



Peninsula  
Health

# Tips for successful breastfeeding



## Before your baby arrives:

- Find out about how breastfeeding works. Refer to websites at end of this brochure.
- Practice hand expressing, once daily, in the last three weeks of pregnancy, when in the shower, to be confident with this skill. (Video on Australian Breastfeeding Association, website if not sure)
- Wear supportive bras, avoiding under wires or restrictive clothing,
- Avoid soaps and abrasives on the breasts and nipples
- Find out where you can get help and support. Consider contacting ABA as an expectant mum. Check out websites listed at end of document.
- Check for feeding rooms in your local shopping areas.
- Consider discussing options with employer if planning on early return to work, to maintain ongoing breastfeeding.
- For “special circumstances” (e.g. Twins, diabetes, breast surgery, inverted nipples) arrange appointment with lactation consultant (phone 9784 2600) in Breastfeeding support service
- View baby led attachment video to assist with early feeds (Raising Children website).

## At birth it is recommended you:

- Initiate skin to skin and avoid separation from your baby until after the first feed
- Give your baby time to use instinctive behaviours to self attach and initiate its first breast feed, preferably with the lights dimmed, room quiet, (known as baby led attachment).
- Avoid washing away the scent of amniotic fluid from your breasts and using strong scents with the first shower and for first 24 hours.
- Keep your baby close and avoid lots of others (dad excluded) from handling baby.
- Remember how to detach your baby, if it doesn't feel right (little finger into mouth to break the suction and take baby away). Should be gentle tug **not** pinching.

## During the first 24 hours after birth it is important to:

- Observe for early signs (feeding cues) your baby wants to feed (becoming restless, rooting around, fist to mouth, cooing sounds)
- Try to offer your baby at least 8 feeds at the breast in 24 hours, offering both breasts; to encourage milk coming in, to decrease the risk of engorgement, and to give colostrum for its protective function.
- Use reclining positions to allow baby to self attach and achieve good latch (tongue forward and chin into breast).
- When using more upright breastfeeding positions,
  - \* hold your baby with its chest into your breast,
  - \*baby supported behind its shoulder blades and baby's head resting on your fingers,
    - \* line your nipple up to babies nose and bring baby into breast (pressure through babies shoulder blades) with the chin touching your breast first, babies head tilted slightly back, babies mouth **Wide** open, with its tongue down and forward.
    - \* Aim nipple to the roof of the baby's mouth.
- Hold steady to allow baby to draw your nipple into back of its mouth and you should feel gentle tug, not pinching.
- If painful (after 4 sucks) detach and try again
- Check shape of nipple after feed to check no ridges or signs of pinching, until you get used to what feels right
- Avoid overstimulating baby by passing baby between visitors, in early days. This can overstimulate baby and make it more difficult to feed.

## During the second 24 hours after birth:

- Expect your baby to feed frequently (normal) and rest when baby rests
- Continue with first 24hr strategies, paying particular attention to positioning and attachment and seek assistance if nipples are getting sore
- Strongly recommended that you attend Breastfeeding talks by mothercraft nurses on the ward (Check with your midwife for the times and venue).

## Before you go home it is important you:

- Know how to hand express
- Know how to detach baby gently and feel confident with attachment
- Know how to recognise the transfer of milk and that baby is getting enough
- Know how to ease the discomfort of engorgement and how to assist your baby to attach at this stage
- If you don't know how to do these things, ask your midwife to help you during your hospital stay.
- Know who to contact if needing further assistance. Home midwives will be visiting ( phone 97842601), ABA 24hr helpline 1800 mum 2 mum (18006262626), Appointment with Breastfeeding Support Service 9784 2600).

## When your milk is coming in/breast fullness you should:

- Hand express a small amount prior to putting your baby to the breast to soften around the areola and allow easier attachment for baby, (the use of warmth and gentle massage may assist with let down)
- Use ice packs for comfort between feeds, and massage any lumps gently towards your nipples with feeds. You may use Panadol/Nurofen if necessary
- If your baby is becoming fussy, give expressed milk to baby (from a spoon), to calm baby and then try to attach baby again
- Continue to offer both breasts with each feed, alternating which breast you feed from first. **Do not** limit baby's time at the breast
- Fullness is normal in first week and will settle down in a short time (but softness does not mean there is NO milk)
- Listen for swallowing with sucking and observe for signs of milk transfer, (breasts softening, milk flowing around your baby's mouth and baby "drunk" and settling)
- With each feed check your breasts for any lumps and massage these out to soften

## Sore nipples

- Some sensitivity with hormones of pregnancy, labour and lactation is normal, damage is **not** normal.
- Use expressed breast milk on nipples to help healing and consider 'airing' nipples between feeds. Use of lanolin creams can be soothing but will not stop damage. Consider use of hydrogel discs if damaged to aid healing. (Can purchase from pharmacy and some supermarkets).
- Damage results from babies attaching at the breast poorly, so checking that baby is opening its mouth wide, taking a big mouthful of breast, drawing nipple well into the back of its mouth, and not pinching the nipple when feeding. Seek assistance from your midwife or a lactation consultant if damage continues to occur.
- Consider expressing and resting nipple if too sore for baby to feed. Give your expressed milk to baby. Feed from your other breast.



## Remember

Observe your baby for early feeding cues and feed your baby to demand. Don't restrict the time your baby is at your breast.

- Avoid the use of dummies and teats until feeding is established and be aware that any artificial feeds given will impact on the breastfeeding process.
- Once your supply has been established you can always express and give baby your expressed breastmilk.
- By day six your baby should be having 5 heavy wet disposable nappies each 24 hours, at least one mustard poo, and settling between feeds. You should be able to hear baby swallowing and the breasts will soften with feeds.
- Empty first breast before offering second and continue to alternate which breast you start the feed on.
- Make sure your bras are well fitting and not causing any red areas to your breast. Check each morning for any red areas.
- Check breast for any lumps with each feed and massage these to until these have softened.
- Consider altering position of baby to completely empty the entire breast. If any signs of redness, swelling and pain to the breast with associated fever for mum, seek medical advice.
- Cluster feeding very normal in the early months. Cluster feeding is when baby might feed very frequently within a short time frame. More often experienced in the late afternoon and evening. Follow your baby's cues and feed to demand.
- Be mindful of growth spurts when your baby will feed more frequently, which usually occur around 3 weeks, 6 weeks, 3 months and 6 months. Usually these last a couple of days then the feeding pattern will settle.
- Try to get a rest through the day and remember it will get easier as baby gets older and you both become the experts.

## Breastfeeding websites.

Australian Breastfeeding Association: <http://www.breastfeeding.asn.au>

La Leche League: <http://www.llli.org/breastfeeding-info/>

Lactation consultant's info page: <http://www.breastfeedingbasics.com/>

Raising children's website <http://raisingchildren.net.au>

Better health channel <http://betterhealth.vic.gov.au>

Private lactation consultants. <https://www.lcanz.org/find-a-lactation-consultant/>

The Women's. <http://www.thewomens.org.au>

## Drop in's (no appointment needed).

Frankston Hospital Outpatient Area 1

Tuesday 9.00 am to 12.00 pm.

Phone: 97842600.

Hastings Community Centre

Friday 10.30 am – 12.30pm

Phone: 59719100 to confirm.

Dandenong (ABA) 3/71 Robinson Street

Wednesdays 10.00am to 2.00pm

Phone: 97914644.

Mornington Peninsula Shire

Breastfeeding support phone 5950 1099

Disclaimer: The information contained in the brochure is intended to support, not replace, discussion with your doctor or health care professionals.

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Print Code: 17699 – August 2018

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