avoid damage to breast tissue.

If you want to know about storing and thawing breast milk refer to the Ministry of Health booklet *Eating for Healthy Babies and Toddlers* (code HE1521), available from your health worker or your local public health service.

Ask your health worker or public health service about other publications (eg, *Starting Solids*, code HE6014).

## Breastfeeding two or more babies

You can produce enough breastmilk to fully breastfeed your babies, but extra care will be needed. You will need extra help at home so you have plenty of time to feed your babies and feel relaxed. Breastfeeding early and often, and expressing breastmilk are important when you are breastfeeding more than one baby, as you will be producing more milk. You must eat well and regularly, including healthy snacks, and drink according to thirst.

The babies can be fed together or separately. There is a variety of nursing positions that you may use. Any position that is comfortable is fine. You may choose to lie or sit to feed.



Combination cradle-  
football/layered/parallel  
holds



Double football/double  
clutch hold



Criss-cross/double  
cradle hold

## Where to go for help

If you need more information or practical support, contact someone from the list below. You should be able to find numbers in the telephone book:

- Community health worker (at your local public health service)\*
- Family doctor
- Lactation consultant (IBCLC)
- La Leche League\*
- Māori Women's Welfare League
- Midwife (either at your local public health service, or an independent midwife)
- New Zealand Multiple Birth Association\*
- Parents Centre\*
- Well Child/Tamariki Ora nurse\*
- Plunket/Karitane Family Centre
- Healthline including Well Child Line
- Plunketline

\*These organisations have written information on breastfeeding.

## Baby's choice – a check list.

- Wash your hands after changing baby and before breastfeeding.
- Breastfeeding takes time for you and baby to learn at first.
- Breastfed babies who are well do not need other fluids.
- The more often baby feeds the more milk you will produce.
- Let baby decide how often and how long to feed.
- Hold baby close, facing you, tummy to tummy, chin to breast.
- Touch the corner of baby's lips with your nipple and wait until mouth is wide.
- Let baby take all the nipple and a mouthful of the breast.
- Some babies need both breasts at a feed while others may only need one breast.

New Zealand Government

## Breastmilk - the best food for babies.

This resource is available from [www.healthed.govt.nz](http://www.healthed.govt.nz) or the Authorised Provider at your local DHB.

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