

Breastfeeding in the early days – What to expect



Maternity Department

The aim of this booklet is to offer some information on what to expect in the early few days of breastfeeding.

Breastfeeding is generally established at around 6-8 weeks, this is because there is so much to adjust to in the early days and weeks. Getting used to handling your baby and your baby learning how to feed is a big part of this time. Your baby is growing day by day and will have growth spurts, your supply will need to adjust to his or her needs and sometimes takes 24 hours to catch up to the new demand.

Health benefits of breastfeeding

The World Health Organisation recommends exclusive breastfeeding for the first 6 months and to have breast milk up to the age of 2 years.

Health benefits for your baby

Before birth your baby's gastrointestinal tract is sterile, during a vaginal birth your baby's digestive system will be colonised by your digestive bacteria, the antibodies in your colostrum will support this process.

Breast milk reduces the risk of:

- Chest infections
- Ear infections
- Sudden infant death syndrome
- Diabetes
- Asthma
- Leukaemia
- Coeliac disease
- Infections
- Cardiovascular disease

Benefits for you

Breastfeeding reduces the risk of:

- Diabetes, type 2
- Ovarian cancer
- Breast cancer
- Hip fractures
- Reduces the risk of cardiovascular disease
- Aids weight loss

Breastfeeding information

The first milk is called colostrum and is specifically designed for your baby. Colostrum is available in small amounts to protect your baby's kidneys and aid adjustment to the outside world, it is packed full of antibodies which passes over your immunity to your baby and is very high in sugars to maintain your baby's blood sugars.

When your baby is 3 days old your breasts will change, they will become hot and full, a sign that your milk has come in, this process can be delayed by a further 24 hours if you have had your baby by caesarean, had a lot of fluid in labour or have a history of diabetes, thyroid issues or anaemia.

There are 2 main hormones involved in breastfeeding oxytocin (the hormone of love) and prolactin (the mothering hormone). Oxytocin stimulates the muscles of the breasts to contract aiding the transfer of your milk to your baby, this is called a "let down". Prolactin orders your milk and ensures that you have a good supply. Prolactin is only at high levels for 6 to 10 days after birth so it is really important that your baby feeds regularly at this time to ensure you have a good supply in the future. If your baby is sleepy or you are experiencing breastfeeding problems it is strongly recommend that you express either by hand or pump in addition to breastfeeding to ensure the benefits of these high hormone levels are maximised.

The principles of breastfeeding

For your milk to come in and to ensure you have a good supply in the future your breasts need to have regular stimulation and regular milk removal. These early days are key for successful breastfeeding.

Responsive feeding

It is recommended that you feed your baby responsively ie; lead by your baby's feeding cues, it is very common in the early days for babies to feed regularly at night and sleep during the day much like their pattern when you were pregnant. To reduce stress levels both for you and your baby it is advised that you act on the early feeding cues shown rather than waiting for your baby to cry, be reassured it is not possible to over feed a breastfed baby.

Breastfeeding is designed to be 2 way so if your breasts are feeling full it is okay to wake your baby and offer a breastfeed, remember it's not possible to over feed a breastfed baby.

Breastfeeding is so much more than just the deliverance of milk and is a great way of reassuring an unsettled or upset baby and can also be helpful if you or your baby would like a rest, babies often become drowsy on the breast and have a sleep after a feed.

What can I expect in the first three days?

Day 1:

Your baby may have fed well after delivery or may only have had a few sucks.

Generally babies tend to be awake for the first 1 to 2 hours and then sleep. They, like you, are tired. This is a great time for some skin to skin. This will keep your baby warm but also helps to regulate their heart rate and breathing. Skin contact helps to reduce adrenaline and increase oxytocin "the hormone of love" so it helps with bonding and attachment too.

Babies born at term that are of “average” weight have brown fat reserves which can be drawn upon in the first 24 hours of life. If your baby is not interested in feeding offer your breast regularly and hand express colostrum onto his/ her lips.

Within the breast there are milk making cells that need to be switched on to ensure a good milk supply in the future. The best way to switch them on is to put your baby to the breast regularly but if your baby is sleepy hand express as often as you can.

Day 2:

Until now your baby may have been quite sleepy and relaxed but generally on the 2nd night babies begin to wake up and demand to be at the breast a lot...maybe even all night. Your baby is stimulating your breasts to encourage the milk to come in.

TRY TO REST AS MUCH AS POSSIBLE TODAY SO YOU ARE PREPARED FOR A DISTURBED NIGHT.

Day 3:

This can be an emotional day as your hormones will be high and your milk preparing to come in. Generally 72 hours after the placenta comes out your milk will come in, although this can be delayed sometimes.

The challenge for today can be that your breasts are feeling very full and often the nipple flattens out making it harder for your baby to attach. You may need to hand express a little milk to allow the nipples to soften and lengthen. If your baby doesn't attach, express and give your baby what you express.

Your baby's brain is developing minute by minute, the safety cuddles and skin contact offers reduces the stress hormone cortisol and increases oxytocin. Oxytocin stimulates healthy brain development and the contact helps a baby feel secure and safe.

How do I know my baby is on the breast correctly?

Pain through the entire feed is a warning sign.

When positioning your baby at the breast try **NOT** to use a pillow to support your baby. It changes the angle at which your baby comes to the breast. Once your baby is comfortably attached and long sucks are seen a pillow can be introduced to support your arm if needed.

In the early days you will be feeding frequently and for varying lengths of time, make sure you are comfortably positioned and able to sustain the position for up to an hour. Having your feet on a step can help and a comfy chair that has good back support.

- In the cross cradle position, use the opposite hand from the breast, position your baby with your arm running along the spine. Finger and thumb under the ears, little finger in the arm pit.
- Position your baby so he/she is coming up from the hip or waist rather than across the chest. This helps to open up the throat and makes swallowing easier.
- Keep your baby in really close to you. This will allow your baby to feel secure and stable. Most babies remain quite curled up for a few days after birth, by holding your baby close it helps them stay extended at the breast.
- With the chin indenting the breast tissue allow your nipple to run along the top lip almost as if going up the nostril. The nose should be clear of the breast. By your baby stretching up to the nipple it ensures that your nipple is running along the palate. Your nipple should be aimed up to the palate rather than to the back of the mouth or on to the tongue.
- Your other hand should be cupping your breast but not moving it out of its natural position. The aim for this hand is to shape the nipple and angle it on to the roof of your baby's mouth, thus making attachment easier and stimulating the suck reflex. Once your baby is attached well you can swap hands by keeping pressure on your baby's back between the shoulder blades.

Once your baby is on the breast, look and listen for swallows

- Adjust the positioning so there is a straight line from your nipple to the back of the baby's head. "The angle of dangle". If you imagine your nipple as a collection of straws if the nipple is bent or compressed just like a bent straw it will be harder for your milk to pass through. This may lead to your baby falling asleep before a feed is completed.

Offer the second breast once the first breast feels empty; this enables your baby to reach the fatty milk and ensures both breasts are stimulated.

In the early days your baby may well fall asleep at the breast before completing a feed, if you can't see swallows, tickle your baby and encourage him/her to wake up and return to a swallowing pattern. You may need to let your baby have a short nap before offering the breast again. Winding your baby is another good way of encouraging your baby to wake up.

Generally the feed should last 20 to 60 minutes in the early days although at times, often in the evening your baby may cluster feed.

If you are worried about how much your baby is getting at the breast listen for the swallows and also think about how many wet and dirty nappies your baby has had in 24 hours.

Day 1 = 1 wet nappy and 1 meconium stool

Day 2 = 2 wet nappies and 1 meconium stool

Day 3 = 3 wet nappies and 2 changing stools (green)

Day 4 = 4 wet nappies and 2 changing stools

Day 5 = 5 to 6 wet nappies and 3 stools at least as big as a 50 pence piece

If you do not feel reassured by this please contact your Midwife for advice.

Signs that breastfeeding is going well:

- You should be able to see and (once your milk is in) hear rhythmical swallows.
- Plenty of wet, heavy nappies.
- Changing poos.
Meconium (black and sticky) on day 1 and 2.

Changing stool (green like pesto) on day 3 and 4.

Yellow (like whole grain mustard) on day 5, this shows your milk is in and there is good milk transfer to your baby.

By day 5 your baby should have at least 5 to 6 really wet nappies per day plus three poos at least as big as a 50pence piece. A breastfed baby should have dirty nappies every day until they are 6 weeks old.

Back up to birth weight by day 10 to 14.

How to know when your baby has had enough:

Your baby will come off the breast spontaneously or, when the breast is lifted, the baby lets go. Your baby will have that lovely “drunk” look and be settled after a feed.

Some babies take too much and vomit a little bit of milk back this is called “over spill” and is a normal part of breastfeeding. It ensures there is always a little bit more milk than is required just in case.

What to do if you are sore:

In the early few weeks it may be uncomfortable when your baby first attaches but it should not be painful through a feed. If you are experiencing pain take your baby off the breast, using your little finger to break the seal and have a look at the shape of your nipple.

If your nipple looks squashed, creased or flattened, like a new lipstick then positioning your baby at the breast may need to be adjusted to ensure more of the surrounding areola is drawn into your baby’s mouth. For further support please contact your midwife or attend a breastfeeding drop-in.

Tongue tie:

If your nipples continue to be sore or breastfeeding problems continue even after positioning and attachment issues have been corrected your baby may have a tongue tie. A tongue tie is a TIGHT membrane underneath the tongue that affects either the movement forward of the tongue and/ or the lift up of the tongue.

Research performed by Southampton Hospital found that 10% of babies born had a tongue tie but out of this 10% only half went on to have breastfeeding problems linked to the tongue tie.

Babies can have breastfeeding difficulties for many reasons and it is often hard to assess until the milk comes in, for this reason maternity staff will assess how the breastfeeding is going and make a plan of care. If it is felt that your baby may benefit from a tongue tie division (frenotomy) an appointment will be made in the tongue tie clinic which is held once a week for a feed to be observed and the movement of the tongue assessed. It is vital that you protect your supply if you are experiencing problems.

The risks with a frenotomy are bleeding, infection and scar tissue so for this reason the tongue tie will only be divided whilst your baby is under midwifery care if it is causing a breastfeeding problem.

Do I need to supplement with formula?

Breastfed and formula fed infants have different gut flora. A breastfed baby has a lower gut pH (acidic environment) in the first 6 weeks which is an ideal environment to encourage good bowel bacteria to grow and develop contributing to a healthy digestive system and therefore a healthy immune system.

A formula fed baby has a higher pH value, by giving formula to a breastfed baby particularly in the first 7 days the production of a strongly acidic environment is delayed and may never be reached. Breastfed babies who receive supplements develop gut flora like formula fed infants, it can take 2 to 4 weeks to recover.

Colostrum and breast milk have a sIgA antibody that coats the gut of the baby almost acting like a white paint. It helps to seal the gut causing it to be less “leaky”. A leaky gut has been linked to the cause of allergies and diarrheal disease.

In families where there is a history of dairy intolerance or allergies a baby can be sensitised to cow's milk protein by the giving of just one top-up in the early days whilst the gut is sealing. Where possible it is advised to delay the introduction of this protein until the baby is 6 months old.

At times it is necessary to give formula for medical reasons either because a baby has low blood sugars or has been unable to breastfeed, maybe due to an illness or delay in breast milk coming in. At the Royal Surrey we recognise this can be a very stressful time. The immediate priority is the health of your baby and the midwives and paediatricians will guide you and make a plan so that you can return to exclusive breastfeeding when appropriate.

The transition back to exclusive breast milk is made easier if you take steps to protect and enhance your supply by expressing both by hand and by electric pump.

At times it may not be possible to exclusively breastfeed, at these times it's really important to recognise what ANY breast milk offers to a baby, see page 2.

How can I express my breast milk?

It is recommended that you hand express rather than electric pump in the first 24 hours if your baby is sleepy and not looking to feed or if you wish to top your baby up. Stimulating your breasts frequently in the first week will ensure you have a good supply in the future. It is also useful to help relieve full, uncomfortable breast or if there is a lump (indicating an area which has not been drained, if still present after a couple of feeds could lead to mastitis) in the breast after feeding.

- First stimulate your breast with gentle massage.
- Feel for a change of texture in the breast somewhere behind the areola.
- Using a C shape, push your thumb and index finger back towards the ribcage.



(Images courtesy of UNICEF Baby friendly initiative)

- Compress your thumb and index finger and then move them forward taking care not to slide over the areola.

Repeat this using a rhythmical motion rotating your hands around the breast when the flow slows. When colostrum is present and supply establishing it is normal not to get a spray of milk as shown above but drops.

Storage of breastmilk:

PLACE	MAXIMUM TIME
Fresh breast milk	
Room	6 hours
Fridge 0-4 degree C	5 days
Freezer -18 degree C	6 months
Previously frozen breast milk	
Defrosted in fridge	12 hours
Defrosted outside fridge	Use immediately

Adapted from the Breastfeeding Network leaflet “Expressing and Storing breast milk, 2009”

Cup feeding

Once you are feeding your baby more than 5 mls of breast milk the staff will show you how to cup feed. Remember your aim is to breastfeed and using a cup rather than a bottle will help you do this. It is important that you continue to offer plenty of opportunities for your baby to start breastfeeding. Cup feeding helps you to work towards breastfeeding because it encourages your baby to use their tongue and lower jaw to take the milk in a similar way to when your baby is breastfeeding.

How to cup feed safely

- Wash your hands before you start.
- Place your expressed breastmilk into the cup provided by staff.
- Place a muslin or bib under your baby’s chin.
- Sit your baby upright on your knee. Being upright will prevent your baby from choking.

- Bring the cup so it gently rests on the lower lip but do not press down. Tilt the cup so the milk touches your baby's lip, then wait, your baby will sniff the milk, begin to root and explore and taste the milk with their tongue. They will then begin to suck and lap the milk up using the tongue. All you need to do is keep your baby sitting upright and keep the cup still. Do not tip the milk into their mouth as they could choke. The aim is for your baby to drink at his/her own pace. You will notice your baby has pauses like they would if they were breastfeeding. When your baby has had enough a little winding may be needed.



For an example of safe cup feeding please see www.breastfeedinginc.ca/content.php?pagename=vid-cupfeed

What are the signs of mastitis?

- A red area on part of the breast which may be painful to touch.
- A lumpy breast which feels hot to the touch.
- The whole breast aches and may become red.
- Flu like symptoms, aching, increased temperature, shivering, feeling unwell. This can sometimes start very suddenly and get worse very quickly.

Causes of mastitis:

Stasis of milk – a duct becomes over full and the milk within this duct leaks into the surrounding breast tissue causing inflammation which can then develop into an infection.

Stasis of milk can be caused by a blocked duct, tight bra or finger pressing into the breast affecting the flow or sudden changes in the baby's feeding pattern. It can also be linked to positioning and attachment difficulties leading to the breast not draining effectively.

Infection – can occur from ascending bacteria tracking into the breast from nipple damage.

Ascending bacteria is normally caused by nipple damage caused by shallow attachment to the breast or a tongue tie.

Management:

The aim is to get the milk moving, feed your baby from that side as much as possible but make sure the other side is not ignored, express the other side if need be. Use heat to aid drainage. The breast milk can sometimes taste a bit salty, if your baby is not keen to feed it is very important that you express, try to avoid that side feeling full. Massage the area around the lump to aid drainage, the use of vegetable oil can help reduce friction to the skin. Regular pain relief is recommended and see your GP to get the appropriate antibiotics. If a lump is still present after 4 days of antibiotics go back to your GP.

Where can I go for help?

Breastfeeding ‘Drop in’ clinics

Monday (not Bank holidays)

Hazel Avenue Children’s Centre, Guildford 9.30–11.30
(Run by RSCH breastfeeding specialist and Health visitors)

Wednesday

Royal Surrey County Hospital, Parentcraft room, Antenatal clinic
(Run by RSCH breastfeeding specialist) 10.30–12.00

National Breastfeeding helpline: 0300 100 0212

National Childbirth Trust Breastfeeding line: 03003300771
(08.00 – 22.00)

La Leche League: 0845 120 2918
laleche.org.uk (24hr help line)

Further information

- www.breastfeedinginc.ca/content.php?pagename=videos
- www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression/
- www.isisonline.org.uk/
- www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/drugs-factsheets/

References

- Department of Health/UNICEF off to the best start, 2012
- UNICEF UK baby friendly Initiative, “Breastfeeding and Relationship Building, A workbook” 2013
- Beech, J. (2011) How to teach a mother the technique of hand expressing Royal College Of Midwifery doi:10.1016/j.midw.2011.12.013
- Safe storage of expressed milk in the home- the Breastfeeding Network, 2009

Contact details

Infant feeding specialist, Kate Rosati.
Telephone number 01483 571122 ext 4702

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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