

# Breastfeeding

## Resource book

Material used with permission from Waikato District Health Board

Adapted for Bay of Plenty District Health Board by  
Karen Palmer, BFHI coordinator, May 2011



# The benefits of **BREASTFEEDING** last a lifetime

Breastfeeding is important for both you and your baby. This booklet aims to give you some basic information to help you to breastfeed. We encourage you to read this booklet before you give birth and take the opportunity to discuss any questions you have with your Lead Maternity Carer (LMC) during your pregnancy, or at any time afterwards.

Breastfeeding offers benefits to both you and your baby. Some of these are:

## **For baby**

- It is the best food (**super kai!**) for a baby for the first 6 months of life, before they start solids
- It is always ready and at the right temperature. No waiting required!
- Babies love being held close while breastfeeding
- Less tummy bugs, chest infections, ear infections, urinary tract infections and less likelihood of sepsis and meningitis
- Reduced risk of SUDI (sudden unexpected death in infancy)
- Reduced risk of allergies, eczema, asthma, and reflux
- Reduced risk of some childhood cancers, celiac disease, and Crohns disease
- Helps baby's brain develop
- Promotes good development of the jaw, teeth and speech
- It lowers the risk of heart disease, obesity and diabetes in later life

## **For mother**

- It helps you relax and encourages a close bond between mother and baby
- It helps your uterus (womb) contract after birth, so less blood loss
- It can help you to lose that "baby weight" afterwards
- It can sometimes delay your periods for a while. This may help prevent you from becoming pregnant again (discuss this with your LMC or GP)
- It reduces the risk of ovarian and breast cancer and osteoporosis later in life

## **For families**

- Saves time and money (it's free!)
- No cleaning up required
- Go anywhere, feed anytime
- No waste, which is good for the environment

Every maternity facility in New Zealand follows the Ten Steps from the Baby Friendly Hospital Initiative (BFHI), to help you succeed with breastfeeding.

## The Ten Steps To Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated at all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half hour of birth. ***New Interpretation 2006: Place babies skin to skin immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.***
5. Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practise rooming in – allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

## Tekau Ngā Whakamarama Mō Te Ūkaipo

Ko ngā wāhi e whakahaere ana ngā tikanga mō rātou te hunga whakawhānau, me ngā pēpi whānau hou. Arā mē:

1. Whai kaupapa tuhi mo te ūkaipo, mō ngā kai mahi hauora.
2. Whakaako ngā kai mahi hauora ki ngā pūkenga, kia whakatinanatia e rātou te kaupapa.
3. Pānui ki ngā wāhine hapu nga painga o te ūkaipo, me te whakahaere hoki i taua kaupapa.
4. Āwhina ngā koka ki te ūkaipo ā rātou pēpi, i roto i te haurua hāora muri tata tonu i te whānautanga.
5. Tohutohu ngā koka ki te ūkaipo ā rātou pēpi, mē pēhea hoki ka mau tonu te rere o te wai ū, āhakoā wehe rātou i a rātou pēpi.
6. Tohutohu ngā kōka, kua e whāngai ā rātou pēpi ki ētahi atu tūmomo kai, wai rānei, ko te wai ū ānake, ēngari koa, mea i whakaritea tētahi atu tikanga ē ngā tākuta.
7. Whakamahia te tikanga nohotahi a te kōka mē tana pēpi i te ruma kotahi, mo te rua tekau mā whā hāora ia rangi.
8. Whāngai te pēpi taua wā tonu e tangi kai ana.
9. Tohutohu ngā kōka, kua e hōatu tetahi tūmomo tītī tāwhaiwhai, ki nga pēpi kai ū.
10. Tautoko ngā rōpu whakahaere ūkaipo, ka whakaatu hoki ki ngā kōka kei whea rātou, nā puta ātu ana ki waho o te hōhipera.

***“The World health Organisation (WHO) and United Nations Children’s Fund (UNICEF) recommend feeding babies only breastmilk (exclusive breastfeeding) up until 6 months of age and continues breastfeeding for up to two years with complementary food and fluids.”***

If you would like to see a copy of the Breastfeeding Policy, please feel free to ask.

## Books

- Mothering Multiples. Breastfeeding and Caring for Twins or More  
- Karen Kerkhoff Gromada. *La Leche League International*. 2000
- The Womanly Art of Breastfeeding. 2004  
- *La Leche League*
- Breastfeeding your premature baby  
- Gwen Gotch. *La Leche League* 1999.
- Breastfeeding with Confidence  
- Sue Cox
- Breastfeeding Made Simple  
- *Mohrbacher and Kendall-Tackett*

## Websites

[www.moh.govt.nz/breastfeeding](http://www.moh.govt.nz/breastfeeding)  
[www.lalecheleague.org.nz](http://www.lalecheleague.org.nz)  
[www.lalecheleague.org](http://www.lalecheleague.org)  
[www.breastfeedingonline.com](http://www.breastfeedingonline.com)  
[www.kellymom.com](http://www.kellymom.com)  
[www.ers.dol.govt.nz](http://www.ers.dol.govt.nz) – Department of Labour – *Breastfeeding in the Workplace*

## Health Department pamphlets

- Breastfeeding - you can do it
- Eating for healthy breastfeeding women

## How can you prepare for breastfeeding during pregnancy?

Ask the women in your family/whānau about breastfeeding. There is often a wealth of experience and knowledge within families.

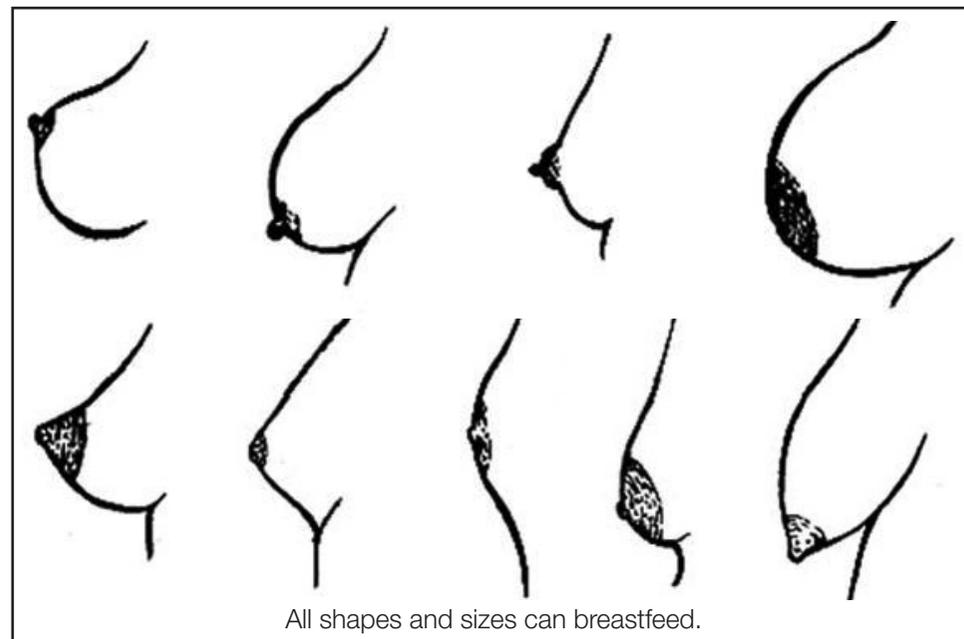
Being around other women breastfeeding and caring for their babies is a very natural way to learn how to feed and care for your baby. Attending antenatal classes, watching a breastfeeding DVD ([www.tube.com/breastfeedingnz](http://www.tube.com/breastfeedingnz)), or attending a La Leche League meeting can be very helpful too.

Talk to your midwife about breastfeeding during your antenatal visits, and discuss what will happen in the early days after the birth. Knowing what to expect is very important. If you have any worries (like inverted nipples), make sure your midwife knows beforehand and you have the opportunity to talk this through.

## ASK FOR YOUR FREE COPY OF THE MINISTRY OF HEALTH DVD – “BREASTFEEDING NATURALLY”

If you can, buy maternity bras during your pregnancy and wear them often, so they are comfortable and well used by the time your milk comes in.

There is no need to “toughen up” your nipples for breastfeeding, but it may be a good idea to practice massaging your breasts and expressing a little bit of colostrum (first milk) in the last weeks of pregnancy, just to get you used to holding and handling your breasts and nipples.



WHO/CHD/93.4, Unicef/Nut/93.2

## Common myths

- **My breasts are too small or too big to breastfeed**

*All shapes and sizes can breastfeed.*

- **Breastfeeding is too time consuming**

*Babies are certainly time consuming! But there is actually less work involved in breastfeeding, once it gets underway. Right quantities, right temperature, no equipment and always 'on tap'.*

- **Breastfeeding is painful**

*Sore nipples and full breasts are common discomforts in the first week of establishing breastfeeding but this discomfort should gradually ease as breastfeeding continues. If it is painful or there is any damage to your nipples, talk to your LMC or a lactation consultant and get extra help.*

- **Going back to work means having to stop breastfeeding**

*Many women now continue breastfeeding and work - talk to your LMC, La Leche League or a lactation consultant. Pamphlets on breastfeeding and working are available. The Department of Labour (0800 209 020) can tell you what your rights are in the workplace if you are breastfeeding a baby.*

- **I won't be able to eat certain foods and drink coffee or alcohol when breastfeeding.**

*Your baby will have been exposed to all sorts of foods during your pregnancy as the liquor (water) around your baby picks up the different tastes of the food you eat. It is a good idea to limit coffee or caffeinated drinks as this may make your baby too wakeful. The occasional small drink of alcohol is OK while breastfeeding.*

- **Some people say that formula feeding is just as good as breastfeeding**

*There is a big difference between formula and human milk. Human milk is a living substance and provides protection against germs. It also changes for the weather and for special circumstances like if your baby is born premature. Formula contains cow's milk and additives but it does not contain the natural protection found in human milk. It is important to know that there may be risks to using formula.*

There are a few reasons why some women cannot breastfeed, or choose not to breastfeed. If this is so for you and your baby, the hospital and your midwife will support your choice and help you to establish bottle feeding.

## Eastern Bay of Plenty

Antenatal classes:

- Parents Centre 07 307 1220
- Te Ha Ora 027 779 2452

Ko Matariki Maternity Unit 07 306 0811

**Lactation Consultant** – available to all mothers living in the Eastern Bay

Txt 027 550 7014

Parents Centre (Baby and You courses) 07 307 1220

### Well Child/Tamariki Ora options

Plunket:

- Whakatane 07 308 8454
- Kawerau 07 323 8203
- Opotiki 07 315 6282

Ngatiawa Health and Social Services 07 307 1472

Tuwharetoa ki Kawerau Health 07 323 8025

Whakatohea Social and Health Services 07 315 7258

## All areas

Private Lactation Consultants (this may involve a fee) 0800 45228 28166

Plunket Helpline (24 hrs) 0800 933 922

Healthline (24 hrs) 0800 611 116

Smokefree Quitline 0800 778 778

## Useful support networks and phone numbers

### Western Bay of Plenty

Antenatal classes:

- Parents Centre 07 577 1229
- Homebirth Association 07 543 0334
- Maternal Journey 021 269 8871
- Te Kupenga Hauora 07 571 0650
- Birthwise 07 544 4405

**Lactation Consultants** – Tauranga Hospital and community (appointment only)

07 579 8095  
Txt 027 771 1759

Te Kupenga Hauora (Whangai U)

07 571 0650

La Leche League

0800 555 435

Parents Centre

07 577 1229

### Associated Maternity Facilities

Waihi Maternity Unit

07 863 6528

### Well Child/Tamariki Ora options

Plunket

07 578 7811

Te Mana Toroa

07 577 4186

Piriakau Hauora

07 552 4573

Maketu Health and Social Services

07 533 2551

Whaioranga Trust

07 544 9981

Waitaha Hauora

07 573 8059

Ngai Tamawharius Runanga

07 549 0760

Te Kupenga Hauora

07 571 0650

## Skin to skin

We have only recently learned how important it is to place newborn babies skin to skin with their mothers straight after birth. Skin to skin helps with baby's breathing and heart rate, temperature, bonding, breastfeeding, expelling the placenta (afterbirth), and helps protect the baby from infections. Baby will be calmer and less likely to cry. Skin to skin is beneficial at any time too – not just straight after the birth.

Your newborn baby will be placed skin to skin between your breasts, straight after the birth. During this time your baby will adjust to the big wide world, start to look around and seek the breast by using all 5 senses; **sight, sound (your voice), smell, touch and taste**. This may take up to 50 minutes. Don't rush this stage – it is a wonderful time for you and baby to recover and get to know each other. Once your baby latches, he/she will probably have a really good feed, which is not only good for the baby, but good for your milk supply.

Some babies may be sleepy and have difficulty latching due to a long labour, caesarean section or some medications, but you will be encouraged to express some of your milk for baby until he/she wakes and latch onto the breast and feeds well.

Discuss skin to skin with your LMC before the birth so you know what to expect. Also discuss skin to skin with your support people, so they know how special the first hour after the birth is for both of you.

### Skin to skin straight after birth



**Breastfeeding** is a learned skill. Both you and your baby need practice to get it right. It is not unusual for it to take two to three weeks to become easier for both of you.

Allow baby to feed as often and as long as baby chooses. This is called baby led feeding and the frequency can vary greatly – anything from 8 – 12 feeds per day is normal in the early weeks. Night feeds are important too, as your baby has a lot of growing to do.

It is not recommended to give your baby extra fluid (either formula or water) when starting with breastfeeding as this can affect your supply, expose babies to a foreign protein and may make your baby less willing to take the breast. There may be times when it is medically indicated to give other fluids but your midwife will advise you of this.

## How do I know if my baby wants a feed?



**How do I know if my baby wants a feed?**

**EARLY SIGNS FROM BABY**

- Sucking movements
- Sucking sounds
- Hand to mouth movements
- Rapid eye movements
- Soft cooing
- Sighing sounds
- Fussiness
- Nuzzling at the breast
- Crying - you may have missed all of baby's earlier clues and it is often more difficult to get a crying baby to fix at the breast

## Other ways of helping

- Help control the amount of visitors in the early days so mum can get enough rest.
- Encourage both mum and dad to rest whenever baby sleeps.
- Help in preparing meals and doing household chores.
- Encourage the new mother to eat well and make sure she is drinking plenty of fluids
- Changing, winding, bathing, talking to or cuddling the baby are ways to assist with caring for the new baby.

## Community support

- Your LMC will be your main professional support for the first 6 weeks. A midwife will visit you at home 5 – 10 times over those 6 weeks and give you step by step guidance on how to get breastfeeding established.
- The hospital staff will give you help and support during your stay, alongside the care of your LMC.
- Lactation Consultants are available for additional support (where there may be problems). Ask your midwife for a referral.
- Once your LMC has stopped visiting you, you will be referred to a Well Child Provider of your choice such as Plunket or Tamariki Ora services.
- La Leche League offer support and information to mothers either via phone counseling or monthly group meetings.



## Family/whānau support

It has been shown that having a supportive partner and whanau/family is an important factor in successful breastfeeding. Even though they may not be able to breastfeed themselves, there are many ways that they can provide help for breastfeeding mother's.

Breastfeeding is a learned skill and some mothers and babies take time to learn this skill. It is helpful for your support people to attend antenatal classes, watch breastfeeding DVD's, read or talk to friends and family about breastfeeding. It is important to hear or see the same up to date information as the mother. When the new mother goes home, the support person is there to give emotional support, reassurance, praise and practical help.

## Getting baby onto the breast

During your stay the staff can help you with learning to position and attach your baby to the breast until you are able to manage on your own. It is a learned skill and may take some mothers and babies time to get it right. There are breastfeeding DVD's available to watch on the ward too.

## Positions for breastfeeding



### Cradle position

This position works well:

- after you are comfortable with breastfeeding.



### Cross cradle position

This position works well if:

- you are learning to breastfeed
- you have a small baby.



### Side-lying position

This position works well if:

- you find it too painful to sit
- you want to rest when you breastfeed
- you have large breasts
- you had a caesarean birth.



### Football position

This position works well if:

- you are learning to breastfeed
- you have a small baby
- you have large breasts
- you have flat or sore nipples
- you had a caesarean birth.

## Latching

*(this checklist may help – practice it while you are pregnant, using a doll or teddy!)*

- Have your baby unwrapped so he/she can get really close to you
- Tuck baby's bottom in first, nice and firmly
- Keep baby's back straight
- Support baby from behind the shoulders and back (not the head)
- Allow baby's head to tilt back
- Tuck one little arm under your breast and allow the other arm to sit on top of your breast (so the baby's arms are cuddling your breast)
- Cup your hand around your breast and tilt the nipple upwards by baby's nose
- Place baby's chin under the breast (about 3 – 4 cms below the areola)
- When baby's mouth opens, quickly place your nipple in baby's mouth while at the same time bringing your baby in even closer to you



## Full breasts/engorgement

Full, painful breasts, usually in the first 2-5 days after the birth.

### Solution:

- Feeding baby frequently is the best solution.
- Try expressing small amounts before feeds to help baby to latch well.
- Hot packs and massage before or during feeds, cold packs after feeds, putting chilled cabbage leaves on breasts (for 20 minutes at a time only) and wearing a supportive bra may also help.
- Under wire bras are not recommended as can contribute to mastitis.

### Mastitis

Inflammation of the breast, often with a red inflamed area on the breast and flu-like symptoms. You will also have a high temperature and feel "dreadful". Mastitis may be caused by missing feeds, blocked ducts, poor drainage of milk due to poor latch, fatigue or poor health. It is often related to sore nipples.

### Solution:

- Continue breastfeeding as it is important to keep draining the breast.
- Ensure baby is correctly positioned.
- Express your breast if necessary to drain the breast well.
- Gentle pressure behind the lump, working downwards towards the nipple.
- Use heat for comfort before feeding and expressing.
- Get lots of rest. Stay in bed and feed baby frequently.
- Eat well and drink whenever you're thirsty.
- If after 12 hours you are not feeling better, consult your midwife or doctor. You may need antibiotics.

### Jaundiced babies

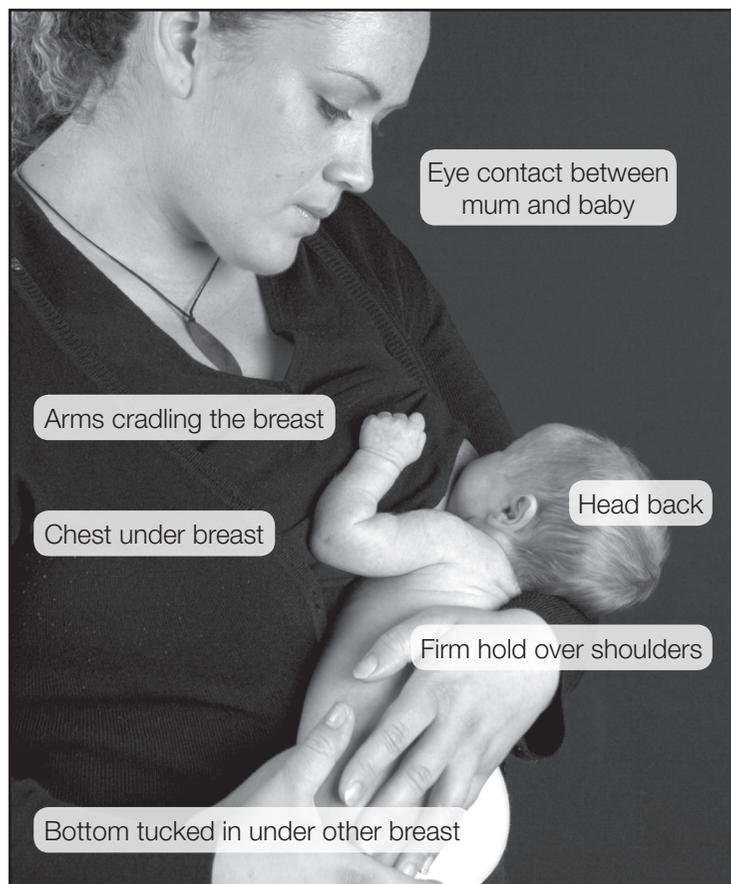
If your baby is jaundiced (yellow colouring of the skin), you will be encouraged to feed baby at least 3-4 hourly during the day and night. This frequent feeding will help the baby to have more dirty nappies which gets rid of the bilirubin which causes jaundice. Some jaundiced babies are sleepy and need to be woken for feeds. Water supplements do not help and are associated with higher bilirubin levels.

## Difficulty attaching baby

It is not uncommon for a baby to have some difficulty latching onto the breast, especially when your milk first 'comes in'.

### Solution:

1. Read the guide to positioning and attachment in this pamphlet, watch a breastfeeding DVD and ask your midwife for help.
2. If your nipples are flat or inverted tell your midwife (in pregnancy if possible). Expressing and other techniques may help to draw the nipple out.
3. If your breasts are engorged then expressing a small amount of milk may soften the breast enough to help baby latch.
4. Try different positions such as cradle hold, rugby hold, and lying down.
5. If unable to latch, then express some breastmilk and give this to baby by syringe, teaspoon or cup.
6. Continue to try latching whenever baby needs to feed then express and offer this to baby if needed. Try to have some expressed breast milk before the feed so the baby does not have to wait while you express.



## Do you need to give baby both sides?

This varies a lot. Sometimes the baby may have one side, sometimes they may have 2 or 3 sides, depending on what they need. The space between feeding times can vary greatly too – anything from 30 minutes to 4 hours.

Babies have different size feeds, just like you do. Sometimes it is a small drink and sometimes it is a whole feast!

### How do you know baby is feeding OK?

- Baby latches well, stays on well and you can sense or see a regular sucking pattern with swallows and pauses
- Watch the babies chin – it should drop down when the baby swallows
- Baby should come off the breast contented
- You may feel thirsty during a feed and your uterus may contract giving you a few afterpains – this means your breastfeeding hormones are working well
- Plenty of wet and poo nappies as the days go on

### Nappy chart

Day/week	1	2	3	4-5	6-7	2 weeks	6 weeks
Number of feeds per day 	6-8	8-10	8-10	8-10	6-10	6-10	6-10
Wet nappies 	1	2	3	4-5	6	6 Very wet	6 Very wet
Bowel motion 	1-2 sticky black/green	1-2 meconium	3 brown/green	3-4 Brown/green and becoming yellow	3-4 yellow soft or liquid	3+ yellow soft or liquid	3+ yellow soft or liquid
Baby's weight				Weight approximately 7% below birth weight		Back to birth weight	About 1kg over birth weight

## Weight

Initially your baby will lose weight. **This is normal.** Baby should have regained his/her birth weight within 10-14 days of the birth. If your baby loses over 10% in the first 5 days, your midwife will assess baby's breastfeeding and make sure there is correct latching and adequate milk transfer (swallowing).

## Constipation

Constipation is extremely rare in breastfed babies. Many babies have frequent bowel motions in the first 6 weeks. Thereafter, it is not unusual for a baby to go 1-10 days between bowel motions. Discuss with your Midwife or Well Child Nurse if you are concerned.

## Urates

Urates are a crystal, pink-orange stain produced by the kidneys. Often seen in the baby's nappy on day 2-3.

## When to seek advice

If your baby has urates on the 4th-5th day, is still passing green-black motions, not feeding well or not waking often for feeds (has become lethargic) you need to call your LMC or take your baby to a doctor.

## 'ROOMING IN' – in hospital

All babies stay beside their mothers' beds during their stay in the hospital. There are no nurseries, except for the Special Care Baby Unit (SCBU). 'Rooming in' encourages baby led feeding and helps establish breastfeeding. You may want your partner or someone from your whanau to be with you during the day to help you get some rest.

## Bottles and Pacifiers (dummies)

The introduction of bottles, teats and pacifiers can interfere with establishing breastfeeding. Try to avoid them for the first 4-6 weeks, unless your baby is early and they are recommended in SCBU.

## Common problems

### Sore nipples

It can be normal to have some discomfort at the beginning of feeds as baby latches and the nipple is stretched, plus you are learning and you may not get it right all the time which may lead to some mild skin damage. However, it is not normal to have ongoing nipple damage (grazing or cracks), especially after the first week. Talk to your LMC and make sure you get some extra help. Here are a few things that may help:

- Check that baby is latching correctly and feeding from the breast rather than the nipple.
- Read the guide to positioning and attachment in this booklet. Watch a breastfeeding video ("Follow Me Mum"). Ask your midwife for help.
- Make sure you break the suction with your little finger first before taking baby off the breast.
- Changing baby's position for feeding is helpful.
- Leaving breastmilk on the nipple after feeding can also be helpful. Let it air dry before pulling your bra back up.

### Insufficient milk

"Insufficient milk" is the most common reason for mothers stopping breastfeeding but it is not always true. Some mothers may experience a delay with their milk coming in and this may cause some temporary problems. Some mothers feel they have less milk if their baby is grizzly or feeding frequently – but this is fairly normal for young babies. Your baby may have frequent growth spurts and need to feed more often to increase the milk supply. (This can happen about every two weeks in the first few months). Introducing formula or other feeds will decrease time at the breast, and in doing so, reduce the amount of breastmilk produced.

### Solution:

- Milk supply will increase if you ensure baby is latching correctly and feeding frequently. Breastfeeding is supply and demand – the more you breastfeed, the more milk you will make. Night feeds are particularly important.
- Also remember to rest, eat well and drink enough fluids to quench your thirst. If you are still concerned talk to your midwife, a lactation consultant, doctor or other health professional.

## Breastfeeding in certain circumstances

### Following a caesarean section

The midwife attending the birth can help place your baby skin to skin either in the theatre or in the recovery room. You will be given plenty of help with breastfeeding in the first few days until you are able to manage yourself. Having regular pain relief is very important as being uncomfortable may prevent your milk letting-down. Some mothers may experience a delay in their milk "coming in" after a caesarean, but it should not affect your milk supply long-term.

### Premature birth

If you have a premature baby or your baby is admitted to SCBU, you will be encouraged to start expressing as soon as possible after the birth. Ask the staff to show you how to hand express and you should do this 7-8 times in 24 hours to help establish your milk supply. After 1-2 days of hand expressing, you are best to use an electric pump. Ask the ward staff or your baby's nurse for more information about how to manage pumping at home.

### Pain relief drugs in labour

It has been shown that certain drugs used in labour may cause the baby to be sleepy and find it difficult to co-ordinate their sucking in the early days. Reducing the amount of drugs and using alternative techniques to help during labour should be discussed with your LMC during your pregnancy.

### Smoking and breastfeeding

It is recommended to stop smoking during pregnancy and breastfeeding. However, if this is not possible, then reduce the number of cigarettes you have and avoid smoking before baby needs a feed, to reduce the amount of nicotine baby is exposed to. Smoking may lower your milk supply.

### Alcohol

It is recommended to not drink alcohol while you are breastfeeding, although the occasional small drink may be OK. If you have a special occasion coming up where you know you will be drinking more, discuss this with a health professional and find out how to do this safely while still breastfeeding your baby.

### Conflicting advice

Some of the ways you can manage conflicting advice are:

- Choose a person you feel comfortable with and trust their advice
- Write up a breastfeeding plan with your midwife and ensure the hospital has a copy of this
- Ask for an explanation of why a particular management has been suggested
- Watch a breastfeeding DVD

### Frequency days (also called growth spurts)

Between 2-3 days of age, your baby will probably feed very often (especially at night) as he/she is 'pushing' for the milk supply to come through. This can be a challenging time for you. Try and get whatever rest you can and know that this phase will not last.

Growth spurts may occur at regular intervals, approximately every 2-3 weeks and last for 1-2 days. Your baby may want to feed more frequently and this will increase your milk supply. This is normal.

### Weeks 3-8

Many babies go through an unsettled stage over these weeks, especially in the evenings. Your baby may feed more frequently (cluster feeding) and be hard to settle at night. Frequent evening feeds are important for baby's growth and your future milk supply.

At this age, you may need to change your baby's position on the breast. Your baby may want to sit up more and have his/her legs free to wriggle about. You're 'let-down' may be too fast at times, and your baby may come on and off the breast to help cope with the flow.

*Talk to your midwife, well child nurse or a trusted friend/family member for some help and support.*

## Expressing milk

There are many reasons why you may want to express breast milk. These may include:

- if you and your baby are separated for any reason
- if you have a premature baby
- if baby has difficulty latching or suckling on the breast
- to stimulate supply
- to relieve fullness or engorgement
- you are returning to work or need to go out without your baby

Expressing may be done by:

- hand (best in the first 2 days)
- manual pump (for occasional use)
- electric pump (for bringing in your milk supply, or long term pumping)

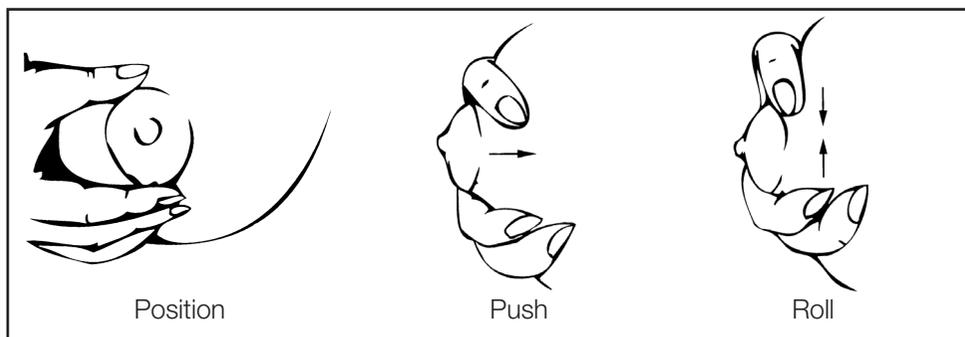
### Hand expressing – this is a useful skill for softening full breasts

Wash your hands first.

Gently massage the breast towards the nipple. Massage any lumps or bumps

Position your fingers on your breast as illustrated

- push back into the breast (towards your ribs)
- roll your fingers forward
- repeat several times
- change the position of your fingers



### What you should avoid doing



## Storing expressed breastmilk



### Room temperature

4 Hours



### Fridge

2 days



### Freezer

4 months (approximately)

Never store breastmilk on the fridge or freezer door – it is better to have it in the back behind other foodstuffs.

*(MOH Food and Nutrition guidelines for Healthy Infants and Toddlers)*

Thaw and heat the amount of milk needed for a feed by standing the container in a jug of warm water. Frozen breastmilk must be used within 24 hours of defrosting. NEVER USE THE MICROWAVE for thawing or heating breastmilk as this can alter special properties in the milk and may heat the milk unevenly. Always freeze breast milk in small quantities to avoid waste.