

Baby Nutrition

Please click on this audio link to start



Infant Feeding Team
James Paget University Trust
June 2021

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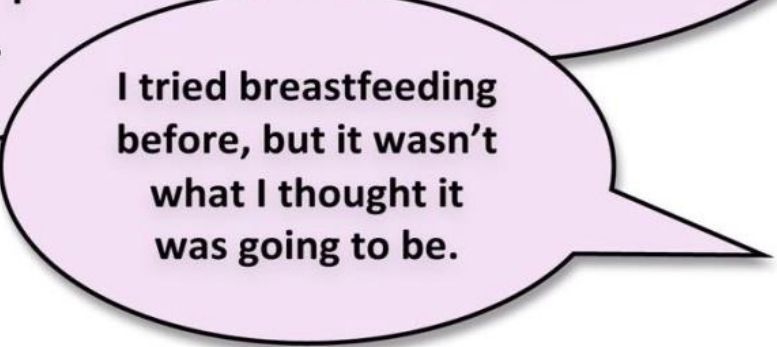
Let's talk about... Breastfeeding

A light purple speech bubble with a black outline, containing text about hearing things and having questions.

Some of the things I have heard about breastfeeding are making me wonder. I have a lot of questions.

A light purple speech bubble with a black outline, containing text about advice from friends, family, and mother.

My friends, family members, and my own mother have all told me different things about breastfeeding.

A light purple speech bubble with a black outline, containing text about a previous breastfeeding experience.

I tried breastfeeding before, but it wasn't what I thought it was going to be.

Our aim is to provide information to guide you in your choice and enhance your understanding of infant feeding.

This includes:

- What are the benefits of breastfeeding my baby and I?
- What is responsive feeding and how do I prepare for this during pregnancy?
- Why is skin-to-skin contact important?
- How best can I position my baby for a feed to ensure that attachment at my breast is effective?
- How do I know that feeding is going well?
- How to express and store colostrum and breastmilk.
- Common challenges to breastfeeding.
- How to sterilise and make up formula milk.
- How to bottle feed.
- How partners can support feeding.
- Support for continued breastfeeding.



As you become a parent your behaviour is both instinctive and learned. Whilst some of you may have benefited from handling and caring for babies in the past, many will experience this for the first time when holding your baby following birth.

This resource is offered as one measure in supporting you to feed in a way that is both effective and responsive to the needs of your developing baby.

As you work through the following slides and video links please record any questions that you may wish to raise with your community midwife at your next appointment.



Why do health professionals recommend breastfeeding and breastmilk as the first choice for your baby?

The benefits of breastmilk are explained on the following link:

[NHS website- benefits of breastfeeding](#)

Please click on this audio link



Follow this video for the thoughts of Tiny Human Productions: A creative collective of parents

<https://vimeo.com/190696865>

Breastmilk or Formula?

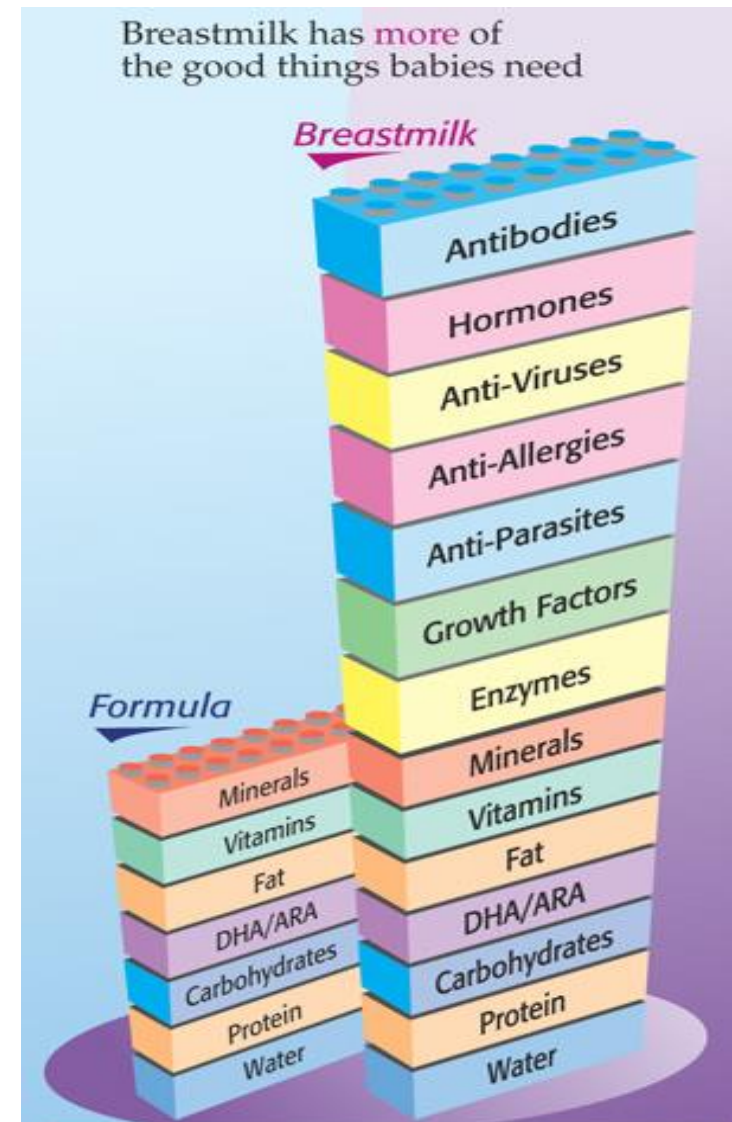
The Department of health and social care recommend exclusive breastmilk for the first six months of life, then solid foods, supplemented with breastmilk until at least two years old.

Breastmilk contains at least thirty four important ingredients not found in formula

The composition of formula remains stable over time, but breastmilk is changing to the requirements of the baby and so it cannot be imitated

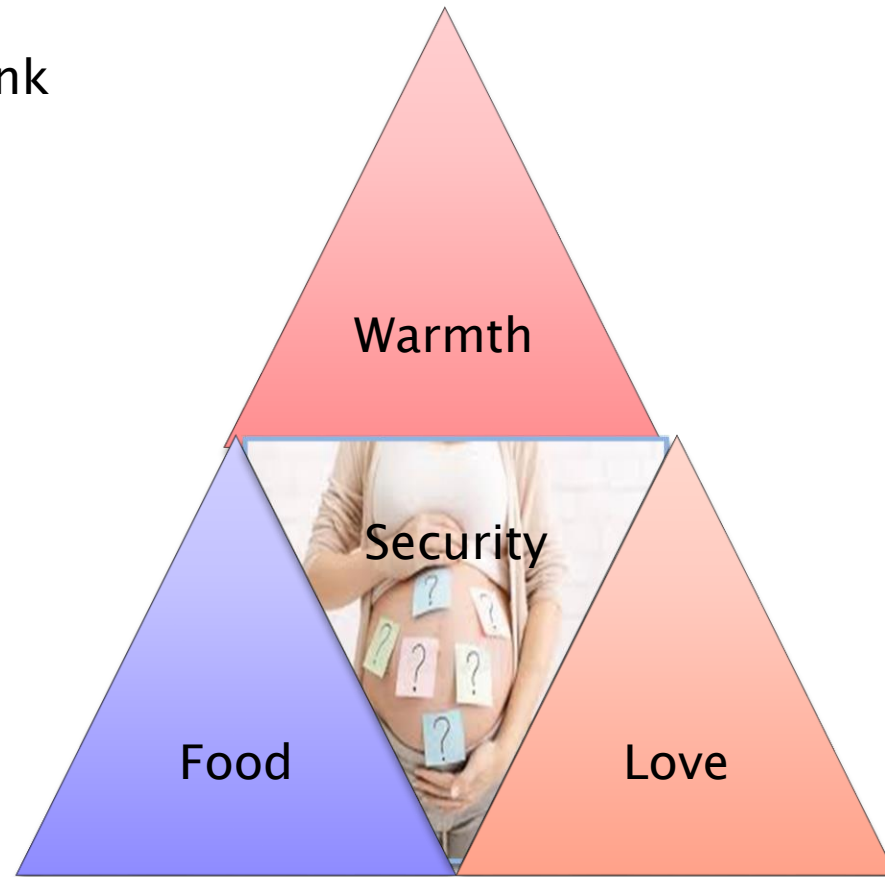
Please watch:

[Unicef video, constituents of breast and formula milk](#)



Pregnancy- How to prepare for baby

Please click on this audio link



Bonding with your baby in pregnancy

Please listen to this audio link



Download this guide:

https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/04/happybaby_leaflet_web.pdf



Getting feeding off to a good start, Skin to skin and the first feed

Holding your baby in skin to skin after birth regulates temperature, heart rate and breathing. It helps your baby adapt to life outside of your womb and provides opportunity for them to follow natural behaviours to seek out the breast and self attach to feed.

*If you have had a long or complicated labour and/or drugs used that have a sedative effect on your baby more skin to skin time and help attaching to your breast may be needed

Please watch:

[Unicef video-Meeting baby for the first time](#)

Please listen to this audio link



Lactation



Please watch:

[ABM video– how lactation works](#)

First few days—what to expect

Colostrum comes in small amounts and is very concentrated, to accommodate baby's needs.

It is dark yellow in colour and feels sticky.

Around day 3–4 your full fat milk will come in and you may feel a bit uncomfortable for a day or so, If baby is feeding well he/she will begin to regulate the milk and order what he/she needs for each feed.

It is important to offer the breast when baby shows signs of feeding but it can also be a good source of comfort.

The first few weeks will be challenging whilst baby is getting used to the environment and feeding, this can be exhausting, but it gets easier, and seek support if you need it.

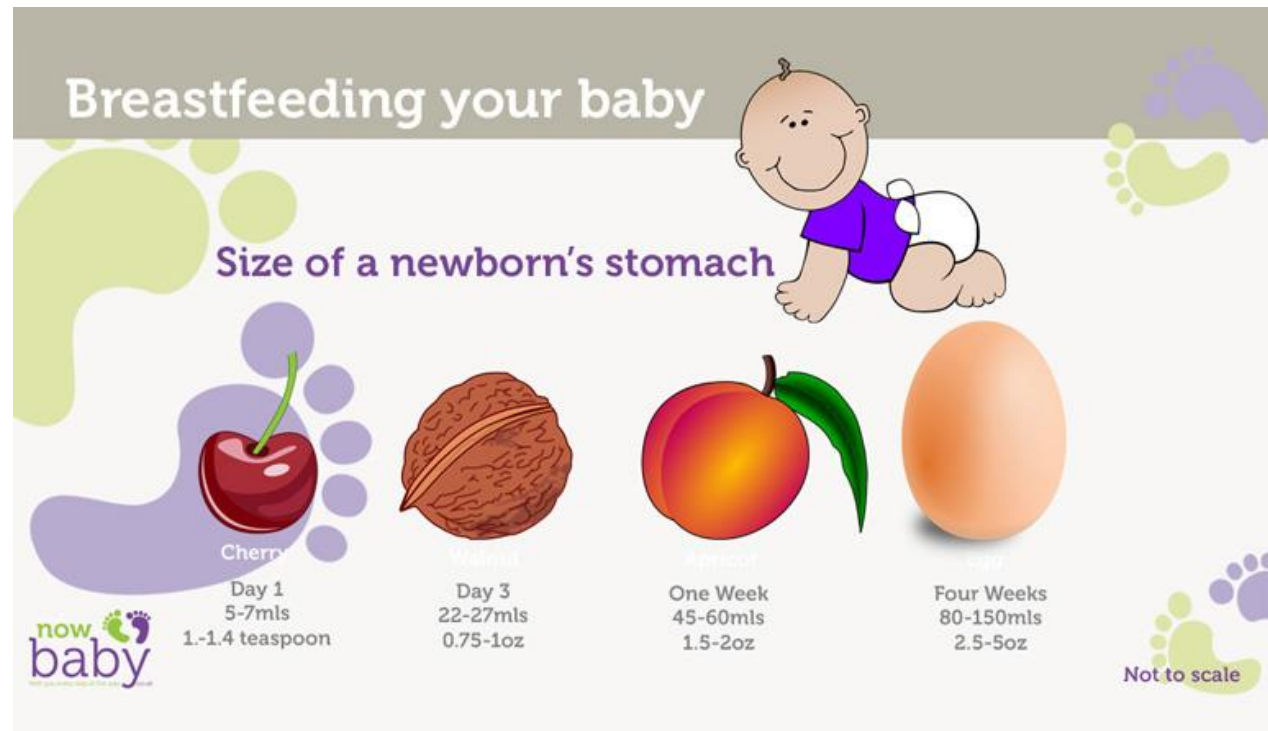


Remember:
Babies do not know night from day! Babies do not have a routine and this is normal.

When to feed & how much

Please watch:

[feeding cues](#)



Please click on this audio link



POSITIONING YOUR BABY FOR ATTACHMENT AT THE BREAST

1. You are
comfortable with
refreshments to
hand

2. Use skin to skin
to assist feeding

3. Try a variety of feeding
positions before you opt
for the most comfortable
but whichever you
choose the principles are
the same



5. Follow these
principles and as you
can see from the next
slide your baby opens
the mouth wide and
the CHIN leads as you
pull them into the
breast

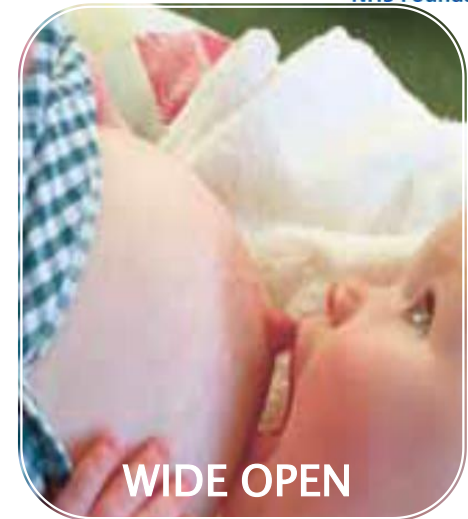
4. Place your baby
close(C) keep the head
free(H) and the head and
body inline(I) Finally line
your baby up with their
nose to your nipple(N)
CHIN

Please watch:

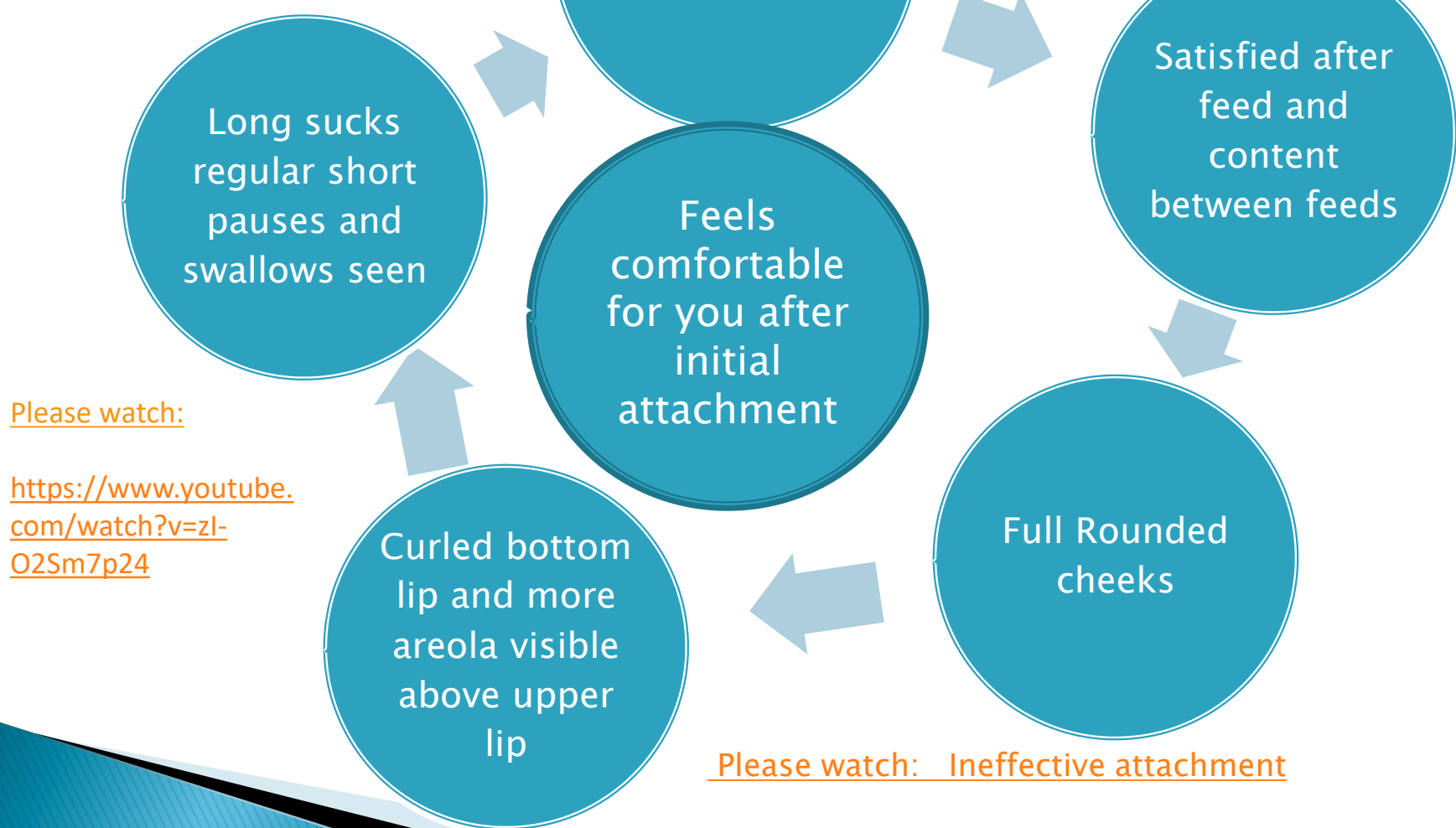
<https://globalhealthmedia.org/portfolio-items/positions-for-breastfeeding/?portfolioCats=191%2C94%2C13%2C23%2C65>

Like our facebook page: [jpuh bumps to breastfeeding](#)
To see more videos

How baby attaches to the Breast



How to tell that feeding is going well. Signs of **effective attachment** nose free, chin indents the breast and.....



Please watch: Ineffective attachment

Check that feeding is going well. Does your baby?

8-12

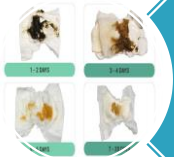
Feed for between 5 and 30 minutes at each feed 8-12 times over 24 hours ✓



Appear generally calm and relaxed whilst feeding and content after most feeds ✓



At 3-4 days old and beyond audibly swallow frequently during the feed ✓



Have wet and dirty nappies as expected by age (see chart over page) ✓



Finish the feed herself/himself ✓



Show no yellow discolouring of skin or eyes ✓

Pattern of wet and dirty nappies when feeding is going well

The contents of your baby's nappies will change during the first week. These changes will help you know if feeding is going well. Speak to your midwife if you have any concerns

Baby's age	Wet nappies	Dirty nappies
1-2 days old	1-2 or more per day urates may be present*	1 or more dark green/black 'tar like' called meconium
3-4 days old	3 or more per day nappies feel heavier	2 or more, changing in colour and consistency – brown/green/yellow, becoming looser ('changing stool')
5-6 days old	5 or more Heavy wet	2 or more yellow; may be quite watery
7 days to 28 days old plus	6 or more heavy wet	2 or more at least the size of a £2 coin yellow and watery, 'seedy' appearance, (formula fed stools will not be as watery, more paste texture, not solid).

*Urates are a dark pink/red substance that many babies pass in the first couple of days. At this age they are not a problem, however if they go beyond the first couple of days you should tell your midwife as that may be a sign that your baby is not getting enough milk

Your baby appears jaundiced (yellow discolouration of the skin)

Most jaundice in babies is not harmful. It is important to check for any signs of yellow colouring usually appearing around the face and forehead, then body, arms and legs. A good time to check is when changing a nappy or clothes. Press your baby's skin gently to see if you can see a yellow tinge developing. Check the whites of the eyes and the inside of his/her mouth to see if they appear discoloured

Your baby is not having the wet and dirty nappies as explained

Your baby always falls asleep on the breast and/or never finishes the feed himself

Contact your midwife if ?



Sometimes baby not feeding well can be a sign of infection, if you are concerned speak to us or GP

You think your baby needs a dummy or you feel you need to give your baby formula milk

You are having pain in your breasts or nipples, or post feed your nipple looks pinched or flattened on one side

Feeding frequently lasts for less than 5 minutes or more than 40 minutes

What if feeding doesn't go well?



Reluctance to feed in your newborn can be normal in the first 24-48 hrs, this will be carefully monitored in hospital and appropriate advice given. At home if your baby feeds fewer than six times in 24 hours, feeds for less than five minutes or more than 40 minutes regularly, or shows any of the behaviours shown on the previous slide please seek help immediately and offer skin to skin to prompt a feed, use breast compressions and express some milk.

Please watch: <https://www.youtube.com/watch?v=60R7pd-HCtE>

Cluster feeding

This is normal in the first few weeks when baby is establishing breastfeeding and regulating your milk supply.

Babies also have occasional growth spurts where they feed a lot.

This should not be confused with poor feeding and low milk supply, if you have concerns or not sure contact your midwife

Please watch:

[Video- Feeding patterns](#)

Breastfeeding complications



Sore, blistered or cracked nipples are often associated with ineffective attachment at the breast leading to reduced milk supply to your baby. Tongue tie can also affect feeding.

<https://www.youtube.com/watch?v=41fC0fQs1P8>
(no sound)

[NHS website-tongue tie information](#)



Excessive early weight loss, or faltering growth in the older baby weight loss of up to 10% in the first five days is normal

[NHS website -weight and height information](#)



A **blocked duct** is due to poor latch or irregular feeding. This can lead to **mastitis** causing inflammation and pain in the breast. **Thrush** can be passed from baby to mother, both will need treating

[breastfeeding network website](#)

Expressing colostrum before your baby is born

When is it recommended?

Any mum who wishes to do so, especially if high risk, diabetic, twins, preterm, breast surgery etc

Superfact -

Pregnant women start producing colostrum from around 20 weeks. It is rich in protein bio-available sugar and anti infective properties, important for poorly or preterm babies

When can I start?

You can start expressing from **37 weeks** of your pregnancy

How do I store the milk?

5 days in back of fridge or 6 months in freezer.

Previously frozen milk can be stored in the fridge for up to 24 hours.

How do I collect it?

We can provide you with a expressing pack Ask for more information at your antenatal appointments



How often?

2-3 times a day for about 5 minutes from each breast

Expressing Colostrum and Breastmilk



Gently massage
your breast and roll
your nipple



Place thumb and fingers in a C
shaped grip 2-3cm from the
base of the nipple



Drawing the thumb and
forefinger together gently
compress for 2 seconds and
release .Repeat until milk
starts to flow. Expect a few
drops, less than 1ml at first

Collect your milk in a sterile syringe or container, label with your name and date and time milk expressed.

Please watch:

Unicef video- Hand expressing

Maximising Breastmilk

You may decide to express your breastmilk as an alternative to putting baby to the breast. If this is for the odd occasion, (going out or to let partners give a night feed) make sure baby has had a feed at the breast first then express using hand or pump.

If you decide to exclusively express or if your baby is in neonatal unit and is unable to feed at the breast, you will need to express by hand or pump at least 8 times in 24 hours, at least once during the night. This will maintain a sufficient milk supply.



Please listen to this audio link



Responsive bottle feeding

- Offer feeds when baby shows early signals of being hungry.
- Limit the amount of people feeding baby, preferably just parents.
- Hold baby close to you, in a slightly upright position, look into baby's eyes and talk to them gently.
- Never force baby to take a whole feed as your baby will know when they have had enough.

Watch this clip:

[Video– Paced bottlefeeding](#)



Formula feeding

We appreciate breastfeeding may not be your first choice or it may not be an option due to medication or illness, there are also times when a breastfed baby may need a top up if unwell, weight loss or poor feeding. Always try to maximise as much breastmilk/colostrum as possible. Human donor milk may also be an option, please ask for advice.

We suggest you do some research on formula milk on the following website:

[First steps nutrition website– Formula milks](#)

Babies only need first infant milk , there is no evidence to say any other milk has any increased benefit, such as follow on milk, hungry baby milk, anti colic etc. All formula milks contain the same ingredients just manufactured and packaged differently.

Cows milk can be given from 1 year old.

Speak to your GP if you are concerned about allergies, reflux or milk intolerance. They may suggest a milk on prescription.

Methods of sterilising

NHS website– sterilising bottles



Please look:

Making up a feed

Dads /partners

Practical support:

Make sure mum is eating

Help around the house

Shopping

Bathing baby

Parent & baby time

Monitor visitors

Family time

Emotional support:

Encouragement

Keep mum's confidence going

Praise

Be there for her

Be patient

Ask for help

Please download the dads/partners guide from this website:

[Healthy Suffolk website– breastfeeding for dads](#)

<https://abm.me.uk/breastfeeding-information/partners-and-breastfeeding/>



Meet our breastfeeding peer support team



Look out for these ladies who volunteer their time to support mums with breastfeeding

Where YOU come first

Thank you for completing this pack.

Please let your Midwife know you have completed this package and ask any questions you have.

Alternatively If you and you baby are under the care of James Paget University Trust and you have a concern or would like a one to one session regarding feeding you can make contact as follows:

Infant feeding team: Monday– Friday 09:00–17:00 Phone 01493 453076
answerphone available.

Email: jph-tr.breastfeedingsupport@nhs.net
Out of Hours or urgent please call Ward 11: Phone 01493 452011

Check out our facebook page: [JPUH bumps to breastfeeding](#) for further information and where you can private message the team.



JPUH FEEDING CLINIC

Facilitated by our Infant feeding team and peer support.

For Postnatal mums, support with ongoing feeding issues:

Tongue tie assessment

Thrush

Mastitis/engorgement

Sore/painful feeding

Baby not latching or poor latch to breast

Poor milk supply

Baby in Neonatal unit

Weight loss

If you are experiencing any of these problems,

Please speak initially to your Midwife or Health visitor.



For Antenatal mums to discuss concerns or queries around feeding your baby:

Breast surgery

Feeding problems with a previous baby

Gestational diabetes

Medications and breastfeeding

Cleft palate/lip or other abnormalities

At: Seagulls Children's
Centre, Magdalen Way,
Gorleston NR31 7BP

Tues afternoons

By appointment only

Ask your midwife to refer or
contact us on our Facebook
page: jpuh bumps to
breastfeeding.



Useful websites

<https://www.nhs.uk/conditions/pregnancy-and-baby/breastfeeding-first-days/>

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/> videos and general info, available in different languages.

www.breastfeedingnetwork.org.uk for mastitis/ thrush/ medications

<https://www.bestbeginnings.org.uk/> premature babies

<https://globalhealthmedia.org/videos/breastfeeding/> Videos available in different languages

<https://www.firststepsnutrition.org/home> Formula information

<https://www.nhs.uk/start4life/> General info breast and bottle feeding

<https://www.parentclub.scot/articles/feedgood> General info

<https://breastfeedingtwinsandtriplets.co.uk/> twins

Support groups

www.abm.me.uk

Lowestoft and Waveney breastfeeding support (facebook page)

<https://www.nationalbreastfeedinghelpline.org.uk>

Covid 19

<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/04/Unicef-UK-Baby-Friendly-Initiative-statement-on-infant-feeding-during-the-Covid-19-outbreak.pdf>

Download the feeding guide on the trust website:

<https://www.jpaget.nhs.uk/departments-services/departments-services-a-z/maternity-services/infant-feeding>



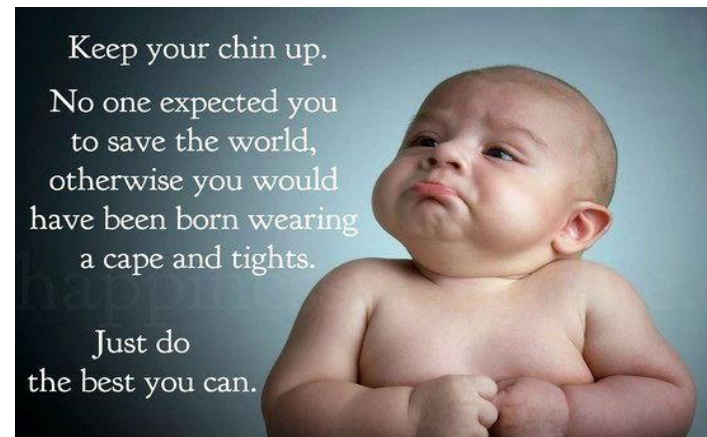
Thankyou

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Please email:

jph-tr.breastfeedingsupport@nhs.net



9LoLs.com

Kay, Sarah & Curita, JPUH Infant feeding team

(with acknowledgements to West Suffolk Infant feeding team. K Stagg, L Webber, Unicef baby friendly initiative).