



Feeding Your Baby

Information folder for new parents



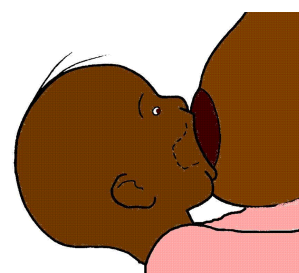




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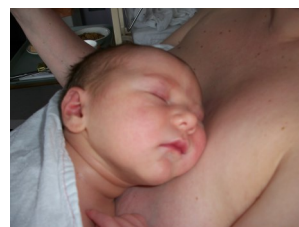
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The benefits of breastfeeding

Mums are less likely to have:

- Breast cancer
- Ovarian cancer
- Osteoporosis and hip fractures in later life

Babies are less likely to have:

- Gastroenteritis, diarrhoea and vomiting
- Urinary tract infections
- Chest infections
- Ear infections
- Type 2 Diabetes
- Obesity
- Allergies such as asthma and eczema



Breastfeeding timeline

At Birth

When baby is born start skin to skin (see page 3) and keep it going for at least an hour or until baby has their first feed. Your midwife will help you with the first feed

Skin to skin

Golden Hour

1 hour

If baby has not fed, keep skin to skin going for the next 6 hours



6 hours

A midwife will offer you support with breastfeeding. If baby has not fed yet then continue with skin to skin

12 hours

Learn how to hand express (see pages 17—18 and ask a midwife to show you how). If baby has not fed yet, hand express and offer baby droplets of colostrum (see page 10) every 2 - 3 hours

The more skin to skin the better!

3- 4 days

Colostrum comes in small amounts. Around day 3 or 4 your supply may increase and become more milky looking.



24 hours

Has baby done 1 or 2 poos and 1 or 2 wees yet? If not ask a midwife for help. From now on baby will feed at least 8 times in 24 hours

Look for poos and wees!

Watch baby for swallowing

2 weeks

It takes 2 weeks to reach mature milk so it's really important to build up your supply in this time

4 days

Baby's poo should be yellow by now. If not ask a midwife for help

6 months

Around this time begin introducing solid food

1 year +

Breastfeeding benefits your baby up to and beyond 2 years of age. You can breastfeed for as long as you wish





Skin to Skin helps with...



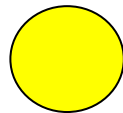
- Bonding
- Keeping your baby warm
- Regulating your baby's breathing and heartbeat
- Keeping you & your baby calm
- Breastfeeding

↓
Swaddling baby in a cot makes it harder to see when your baby is hungry

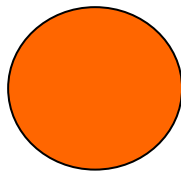


Size of baby's stomach

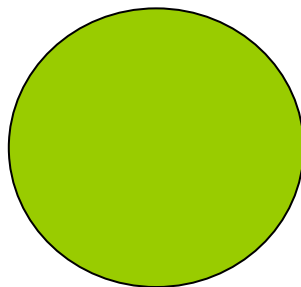
This is the size of a baby's stomach:



24 hours old
(5 - 7 mls)



3 - 5 days old
(22 - 27 mls)



10 - 12 days old
(60 - 85 mls)



Positioning



- Baby is held close in to your body with their back and shoulders supported
- Baby is free to move their head back
- Baby's head and body are in straight line
- You bring baby to your breast aiming their nose to your nipple
- You are in a comfortable position for the whole of the feed

See page 9 for some suggestions of positions you can try.

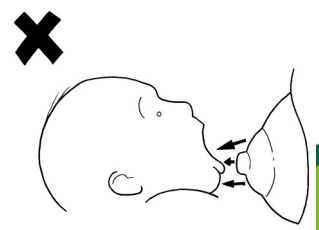
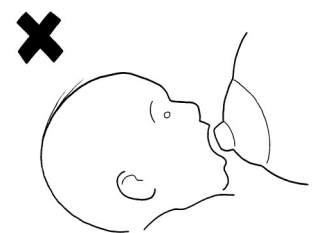
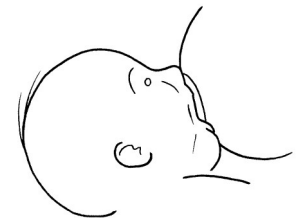
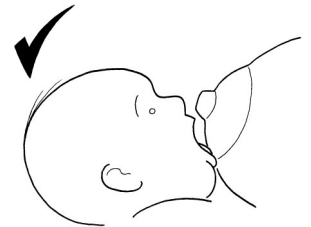


Attachment



You can tell baby is attached well to the breast when:-

- Baby's mouth stays wide open
- Baby's chin is tucked closely into the breast
- More areola (the darker area) is seen at the top of the baby's mouth than at the bottom
- Baby's sucking pattern changes from rapid sucks to big deep sucks with pauses and swallows—you can see or hear these.
- Baby is content and relaxed—not fussing or coming on and off
- Sucking is not painful for you - if it is then put your little finger in baby's mouth to take them off & try again
- **Remember to offer both breasts every feed**





Why is attachment and positioning important?



- You won't get sore nipples
- You and baby will feel comfortable during feeds
- Baby will be able to get the right amount
- Baby will be happy and satisfied after feeds
- Your breasts will keep making enough milk



How do I know if my baby is hungry?



These are all signs that baby is hungry. Watch for early signals and get ready to feed:

- Rooting
- Wriggling
- Sucking or licking hands or fingers
- Rolling eyes
- Moving head from side to side
- Opening and closing mouth
- Crying is the last sign of hunger. *Feed baby before she cries as this will make breastfeeding easier and she will be happier.*



Different feeding positions



Cradle Hold



Rugby Hold



Side Lying



Laid-back

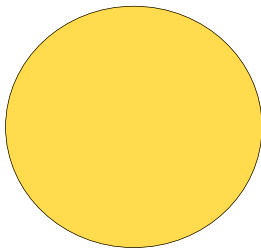


With a baby sling you can breastfeed hands free!

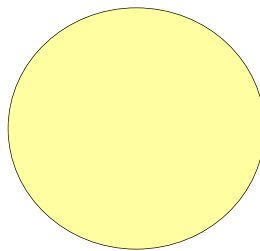


Colostrum - your first milk

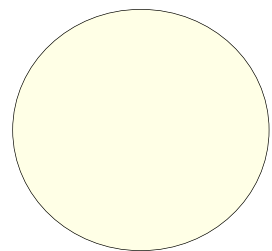
Colostrum is the first milk you have. It is made in small amounts to fit your baby's small tummy, and very important for the development & protection of baby's digestive system



Colostrum



Changing milk



Mature milk

- Colostrum is concentrated breast milk
- It can be yellow/gold in appearance
- It is rich in antibodies
- It clears meconium and helps to reduce jaundice
- Has a laxative effect, which helps your baby poo.



Is my baby getting enough?



Signs to look for:

- You can see or hear baby swallowing
- Allow your baby to come off when he is ready
- Baby is doing enough wees and poos each day (see *your feed chart* or *'Mothers & Others' magazine*)
- Baby feeds for 5 - 40 minutes each feed
- Baby feeds at least 3 or 4 times in the first 24 hours
- Baby feeds at least 8 times a day from day 2 onwards
- You are offering baby both breasts each feed



Sleepy, reluctant feeders

Some things such as a difficult birth or strong painkillers in labour can mean baby takes a little longer to learn to breastfeed



Wake your baby to feed

- Aim for at least 8 - 12 times in 24 hours

Skin to skin is very important

- Keep your baby in skin to skin contact with you in a laid back position - this will help increase your milk supply and encourage baby to feed

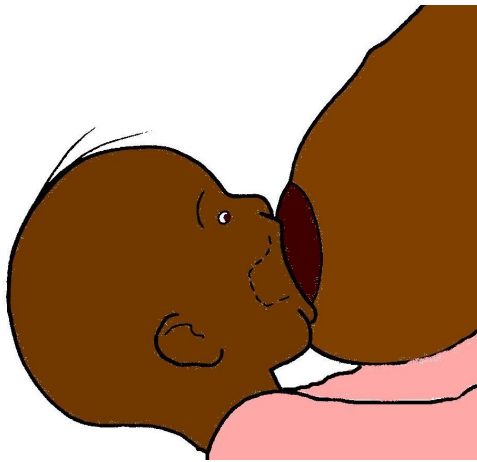
Hand express every 2 hours

- You can hand express colostrum into a syringe and give it to your baby (see pages 17 - 19 for help with expressing)
- This will give your baby energy and encourage them to feed.



Responsive feeding

This means feeding your baby whenever they want and as much as they want. You can also feed if you are feeling full or want a cuddle!



Responsive feeding ensures:

- Baby will get all the milk they need
- Baby will cry less and feel more secure
- Your breasts will produce enough milk and won't become engorged
- Baby will gain weight well
- Keeping you and baby together 24 hours a day is important for successful feeding

Responsive feeding will also help with:

- Bonding
- Learning when baby is hungry (see page 8).



Does giving my baby formula milk make a difference?

Yes it does!

- Breastfeeding works on a supply and demand basis. If responsive feeding is interrupted by giving formula, your breasts may not make enough milk for your baby
- Your breasts can become full and uncomfortable
- If baby does not feed frequently it can be more difficult for baby to attach to the breast
- Babies given large amounts of formula quickly may be less satisfied with ongoing breastfeeds
- Breastmilk provides a protective coating in baby's digestive tract and formula milk can destroy this—it is thought this increases the chances of developing allergies later on.
- Babies who suck on a bottle teat may find it more difficult to breastfeed. This is called nipple or flow confusion.
- Offering formula as a night time feed will reduce your milk supply.



Co-sleeping

Babies need physical contact with their mothers and many families share a bed with their baby at times as babies feed frequently at night and feeding whilst lying down can make night-time breastfeeding easier.



Breastfeeding mothers naturally adopt a safe position curved around baby

Important advice for sleeping with your baby:

- You and your partner must not smoke, drink alcohol or use drugs
- You must not be taking medication that makes you sleepy
- Do not co-sleep if your baby is unwell or was born prematurely
- You should be breastfeeding not bottle feeding
- Keep covers and pillows away from baby
- Only sleep in a bed - **do not** sleep on a sofa
- Ask staff for help and further information



Hospital beds

Babies can fall off the bed.

- If you are tired or taking medication you may be sleepy
- Hospital beds are more narrow and higher than beds at home
- Hospital floors are also very hard
- If you are having skin to skin you must make sure baby cannot fall on the floor
- If you are feeling sleepy, please place baby in their cot

Please make sure your baby is safe.





Expressing breast milk

If your baby is sleepy or you are not able to breastfeed because baby is on the neonatal ward, it is really important to start expressing your milk. This will make sure you have a good milk supply.



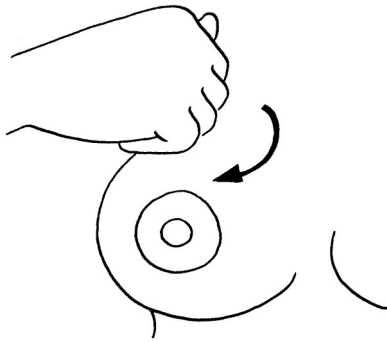
- In the first 2 or 3 days colostrum is produced in small amounts so it is easier to express by hand
- Collect the colostrum in a syringe or clean cup
- Start expressing within 6 hours of your baby being born
- Hand express at least 8 times in 24 hours including at least once at night
- After the first 2 or 3 days you will have more milk and you can try using a pump which can make expressing easier



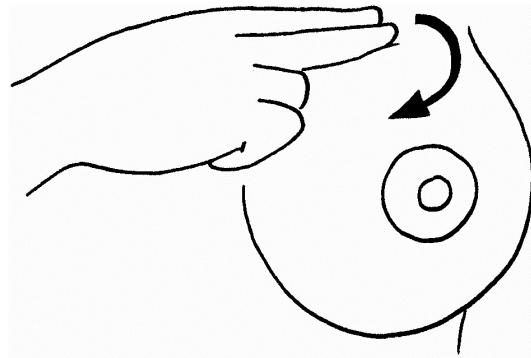
Hand expressing

Follow the steps in the diagrams below when hand expressing your breast milk.

Start by massaging gently all around the breast and nipple for a few minutes to stimulate your milk to flow. Having skin to skin with your baby, or thinking about them will also help.

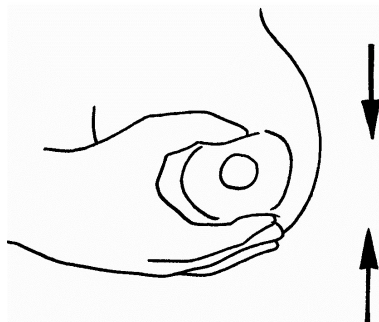
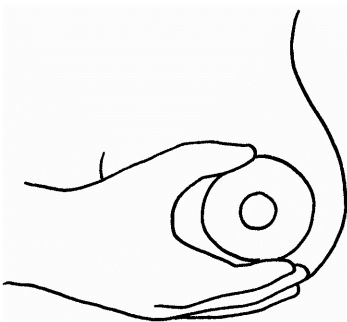


Make a 'c' shape with your hand and place about 2cm behind your nipple



Squeeze and release your breast in a steady rhythm, but don't pull or drag your skin

When milk starts to drip you can collect it ready to feed your baby



If milk does not show within a minute or two, try moving your hand forward or back a little and try again.

When milk stops flowing, rotate your fingers and thumb to a new position and continue until the milk stops. Then you can start from the beginning again on the other breast.



Breast pumps

Breast pumps are used to help you express milk for your baby if you temporarily cannot breastfeed.



- Start by massaging your breasts (see page 18)
- Pump each breast until the flow of milk stops, then you can do more hand massage and apply the pump again
- You can pump both breasts at the same time (double pumping)
- Pump at least 8 times in 24 hours
- If you need to produce more milk you can increase your pumping
- Gently massaging any sore or lumpy areas during expressing can help



Storing breast milk

Ensure that the milk is placed at the back on the lower shelf of the fridge. Milk stored in the door will increase in temperature each time the door is opened, this can encourage bacteria. You can label the breast milk with a time and date.

Place	Maximum Time
Fresh breast milk	
Room	6 Hours
Fridge 0 - 4 °C	5 Days
Fridge ice compartment	Up to 2 weeks
Freezer - 18°C or lower	6 months
Previously frozen breast milk	
The best way to defrost frozen breast milk is by leaving it in the fridge to thaw out completely. If you need it straight-away, place in a jug of warm water or under warm running water. Either way it should be used immediately and not re-frozen	

Source: <https://www.nhs.uk/start4life/baby/breastfeeding/expressing-breast-milk/>



Cup feeding and syringe feeding



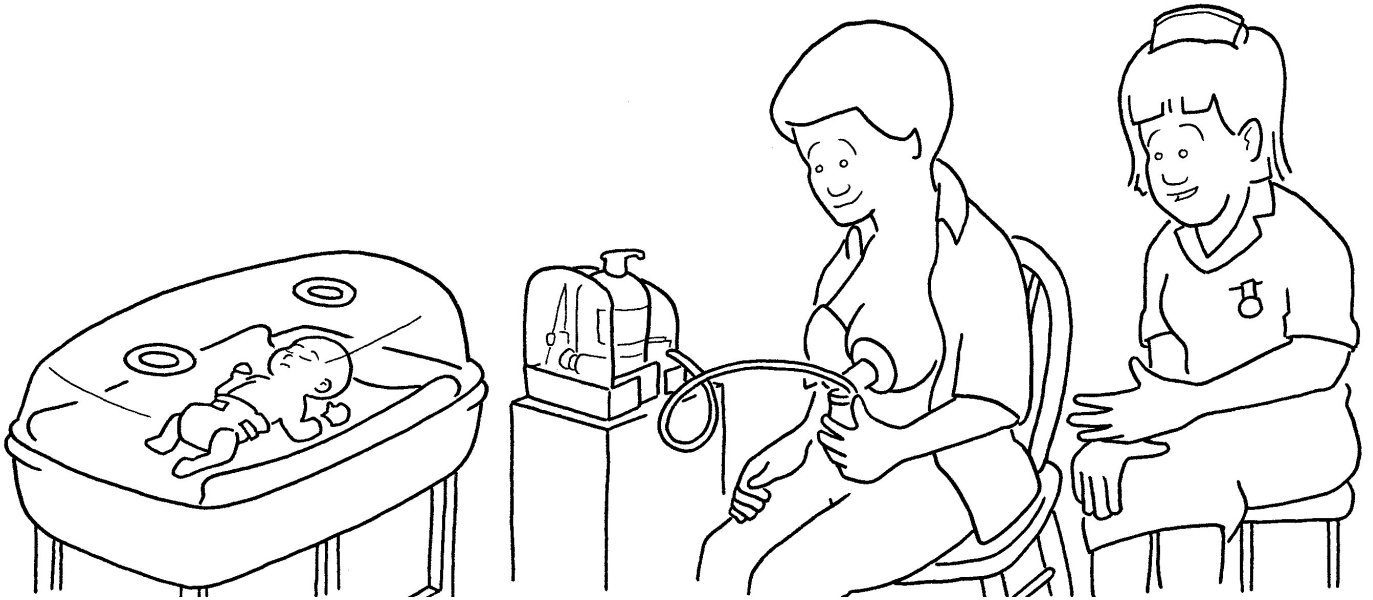
- If your baby needs to feed and is having difficulty attaching to the breast, then cup or syringe feeding may be suggested
- You can hand express your colostrum into a 1ml syringe to give to your baby
- These methods help avoid confusion between milk flow at the breast and the faster flow from a bottle teat
- They are both short term solutions if you are having difficulties with attaching baby to the breast in the early days
- Please ask a member of staff to show you how to cup feed or syringe feed safely.



Breastfeeding and the neonatal unit



- If your baby is on the neonatal unit you may need to express your breast milk for them.
- It is best to be near your baby when you do this as this helps to start your milk flowing.
- If you can't have baby with you keep a photo or item of baby's clothing with you. Looking at these and thinking of baby can help your milk to flow.
- Ask staff for help with skin to skin contact with your baby as this will stimulate your milk supply.





Teats and dummies

Try not to use teats and dummies in the first few weeks of breastfeeding.

This is because:

- Teats interfere with suckling, and milk flows very quickly
- Baby might find it more difficult to attach to the breast and can become frustrated as they can't get the same fast flow (sometimes called nipple or flow confusion)
- Baby will suckle less at the breast which may mean you produce less milk
- You may develop problems such as engorgement or mastitis
- It is more difficult to establish breastfeeding and breastfeeding is more likely to stop earlier.
- If you use a dummy, it can be harder to tell when baby is hungry

Ask for help from your midwife if you are thinking you may need to use either of these.



Advice for partners

Partners play a key role in breastfeeding. You can help by making sure your partner is comfortable and eating and drinking well. You can be part of the feeding process by sitting with your partner while baby feeds and enjoying being together.



You can also protect your partner by shielding her from well-meaning but unhelpful advice, and by asking visitors to stay away when she needs to rest or focus on feeding.

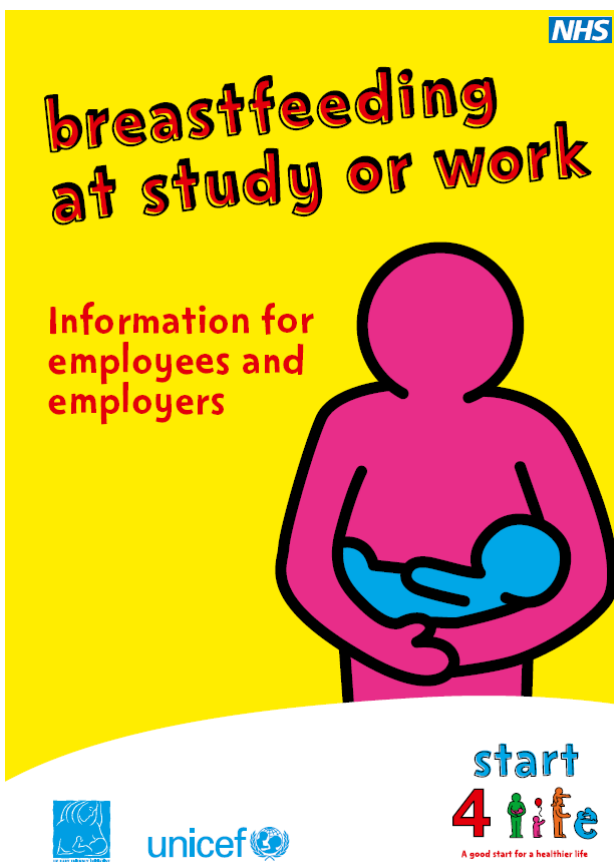
Different ways partners can bond with baby:

- Give baby a bath
- Change baby's nappy
- Put baby on your bare chest for skin to skin contact
- Talk to baby and sing songs - this is vital for baby's development
- Give baby a massage
- Wear baby in a sling and go to the shops, friends' houses!



Going back to work

You don't have to stop breastfeeding because you are going back to work.



- Ask staff for a leaflet
- Employers have obligations towards breastfeeding women
- Tell your employer in writing in advance so that they can prepare
- Arrange childcare nearby so you can feed in breaks
- Express your milk so your baby's carers can feed baby while you are at work
- Ask your employer for flexible hours
- Express milk at work - practice beforehand!
- Build up a store of milk at home in the freezer
- Read the 'Breastfeeding and Work' leaflet and show it to your employer



Having problems?

- ...sore nipples?
- ...baby having difficulty feeding?
- ...engorgement?
- ...mastitis or thrush?



- Check positioning and attachment
- Keep nipples moist with breast milk
- Keep baby skin to skin

Most importantly get support from your midwife or local breastfeeding support group.



Mastitis, thrush and engorgement

Normal breasts are:

- Warm
- Soft
- Comfortable
- Milk flows easily

Engorged breasts are hot, hard and painful and difficult for baby to feed from:

- Check attachment
- Hand massage and express to soften
- Cold flannels to help milk flow



Mastitis causes red patches, pain, and may be infected making you feel unwell:

- Continue to breastfeed
- Seek medical advice

Thrush can be itchy, sore, pink, shiny, burning or continually cracked nipples, or deep breast pain

- Continue to breastfeed
- Seek medical advice



Where to get extra help

Are you aware of local breastfeeding groups?

The breastfeeding support groups have fantastic, trained volunteers on hand to help and you don't need to make an appointment, you can just drop in. You will be given a leaflet when you go home with details of when and where the groups are.

Other contacts that you may find helpful:

- Hillingdon Hospital Infant Feeding Team
01895 279 723
- FaceBook page 'Hillingdon Breastfeeding'
- National Breastfeeding Helpline
0300 100 0212
- Breastfeeding Network
0300 100 0210
- National Childbirth Trust
0300 330 0700
- La Leche League
0345 120 2918
- Association of Breastfeeding Mothers
0300 330 5453
- Supporter Line in Bengali
0300 456 2421
- Supporter Line in Sylheti
0300 330 5453



Baby Buddy App

Made by **Best Beginnings**, a charity working to give every baby in the UK the healthiest start.



This free app is packed with useful features including:-

- 'Videos' - clips to help you look after you and baby
- 'Ask me' to answer common questions
- 'You can do it!' goal and achievement tracker
- 'Baby Book' diary to record thoughts and photos
- 'Baby Around' map of local services.

Some features are also online :-

<https://web.bestbeginnings.org.uk/web/lets-get-started>



Making up a formula feed

Step 1	Clean bottles and teats thoroughly in hot soapy water using a clean bottle brush. Rinse under fresh running cold water and then sterilise.
Step 2	Fill the kettle with at least 1 litre of fresh tap water (don't use water that has been boiled before)
Step 3	Boil the water. Then leave the water to cool for no more than 30 minutes so that it remains at a temperature of at least 70°C.
Step 4	Clean and disinfect the surface you are going to use.
Step 5	It's really important that you wash your hands.
Step 6	If you are using cold water steriliser, shake off any excess solution from the bottle and the teat, or rinse the bottle with cooled boiled water from the kettle (not the tap).
Step 7	Stand the bottle on a clean surface. Keep the teat and cap on the upturned lid of the steriliser. Avoid putting them on the work surface.
Step 8	Follow the manufacturer's instructions and pour the correct amount of water that you need into the bottle. Double check that the water level is correct.
Step 9	Loosely fill the provided scoop with formula - according to the manufacturer's instructions - and level it off using either the flat edge of a clean, dry knife or the leveller provided. Put the powder into the bottle
Step 10	Holding the edge of the teat, put it on the bottle. Then screw the retaining ring onto the bottle. Cover the teat with the cap and shake the bottle until the powder is dissolved.
Step 11	Ensure the feed has cooled enough before feeding your baby—run the bottom half of the bottle under cold running water. Test a few drops on the inside of your wrist. It should feel just warm, or cool.





Key facts about formula

Powdered baby milk is not sterile. Make up feeds one at a time, as your baby needs them

Always use boiled water at a temperature of at least 70C, but remember to let it cool before giving it to baby

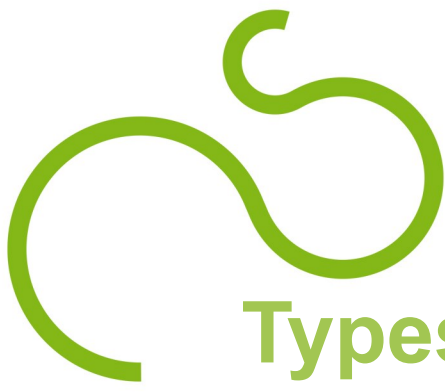
Always put the water in the bottle first, while it is still hot, before adding the powder

Always use freshly boiled water

Different types of formula come with different scoops. Only use the scoop enclosed with the formula you are using

Never warm up formula in the microwave as it can heat the feed unevenly and burn

Any left-over feed must be thrown away after 2 hours.



Types of formula milk

If you have chosen to give formula to your baby, you will be given an information leaflet to take home

- There is no independent research which finds that any brand is better than another. It is ok to buy the cheapest if you want to. Visit ***www.firststepsnutrition.org*** for more information.
- It is important that you buy milk suitable for a newborn baby. If they have milk meant for an older baby they may become unwell.
- Babies can stay on first milk formula until a year old at which point they can start to have fresh cows milk.
- There is no evidence that 'hungry baby' formula helps babies to settle better and there is little difference between this and standard formula.
- Follow-on formula should never be fed to a baby under 6 months old and research has shown it has no clear benefit.
- Ready made formula in a carton or bottle is already sterile and does not need to be heated up. Powdered formula is not sterile which is why it is added to hot water.



Skin to Skin with a formula fed baby



Swaddling baby in a cot, or using a dummy can make it more difficult to see when baby is hungry

The advice for skin to skin contact with a formula fed baby is the same as page 3 for breast fed babies.

- Give baby lots of skin to skin contact (see photo above left). This will help you and baby to be calm. It will regulate baby's breathing, heart rate and body temperature and helps the bonding process too.
- Skin to skin helps to nurture baby, who has less contact with you when wrapped up in a cot
- If baby does not want a full feed but remains unsettled they may want comforting with skin to skin instead.



Responsive bottle feeding

This means feeding baby whenever he wants and as much as he wants.



- Responsive bottle feeding makes sure your baby gets just the milk they need. It is very easy to overfeed a baby by bottle
- It also helps you bond with baby and learn when baby is hungry (see page 8 to find out the signs).
- Babies have very small stomachs when they are born (see page 4) so only need small amounts to start with.
- Manufacturers instructions can be used as a rough guide but baby should be allowed to decide when they have had enough
- Hold baby upright, and gently offer the teat. Keep the bottle just level or slightly tilted so it won't flow too fast. Give frequent breaks to wind baby, then gently offer the teat again
- Evidence shows that it is best for mum to feed her baby, especially in the early days. When feeding, keep baby close and look into their eyes so they feel safe and loved and learn about you.
- **XX** It is NEVER safe to bottle feed a baby who is lying flat, or prop a bottle to leave baby to feed themselves—it is very dangerous and can lead to choking. **XX**



Reasons for good hygiene



Powdered infant formula is not sterile

- Any milk left in a bottle after baby has fed should be thrown away.
- Powdered formula can contain Salmonella or other bacteria which can cause life threatening illness.
- It is necessary to kill the harmful bacteria with heat of at least 70C.
- Any unused made-up formula should be thrown away after 2 hours in room temperature. Made-up formula can be cooled and stored with an icepack for 4 hours.

Ready made milk in a carton is sterile

- It must be used within an hour of opening if kept at room temperature.
- It can be stored in the fridge for 24 hours with the cut corner turned down but after this time it should be thrown away.

For further information see the Start4life bottle feeding guide online



Alternative Formats and Languages

Please call PALS (Patient Advice and Liaison Service) if you require this information in other languages, large print or audio format, on 01895 279973.

Fadlan waydii haddii aad warbixintan ku rabto luqad ama hab kale. Fadlan la xidhiidh 01895 279 973

தயவுசெய்து, வேற்று மொழிகளில் இத் தகவல்கள், கட்டுமானம்
தேவையெனில், கேளுங்கள்.! தயவுசெய்து 01895 279973
இலக்கத்துடன் தொடர்பு கொள்ளுங்கள்.!

ਜੇ ਤੁਹਾਡੀ ਇਹ ਜਾਣਕਾਰੀ ਵਿਸ਼ੇ ਹੋਰ ਭਾਸ਼ਾ, ਵੱਡੀ ਲਿਖਾਈ ਜਾਂ ਦੂਜੀ ਸੁਰਤ ਵਿੱਚ
ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸੁਨਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ **01895 279973** 'ਤੇ
ਸੰਪਰਕ ਕਰੋ।

Jezeli chcialbys uzyskac te informacje w innym języku lub w duzej czcionce popros pracownika oddzialu o kontakt pod numerem telefonu: 01895 279973

各國語言/模式選擇

若你需要以下資料改為其他語言，大寫，或其他模式例如收音式或
盲人字體的話，請電 01895 279973。

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن
تصل عبر البريد الإلكتروني **01895 279973** أو عبر الهاتف

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے
01895 279973 سے یسٹنٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں:
279973

