GUIDE TO BREASTFEEDING

HELPFUL GUIDE TO BREASTFEEDING YOUR NEW BABY
Community Mothers Programme
Guide To Breastfeeding

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SPECIAL THANKS

The publishers would like to thank Miriam McGuirk for providing the photographs or her son, Robert, and herself which appear on the cover and on various pages of this book. Also Rosemarie Stout for assisting with the proof-reading of the text.
The Community Mothers Programme

Guide To Breastfeeding

A helpful guide to breastfeeding your new baby

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In the Community Mothers Programme, parents of young children are visited in their own homes by Community Mothers or Family Development Nurses. These visits offer structured support and guidance on all aspects of parenting-promoting health in its widest sense. The visits focus upon maternal health and self-esteem and promote good nutrition. The parents are encouraged to stimulate the social, language and cognitive development of their children.

As part of the Community Mothers Programme, experienced Community Mothers train and work as breastfeeding supporters for new mothers.

ACKNOWLEDGEMENTS

Community Mothers Programme:
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Teresa Keegan
Brenda Molloy
Bernie Rooney
Rosemarie Stout

Association of Lactation Consultants of Ireland:
Barbara Corkery
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Cuidiú-Irish Childbirth Trust:
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Karen decided to bottle-feed her baby even though...

It takes time to get the bottle ready.

Formula milk costs money to buy.

She has to take care to get the temperature right.

She has to bring bottles with her whenever she goes out with the baby.

She has to sterilise the feeding utensils.
Kathy decided to breast-feed because it's best for her baby...

The milk is ready-made.

And also at the right temperature.

You're ready for your breakfast aren't you?

It's just right for you, love.

And comes free of charge.

It's ready to feed the baby everywhere that Kathy goes.

Wow! Look at what we are saving.

It is already sterile.

If you need a feed while we're out, that's no problem.

We won't be needing those.
THE ADVANTAGES OF BREASTFEEDING

...For Baby

It helps your baby develop close bonds with you.

Your baby will be less likely to get: a sore bottom, colic, constipation, or to become overweight.

It provides the best possible food for brain and body growth with less risk of: diarrhoea, coughs and colds, ear infections, asthma, cot death, meningitis, hospitalisation.

In the long term, it will help your baby develop: better jaws, better teeth, better speech.

It has fats of the right kind needed for growth of your baby's brain.

Breastfed babies are healthier and have less hospital or GP visits. Being breastfed is the best start in life for any baby.

Give breastfeeding a try. You may need a little patience and practice, but it will be easier than you think.
...For Mother

It gives you a lot of satisfaction and helps you feel proud of your achievement.

It helps you develop close bonds with your baby.

It means that you can feed your baby—any time, anywhere, with little preparation!

Your body produces breastmilk—of just the right composition, and at just the right temperature.

It costs no money. *(The money saved can be spent on other things.)*

And there is no risk of contaminated water affecting your baby.

It is the best possible way of—getting your womb back to normal, getting your weight back to normal.

It may also help you to delay getting pregnant again. In the early weeks, feeding on demand, day and night, is a natural form of birth control.

There will also be less risk of developing breast or ovarian cancer.

*Remember:*  
*Only one or two mothers in every hundred may not be able to breastfeed. Almost all mothers can do it.*
A healthy diet is important...

For a mother during her pregnancy,

For her unborn baby,

And for both mother and her breastfed baby.
Here are some suggestions for a healthy diet...

1. Wholemeal bread and whole-grain cereals, each day. (For energy and valuable nutrition.)

2. Chicken, Fish, Eggs, Meat, Cheese or Beans (Twice or three times each day, eat something from this group in order to have enough protein in your diet.)

3. Fresh fruit and vegetables, each day.

4. Milk. (Half a litre per day during pregnancy)

For mother and baby, it is important to keep to a healthy diet both during pregnancy and while breastfeeding.
Part 1: During Pregnancy...

First, the mother thinks that she may be pregnant.

I haven't had my period

I think I'm pregnant.

Then, her doctor confirms it.

The test confirms it. You're pregnant. Congratulations!

When her pregnancy is confirmed she registers at the ante-natal clinic.

ANTE-NATAL CLINIC

It is very important for her to go in time for her ante-natal check-up.

She may have some discomforts such as morning sickness.

I feel a bit queasy this morning.

It may help her if she eats rich food earlier in the day rather than at night. At night she can eat energy foods such as bread, rice or potatoes.

Or tiredness...

I'm really feeling the extra weight...

I think I'll put my feet up for a while.

Or heartburn.

I will ring the ante-natal clinic and ask what can I take for my heartburn.
Part 2: At Birth...

First stage of labour
The baby moves into position to go down the birth canal, head first. The mother's womb muscles begin to contract so the baby can get through. She experiences the onset of labour pains and should contact the hospital.

Second stage of labour
Birth is now starting. The mother may be in a bed with a midwife or doctor supporting her and a companion of her choice.

Finally, the baby is born...

Letting the baby suckle at her breasts soon after the birth will help both baby and mother to bond together. The baby may sleep for a few hours after the initial period of being awake and then feed frequently.

Note
Hospitals will normally offer a choice of birth-methods and positions.

Note
Ask your doctor or midwife for information and help with feeding. You can still breastfeed if you have a Caesarean birth.
BEFORE THE BIRTH

You may like to...

☆ seek guidance from a midwife or nurse as early as possible in your pregnancy,
☆ get to know someone from your own community who has breastfed successfully (for example, one of the Community Mothers) and talk with her about feeding babies. Discuss with her the way you plan to feed your new baby,
☆ learn about the advantages and also about any problems you may encounter when breastfeeding.

A Note about Inverted Nipples
Some women may be concerned about the issue of inverted nipples. It is important to realise that babies can feed from all types of nipple.
Many nipples change shape during pregnancy. Even if some women’s nipples remain inverted, nearly all women can breastfeed successfully. The baby needs to have a wide-open mouth at feeds and to take in much of the areola and not just the nipple.
(The areola is the dark part of the breast surrounding the nipple)

You may also like to...

☆ Plan your diet.
   Every day, plan to eat...
   nutritious unrefined foods, choosing from staple foods such as bread, cereals, rice, potatoes, etc.,
   fish or meat or eggs or beans or cheese,
   vegetables,
   fruit,
   milk or yoghurt.

Note: Your doctor may recommend that you take an iron supplement.

For information on folic acid see pages 14 & 15.
☆ Make birth preparations
Inform your GP and discuss where you wish to have your baby and arrange an appointment with the maternity hospital.
Tell the midwife how you plan to feed your baby.
Write down a birth plan requesting that, after the birth, your newborn baby is put straight on to your stomach before being washed and allowed to suckle at your breast.
Keep baby close to you to encourage skin-to-skin contact.

Early suckling releases a hormone which...
contracts your womb,
reduces the risk of bleeding,
helps the placenta (afterbirth) to come out more easily.

☆ Involve the baby's father.
Discuss with him how you plan to feed the baby.

☆ Prepare for your home-coming after the birth
Try to arrange for your partner, family or friends to organise the cleaning, shopping and cooking for at least two weeks.
(You will need that support in order to be free to concentrate on your baby)

☆ Arrange for breastfeeding support
Get the name and address of a breastfeeding friend or advisor (e.g. your Family Development Nurse or one of the Community Mothers).
Let your advisor know as soon as you have given birth to the baby.
Make contact as soon as possible with your local breastfeeding support group.
**FOLIC ACID**

**IMPORTANT INFORMATION FOR WOMEN ABOUT FOLIC ACID AND SPINA BIFIDA**

**What is Spina Bifida?**
Spina Bifida is a defect of the spine that is found in some babies at birth.

**In severe cases it can cause death or disability including paralysis of the legs, mental handicap and incontinence.**

**In Ireland alone, about 100 children per year are born with some form of Spina Bifida.**

**Are many children born with Spina Bifida?**

**Why is Folic Acid important?**
You see, a shortage of Folic Acid in a mother's body at conception and early pregnancy causes Spina Bifida. Taking extra Folic Acid can prevent Spina Bifida.

**Folic Acid**
Folic Acid is a natural B-Vitamin found in foods such as fortified breakfast cereals, fortified milk, fortified bread and green leafy vegetables such as broccoli.
How can I get enough Folic Acid to help prevent me giving birth to a baby with Spina Bifida?

The best way to get enough Folic Acid to help prevent Spina Bifida is to take one Folic Acid tablet every day (=400 micrograms). You should start right now if there is any possibility at all of you becoming pregnant. Then keep taking them for the first three months of your pregnancy.

Where did you get the Folic Acid tablets?

I discovered that you can buy them over the counter at the Chemist's. However, because I have a Medical Card, the doctor gave me a prescription and so I got them free of charge.

So, where's the best place for me to go when I want to get information about Folic Acid and Spina Bifida?

Just go to the doctor like I did. You could also ask the Public Health Nurse or just call in and ask the Chemist or phone the Irish Association for Spina Bifida.
A mother breastfeeds her baby with milk from her breast.

This page shows what takes place inside her body to make this possible.

This diagram illustrates how the breast works. It shows the milk producing cells, ducts, areola, and the nipple.

1. Milk is produced here in the alveoli. 
   *When these milk-producing cells are stimulated, they expel additional milk into the duct system.*

2. The milk then passes along the duct system.

3. The milk is stored in an enlarged part of the milk duct knows as the lactiferous sin.

4. The milk reservoir is covered by the dark part of the breast called the areola.

5. Each duct has an opening at the nipple. 
   *When the baby sucks, milk is released into the baby’s mouth.*
Some other facts about how the breast works...

When baby suckles and empties the breast, this stimulates the milk cells to produce more milk for the next feed.

Frequent feeding increases the amount of milk manufactured by the body, provided that most of the milk is emptied from at least one breast at each feed.

A mother's body-scent is valuable in attracting the baby. The baby recognises her fragrance, her voice and what it feels like to be held by her.

Some words explained...

**Colostrum.** This thick valuable health-giving fluid is produced by the breasts in the first days of the baby’s life. It is Nature’s way of protecting the new baby against all kinds of diseases. Do let your baby drink it.

**Milk.** This starts being produced from about the third day, or possibly later if you have had a Caesarean birth. It looks watery and is bluish in colour.

**Foremilk.** This comes out of the breast first and is low in fat. (It is the start of the meal.)

**Hindmilk.** This comes out of the breast last. It is high in special breastmilk fats that are particularly important for developing the baby's brain.

Baby needs both foremilk and hindmilk so give him time to finish feeding. He needs a complete meal.

**Let Down Reflex.** When baby sucks, the milk is released or ‘let down’ out of the milk cells and flows down the ducts to the nipple. If you are over anxious, or very tired, or upset, the reflex may not work so well.
STARTING BREASTFEEDING

From the early feeds, while you are in hospital,* then the following suggestions should help you to succeed:

☆ Make sure that everyone knows that you want to feed the baby.

☆ Ask for help if you need it.

☆ Remember that midwives and nurses can be busy with a lot of mothers to help as well as you. Try to understand if they don't have as much time for you as you would like, but do keep asking if you need help.

☆ If you decided in pregnancy that you want to breastfeed your baby, then it is important not to let anybody change your mind.

☆ Avoid accepting any offers of a bottlefeed for your baby. Even if your baby is very small, he** will be well satisfied with your colostrum in the first few days. (Colostrum is the thick nutritious fluid which comes from your breasts before the milk starts. Your milk will begin from about the third day.)

☆ Ask for your baby not to be given any complementary feed or any glucose water.

☆ If it is very warm, your baby may need to drink from your breasts more frequently.

☆ You will not need artificial milk to feed your baby and having it on hand may lead to you losing confidence in your ability to breastfeed.


** In this Guide the words 'he' or 'him' are used when referring to a child as this was considered better than the neutral words 'it' or 'its'. It also helps to make clear who is being referred to, the child or the mother.
PRINCIPLES FOR GOOD BREASTFEEDING PRACTICE

- Provide a warm welcoming atmosphere to all breastfeeding mothers in our health centres and promote a positive attitude towards breastfeeding in the wider community.
- Inform the public, particularly pregnant women, about the benefits of breastfeeding.
- Develop and maintain effective communication and co-operation with maternity units, voluntary organisations and all health professionals in the community.
- Ensure compliance by healthcare staff with the most up-to-date regulations for the marketing of infant formula in the Republic of Ireland.
- Train all healthcare staff with the necessary breastfeeding knowledge and skills to ensure consistency of practice.
- Educate mothers on the benefits of exclusive breastfeeding for the first 6 months. Other fluids and foods should not be given unless medically indicated. Gradual introduction of weaning foods (from around 6 months) should complement the breastmilk diet.
- Breastfeeding mothers should be assisted by their hospital Midwife/Public Health Nurse to position their babies effectively. Expressing, storing and alternative ways of giving breastmilk should be demonstrated.
- Discourage the use of soothers, artificial teats and nipple shields.

Adapted from information provided by the Eastern Regional Health Authority
THE FIRST FEEDS

1. Put baby to the breast as soon as possible after he* is born.

2. Make yourself comfortable and hold baby on your arm.

3. Turn baby on his side, facing a breast. Supporting your breast with the opposite hand, gently stroke the baby's lips with the nipple to encourage the baby to open his mouth. Hold the baby close with the chin and lower lip close to the breast.

4. Baby will then open its mouth wide. (This is called the rooting reflex.)

5. Aim the nipple that the baby is to feed from towards the roof of the baby's mouth.

6. Bring baby quickly on to the breast and help him to take the nipple and part of the areola into his mouth.

7. Baby's tongue should be under the nipple. The lips should be around the areola as much as possible.

8. Try not to hold the baby's head in order to make him take his feed as this may cause him to push away from the breast.

9. Talk gently to the baby.

10. If the baby is properly latched on, you should be able to see both the muscles at the side of his forehead and his ears moving.

Note that nearly all the problems in starting breastfeeding come from not getting baby properly attached on the breast. It may be several days before you and baby both get it right. So, try to be patient.
You may need an advisor or breastfeeding friend to help you with fixing or latching baby on to your breast.

A thick yellow fluid called colostrum comes out of your breasts in the first few days. This fluid is packed with nutritious factors which help protect against infections. Encourage baby to drink the colostrum.

Don’t worry if you feel contractions when feeding. These contractions will only last a few days and are helping your womb to get back to normal.
Ask for advice if you need it.

Give it a good try. Don’t give up too easily.

Remember it’s Nature’s way and it’s healthy too.

First Days...

Your milk will start coming soon. At the moment you have colostrum which contains every-thing that your baby needs.

Regual Feeds...

I found that trying to give regular feeds was disastrous. Instead, I just feed him whenever he needs it and let him go on as long as he wants to.

Baby’s Weight...

You’re doing fine. Babies don’t need to be fat. Just check his weight regularly.

Breastfed babies are usually healthier and slimmer than bottlefed babies.
Getting Enough...

Perhaps he wants to be held more or needs a feed more often. If that doesn't work, ask the Public Health Nurse for help.

Storing Breastmilk...

Thanks for minding him. I'll be gone for quite a while so I'm leaving some breastmilk for him. Just put it in the fridge till he needs it.

Ask your Public Health Nurse or Breastfeeding Advisor for advice on expressing your milk, storing it & feeding it to your baby.

If Breast Problems Arise...

I'll examine you, but don't worry. I'm sure you will still be able to breastfeed your baby.
CONTINUING TO BREASTFEED: SOME DO’S AND DON’TS.

It takes a few weeks to find a feeding rhythm that suits your baby’s needs. This rhythm may change later on.

Do make sure you are comfortable and relaxed and don’t be discouraged too easily.

Do eat frequent small nutritious meals, and possibly take a snack to bed if you get hungry during overnight feeds.

Do drink according to your thirst. Some mothers find it helpful to have a cold drink nearby when feeding.

Do feed as often and as long as you and baby want to feed. It is not a good idea to feed on a fixed timetable. Feed baby whenever he wants to feed and for as long as he wants to. If you have to wind the baby or change his nappy while feeding, return to feeding from the same breast.

Do let baby finish feeding at the first breast then feed from the second breast if baby wants more.

Do start each feed from a different breast, or the one that feels the fullest.

Do be prepared to feed baby frequently e.g. every two to three hours. This prevents engorgement and ensures a good milk supply. (The more often you feed, the more milk you produce.)

Do keep up frequent breastfeeding should your baby get diarrhoea. Baby will need extra milk to help prevent dehydration. The normal bowel motion of a breastfed baby is frequent, yellow and very loose. There is little or no smell. If you are concerned that baby may have diarrhoea, contact your GP or Public Health Nurse.

Don’t press (dimple) the breast with your finger while feeding. If the baby’s nose appears to be too close then change the baby’s position by bringing his bottom closer to you.
Don't just pull baby away from the nipple. When baby is finished suckling he will usually release the nipple. If he doesn't, insert your little finger into the corner of baby's mouth between the gums to break the suction on the breast.

Above all, don't give any complementary feeds as they take away the baby's appetite.

Babies often have growth spurts, usually at 2 to 3 weeks and at 6 to 8 weeks, and need more milk. So do feed more often if they demand it and your milk will increase. Baby's feeding pattern will settle down again in a day or two. There may be other growth spurts later. Do be prepared for these and don't think that your milk has dried up.

You don't need to have your baby weighed every week. But do observe baby's health and wet and dirty nappies. Call your Public Health Nurse or go to the clinic if you have any worries or if you wish to have your baby weighed.
BREASTFEEDING MAKES SENSE

It makes good sense for a mother to breastfeed her baby. This is because:

1. Breastmilk comes free of charge. 
   Remember, however, that a breastfeeding mother needs to keep to a healthy diet.

   The only expense I have is keeping up my healthy diet.

2. Breastfed babies tend to be fitter and healthier. 
   Breastmilk gives babies more immunity from disease.

   He's a very healthy baby.

   Yes, he is.
3. Many mothers find that breastfeeding helps to develop emotional closeness with their babies from an early age.

I love spending time with you.

NOTE
If you experience problems in breastfeeding, such as sore nipples or too little milk, ask for support from your Public Health Nurse or another mother who has breastfed successfully.

4. Breastfeeding helps a mother to get back her figure following her pregnancy.

I'm getting back into shape at last.
EXPRESSING MILK

Reasons for expressing milk:
If baby is unable to suck, then milk can be expressed from the breast and fed to him from a very well cleaned teaspoon, cup or dropper.

Other reasons for expressing milk:
You may have to leave the baby for some reason or it may be necessary if there are breast problems. (See pages 34 to 40.

Ways of expressing milk

A. By hand
Always begin by washing your hands with soap and water before expressing milk that you intend to use for feeding your baby.

Switch to the other breast when the flow slows down.

You can continue switching from one breast to the other a number of times.

A useful idea which often gives good results when expressing milk is to think of or look at baby. This helps to bring on the let down reflex and it is then much easier to express the milk.
(If the baby is absent, e.g. in hospital, looking at his photograph will help to get the same effect.)

B. By mechanical means
Hand pumps can be borrowed from a friend or colleague or your local breastfeeding support group. Some mothers prefer to rent or buy electric pumps.

Storage of Expressed Milk
Keep the milk cool in a refrigerator. (In a refrigerator the breastmilk will last for at least 48 hours.)
The milk and cream may separate, so shake it up to mix thoroughly before feeding.
If you freeze breastmilk it can last much longer. It can then be either thawed slowly in a refrigerator, or, if needed, heated quickly by placing it in a container of hot water.

**Warning**

*Do not use a microwave to heat up breastmilk, or anything else fed to a baby. It can be very dangerous.*

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**DIAGRAMS SHOWING HOW MILK IS EXPRESSED**

1. Slowly massage milk by stroking firmly down the milk ducts in your breasts, moving your hands from the chest wall towards the nipple, working all the way round the breast.

2. Bring your hands forward and massage the milk further down towards the areola.

3. Press behind the areola so that the milk trickles out into a clean sterilised jug, cup, bowl or other suitable container. Only small amounts may be expressed the first few times you try. Press and release several times to try to get a flow of milk.
It is easy for a mother to breastfeed at home and in public. Here are some useful ideas...

1. Wear a loose tee-shirt or sweater.

As an alternative, wear a suitable scarf.
2. If you feel shy about breastfeeding your baby in public, or if your baby is easily distracted, find a quiet place in a restaurant or other suitable building. Some public buildings such as shopping centres support breastfeeding mothers by providing special facilities.

3. If you feel shy about breastfeeding at home, or if you are with people who feel uncomfortable with you breastfeeding, then sit in a quiet corner until the baby has had his feed.

4. Remember, breastfeeding is the natural way to feed your baby and is something to be proud of. Try not to allow other people to make you feel embarrassed.
In some cases, having babies in quick succession can cause difficulties...

1. It may affect the physical or mental health of the mother.

2. It may cause her to have an increased workload.

3. It may cause her income to be reduced and make budgeting more difficult.
Planning a family could help to avoid some of these difficulties.

Planning a family allows a mother to take control of her own life.

- She can plan to have a baby when a baby is wanted.
- She can expect to be more contented and in better health.
- She can space her children according to her own needs and the needs of her family.
- She can plan to give more time to each individual child.

I'm glad we planned to have another baby.

Yes, I'm really looking forward to having our second child.

If you want more information about planning a family then ask your Public Health Nurse or your Family Doctor.
SOME BREASTFEEDING CONCERNS
AND HOW TO SOLVE THEM

Many mothers have no problem breastfeeding. Some mothers may have a few difficulties but, in almost all cases, with a little help, they can find a way to ease the situation or even solve the problem altogether.

1. Sore or Cracked Nipple(s)

   **Signs:**
   - Soreness or visible crack in nipple.
   - Nipple may blister, bruise or bleed.

   **Causes:**
   - Poor positioning, e.g. baby nipple-feeding

   **Some suggestions for prevention or treatment:**

   - Get help with feeds to make sure baby is attached properly to the breast.
   - Feed baby on demand.
   - Vary your position feeding the baby. This will help to reduce the possibility of causing further soreness or damage.
   - Don't limit sucking time. The hindmilk, which comes later in a feed, contains valuable fats for lubricating the nipples as well as developing baby's brain.
   - Don't use soap, cream or spray on the nipples. (These preparations can cause harm and put baby off feeding because of their smell. Special creams rarely help. Seek advice before using them.)
   - Always leave some of the hindmilk to dry on your nipples.
   - Breast-pads, if used, should be changed frequently. If they stick to you, then soak them with water to remove. Try to avoid using breast-pads with plastic backs.
   - If washing the nipples, use warm water only. No soap. Dry with a soft, clean towel.
   - If a nipple is badly cracked then seek advice.
   - Expose nipple to the air as much as possible to speed healing.
2. Swollen Breasts.

**Signs:** Engorgement or swelling of the breasts, with the breasts becoming tender and hard. It may occur on about the third day after giving birth or soon afterwards. Causes: Too much milk and other fluids building up in the breasts and not enough milk being released.

Some suggestions for preventing or overcoming engorgement:

- Give frequent feeds.
- Feed whenever baby wants milk.
- Feed whenever you feel your breasts are getting full.

If, after giving birth, your breasts are full and hard causing the nipples to become flattened, here are some ideas:

- Before feeding, wrap a warm towel around your breasts.
- Bathe breasts in warm water or shower. Dry and then express some milk.
- Massage your breast by stroking from the chest-wall towards the nipple.
- Apply cold cabbage leaves to the breast.

3. Inverted or Flat Nipples.

**Things to note if you have inverted or flat nipples:**

- All nipples improve in shape during pregnancy.
- A baby can manage to feed from inverted nipples, provided you get the positioning right and the baby takes in a good mouthful of the breast. It will be helpful if the breasts are not allowed to become too full.

- Antenatal exercise preparations have not been shown to help. Breast shells are of limited value. Ask your midwife, doctor or breastfeeding advisor about using them.
4. Blocked Ducts (Milk Tubes)

Signs: Redness. Bruised sensation. There may be swelling, usually in one area. Discomfort and a sense of fullness.

Causes: Too long between feeds, breasts not emptied during each feed, pressure on breast from too tight a bra or other strong pressure.

Some ideas for prevention or treatment:
• Ensure that you feed the baby frequently.
• Feed from lumpy breast first, massaging the affected area.
• Direct the baby's chin towards the affected area and encourage baby to have a full feed.
• Express any milk left over after baby has finished if your breast is still lumpy.
• Gently massage the area between the lump and the nipple by rubbing it with heel of the hand.
• Avoid wearing a tight bra or tight clothing.
• Try feeding baby in a different position, e.g. with baby's body under your arm. Lean forward while feeding to help gravity bring the milk down.

5. Mastitis

There may be similarities between mastitis and blocked ducts.

Signs: Painful breasts with hot reddish swelling. The mother also feels feverish and 'fluey'.

Causes: Too long between feeds, infection through cracked nipples, bra too tight, delay in getting rid of blocked ducts.

Some suggestions for treatment:
• Try to empty breast.
• Don't stop breastfeeding. The infection is in the breast tissue, not in the breastmilk.
• Start each feed from the affected breast.
• Try feeding baby in a different position.
• Put hot towels on the breast to encourage milk flow.
• If the pain or inflammation continues, consult a doctor as you may need antibiotics.
• Wear a comfortable support bra.

Whatever happens, don't stop breastfeeding!

**Remember:** always try to empty the affected breast. Deal with the blocked ducts or cracked nipples as soon as they occur.

**Note:** Keep up a good healthy diet. Seek medical advice if your temperature does not resolve after 24 hours, having followed the suggestions above.

### 6. Breast Abscess

**Signs:** A hard lump which doesn't go away. It is not necessarily painful.

**Causes:** Failure to treat mastitis, Unnecessary weaning after mastitis.

**Some suggestions for prevention or treatment:**
- Clear mastitis quickly.
- If it is an abscess, see your doctor. It may need draining or antibiotics.
- Continue to feed baby from the other breast.
- Until the abscess clears, milk from the abscessed breast should be expressed. Your doctor will advise you as to whether you can use the expressed milk to feed the baby.

**Remember:** Breast abscesses are very rare.
7. Fretful Baby

Signs: Crying.
Baby does not seem to be comforted for very long.

Causes: Baby may be hungry or cold,
Baby may need comforting or be colicky,
Baby may feel insecure or in need of company,
Baby may be reacting to your tension,
Having too many people around may have upset the baby.

Some suggestions:
- Try to relax. This will help to calm the baby too.
- Give baby an extra feed.
- Soothe baby by taking off his clothes and holding baby against your bare skin.
- Swaddling can also be helpful for a fretting baby. Wrap blankets tightly round baby and hold baby in your arms.
- Play soft music for a while. (Avoid loud continuous music)
- Sing to the baby.
- Carry baby round with you. (A sling is ideal for carrying a young baby.)
- If possible, get another person to assist you in calming the baby.

8. Difficulty With Milk Supply

Signs: Fretful baby.
Less frequent wet or dirty nappies.

Causes: Mother is over-tired or unduly stressed,
Mother not eating enough,
Mother taking medication,
Baby not positioned properly at the breast.

Remember:
Your breastmilk will only disappear:
- If you give supplementary feeds too often,
- If you stop breastfeeding your baby.
Some suggestions if you find you haven't enough milk:

- Check with your midwife, Public Health Nurse or breastfeeding advisor that your baby is feeding effectively.
- Check that baby is positioned correctly at the breast.
- Feed the baby more frequently. This will solve a lot of difficulties both for the baby and you.
- Check your diet. Are you eating enough wholesome food? Are you taking enough fluids?
- Try to relax: Take a hot drink. Listen to music. Watch TV. Lie down and sleep with the baby.
- Medicines can seriously reduce the milk flow. If your GP prescribes you medicine, make sure he/she is aware that you are breastfeeding.
- Some forms of contraceptive pill can reduce the milk supply and its quantity. If possible, use another method of contraception.
- Remember that feeding your baby frequently day and night is helpful in the early months.
- Only give your baby artificial milk if your doctor recommends it because of a serious complication.

9. Sleepy Baby

Signs: Baby needs to be aroused in order to take a feed.

Causes: May be due to:

- Medication given to you during labour,
- A long labour,
- Baby being jaundiced,
- A baby who does not cry for his feeds.
Some suggestions:

• Give very frequent smaller feeds.
• Massage with your fingers the soles of baby's feet and try to arouse baby, or change his nappy.
• Loosen baby's clothing and stroke baby's back.
• Wipe baby's face with a wet cloth.
• Start the milk flowing before putting baby to the breast.
• Wake the baby. Don't wait for the baby to wake you.

10. Baby 'refuses' at the breast or doesn't seem to know what to do.

   Signs: Baby does not latch on.
          Baby may open his mouth and yet not latch on.

   Causes: Baby's nose is blocked.
          Milk is flowing too fast and choking baby.
          Baby's nose is squashed against the breast.
          Baby is so hungry or excitable that he can't wait.
          The nipple is not touching the top of baby's mouth (palate).

   Some suggestions:

• Move baby's bottom closer to your body.
• Check that the baby's nose is clear.
• Feed before the baby gets too hungry.
• Try to calm the baby by stroking him and speaking gently to him while feeding.
• If milk flow is too fast, express some.
• **Don't force baby on breast.**
• Sit baby upright.
• Consider the effect of a new perfume you may be wearing.
• Seek advice if the problem does not resolve.
Your Family Development Nurse is...

Your Community Mother is...

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Published by

THE COMMUNITY MOTHERS PROGRAMME
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North Circular Road,
DUBLIN 7