

Infant feeding

Welcome to this Bumps to Babies Antenatal Document. We're going to talk about infant feeding. It's worth bearing in mind that you can either breastfeed or formula feed, but keep an open mind, and in this session we'll give you lots of information to help you make an informed decision.

Breastfeeding benefits

There's no doubt that breast milk is tailor-made to suit your growing baby. It's jam packed full of all special nutrients and protective factors that a new baby needs, and continues to help babies and toddlers follow a healthy growth pattern for as long as mum wants to feed. Breastfed babies are less likely to develop asthma, eczema, and other allergies. So if this is a problem in your family, that's a good reason to consider breastfeeding. Your milk contains antibodies which provide protection for your baby from infection. Chest, tummy, ear and urine infections are less likely in a breastfed baby. Breastfed babies are also less susceptible to childhood diabetes and obesity, constipation, colic, and even cot death.

There are also benefits for mum too. Breastfeeding helps to burn up the fat accumulated during pregnancy. It reduces your risk of osteoporosis and even breast and ovarian cancers. The hormones you produce could help you get back to sleep after night feed and reduce the risk of developing postnatal depression. You can help the environment too. You'll be minimising your use of packaging as this product comes direct from the source.

A newborn baby's stomach can only hold about five to seven millilitres. The stomach gets bigger as the baby gets older. At around five days old, they can probably hold between 20 and 30 millilitres. When they get to 10 days and onwards, the stomach has expanded even further and they can actually hold a lot more milk. A newborn baby's stomach is really small and only holds between five to seven millilitres of milk, which is about a teaspoon. This is why nature is really clever and your first milk is designed to suit.

Breast milk is called colostrum and is a low-volume, high-calorie fluid which is often thick and a golden yellow colour. Your baby may want to feed frequently, even every hour to begin with. This is normal. After a few days your breasts start to produce more mature milk. This is often called your milk coming in, and for most new mothers happens between day three to five. Did you know that babies are really alert in the first hour after birth? And if delivered onto your chest or abdomen will make their own way to the breast and latch on.

Feeding baby is a perfect opportunity to be close and have lots of skin to skin contact. Skin to skin contact is important for all babies as it helps them adapt to the outside world. It calms your baby and helps regulate the heart and breathing rate. It helps keep them warm and encourages high levels of the loving hormone called oxytocin, which helps you bond with your baby. It promotes optimal brain development by helping to build good connections in your baby's brain. Skin to skin after birth helps your baby have their first feed, by triggering their brain to use their senses to attach and breastfeed unaided.

Signs of hunger

However we choose to feed our babies, it's important to get to know how your baby shows they are ready for a feed. So let's look at feeding cues to look out for. Sucking fingers and fists, rooting, moving and wrinkling, rapid eye movements are all signs that your baby is getting ready for a feed. Crying is the last sign of hunger and by then baby may be too distressed to feed effectively. Babies have very small stomachs and they won't need a lot of milk to feel full, but this does mean that they will feed frequently in the early weeks.

Producing milk

Let's consider how milk is made. It can take a while to establish a supply of milk when breastfeeding, especially the first time. But stick at it, and with support and practice it'll become easier. It all starts with stimulation at the breast. When your baby suckles at the breast, it stimulates the nipple and a message is sent to a gland in your brain to produce certain hormones. One of them is prolactin, and this stimulates the milk producing cells in the breast to make milk. The other hormone is oxytocin, and this squeezes the milk out of the breast cells down through the milk ducts. This is called the letdown reflex. Milk production will be reduced if your baby does not suckle effectively at the breast. More stimulation at the breast leads to more milk made.

Feeding positions

There are many positions in which you can hold your baby to feed. These are cross cradle, rugby ball, laid-back and lying down. It is important to find which works best for you and your baby. Whichever way you hold your baby to feed, there are some key principles to apply. First of all, make sure you are in a comfortable position, which you can maintain for the duration of the feed. Your baby should be held close. Baby's head and body should be in a straight line so that they can tilt their head back and swallow easily. Baby's nose should be level with your nipple. This allows them to take a big mouthful of breast from underneath the nipple.

How does the baby actually latch on to feed? This is easier said than done for some new mums. But here are some key pointers to help baby attach to feed. Hold your baby's whole body close with their nose level with your nipple, let their head tip back a little so that their top lip can brush against your nipple. This should help your baby to open their mouth wide and bring their tongue forward. Wait for that wide gape, and then quickly bring the baby to the breast with their chin leading. Baby has a full mouthful of breast, and the baby's cheeks stay round it during sucking. Your baby's chin is firmly touching your breasts and their nose is free. If you can see the dark skin around your nipple you should see more above your baby's top lip than below your baby's bottom lip. It doesn't hurt you when your baby's feeding. Although the first sucks may feel strong. After the initial quick sucks, the sucking pattern changes to longer sucks and swallows and short pauses.

We understand that breastfeeding isn't for everybody but it's important to keep your options open. You might feel differently one way or the other after baby arrives. However you choose to feed, it's important to discuss all the options with your partner and consider all the benefits. Seek support to make sure you have all the information and guidance you need. You might want to try breastfeeding first, even if you're not sure that's how you will feed long-term. Remember that breastfeeding is not only good for baby but also good for you, and any amount is better than none at all.

When your baby is feeding you will see a sucking pattern, often called a cycle. At the start of a feed, the suck should be rapid to stimulate your letdown. Then, this changes to longer, slower sucks and swallows with pauses as your milk begins to flow. As the feed is coming to an end, the sucks will become slower, with occasional swallows and even feel like gentle flutters. Your baby's body should become more relaxed and they often release the breast themselves.

Signs your baby is getting enough milk

After the first few days they should have between 6 to 8 wet, and at least 2 dirty, nappies in 24 hours. After most feeds the baby should be contented. It is normal for babies to lose some weight after birth, but then they start to put on the weight again and they should be back to their birth weight by three weeks. This is often dependent on how babies latch onto the breast. If they don't take enough breast tissue, the nipple may not be far enough back in the baby's mouth. Did you know that the nipple needs to reach the soft part of the roof of their mouth? If you run your tongue along the roof of your mouth until it reaches the soft tissue, you will find this quite far back. If a baby does not get a deep mouthful of breast then the nipple will be up against the hard palate, and this can cause pain and damage to the nipple when the baby sucks. There can be other reasons for sore nipples. So if feeding is painful, seek support from your midwife, health visitor or peer supporter.

Remember, breastfeeding is a learning process for you and your baby and it can take time to establish and feel confident. Leicester Partnership Trust has a network of volunteer breastfeeding peer supporters who have been trained by the NHS, and working across Leicester, Leicestershire and Rutland. Your health professional should give you information about this support.

Blocked ducts and mastitis

Blocked ducts can occur if the milk is not removed efficiently from the breast. This can be caused by the baby having a shallow latch or the breast tissue being compressed, for example by a tight bra or clothing. A blocked duct will present as a tender lump which is painful to touch. Sometimes the milk flow will slow, so sometimes a baby will become more fussy on the breast which has the blocked duct. Make sure you get this sorted as soon as you can as you don't want it to progress to mastitis. The best way to deal with a blocked duct is to make sure the baby is attached properly. Massage the area whilst feeding, hand express and feed more frequently. Also check for any tight bra or clothing.

If you develop mastitis, the symptoms of this can be a red area in part of the breast which feels hot and tender to touch. You may also have flu like symptoms with a temperature. Dealing with mastitis is similar to dealing with a blocked duct. But seek medical advice if the symptoms don't resolve quickly or you start to feel worse.

Breastfeeding outside of home

Breastfeeding out and about initially can be daunting. Here are a few tips about how to build your confidence when feeding out and about. Plan ahead, think about where you may feel most comfortable feeding when your baby gets hungry. Your local breastfeeding group can be a great place to build your confidence when feeding outside of your home. Other mums can recommend good places to feed. The clothing you wear can offer reassurance. For example, loose clothing that lifts easily or a double vest where you can lift one and allow the other to cover your stomach so that you don't feel too exposed. Try feeding in front of a mirror or ask somebody to take a photograph of you, as this will reassure you what others can see.

Many couples worry that the partner will be left out if they breastfeed. Breastfeeding is only one aspect of caring for your baby. There are many ways for your partner to be involved. Skin to skin is a perfect way to bond with your baby and often they settle well with your partner as they don't smell of breast milk. They can talk, sing, read to your baby and help with bathing, soothing, winding and changing nappies. They can put baby in a sling and take them out for a walk. Although they can't breastfeed, their support is really important. They can help monitor how many visitors you have and provide you with regular food and drink to keep your energy levels up. Did you know babies initially see in black and white? There are many black and white books babies love.

Hand expressing milk

The UNICEF UK Baby Friendly Initiative recommends that all mothers are shown how to hand express. This is a useful skill which can be used in the following situations:

- Expressing small lots of colostrum to tempt a sleepy baby in the early stages of breastfeeding.
- When breasts are full, making it hard for babies to attach.
- To help clear a blocked duct or if you are separated from your baby, for example, if your baby is on the neonatal unit.

So when you're hand expressing start by doing anything that relaxes you. Having a cuddle with your little one, skin to skin, a bit of massage, anything that helps you relax. Sometimes it could be kneading around the breast, sometimes it's stroking, whatever feels right and whatever feels comfortable to you. If expressing for a premature baby, massage is important to ensure a good milk letdown.

However, if just expressing, to soften your breast just a small amount of massage may suffice. Once you've done that for some time, if you make a C shape with your hand, with your thumb and finger, gently feel back from the nipple about two to three centimetres. Hold it for a couple of seconds, and then release. Then just compress, hold and release.

Now in the early days with colostrum, this won't come straightaway, it can take some time. Just keep working in that one area, it will appear as little beads. As the milk comes in, you'll see it will flow much more easily. Sometimes you might need to move forward a little bit. Sometimes you might need to move back a little bit. The main thing is working that one area until it fully subsides. What you can do is rotate around the breast and work on the next area, compressing, holding and releasing. The key thing is you're doing that compression right by your thumb and finger and you're making sure you're not sliding and that's really important. When you slide along the skin, it's not as effective and it can also cause a bit of trauma to your skin. Ask your midwife or health visitor to talk you through how to hand express. If you are expressing for a baby who is in the neonatal unit, try to express close to your baby or have a photo or a piece of baby's clothing to hand as this will help boost your milk making hormones.

Formula feeding

If you're not breastfeeding, you can feed your baby using formula milk in a bottle. Let's talk about how to make the most of formula feeding and how to get it right. Just as with breastfeeding it's important to feed your baby responsibly, responding to their needs. It will be helpful to have just two main carers giving most of the feeds as your baby needs time to get to know you and feel secure.

Sit your baby upright and hold the bottle only slightly tipped so the flow is slower. This way, baby can take it easier. Stop the feed a few times, removing the bottle during the feed to give them a rest and allow them to recognise they are filling up. It's easier to overfeed a formula-fed baby than a breastfed one. So be cautious and don't try to force down the last bit of milk. This is much healthier in the long run, as overfed babies can lead to problems with weight control as they move through childhood. Your health professional can help you to feel more confident with this.

There's an array of formula milks on the market and it can be confusing deciding which one is right for your baby. You'll need a first stage infant formula from birth to one year, after which full fat cow's milk can be given via a cup. The vast majority of infant formula is based on cow's milk and has to comply with UK regulations, so none are any better than any other.

Sterilising

Very young babies are vulnerable to infection. It's extremely important that you sterilise equipment when making up, expressing and storing milk. Your health professional can discuss this with you on a one-to-one basis and answer any questions. There are different ways to sterilise. Cold water sterilising, boiling, steam steriliser, microwave or electric steriliser. Before sterilising, wash equipment in hot soapy water.

As it comes out of the factory, powder infant formula is not sterile. Adding it to very hot water will kill off any bacteria that might be there. Water used to mix up the formula should be freshly boiled water and left for no longer than 30 minutes to cool, so that water is at least 70 degrees centigrade. Follow manufacturer's instructions for making up milk, ensuring the powder is added to the water. Milk temperature should be tested before giving to baby. Always recap the bottle during pauses in feeds to avoid contamination.