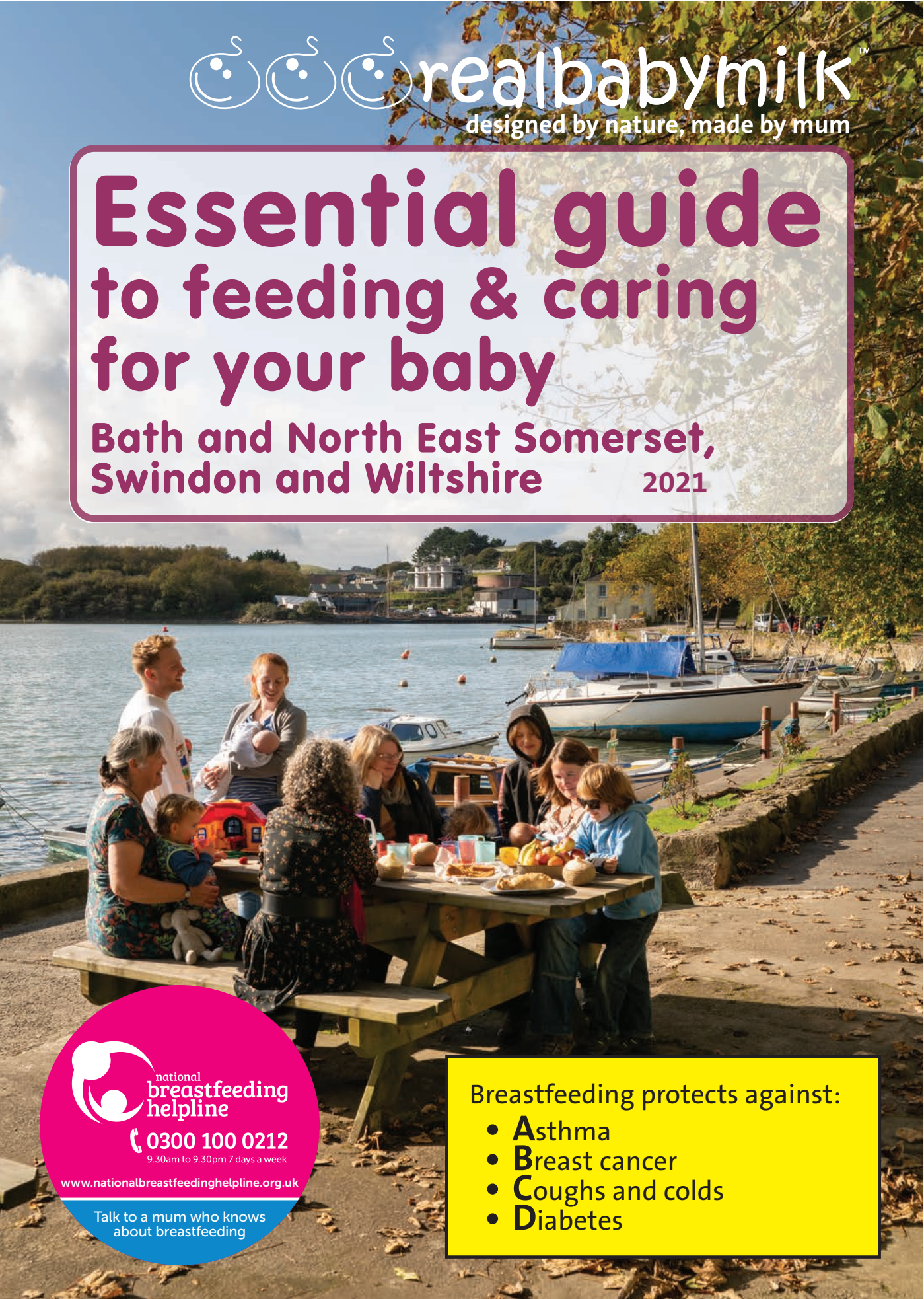
realbabymilk™
designed by nature, made by mum

Essential guide to feeding & caring for your baby

Bath and North East Somerset, Swindon and Wiltshire 2021



national breastfeeding helpline
0300 100 0212
9.30am to 9.30pm 7 days a week
www.nationalbreastfeedinghelpline.org.uk
Talk to a mum who knows about breastfeeding

Breastfeeding protects against:

- **A**sthma
- **B**reast cancer
- **C**oughs and colds
- **D**iabetes

What's in this guide...

3 ..... While you are pregnant
4 ..... Why is breastfeeding important?
5 ..... List of things to bring to hospital
6 ..... Looking after yourself
6 ..... Support Groups
7 ..... Skin to skin
8 ..... Oxytocin and your baby's amazing brain
9 ..... How will I know what my baby needs?
10 .....Milk for your baby from birth
11 ..... What can I do if my new baby seems unwilling to feed?
12 ..... Breastfeeding positions
16 ..... Good attachment
17 ..... How do I know if my baby is attached properly?
18 ..... How will I know my baby is getting enough milk?
19 ..... What is so special about breastmilk?
20 ..... Caring for your baby at night
21 ..... Sharing a bed with your baby
22 ..... Hand expressing
23 ..... How can I increase my breastmilk supply?
24 ..... What if I want to give some formula milk to my breastfed baby?
25 ..... What if I'm not breastfeeding?
26 ..... Physical challenges
27 ..... Myths and misconceptions
28 ..... Special circumstances
29 ..... Baby and the family
30 ..... Introducing solid foods
31 ..... Returning to work or study
32 ..... Support information
34 ..... Breastfeeding out and about

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Front Cover: Photographer: Patrick Shanahan. **Photographers:** Patrick Shanahan, Katy Blake, Henry Davies, Finola Shanahan, Gavin Tyler. **Parents and Babies:** Helen & Rose, Mawgan, Stephanie & Bailey, Steph, Lesley, Cath, Samson, Edward, Nicholas & Dominic, Lucy, Byron, Milly, Jake & Reuben, Jess & Harvey, Jay, Ben, Idris & Ella, Lidwina & Milo, Marianne, Fred & Stan, Alana & Leo, Sammy & Toby, Sam & Paige, Natasha & Isaac, Tracey & Elijah, Clare & Elijah, Jennifer & Lawrence, Hayley & James, Helen, Nick & Ernie, Sam & Nancy, Lauren, Eva & Mya, Pene & Kiri, Jodie, Ross & Jesse, Bill & Lyra, Amel, Leen & Haneen, Amelia & Bertie, Jamie, Adilena & Ordella, Simon & Letty, Reuben & Magnus, Jill & Ruby, Hannah Kemp, Angela & Finn, Raksha & Rhythm, Katie & Arlo, Alex, Steve & Lowen, Emily & Miles, Sam, Chloe & Layla, Claire & Monty, Stock Photos, istockphoto.com, 123FR.com. Thank you to Gylly Beach Café and Falmouth Library. **Graphic design:** Gavin Tyler

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While you are pregnant

things to consider about caring for and feeding your baby

Bonding with your baby starts from the moment you find out you are pregnant. Learn about how your baby is growing and developing.

Your amazing baby

At **20 weeks**, your baby is becoming more active, can hear mum's heartbeat and some noises outside the womb, can swallow and has eyebrows, eyelashes and fingernails.

At **24 weeks**, your baby has taste buds, fingerprints and footprints, sleeps and wakes regularly, can hear parents' voices and can be startled by loud noises.

At **28 weeks,** your baby can open their eyes, sense light and dark and is beginning to practice 'breathing' movements.

By **37 weeks**, your baby will be much more mature, kicking, stretching and wriggling and ready to be born within the next month.

Talking to your baby as they grow inside you helps you get to know each other before your baby is even born. Noticing when your baby moves and touching and stroking your bump all help you to understand the changes your baby is going through and to begin to build your relationship. Your partner and other family members can also talk to your baby and start to get to know them. **All these things will help your baby's brain development so that when they are born, you are all ready to learn and grow together.**

Ask your midwife or local Family Hub about joining in our free **Bump to Baby** antenatal sessions in your area to find out more!

Why is breastfeeding important?

Breastfeeding is the normal way to feed a baby and your baby's good health and development depend on breastmilk.
The World Health Organisation recommends exclusive breastfeeding for about the first six months and continued breastfeeding alongside other foods for at least the first two years and beyond. This will give your baby the best start in life. However, any amount of your breastmilk will always be good for your baby's health and wellbeing.

Breastfeeding also helps protect your baby from:

- ✓ Severe diarrhoea and vomiting
- ✓ Eczema
- ✓ Sudden Infant Death Syndrome (cot death)
- ✓ Ear infections
- ✓ Becoming overweight
- ✓ Asthma
- ✓ Coughs and colds
- ✓ Diabetes

Breastfeeding also helps protect you from:

- ✓ Ovarian cancer
- ✓ Osteoporosis (weak bones later in life)
- ✓ Obesity (helps you lose weight)

Vitamin D is important for health and our main source is from sunlight. As we may not spend much time outdoors, the Department of Health recommends that everyone, including pregnant and breastfeeding women, should take a 10 micrograms (mcg) vitamin D supplement daily. Breastfed babies from birth should be given a supplement of 8.5 to 10 mcg vitamin D each day.

Babies who are formula fed do not require vitamin D if they are having 500ml/day of infant formula or more, as infant formula already has added vitamin D. Infant formula suitable from birth can be used throughout the first year and then baby can have ordinary full fat cow's milk and should be offered a daily 10 mcg vitamin D supplement alongside this.

The Healthy Start scheme can give you over £1000 of free food/milk vouchers and vitamins for each child. Ask your Midwife or Health Visitor about how to apply

If you decide not to breastfeed your baby, it is very important that you are given information about preparing and feeding formula milk as safely as possible. Please discuss this with a member of your midwifery or health visiting team who can provide you with the correct information and a leaflet to support this. See page 25. Remember you can always change your mind!

You can also download information about bottle feeding from www.nhs.uk

Suggestions for things you will find useful to bring with you for the birth:

- ✓ Maternity notes, birth plan, Essential guide to feeding & caring for your baby, your baby's Red Book (if you have one)
- ✓ Comfy sleep wear and/or stretchy camisoles/ T-shirts/shorts tracksuit bottoms
- ✓ Dressing gown, socks and slippers/flip flops/sandals
- ✓ Lots of pants, old comfy ones are best!
- ✓ Maternity pads (or night-time sanitary pads)
- ✓ 1 or 2 Maternity/nursing bras and a few breastpads
- ✓ Wash bag, toiletries, lip balm, cosmetics etc.
- ✓ Hairbrush, scrunchies, hairbands
- ✓ Towels, at least 2
- ✓ Pillow(s) (more comfy than a hospital one with a plastic liner)
- ✓ Drinks and snacks for you and your birth partner
- ✓ Change for vending machines
- ✓ Camera
- ✓ Mobile phone and numbers (you can buy credit for the bedside phone/TV/internet if you stay in hospital)
- ✓ Music/oils/massage tools/water spray/birthing ball if desired
- ✓ Reading material, writing pad and pen

For the baby:

- ✓ Newborn nappies
- ✓ Cotton wool roll/pleat/balls (not baby bath, lotion etc., newborn skin is very fragile)
- ✓ Sleepsuits and vests
- ✓ Newborn cardigan, hat and socks
- ✓ Baby blankets
- ✓ Infant car seat for when you bring your baby home

Please try to pack everything into just 1 or 2 compact bags – ward space around your bed is quite limited!

Remember, you DON'T need to bring a dummy. Giving a breastfed baby a dummy, formula milk or water will interfere with breastfeeding and may reduce your breastmilk supply.

If you are going to give birth at a hospital or birth unit in Bath and North East Somerset, Swindon and Wiltshire (BSW) and plan to feed your baby with formula from birth, **please bring bottles, teats, teat covers and a bottle brush** - we will provide 1 brand of ready-to-feed formula and will support you to use your own equipment to feed your baby responsively with small quantities of milk which suit your baby's stomach size (see pages 10, 19 and 25)

Looking after yourself

Having a baby and becoming a family is exciting and enjoyable. It can also be demanding and stressful. It's normal to sometimes feel a bit overwhelmed or tearful, especially in the first days when Mum's hormones are changing after giving birth and other caregivers are getting to know the new baby. Sometimes these feelings can get more difficult to manage and some parents may become depressed or anxious following the birth of their baby.

It's really important that any new parent who recognises that they are experiencing low mood or who thinks that they are not coping with their feelings after their baby has been born, is able to share these feelings with someone they trust.

Your Midwife, Health Visitor or GP are available to support you with any feelings that you have and they are there to help you adjust to parenthood.

There is also help available across BSW from:

https://iapt-banes.awp.nhs.uk/

https://lift-swindon.awp.nhs.uk/

https://iapt-wilts.awp.nhs.uk/

Support Groups

Breastfeeding support groups welcome all expectant mums and any mum who is doing any breastfeeding or giving her baby any breastmilk at all. All the support groups are friendly and welcoming and many are run in conjunction with local health professionals, family services and local mums.

Peer support is available from mums who have had experience of breastfeeding and who have had training to provide mother to mother support for breastfeeding.

All groups and clinics are very welcoming to new mums, you don't have to have a problem to attend. Groups can be great for moral support, company from like-minded mums and to borrow resources and get information. Older children are also welcome, with toys and books often being available to keep them entertained.

All details for the groups are correct, at the time of going to press, however we would advise that you ring the group / clinic to double check before you make your first visit.

"I've met some good friends and it's been great as we have all encouraged each other to keep breastfeeding!" **Rebecca, mum of Lucy**

Hospital Peer Supporters

Some community peer supporters have gone on to do extra training to enable them to support you in the hospital environment in the very early hours and days after the birth of your baby. They can help you with understanding your baby's feeding cues and building your relationship together, getting the hang of positioning and attachment, learning the useful skill of hand expressing, and they will encourage you to go to your local breastfeeding group for ongoing support. Look out for them in their pink tabards!

Skin to skin contact

Important for ALL babies because it:

- KEEPS BABY WARM
- CALMS BABY'S HEARTBEAT
- REDUCES MUM'S AND BABY'S STRESS LEVELS
- REGULATES BABY'S BREATHING
- HELPS WITH BABY'S FIRST FEED

Skin to skin contact means holding your baby with as much of the baby's bare skin as possible against your own skin with no clothes in between. This means you and your baby can feel each other's warmth and heart beat which is good for both of you. Where possible, you should be supported to keep your baby in uninterrupted skin contact for at least the first hour after birth or until your baby has had their first feed. Remember – skin to skin contact is for ALL babies. **You can breastfeed your baby in skin to skin contact,** and if you are not breastfeeding, **you can bottle feed your baby while holding them skin to skin** so that you can both enjoy this closeness and comfort. If mum is not available, for example if she is unwell, then skin to skin with a birth partner or another family member is very important so the baby can still feel calm, warm and safe with someone they trust.

If skin contact cannot start straight after birth, or if it has to be interrupted for a medical reason, you should be supported to start skin to skin as soon as you and your baby are ready. This might be kangaroo care on the neonatal unit if your baby is born pre-term or unwell, and skin contact is especially important to help you both overcome the stress of separation and extra care needs.

Oxytocin and your baby's amazing brain

Your baby's brain is still very much a 'work in progress' when they are born and a huge amount of brain development continues in the first 2 years of life. We know that interaction between babies and parents has a long term and lasting impact on a baby's social and emotional development.

All babies have needs for comfort, closeness and food, and responding to these needs makes babies feel safe, loved and secure. Keep your baby close and enjoy spending time with them. Talk and sing to your baby, and take time to pause and listen for them to copy you and respond to you. Hold your baby in skin contact, try carrying in a sling and don't leave your baby to cry. Cuddle your baby, smile with them, listen to and talk to them calmly and lovingly, and feed promptly as often and for as long as they need. This helps your baby's young brain release **Oxytocin**, a hormone that helps the brain to grow.

Oxytocin is a feel-good hormone, which is released in you too when you cuddle your baby. It also makes you feel calm and happy and helps you bond closely with your baby.

Responding to your baby's needs in this way will help them grow into a secure, confident toddler and child. They will be ready to cope with temporary separation from you (e.g. when they go to nursery or when you go to work) and to keep learning and growing!

As your baby grows and you all get to know each other better, you become the expert in the care of your baby. As parents and other close family and friends, you are the people your baby most loves to spend time with. He or she does not need lots of expensive toys or gadgets. You are the most important carer, teacher and role model your child will ever have. The stories you read with your child, the songs you sing together and the games you play help with learning, familiarity and adventure.

How will I know what my baby needs?

Keep your baby close by in the first days and weeks after they are born

This will:

- Help you get to know each other
- Help you to respond to your baby and feed and care for them when they tell you
- Help you to feed your baby responsively
- Help your baby feel safe and cared for

All babies need lots of touching, holding and cuddling. When babies feel secure and loved, they release a hormone called **Oxytocin**.

Oxytocin helps babies' brains to grow and helps them to be happy and more confident children and adults. You can't 'spoil' a baby by giving them your attention. Leaving a baby to cry is stressful for them (and for you!) and may affect their health and development.

Feeding cues:

- Hands to mouth
- Mouthing
- Rooting (moving mouth and head as if looking for a feed)
- Turning head
- Squeaking noises
- Licking lips
- Light fussing

Your baby needs you to respond to their feeding cues. Waiting until they cry for food will make it more difficult to feed them. Whenever you feed your baby, hold them close so you can look at each other.

For successful breastfeeding, you need to feed your baby whenever they ask and for as long as they want at each feed. Remember – most babies don't need anything other than breastmilk for about the first 6 months, see page 30 for more information about starting other foods and continuing to breastfeed.

If you're not breastfeeding, it's still important to feed your baby whenever they ask, and remember this should be little and often. Giving large volumes of formula milk will stretch baby's stomach and may make them sick (see page 25).

Milk for your baby from birth

Your baby has a tiny stomach, about the size of a marble. This is because the first milk that mum makes (colostrum) comes in very small amounts. The baby needs to take small and frequent feeds. The amount the baby takes at each feed gradually increases over the first few days. This is why, if you are feeding your baby with formula milk, it's important to feed little and often.

Colostrum is thick and concentrated and may be clear, white, yellow, green or red in colour! These colours are normal and colostrum contains precious antibodies to protect your baby from infections. Colostrum has a strong laxative effect which the baby needs to clear its gut of sticky meconium poo.

Your baby's digestive system is made to process breastmilk, so giving no breastmilk at all may lead to health problems. Even if you don't want to fully breastfeed, any breastfeeds or breastmilk that you give are still really worthwhile – keep giving this for as long as you want to.

Vitamin D for all babies

Vitamin D is important for health and our main source is from sunlight. As we may not spend much time outdoors, the Department of Health recently recommended that everyone over one year of age (including pregnant and breastfeeding women) should take a 10 micrograms (mcg) vitamin D supplement daily and, as a precaution, breastfed babies from birth up to one year of age also be given a supplement of 8.5 to 10 mcg vitamin D per day.

Formula milk has this vitamin D supplement already added, so if a baby is formula fed and taking at least 500ml a day there is no need to give an additional dose of vitamin D. Infant formula suitable from birth can be used throughout the first year and then baby can have ordinary full fat cow's milk and should be offered a daily 10 mcg vitamin D supplement alongside this.

Responsive feeding

Breastfeeding is more than food for your baby!

Giving your baby milk is very important, but breastfeeding gives your baby much more than just milk. You can offer your baby a breastfeed to:

- Comfort your baby when they are upset
- Enjoy being close and loving together
- Rest and relax together
- Relieve fullness in your breasts
- Fit in with family activities, e.g. so baby is content while you attend to older children

It's never inappropriate to offer your baby a breastfeed and you cannot overfeed a breastfed baby!

What can I do if my new baby seems unwilling to feed?

Babies do not always feed enthusiastically after birth, perhaps because of a stressful birth, separation of you and your baby for whatever reason, illness or the influence of certain drugs given in labour. Sometimes there is no obvious reason why your baby seems reluctant to feed. There are several things that will really help you and your baby to overcome these difficulties.

- **Don't panic!** Remember babies are hard-wired to breastfeed, it is the normal and natural way for a baby to feed, it just may take a little time and patience.
- **Keep your baby skin to skin** as much as possible– this is like showing your baby the menu! Try holding your baby inside a camisole or vest top so you can rest and recover together in skin contact.
- **Try the 'laid back' approach!** (see page 12) This enables your baby to use natural reflex behaviour to help him/her find the breast and feed effectively when ready.
- **Hand express and give your baby your colostrum.** You can express and feed your baby drops of colostrum with your finger (make sure you have clean hands and short nails), or you can collect your breastmilk in a cup and give it with a syringe. Keep expressing and giving your colostrum every couple of hours until your baby is waking and asking for feeds (see page 9) – this will ensure your baby gets your milk and your breasts get the message that they need to keep making more milk. See pictures below.

- **Midwifery staff will support you** with feeding and expressing and will observe your baby to ensure he or she is well, or will refer to paediatricians if there are any concerns. If you are at home, keep going with skin contact, hand expressing, finger feeding and contact your midwife.

Breastfeeding Positions

There are several ways to hold a baby to breastfeed, and we hope you find this guide to them useful - but it is important to note that all of them have things in common:

- ✓ **The position must be comfortable for you to stay in throughout the feed.**
- ✓ **The baby needs to be held close to your body, facing your breast.**
- ✓ **The baby's head, neck and body all need to be in a straight line (head and neck not twisted).**
- ✓ **The baby's nose should be opposite your nipple at the start.**
- ✓ **The baby's head must be free to tilt backwards as he is brought into the breast.**

If you are in a chair or sitting up in bed, you will probably find it more comfortable to lean back onto pillows or cushions, so that your back is well-supported. This means that your baby can use your soft post-birth tummy as a built-in pillow to rest on while they feed!

Laid Back

Start in a slightly laid back position, you need to be reclining so that baby feels secure, support baby and/or your breast. This position is great for after birth. It can help to gently encourage skin to skin and body contact, and to enjoy closeness without either you or your baby feeling any pressure to 'get on with' feeding.

This position encourages your baby to use natural reflex behaviour to help her find the breast and feed effectively when ready. It helps you and baby to look at each other while feeding and for both of you to relax and make the most of these special times. NB: also known as Biological Nurturing, see www.biologicalnurturing.com for more information

Cross Cradle

✓ **Useful when you are just learning**

1. Use your fingers under the baby's neck, so the weight of her head is supported, but make sure her head is free to tilt back between your thumb and finger.
2. The palm of your hand supports your baby's shoulders and you can press on her shoulders to bring her into the breast when ready.
3. Your forearm can tuck the rest of the baby's body close to you while she feeds.

"It took me a bit of practice, but we got better and better at it and now it's easy. She just snuggles into my tummy and away we go!"

Liz, mum of Jo

mum's eye view

Cradle

The position most mums use instinctively

Your hand needs to be supporting your baby's shoulders and make sure he is free to tilt his head back out over your wrist.

Some mums find it helpful to shape the breast, making a 'burger' shape between index and middle fingers so your baby can take a big mouthful.

Lying Down

Useful if you have:

- ✓ Painful stitches or haemorrhoids
- ✓ A Caesarean section.
- ✓ Also helpful if you are tired and need to feed and rest, but make sure it is safe for your baby if you were to fall asleep while feeding.

1. You need to lie on your side with your head on the pillows and your shoulders on the mattress.
2. Bend your legs slightly but not enough for the baby's legs to touch your thighs.
3. The baby should be on his side facing towards you with his nose opposite your nipple. Make sure none of your arm is pressing on the back or top of his head. His head must be free to tilt back.
4. You need to press on the baby's shoulders with your upper hand (or sometimes the fingertips of your lower hand) to bring him to the breast when he is ready.

Underarm

1. The baby is usually held on a pillow, just under breast height, turned slightly towards you.
2. It is very important that the baby is held very close to your side but is not able to touch anything (e.g. the back of your chair or your cushions) with her feet, otherwise she will push with her legs and will come too far forward.
3. Support your baby's neck and the weight of her head in the same way as in the cross cradle hold - so her head is free to tilt back.
4. When the baby feels your nipple against her nose, her head will be free to tip back between your finger and thumb as you press her shoulders in towards your breast.

Useful if you have:

- ✓ A small or pre-term baby
- ✓ A Caesarean section
- ✓ Large breasts or inverted nipples

Good Attachment

Good attachment really is the key to successful breastfeeding!

It's important to get this right so that:

- **Your baby takes plenty of milk and grows**
- **You make plenty of milk**
- **You don't develop problems such as sore nipples, blocked ducts or mastitis**

Before you start - You need to feel comfy for the whole feed (comfortable position, drink, not needing a trip to the loo!). Make sure baby's head, neck and body are in a straight line - a baby cannot suckle or swallow easily if the neck is twisted. Good attachment is difficult for a baby to maintain if his body is twisted at the waist. The baby should be held so that the back of his shoulders are supported, and his head is free to tilt back. Please see page 12-15 for tips on positioning baby so that he can attach effectively to the breast. **If you are at all unsure about the attachment of your baby, seek help from your midwife, health visitor or maternity support worker.** You can also visit your local support group. Someone seeing how your baby feeds can really help to get it right.

1. The baby should face the breast with nose to nipple - this allows the baby to tilt his head back so that the nipple is aimed at the roof of the mouth.

2. When baby gapes wide open, press on the back of his shoulders to bring him in quickly - and you will need to move quickly!

3. Chin and tongue leading, head tilted back, the nipple goes into the back of roof of mouth as baby is brought towards the breast.

4. Attachment shouldn't be painful, baby should keep suckling and should let go on his own at the end of the feed. The nipple should look the same shape as before the feed.

To see more examples of good attachment, see the 'Breastfeeding, by Mums, for Mums' DVD - available from www.realbabymilk.org

How do I know if my baby is attached properly?

- ✓ Your baby should have a large mouthful of breast.
- ✓ Your baby's chin should be pressed into the breast.
- ✓ Your baby's cheeks should be full and rounded.
- ✓ If any areola is visible, there should be more above the top lip than below the bottom lip.
- ✓ Your baby's suckling pattern should change from rapid sucks to slow rhythmic suckling, and swallowing may be heard.
- ✓ Your baby may pause from time to time, and will start suckling again without coming off or having to reattach.
- ✓ Your baby should be relaxed and contented throughout the feed and should come off your breast on his own when he is finished.
- ✓ Your nipple should look the same shape as when the feed started.
- ✓ The feed should be pain-free and comfortable for you, although the first few sucks may feel quite strong.
- ✓ Initial attachment may hurt for 10-20 seconds if your nipple is already damaged but the rest of the feed should be pain-free.

"If you are not sure, don't hesitate to ask for help. I found it a bit difficult at the beginning, but now feeding is completely comfortable. I love watching my baby feeding - I can almost see her growing!"

Mary, mum of Fiona

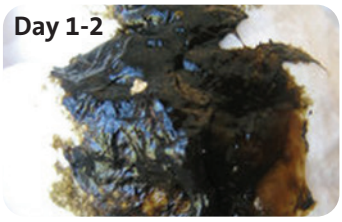
How can I make sure breastfeeding goes well?

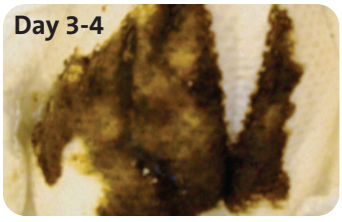
- Pay special attention to getting baby really well attached at the breast. If you don't think the attachment is right, put your finger in the corner of baby's mouth to take him off and start again
- Feed baby at least eight times in every 24hrs
- Feed baby at least once every night – night-time breastfeeds make more milk!
- Offer both breasts at each feed
- Watch your baby's suckling pattern – you should see deep slow rhythmical sucks and swallowing, with short pauses, throughout the feed
- Keep baby stimulated and active at breast, by talking, eye contact, stroking her hair etc
- If you think your baby is not feeding effectively, ask for help from your midwife or health visiting team. In the meantime, keep breastfeeding and it may be helpful to express and give your baby the expressed milk as well

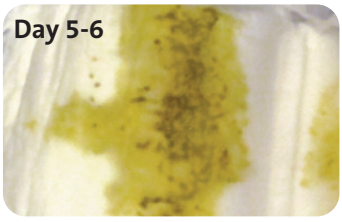
Even if you do give your baby some formula, for whatever reason, don't stop breastfeeding/ expressing! Ask for help and keep going with mixed feeding while you are working on the problem. See page 18 for information about how to tell whether feeding is going well by looking at your baby's wet and dirty nappies!

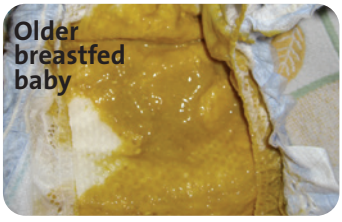
How can I tell my baby is getting enough milk?

Look at your baby's nappies! It can be a little surprising to see the variety of colour in a baby's nappies over the first week, but wet and dirty nappies are a really important guide to help you understand that your baby is getting enough milk. You change your baby's nappy many times each day - you need to be confident about what the nappies are telling you!









Top tip: It is sometimes difficult to tell how wet a disposable nappy is due to it feeling dry. A wet disposable nappy generally feels heavier than when it is new and if you are really unsure try pouring three tablespoons of water into a new nappy to see what difference it makes.

Day 1-2: The meconium nappies.

Your baby's first poos (meconium) will be black/dark green or brown/black and very sticky. Babies are born with this already in their bowel and colostrum is very laxative and helps them poo it out! Baby will also be having 2 or more wees a day.

Days 3-4: Wetter nappies and greener poos

Nappies at this stage are known as "changing stools", the poo will be turning a more green colour and this is a sign that your baby is taking in more milk and digesting it. A baby of this age should have at least 2 poos a day. Remember, it is NOT normal for a baby this age to go 24hrs or more without a poo – this is almost always a sign that they are not getting enough milk, so please tell your midwife and ask for help with feeding. Baby will also be having three or more wees a day and wet nappies will feel heavier.

Days 5-6: Yellow poos

Your baby has cleared all the meconium (see day 1-2) from his/her bowels and all babies of this age should be having at least 2 yellow, soft/runny poos, each of a size to cover a £2 coin, per day. This is a minimum - many babies will poo far more than this! This is nothing to worry about and is a good sign that the baby is getting plenty of breastmilk. Your baby should also be having at least 6 heavy wet nappies per day. Your baby will be weighed around day 5 and most babies lose a little weight, well under 10% of their birth weight, which they usually regain by 10-14 days as your milk supply and your feeding confidence become established.

Older breastfed baby "mustard" poos

As your baby gets older, the poos get yellower and are sometimes described as resembling mustard. They should stay soft or runny, and may look "seedy", this is fine and perfectly normal. Until the baby is at least 4 weeks old, you should continue to see at least 2 poos a day as described above. After this, some exclusively breastfed babies may go several days between poos. This is normal as long as the baby is feeding enthusiastically, having plenty of wet nappies and gaining weight.

"I was amazed there was so much poo! But I knew it meant he was getting lots of milk and growing handsomely"

Gavin, dad of Edward, Dominic, Samson and Nicholas

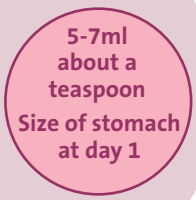
What is so special about breastmilk?

Breastmilk is made by every mum for her particular baby or babies. It is a unique living fluid, full of antibodies to help fight infections, and it keeps changing to meet the needs of your growing, changing baby!

Colostrum is the first milk, made during pregnancy and ready at birth (see also page 10). It is adapted to be just right for your new baby, and is especially valuable if the baby is born early or ill. It is possible to express colostrum in the late stage of pregnancy. This can then be stored and given to your baby if they need extra milk after they are born. This is particularly useful if you anticipate problems with feeding the baby due to conditions such as cleft lip and palate, or if you have diabetes. Ask your midwife if you think this may help you and your baby.

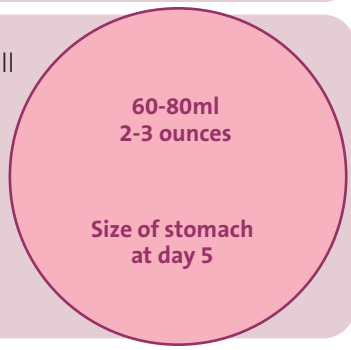
What happens next for you and your baby?

Day 2/3 Baby feeds keenly and appears very hungry. Baby is sending signals to mum's breasts to make more milk. Mum may think that she hasn't made enough milk for her baby. In fact there is no need to panic – as long as baby is fed when and for as long as he wants, the right amount of milk will be made. Giving formula milk will interfere with this process and less breastmilk will be made.



Day 3/4 Mum's milk starts to 'come in', her breasts often feel heavy and there is also a hormone surge at this stage. Mums can often feel highly emotional and may associate this with breastfeeding. This is all normal and begins to settle down within 24-48 hours. If mum continues to feed the baby whenever he asks, for as long as he wants, her body will know how much milk is needed.

Day 5 Baby may have lost a little weight - this is very normal for all babies, provided that the weight loss is less than 10% of baby's birth weight. If the weight loss is close to or greater than 10%, your midwife will discuss this with you and help you make a plan to increase the effectiveness of feeding. Either way it is important that mum continues to respond to baby's requests for feeds (at least 8 times in 24 hours), so mum's breasts make plenty of milk and baby soon regains the weight.



Around weeks 3, 5/6 & 12

Baby has a feeding frenzy, also known as a growth spurt, which may last a few days. This is normal and is the baby's way of telling mum's body that he is growing and developing and needs mum to make more milk. Mum may worry that she is not making enough milk and be tempted to give formula. However, giving formula will interfere with the 'supply and demand' process and may reduce mum's breastmilk supply. If mum continues to follow baby's feeding cues, feeding as often and for as long at the breast as baby requires, she will make the right amount of breastmilk to meet baby's changing needs.

Caring for your baby at night

The safest place for your baby to sleep at night is in a cot or a crib beside your bed for the first six months.

Your baby needs you to care for them at night. It is normal and beneficial for young babies to wake for feeding and attention during the night.

Night time breastfeeds are especially important for your milk supply.

You can make night time feeds easier by:

- ✓ sleeping your baby in a cot beside your bed for at least the first six months
- ✓ learning to breastfeed lying down

Reduce the risk of cot death

- Place your baby on their back to sleep
- Sleep them in a cot beside your bed for at least the first six months
- Use a well fitting cot mattress and a waterproof mattress cover
- Keep your baby's head uncovered
- Place your baby with their feet at the foot of the cot or crib ("feet to foot")
- Do not smoke in pregnancy or let anyone smoke in the same room as your baby
- Do not share a bed with your baby if you have been drinking alcohol, if you take drugs or if you are a smoker
- Never sleep with your baby on a sofa or armchair
- Do not let your baby get too hot.
- Avoid use of cot 'bumpers' which could entangle baby
- Remove soft toys from the cot when putting baby down to sleep.

" Night time feeds can be really lovely, just me and my baby, warm, snuggly and safe "

Catherine, mum of Dominic

Sharing a bed with your baby

The safest place for your baby to sleep at night is in a cot or a crib beside your bed for the first six months.

Bringing your baby into your bed means that you can breastfeed in comfort. However, it is easy to fall asleep while breastfeeding, so there are important points to consider before taking your baby into bed with you.

To reduce the risk of sudden infant death, remember that bed sharing is not appropriate if you or your partner:

- ✕ **are smokers (no matter where or when you smoke and even if you never smoke in bed)**
- ✕ **have recently drunk alcohol**
- ✕ **have taken medication or drugs that make you sleep more heavily**
- ✕ **feel very tired**
- ✕ **formula feed your baby**
- ✕ **share the bed with older children or pets**

NEVER sleep with your baby on a sofa or armchair as this can increase their risk of sudden infant death

"We didn't plan to bring the baby into our bed, but when he wouldn't settle anywhere else, it was very helpful to have information about how to make it as safe as possible"

Sue, mum of Seb

If you decide to share a bed with your baby:

- The mattress on which you sleep should be reasonably firm
- Keep your baby away from the pillows
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall
- Make sure your baby cannot get tangled in blind cords, dressing gown belt etc
- Make sure the bedclothes cannot cover your baby's face or head
- Don't leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position
- It is not safe to bed share in the early months if your baby was born very small or pre-term

Information adapted from UNICEF 'Caring for your baby at night', acknowledged with thanks!

Hand Expressing

Why express by hand?

- ✓ It can be used to help the baby attach to the breast
- ✓ It can help to prevent or relieve engorgement
- ✓ It is particularly useful for milk in very small quantities, e.g. colostrum
- ✓ It can be used to help clear blocked ducts
- ✓ It can be more effective than a pump
- ✓ It's free - no equipment needed!

Storing expressed breastmilk

Breastmilk should be expressed into a sterile container if the baby is under 6 months old.

For healthy term babies it can be stored at:

- ✓ Room temperature for up to 6 hours
- ✓ At the back of the fridge (not the door) for 6 days at 4° or lower
- ✓ In the freezer at -18° for up to 6 months
- ✓ **If your baby is in hospital, check with your local maternity or neonatal unit** for guidance, as you may need to be more cautious about storage times.

1. Roll your nipple between your finger and thumb to make it stand out. Make a C-shape with your thumb and either your index or middle finger, and cup your breast.

Place your finger and thumb about 2-3 cm from the base of the nipple, as shown in Fig 1. The breast tissue may feel 'knobbly' or slightly firmer than the duct tissue close to the nipple. You are now touching the skin over the dense milk-making tissue.

2. Holding your finger and thumb in this C-shape, press back towards your rib cage, as in Fig.2.

This brings your finger and thumb back into the dense, milk-making tissue, away from the ducts near the nipple.

3. Bring your finger and thumb together, so that they press into the milk-making tissue, and milk will begin to appear in droplets, as shown in Fig.3.

Use a sterile cup or bowl to collect it, and try to build up a rhythm. Try not to slide your fingers over the skin, as this will hurt and it will be more difficult to express milk. When the flow slows down, move your finger and thumb around the breast or express from the other side, and you can keep changing breasts until the milk slows or stops.

See 'Expressing and giving breastmilk', a DVD available at www.realbabymilk.org

Practice makes perfect!

If you are doing this when your milk supply is not yet established, you may need to repeat these 3 actions a few times to get the colostrum to flow and you may get 1-10mls (up to 2 teaspoons full). You can keep moving your finger and thumb around or use the other hand to take milk from all around the breast, but the technique should remain the same each time. If your milk supply is established, the milk may spray out in several different directions.

If you are not able to breastfeed your baby directly, you need to start expressing as soon as possible after the birth, preferably within 2 hours. Keep doing it **at least 8 times in every 24 hours, including at least once at night**, until baby is feeding properly.

How can I increase my breastmilk supply?

Firstly, think about whether or not you need to increase your supply! Mums often worry about this needlessly (see page 26).

There is no set amount of breastmilk that your baby needs at any stage of development. Breastmilk intake varies, and changes according to your baby's changing needs.

If there really is an issue with the amount of milk you are making, there are some simple self-help measures you can take, while you also seek some help from a health professional or a local breastfeeding group.

- Ensure your baby is attached at the breast as well as possible
- Feed your baby at least 8 times in every 24hrs, including at least once at night
- Offer both breasts at every feed
- Make sure your breasts are as soft and empty as possible after each feed
- If you feel there is still plenty of milk in your breasts after feeds, for example in the mornings, you could express to stimulate more milk to be made. Any expressed milk could be given to your baby as well as breastfeeds, or could be stored for future use (see page 22).
- Remember you can't increase your supply by eating or drinking more, or by eating special foods! Breastmilk is made on a supply and demand system, it needs to be effectively taken by your baby or by expressing in order to increase supply

What about "foremilk and hindmilk"?

For all mums, breastmilk production changes throughout each feed. At the start of a feed, there is a large volume of milk, flowing quickly, and there are lots of carbohydrates and proteins in the milk, but relatively less fat, the so-called 'foremilk'. This is very valuable and essential for your baby. As the feed goes on, the volume of the milk slowly decreases but the fat content increases, so it becomes thick and rich, the so-called 'hindmilk'. This small volume of rich fatty milk is also very important, helping your baby feel full and satisfied.

Breastmilk production also varies throughout the day and night. Night-time breastfeeds make more milk, so in the morning, your breasts feel full, and when your baby feeds he gets a large volume of milk. As the day goes on, smaller volumes of milk are made. Most babies feed much more often in the evenings, 'cluster feeding', getting small volumes of rich fatty milk each time and finally settling to sleep, so that the whole cycle can start again when you go to sleep too.

What if I want to give some formula milk to my breastfed baby?

Most babies don't need anything other than breastmilk for about the first six months and this gives them the healthiest start. If you're thinking of giving some formula milk to your breastfed baby, talk to a health professional or volunteer breastfeeding supporter and read our guidance first.

It's not all or nothing! If you do decide to give some formula milk, don't feel you have to stop breastfeeding or giving breastmilk.

If you do decide to give some formula milk, **try not to offer a 'top up' after every feed**. It is easier to maintain your breastmilk supply if you give small amounts of formula (30 – 60mls) after just one or two breastfeeds in every twenty four hours.

You can always change your mind! If you start giving some formula milk and then decide you want to increase the amount of breastmilk you give or even go back to exclusive breastfeeding, ask for support from your Midwifery or Health Visiting team or a volunteer breastfeeding supporter.

Read our guidance on increasing breastmilk supply (p23) and how to tell how much breastmilk baby is taking (p18) – this will help you to be aware of how much breastmilk you are making for baby and when you can reduce the amount of formula milk you give if this is what you want to do.

You could try techniques such as compression or switching (see www.realbabymilk.org/breast-compression/ film clip) to make sure your baby takes as much breastmilk as possible at each feed.

Remember if you are giving any formula milk to your baby, you need to take care to do this as safely as possible or your baby may become ill. See page 25 for more information.

Thinking of stopping breastfeeding?

Mums think about stopping breastfeeding for lots of reasons. These may include not being able to attach baby to the breast, pain and soreness and a feeling of not having enough milk.

If you are thinking of stopping breastfeeding for these or any other reasons, please read through this Guide and also ask for help from your Midwifery or Health Visiting teams or from a volunteer peer supporter. 90% of mums who stop breastfeeding in the first six weeks say that they wish they had continued and most issues with breastfeeding can be resolved with the right help and support.

If you do decide to stop breastfeeding, it's important to ALWAYS do this gradually. Stopping suddenly will lead to painfully engorged breasts and this could make you ill.

Try dropping one feed or expressing per day and be prepared to hand express to keep your breasts soft if necessary. This will 'tail off' the milk supply so you both have time to adjust.

Slow reduction of your breastmilk supply means that you will also have time to change your mind! Remember, if your baby is under one year, you will need to give infant formula to replace the breast feeds that you drop.

What if I'm not breasfeeding?

If your baby is fully bottlefed, it's important to do this in ways that will contribute positively to baby's development.

- Feed your baby in a responsive way. Keep your baby close by, get to know his feeding cues and feed him as often as he asks. Remember that little and often is entirely normal in the early days and weeks, rather than large feeds with long gaps between.
- Formula milk suitable from birth is appropriate for baby for the whole of his first year of life. All newborn formula milk is virtually the same, by law, so you can choose the least expensive or whatever you can buy most easily in your local shops rather than being swayed by advertising. There is no need for you to use 'hungry baby' or 'follow on' milk. Some babies need specialised formula for medical needs, but these will be prescribed by your GP or paediatrician.
- Make sure you are confident with your sterilising equipment. All feeding equipment needs to be washed with warm soapy water, rinsed thoroughly and sterilised before each use.
- Hold your baby close so you can look at each other, keeping your baby semi upright, let him tilt his head back so he can swallow easily, and talk to and smile at him while he feeds.
- Alternate the arm you use to hold your baby when he is feeding. This helps baby's development by letting him enjoy seeing both sides of your face. It also reduces flattening of his head that can happen if he is always fed in the same position.
- Let your baby take the teat into his mouth when he is ready, don't force it in.
- Hold the bottle horizontally or just tipped so the baby can control the flow of milk.
- Let him take his time, stopping when he wants to, and wind him gently during and after the feed. He will want more at some feeds and less at others, just as you do.
- Feed times are very special for helping you get to know each other, so try to limit the number of people who feed your baby to just one or two people most of the time.

Feeding your baby with formula increases the risk of illnesses like vomiting and diarrhoea so it is especially important that you prepare feeds as safely as possible. Your midwife or health visitor should discuss safe preparation of formula and feeding techniques with you, including a practical demonstration if you would like this, and will give you written information about this.

See www.nhs.uk for further information about making up and feeding formula milk to babies.

Visit www.firststepsnutrition.org for lots of useful information about all aspects of healthy eating for your baby and the whole family!

See 'Expressing and giving breastmilk', a DVD available at realbabymilk.org

Physical Challenges

**There are very few challenges which should cause you to stop feeding.
With the right help and information, most challenges are temporary hitches.**

Not enough milk?

- First, check your positioning and attachment at the breast with a professional or at a support group. A poorly-attached baby can sometimes limit the milk flow.
- How often are you feeding your baby? Feeding your baby as often as they ask is the very best way to ensure that your body knows how much milk to make. Your baby should be asking to feed at least 8 times in every 24 hours, including at least once at night. See also page 23.

Blocked Ducts / Mastitis

Symptoms of mastitis are usually redness and tenderness of the breast, flu-like feelings (fever, shivers). Again these are often caused by poor attachment which doesn't allow the milk to flow freely and can cause blockages.

If this occurs try :

- Feeding baby as often as possible, if too sore try hand expressing. It is important to keep the milk flowing.
- Ibuprofen to help reduce swelling.
- Paracetamol to reduce high temperature.
- Hot shower/bath/flannels to help milk flow .
- If all the above are not working within 24 hours, then antibiotics may be needed, maybe sooner if the nipple is damaged. Try to look after yourself as much as possible during recovery; relax, rest and eat well.

Anxious about milk supply?

- Are baby's wet and dirty nappies as expected for his age? See page 18.
- Can you hear baby gulping and swallowing?
- Do you feel full before a feed, softer afterwards?
- Is baby settling between feeds?
- Is baby gaining weight?

It is common to feel anxious because you can't actually see how much milk is being made. If your answer to all five is yes, then rest assured your baby is getting enough milk. If not, seek support and see page 23.

Full Breasts - Difficult to attach

- Try expressing some milk before attaching baby, to relieve the pressure.
- Try different positions.
- Keep feeding on demand so breasts do not become so full between feeds.
- Is your baby sleeping too long between feeds? Try waking baby to feed at shorter intervals.

Too much milk?

- Milk supply usually tailors itself to baby's needs within 6-8 weeks.
- Try leaning back once baby is attached so milk comes out slower.
- Try feeding from the same side at two consecutive feeds. Fullness on the other side will help your milk supply to decrease - watch out for mastitis though.
- Expressing extra milk for the freezer may help but be careful not to overdo it as you can end up making even more milk.

Cracked / Sore Nipples

Cracked and sore nipples are nearly always caused by the baby being wrongly attached at the breast. Try to get to a support group or ask a health professional to look at how your baby attaches and feeds. If your nipples are chapped, try applying a little breastmilk to keep them moisturised. If your nipples are too painful to feed, try expressing for 12- 24 hours to rest them and try again with help to get the positioning and attachment right. Ask your Midwife or Health Visitor team for information about how to feed your expressed milk to baby.
NB: Blood might sometimes pass into the milk, this is not at all harmful to your baby and is not a reason to stop.

Myths & Misconceptions

Don't let them distract you! Use our checklist!

A lot of the things you will hear people say or suggest about breastfeeding can be out-dated or just plain wrong! We have corrected some of the most common myths here on this page.

✕ Ten minutes on each side

This is now known to be wrong advice. The latest advice is to feed the baby responisvely for as often and for as long as baby wants. Allow baby to finish feeding on one side and then offer the other. Also it's good to breastfeed the baby when mum wants, for example if her breasts are a bit full or just to enjoy the closeness this brings.

✕ You don't have enough milk!

Often growth spurts are seen as signs of insufficient milk supply. At key stages a suddenly hungry baby is actually letting mum know it's time to make more milk. If mum feeds responsively through this and avoids artificially "topping up" then her supply will respond.

✕ Big babies need top-ups

If a baby is allowed to feed as frequently and for as long as they want then the mother will make as much milk as is needed. Artificial "top-up" feeds can and will interfere with this natural process.

✕ Mastitis means stop feeding

It used to be thought that having mastitis meant you must stop feeding from the affected breast. It has since been found that a mastitis-affected breast should be fed from as often as possible to allow the milk to flow and for the best chance of shifting the inflammation. In fact, if a breast with mastitis isn't fed from then the mastitis will more than likely get worse.

See page 26 for more about mastitis.

✕ Breastfeeding when pregnant is dangerous

Breastfeeding during pregnancy is safe for the majority of mothers. It can help maintain a close relationship with the older child and between siblings when the baby is born. *See 'Breastfeeding in special circumstances', page 28.*

✕ You can't breastfeed more than one baby

It is perfectly possible to feed more than one baby at a time! This could be twins or other multiples, or a baby and an older child. There are lots of health and practical reasons why this may be a good idea. *See 'Breastfeeding in special circumstances ' page 28.*

✕ Breastfeeding an older baby or child is pointless and wrong

The health effects of breastfeeding don't disappear as a baby gets older, they continue, for mum and baby for as long as the breastfeeding continues. It is not possible to force a baby or child to breastfeed and continuing to breastfeed for as long as mum and baby wish is a perfectly natural and normal aspect of parenting. *See 'Breastfeeding in special circumstances,' page 28.*

Special Circumstances

Breastfeeding after a caesarean

Skin to skin in the operating theatre is a great way to greet your baby and calm you both after the stress of the Caesarean birth. The baby can be dried and laid across your chest and covered, and may feed in theatre or in the recovery room.

Use positions that avoid your scar. Laid-back breastfeeding with baby lying across your chest above your tummy can be comfortable, and feeding in the underarm position when you sit out in an armchair can also work well.

Don't be afraid to ask for and take the pain relief you need as you recover from the surgery. It is very difficult to breastfeed effectively if you are tense and in pain.

Breastfeeding a pre-term or ill baby

Breastfeeding is extra-important if your baby is born pre-term or is ill. Such a baby is particularly vulnerable to infections and needs the milk which is specifically designed for a human baby, whatever stage of development they are at. If your baby is not able to breastfeed directly, you need to express your milk at least 8 times in every 24 hr period including once at night, until your baby is mature enough or well enough to be taking effective breastfeeds. You may need to give supplements or medicines as well as breastmilk, but in all but a few very unusual illnesses, your milk is the best thing for your baby to help him grow or recover.

Breastfeeding twins or other multiples

Breastfeeding twins or other multiples (triplets or more) is challenging but also very important in keeping the babies healthy and providing opportunities to bond with each baby. It is extra important if the babies are premature, very small or need special care for any reason. As with any baby, it is important to get a breastmilk supply established, preferably by feeding the babies at the breast soon after birth and at least 8 times each in every 24 hours or expressing milk at least this often if any baby is unable to feed directly at the breast. It is very useful to have help in positioning the babies at the breast in the early days.

Breastfeeding while pregnant

If you are breastfeeding when you become pregnant with another baby, it is absolutely fine to continue to breastfeed the older child throughout your pregnancy for all but a very few women.

It may help you to keep your toddler calm and contented if you feel tired or unwell, and your toddler will continue to benefit from your milk and from the comfort and closeness he gets from breastfeeding. Many toddlers wean themselves off breastfeeding while mum is pregnant, because the milk supply may decrease. Some toddlers and some mums like to continue throughout the pregnancy, right up to the birth of the new baby. When breastfeeding of an older child continues following the birth of a new baby, it is important to ensure that the new baby is fed first and is fed according to their needs.

Breastfeeding older babies or children

Mothers who breastfeed older children may choose to do this for a variety of reasons. Continued breastfeeding brings health benefits. Breastmilk continues to contain antibodies from the mother's mature immune system and this may help protect older babies and children from common infections such as colds and stomach upsets.

Breastmilk also continues to provide a valuable food source for older babies – milk is an important part of the diet for young children and the milk of their own mother is specific to human children's needs.

Baby & the family

There are lots of ways for family members to help care for and become close to your baby

Carrying your baby

Babies love being carried in a sling, feeling your heart beat and breathing movements. This can often rock an unsettled baby off to sleep, and you can use your hands-free time to make a cup of tea, cook, hang out the washing, walk the dog – the possibilities are endless!

To keep your baby safe while being carried, remember TICKS:

- **T** - Tight into parent's body
- **I** - In sight at all times
- **C** - Close enough to kiss
- **K** - Keep baby's chin off baby's chest
- **S** - Spine supported in a line

Skin to Skin

This is a very calming, soothing way to be close to your baby and a great way to build your special relationship. Also an excellent way to calm an unsettled baby.

Relaxing with siblings

Just letting your older children relax with the new baby helps siblings bond and enjoy each others' company.

Opportunities to talk and listen to your baby

When you change your baby's nappy or bath your baby, this is a chance to get down to baby level and have some eye contact together. Babies as young as a few hours old love to see a friendly smiling face. They copy your facial expressions such as sticking your tongue out. Talking to your baby stimulates them and encourages speech and brain development. Most babies love bath time and it is a great chance to have fun and build confidence in handling your baby. Changing your baby's nappy also means you can see just how much breastmilk your baby must be getting!

Introducing solid foods

Introducing your baby to foods other than breastmilk (or formula) is an exciting new stage of development.

The best time to start solid foods is around six months. Most babies don't need any food other than breast milk (or formula) until then and waiting until about six months gives baby's digestive system time to develop so it can cope with other foods.

Signs that your baby is ready for solid foods

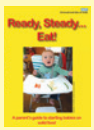
- Your baby can sit with minimal support and hold her head steady.
- Your baby can co-ordinate eyes, hands and mouth, reaching out to pick up food, and bringing it to her mouth.
- Your baby can take food into her mouth, move it around and chew and swallow it safely. Before six months babies push food back out of their mouths because they cannot swallow it safely.

Signs that may be mistaken for readiness for solid foods

- Babies love to watch you and to try and copy. Watching you eat is an important stage of development, but before six months it is not a sign of readiness for food.
- Night waking or frequent feeding may lead you to think that baby needs more than milk. Before six months, these are signs that your baby needs milk more frequently and giving solid foods instead won't help your baby to sleep or to go longer between feeds.

Safety -

- Always supervise baby when taking solid foods.
- Avoid obvious choking hazards such as cherry tomatoes or whole grapes.
- Cool hot foods and test them yourself before offering to baby.
- Don't force food into baby's mouth, this increases the risk of choking and is frightening for baby.



The Ready, Steady Eat! DVD covers all of the issues on this page and has been made by mums, for mums. It is available online at the Real Baby Milk shop: www.realbabymilk.org

First foods

Try mashed carrot, parsnip or sweet potato. When you've tried a few things, you could make some combinations or add some cooked and mashed meat, chicken or fish.

Some parents prefer to let the baby feed themselves right from the start (sometimes called baby led weaning). If you want to try this, offer foods that baby can pick up and eat, such as steamed broccoli florets or carrot sticks or pieces of apple or melon. Again, when you've tried a few things, offer them in combination or add some strips of cooked chicken or meat.

Jars and packets of processed baby foods can be handy, but the best food for your baby is food that you prepare (and eat!) yourself. It's important not to add salt or sugar to your baby's portion. Eating together and showing your baby that you enjoy a wide variety of healthy foods helps baby to stay healthy and happy as part of your family.

You can go to www.nhs.uk and search for 'solid foods'.

The Healthy Start scheme can give you over £1000 worth of free food/milk vouchers and vitamins per child. Ask your Midwife or Health Visitor about how to apply

Returning to work or study

Going back to work or study doesn't mean you have to stop giving your baby breastmilk. Follow our guide to help you and your baby continue to benefit from breastfeeding.

- Talk to your employer or tutor before you go back to work or study. The law says that they have to support you to stay healthy and to keep your baby healthy. Being positive about continuing to breastfeed will help your employer to have happy, healthy, productive workers, so it's in their interest too!
- You can express milk for your baby to drink while you are away from them. This doesn't need to take more than twenty minutes at a time and you just need somewhere comfortable and private to express – not the loo! You could use any private space in your workplace or even express in your car with blinds on the windows.
- Or your baby may be cared for near to your workplace, enabling you to go and feed them during breaks or for them to be brought to you for breastfeeds.
- Expressed milk can be stored in a cool bag with ice packs (or a fridge if available) and then taken home to be stored in your fridge or freezer or in your child care setting. See page 22 for storage details.
- Practice giving baby your expressed milk before you have to leave them. You don't have to use a bottle if baby seems unwilling! You could try using a free flow cup with a lid and soft spout, a cup without a lid, a spoon or try mixing your milk with solid foods if baby is over six months.

"Fitting in expressing at work was much easier than I thought it would be. It doesn't take long and it's really worthwhile"
Sasha, mum of Zac

If you decide not to express while you are away from your baby, you may need (according to your baby's age) to leave some formula milk to feed baby with. This doesn't mean you need to stop breastfeeding altogether. Your milk supply will adjust, allowing you to breastfeed baby before and after work/study and on days off. This can be a lovely way of keeping a special relationship with your baby.

Whenever you are reducing the number of breastfeeds/ expressing in a day, remember to guard against your breasts becoming painfully engorged. Make sure that you know how to hand express (see page 22) so that you can remove a little milk to keep your breasts soft and comfortable.

For further information see www.maternityaction.org.uk or www.acas.org.uk/maternity

Bath & North East Somerset, Swindon and Wiltshire
Maternity Voices Partnership Plus
Working in partnership to improve maternity services

NHS
Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

Where to find community breastfeeding support

in B&NES, Swindon and Wiltshire

Bath and North East Somerset, Swindon and Wiltshire
Local Maternity System

NATIONAL HELPLINES

Available during the week and often out-of-hours and on weekends to support infant feeding countrywide. Please check call charges before using.

Association of Breastfeeding mothers
0300 330 5453
9.30am to 10.30pm

La Leche Helpline
0345 120 2918
8.00am to 11pm

National Breastfeeding Helpline
0300 100 0212
9.30am to 9.30pm.

NCT National Helpline
0300 330 0700
8am to Midnight

Breastfeeding Network: https://www.breastfeedingnetwork.org.uk/
National Breastfeeding Helpline Live Chat Support:
https://www.breastfeedingnetwork.org.uk/chat/

national breastfeeding helpline
0300 100 0212
9.30am to 9.30pm 7 days a week
www.nationalbreastfeedinghelpline.org.uk
Talk to a mum who knows about breastfeeding

PEER SUPPORT

Peer support is voluntary help for women provided by other mothers who have breastfed. Check out these peer support groups online. They are continuing to offer support through Facebook and some by WhatsApp and other digital methods.

Bath La Leche League:
https://www.facebook.com/groups/146956302029137/

Bath and West Wiltshire Breastfeeding Peer Support:
https://www.facebook.com/groups/1104717583202383/

Swindon Breastmates:
https://www.facebook.com/groups/SwindonBreastmates/

Salisbury Breastfeeding Support Group:
https://www.facebook.com/groups/SalisburyBreastfeedingSupport/

HEALTH PROFESSIONALS

Health professionals always provide health-based guidance and support but even more so at this particularly challenging time.

Midwifery services

Midwifery support is ongoing but services are having to consider how they maintain the safety of women and babies at this challenging time. Follow your local contact details from your maternity notes to access infant feeding support.

Health visiting services

Many contacts are being undertaken by phone, email or via video consultations where appropriate. Health visitors are also having some face-to-face contacts where appropriate. The specialist infant feeding services are using teleconferencing to support mothers around feeding. Parents can access health visitor support and if necessary be triaged to access the specialist infant feeding service by ringing their local health visiting hub numbers. Find out more information online:

Wiltshire advice and support
Tel: 03002470090 (Mon- Fri 9am to 5pm) Email: vcl.wiltshirespa@nhs.net
https://wiltshirechildrensservices.co.uk/

Swindon
Tel: 01793 465050
https://localoffer.swindon.gov.uk/content/send-local-offer/landing-pages/health-landing-pages-and-content-pages/health-visitor-services/

Bath and North East Somerset
https://bathnesshealthandcare.nhs.uk/childrens/health-visiting/

GP services

Each GP service will have their own arrangements for supporting families within their community. Check out their website for details.

Breastfeeding your baby out and about

You can breastfeed your baby anywhere you feel comfortable to do so. If you are breastfeeding your baby when you are out and about, you'll probably find that most of the time, nobody even notices! See the back cover for hints and tips on breastfeeding in public.

If you go somewhere that is particularly helpful (e.g. they carry your tray for you, offer you a glass of water, help with toddler activities etc.), please share this information on social media. You will be helping new mums and babies feel comfortable and supported in our communities and will be encouraging that business and others to help create a culture that positively protects and promotes breastfeeding as a normal part of family life.

"Thank you so much for suggesting the library for feeding when I'm out - not only were the staff really welcoming but also it was very comfy, and now I don't feel I have to pay for a coffee in a shop when my baby needs a feed"

Raksha, mum of Rhythm

You are welcome to breastfeed in all Family Hubs, libraries and health care premises in BSW

Hints, tips and encouragement on breastfeeding out and about

I found wearing a vest top or a belly band under another top useful for covering my mum tum!

A sling is good for holding lumps and hiding bumps!

Try wearing a pretty scarf to drape over you while feeding and a cardigan to shield the side. I just used to smile nicely if anyone looked at me and no one failed to smile back

Being out with someone you know well and trust for first few times. Additional support and someone to giggle with if anything goes wrong. You can laugh about things with a friend that might seem overwhelming if you're alone or in unsympathetic company

Start off somewhere you feel comfortable or at a breastfeeding support group.

Definitely practice. I sat in front of a mirror, then you can see what others can see. And anyway, most people won't even notice what you are doing

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