Preparing to Breastfeed Class

Breastfeeding Support Services at The National Maternity Hospital

Presented by the NMH Lactation Team

Baby Friendly Initiative 10 Steps to Successful Breastfeeding

- Step 1 -Have a Hospital breastfeeding policy routinely communicated to staff
- * Step 2 Educate staff in skills to assist mothers in breastfeeding
- * Step 3 Provide antenatal education to pregnant women
- * Step 4 Encourage Skin to skin contact after birth
- Step 5 Show mother how to breastfeed and maintain lactation
- * Step 6 Give newborn baby no food or drink other than breastmilk, **unless medically indicated.**
- * Step 7 Rooming in
- * Step 8 Encourage responsive breastfeeding.
- * Step 9 Avoid teats and dummies
- * Step 10 Inform mothers of Breastfeeding support groupshospital-PHN Clinics/Voluntary groups

Breastmilk vs Formula



Skin to skin





Off to a good start

- Breastfeed within 1 hour of birth
- Offer baby your breast at least 4-6 times in the first 24 hours
- Colostrum first milk provides everything a baby needs for the first few days of life
- * Day 2 onwards your baby should feed on average 8-12 times during a 24 period
- * Offer both breasts at every feed
- * Start on the breast where you finished last feed
- * Record your baby's feeds

Recognising when baby wants to feed



Skin to skin contact

- * Keeps your baby warm
- Helps to regulate baby's breathing and heartbeat
- Helps get breastfeeding off to the best start
- * Calms your baby
- Increases breastfeeding rates and duration





Positioning baby



- * Hold baby close
- * Tummy to mummy
- * Nipple to nose



* Babies head and body should be in alignment

Good Latch

- * What is a good latch?
- Lips flanged outwards
- * Full cheeks
- * Baby takes in a good mouthful of breast

A Good Latch

The "Perfect" Latch

Tummy to mummy, chin to breast, nose to nipple.

Wide mouth, flanged lips, mouthful of breast.

A Good Latch



Cross Cradle Position

- Mum is holding baby across the back of her neck and shoulders and supporting her head
- * Do not hold the back of the babies head! Baby needs to be able to move off the breast if they need to





Cross Cradle Position

- Hold the baby across your chest with one arm
- Hold the breast with the other hand
- * Line baby up nipple to nose
- Allows you to bring the baby to the breast at the right moment and in the right position to get a good latch

Cradle Hold

- * Hold baby in the crook of your arm
- * Head shoulders and hips in alignment
- * Support the breast

Cradle Hold



Rugby Hold

Good position for:

- * Twins
- * Mums with big breasts
- * Premature baby

Rugby Hold

- * Baby under one arm, resting on a pillow or cushion
- Hold baby across the neck and shoulders and support the head
- * Other hand supports the breast

Rugby Hold





Side Lying Position

- Mum lies on her side
- * Place baby lying on their side, tummy to mummy
- * Line baby up nipple to nose
- Allow baby to latch on
- Make sure baby is *not* under duvet or squashed into the pillows

Side Lying Position





Laid Back Breastfeeding





The Flipple



Nipple tilt – the flipple– allows baby to get a deeper latch which will help to prevent sore nipples



Hand expression

- * Clean hands
- * Massage breast prior to hand expressing
- * Excellent way of stimulating breasts in early days









Hand expressing video

www.mychild.ie

Search – breastmilk expressing.

Item 2 – How to express breast milk.

Text and video

The Second Night

- * Your baby may be more unsettled
- * Your baby may want to be held close and comforted
- * Breastfeeding on and off for a lot of the night
- * This is normal! Baby suckling will help to bring in your full supply of milk
- * Breastfeeding will help soothe your baby to sleep
- Try to rest during the day in preparation for a busy night

When milk 'comes in'

- * Feed on demand
- Demand feeding is feeding your baby whenever he wants for as long as he wants
- * 'Cluster feeding' Normal! When baby feeds on and off over a few hours. Normally happens in the evening time

Be Prepared!

- * Nipple cream
- * Compresses
- * Breast shells
- * Breast angels
- * Nipple Shields
- * Latch Assist









Tender nipples

- Nipples may feel sensitive and tender during the early days of feeding
- * Ask your midwife to check baby's latch and assess your nipple
- * Apply colostrum to the nipple following a feed
- Moist wound healing is recommended increases the moisture content and prevents a scab forming

Flat or Inverted Nipples

- If you have flat or inverted nipples be aware that you may need to use a latch assist or nipple shield to help latch baby on
- Please discuss which shield may be useful for you to bring to the hospital – there are different sizes.





Latch Aids

Latch Assist





A latch assist will help shape a flat nipple



Nipple shield - should not be used until full supply of milk has come in

Engorged breasts

- * Offer the breasts frequently
- Put warm compresses on the breasts prior to feeding
- * Massage and hand express a little milk
- * Reverse pressure softening
- * Cold compress after feeds
- * Cold dark green cabbage leaves 20mins x 3 day
- * Should resolve within 24-48 hrs





Engorged Breasts



Mastitis

- * Breast inflammation that can lead to an infection
- * Typically red, wedge shaped area on one or both breasts
- * Flu like symptoms shivering, fever, feeling very unwell
- If you develop a temperature > 37.5See a doctor for antibiotics.



Causes of Mastitis

- * Cracked nipples
- * Blocked duct
- * Missing breastfeeds
- * Over doing it

What to do

- Good positioning and latch ask Midwife or Public Health Nurse to check latch
- * Nipple care moist wound healing
- Blocked duct feed baby frequently, massage duct as baby feeds
- Start feed on affected side
- * Fatigue- rest when baby sleeps. Day and night
- Increase your fluid intake
- Take paracetamol
- * Go to the GP or Casualty for review if not resolving

What to Expect with your new baby.

- Babies may loose up to 7 -10% of their birth weight in the first 5 days of life – normal
- Should be back up to their birth weight by 2 3 weeks of age



Newborn Stomach Capacity

Size of a newborn's stomach



Day 1 size of a cherry 5 - 7 ml 1 - 1.4 teaspoon



Day 3 size of a walnut 22 - 27 ml 0.75 -1oz



Day Week size of an apricot 45 - 60 ml 1.5 - 2 oz



One Month size of a large egg 80 - 150 ml 2.5 - 5 oz

Health & Parenting

Newborn Urine Output

Normal newborn urine pattern



Newborn stools

Day 1 – Day 2 meconium





Day 3

Day 4-6 onwards



Why babies cry

- * Hunger
- * Wet/soiled nappy
- * Windy pain
- * Want a hug
- * Overfull
- Verstimulation
- * Too much handling
- * Unwell



Winding your baby







Breastfeeding Support

- * Supportive Partner / family / friends will help so much!
- * Cuidiu
- * Le Leche League





- * Every Thursday 65 Mount Street, Second floor
- * 09.30 12.30
- Group setting with 1-1 support from the lactation team
- * Partners welcome

Antenatal Hand Expressing of Colostrum Trial 2019

For any pregnant women with a 'normal/low risk' pregnancy

- * May attend teaching session
- * 3rd Tuesday of the month
- * 17.30-18.00
- * 65 Mount Street Lecture Theatre

Further Information

- * www.mychild.ie
- * www.nmh.ie
- * Dr Jack Newman website
- * Global Health Media website
- * Lactation Education Resources LER Parent handouts



References

- Riordan J & Wambach K. (2016) Breastfeeding and Human lactation, 6th ed. Jones and Bartlett, Boston.
- Walker M. (2017) 4th Ed. Breastfeeding Management for the Clinician. Using the Evidence. Jones and Bartlett, Boston.
- * Lactation Education Resources LER.
- Thank you to LER for their permission to use photos in this presentation