



Benefits of

Helping you to breastfeed your baby

Your breast milk is by far the best food for your baby. It helps you to bond with your baby and contains everything they need to grow and stay healthy.

It is well documented worldwide that breastfeeding can also have benefits for you and your baby later in life. For your baby these benefits can include reduced risk of childhood infections, eczema, obesity, diabetes and childhood leukaemias. For you, breastfeeding can help the womb return to its normal size and help you to lose pregnancy weight; and there is medical evidence suggesting that later in life there is a reduced risk of breast and ovarian cancers and hip fracture.*

A healthy diet

Continue with the varied and healthy diet you were following during pregnancy. Try to eat a little more than you normally would in order to keep your energy levels up. Making breast milk to satisfy a hungry newborn is hard work and uses up a lot of energy – about 500 calories a day. If you under eat, your body will still make good quality milk for your baby, but you will feel sapped of energy and slow down the body's recovery from labour.

Storing breast milk

Breast milk can be stored for:

- 1 hour at room temperature
- 24 hours in the refrigerator
- 1–3 months in a domestic freezer

*Ip S, et al. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 153 (Prepared by Tufts-New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality. April 2007.

This leaflet is aimed at producing useful tips about breastfeeding and is not intended to replace medical advice. If you experience any symptoms requiring medical treatment, you are advised to see your doctor. In addition, please do not hesitate to contact your lactational specialist if you experience any breastfeeding problems or if you have any other question related to breastfeeding.

Positioning your baby for breastfeeding



CRADLE HOLD

This position is useful if you wish to have a hand free while breastfeeding



UNDER ARM HOLD

This position is useful if you have large breasts, if you delivered by caesarean, or for smaller babies



CRADLE HOLD (OPPOSITE HAND)

This is a good position to start off with if you are having any difficulty with breastfeeding



LYING DOWN

This position is particularly useful when feeding at night or if you feel unwell

Returning to work

With forward planning and discussion with your employer it should be possible to continue breastfeeding your baby after you return to work.

- Make a plan for returning to work
- Talk to your employer about what is expected
- Can your baby visit the work place for breastfeeding?
- Consider expressing breast milk so someone else can feed your baby while you are at work
- The milk you express at work one day can be used to feed your baby the next day if stored correctly

Making sure your baby attaches to your breast comfortably



- 1 Your baby's head and body should be in a straight line
- 2 Hold your baby's body close to yours, at right angles to your body



- 3 Your baby should face the breast with nose-to-nipple
- 4 The position should be comfortable for both you and baby



- 5 Your baby's head will tilt back and mouth open wide
- 6 Bring your baby to your breast – not the other way round



- 7 Your baby should take your nipple, the areola and some of the surrounding breast tissue into its mouth (depending on the size of the areola)
- 8 Your baby should start with a few quick sucks and then slow down as milk is released from your breast

More information and support is available from the following websites:

- www.philips.co.nz/AVENT
- www.breastfeeding.org.nz
- www.parentscentre.org.nz
- www.breastfeedingonline.com
- www.internationalbreastfeedingjournal.com

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Frequently asked questions

How can I prevent sore nipples?

The single most important way to prevent sore nipples is to ensure that the baby is attached to the breast correctly right from the start. If after the initial latch on feeding is painful, take your baby off the breast (by inserting a clean finger gently into their mouth) and then try again. The nipple should be rounded after baby comes off the breast. If the nipple appears flattened or pinched, the latch needs to be improved or soreness may develop. A nipple cream may help provide some relief and a nipple shield may help protect your nipples during feeding. NB: please consult with a healthcare professional before you start using a nipple shield.

How can I prevent engorged breasts?

Engorgement can happen in the first week as your milk is coming in. Try to feed your baby frequently from both breasts during this time. Missing feeds may lead to engorgement. If you know you'll be away from your baby at a feed time, it may be wise to express the milk to avoid problems. If the baby is not attached to the breast, engorgement may happen as the milk is not being removed from the breast. Ask for help with your feeding technique.

How can I prevent mastitis/blocked ducts?

Mastitis is inflammation of the breast tissue. An infection may develop if the inflammation does not resolve quickly. Blocked ducts occur when a fatty deposit forms in one of the ducts inside the breast, preventing drainage of the breast. The same steps to avoiding engorgement are important here too. A further cause of mastitis is sore, cracked nipples – if this occurs, try to correct the baby's attachment to the breast.

Am I producing enough milk for my baby?

Most women are able to breastfeed successfully and produce enough milk for their babies. If the baby is gaining weight steadily, settling after feeds and has normal wet and dirty nappies then chances are that baby is getting enough milk. Signs that the baby may not be getting enough milk are:

- Being unsettled after feeds
- Wanting to feed for a long time and more frequently
- Having fewer wet and dirty nappies
- Having slow or no weight gain

Continuing to breastfeed will increase stimulation, which should boost prolactin levels, and therefore the supply of milk. However, this won't happen unless the baby is attached to the breast correctly, so it's a good idea to get this checked out first.

Healthcare Professional Comments:

