Breastfeeding your baby

NSW GOVERNMENT Health

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Why breastfeed?

Breastfeeding is the normal and most beneficial way for feeding. Your baby's growth and development depends on the food he/she gets. Breastfeeding provides all your baby's essential needs for growth, development and protection from illness and disease.

Best for baby

- Breastmilk meets all your baby's nutritional needs for the first six months.
- Breastmilk changes during the feed, as well as over months and years, to meet your baby's changing nutritional, immunological and developmental needs.
- Regular skin-to-skin contact and close interaction during breastfeeds encourages mutual responsiveness and attachment.
- Breastmilk contains many anti-infective factors that help protect your baby from illnesses such as gastroenteritis and infections.
- Breastfeeding lowers the risk of being overweight, obesity and diabetes in childhood and adulthood.
- Babies who are breastfed have higher IQ scores and better jaw development.
- Breastmilk is more easily digested than other milks and nappies smell less offensive.

Best for mother

- Early suckling minimises bleeding after birth and helps your uterus return to its pre-pregnant state.
- Breastfeeding aids a faster return to pre-pregnancy body weight as it uses kilojoules to make the milk.
- Full breastfeeding delays the return of fertility.
- Breastfeeding may reduce the risk of pre-menopausal breast, ovarian and endometrial cancers.

Best for the family

- A healthier baby means reduced costs in doctor's visits and medicine.
- Breastfeeding is cheap compared to formula feeding.
- Breastfeeding is safe and convenient.

Continuing to breastfeed

General advice

It is recommended that you exclusively breastfeed your baby, with no other milks, food or drinks, until about six months. At about six months it is further recommended that you begin to offer solid foods while continuing to breastfeed until 12 months or longer. Breastfeeding can continue to provide health benefits in your baby's second year of life and beyond. The longer you breastfeed the greater the benefit.

If you are still undecided about breastfeeding you could give it a try for a few weeks. Talk your concerns over with your health professional or Australian Breastfeeding Association counsellor. See page 28 for contact details.

Learning to breastfeed

Learning to breastfeed can take time, patience and practice, however it's worth it. You and your baby will begin to enjoy this unique relationship. This booklet will guide you on how to get started, and give you tips and resources.

Making breastmilk

During pregnancy your breasts grow and change to prepare for your baby's birth and breastfeeding.

At birth you will have rich, thick, concentrated first milk, called 'colostrum'. Colostrum is nutritionally rich and provides an immunological boost for your baby's start to life. A hormone is released which signals your breasts to commence making milk. When your baby starts suckling another hormone releases your milk into your milk ducts. Your milk flows towards the nipple as your baby suckles. This is called the 'let-down' reflex.

Over the next week your milk will gradually change to become lighter in colour and more abundant.

Your breasts will continue to produce milk as your baby suckles. The more your baby feeds the more milk you will make.

Your breasts may feel swollen in the first days until they become used to producing milk and meeting your baby's needs. Your breasts will adjust and produce the right amount of milk for your baby within a few weeks. Until this happens you may leak a little milk between feeds or during a feed from the other nipple. You may also feel this 'let-down' happening when your baby cries or when you are cuddling him/her. This is normal.

Dispelling some myths

Breastfeeding doesn't just happen. Both mother and baby learn the skill of breastfeeding and adjusting to the new relationship. It takes time, patience and practice.

You don't need to do anything to prepare your breasts and nipples. Milk production and nipple suppleness will develop naturally during pregnancy.

There is no need for special diets or supplements to breastfeed. Normal family foods are fine.

Conflicting advice

There are many different ways of parenting and breastfeeding. This can be a confusing time. Everyone will want to share their experiences with you. To help, hospitals have standard policies and practices on breastfeeding. There are midwives, lactation consultants and child and family health nurses to assist you to find out what works and what is best for you and your baby. In the first weeks your baby's feeding and behaviour will change almost daily and sometimes between feeds. Your midwife, lactation consultant and child and family health nurse can provide information and support during this time.

Helpful advice

- **Your breastmilk is perfect for your baby, even if born early. Your milk will adapt to meet your baby's changing needs and protect against a range of illnesses.**

How to breastfeed

First feed

Babies, if placed skin-to-skin with their mothers, show they are ready to feed by searching for the breast. They bring their hands to their mouth. This happens soon after birth – usually within the first hour for the first feed. Your midwife will help you by ensuring you and your baby are comfortable and supported during this time.

Mothers breastfeeding position

It's important to find a comfortable position. If you are sitting down to feed, aim to have:

- Your back straight and supported.
- Your lap almost flat.
- Your feet flat on the floor (you may need a footstool or a thick book to support your feet).
- Extra pillows to support your back and arms to help raise your baby if needed.

Breastfeeding lying down can be very comfortable – it helps you to rest while you are breastfeeding:

- Lie fairly flat on your side with a pillow under your head.
- Lie your baby on his or his/her side parallel to your body.
- You will need to roll over to change sides.

Once you are breastfeeding well, you will be able to breastfeed comfortably no matter where you are and without pillows.

Baby's breastfeeding position

There are various ways that you can hold your baby for breastfeeding. Here are a few tips to help make sure that your baby is able to feed well:

- Hold your baby close to you, unwrapped and well supported.
- Cradle your baby in your arms so that he/she is facing you 'chest-to-chest' with your baby's head, shoulders and body in a straight line and tucked in close to your body.

- Ensure your baby's nose or top lip is opposite your nipple so he/she can reach the breast easily without having to stretch or twist his/her neck or body.
- Move your baby towards your breast.
- Your baby's chin is touching the breast.
- Always support your baby well and hold him/her close to you during feeds.

Helpful advice

- ✻ Chest to chest
- ✻ Chin to breast
- ✻ Nipple to nose
- ✻ Baby to breast

How to breastfeed *(continued)*

Attaching your baby

It is important to make sure your baby attaches to the breast well, otherwise your nipples may become sore and your baby may not get enough milk:

- Position your baby to breastfeed as described previously, chest-to-chest and nose or top lip opposite your nipple.
- Wait until your baby opens his/her mouth really wide (you can gently brush his/her lips with your nipple to encourage this).
- Once his/her mouth is gaping open, quickly move him/her onto your breast so that his/her bottom lip touches the breast as far away as possible from the base of the nipple. Your nipple will then be pointing towards the roof of your baby's mouth.

When your baby is well attached you will notice his/her:

- Mouth is wide open.
- Has a big mouthful of breast.
- Chin is touching the breast.
- Sucking pattern changes from short sucks to deep long sucks with pauses during the feed.
- When your baby is well attached you will notice it will not hurt.
- If you can see any of the areola (the brown skin around the nipple), more may be visible above the top lip than below the bottom lip.
- Your baby's bottom lip is curled back if attached well. However, this may be difficult to see without assistance.

Which breast to start with?

Your milk supply is signalled by your baby's sucking and each breast makes different amounts of milk. It is suggested to begin each feed on the alternate breast. This means start with the right breast for one feed, then the left breast for the next feed. This will ensure each breast is stimulated and drained at regular intervals.

If your baby is satisfied with milk from one breast you may want to reduce

the pressure on your second breast by allowing it to leak during the feed or by gently expressing some milk at the end of the feed. After a few weeks your milk supply will be adjusted to your baby's needs. Your baby may, or may not, want to feed from both breasts each feed time.

One breast or both?

Each mother and baby has individual differences so there are no rules. When your breasts are adjusting to your baby's needs in the early days, it helps if you allow your baby to stay on the first breast while sucking well and the feed is comfortable for you.

When your baby comes off, consider either the first breast again or the second breast – depending on the fullness of your breast. Throughout the first weeks this may change at each feed as your milk volume is changing in response to your baby's needs. Your breast should be lump free at the end of the feed. Watch and learn from your baby.

How to breastfeed *(continued)*

How long should each feed last?

During the first few weeks, feeds can be enjoyed as long and as often as your baby wants. Allowing your baby's appetite to regulate your milk supply establishes a basis for the rest of your breastfeeding, so it is best to respond to your baby's needs at this stage. As long as your nipples are comfortable and your baby is sucking, then the time is unimportant. Remember – babies get more efficient at breastfeeding as they grow and the time of each breastfeed will shorten.

How frequently should I feed?

For the first few days your baby may sleep long periods or may be very wakeful and need lots of feeds. The frequency of feeds will depend on your baby. Your milk supply will start to increase by the third day and continue to increase over the next few weeks.

Your baby will not have a feeding routine in the first weeks. He/she may want to feed every two hours at some stage and then may not feed for a five hour period. This daily variation is normal. After a slow start, most babies will feed around eight times every 24 hours. Some babies will feed more times than this. However, this will not last for long.

During the first weeks you may notice some tenderness or discomfort when your baby first attaches to the breast. It is normal for your nipples to feel sensitive during this time. This sensation should fade during the first few minutes of each feed, but if it continues to hurt it probably means your baby is not attached properly. Gently take him/her off your breast by pressing your breast away from the corner of his/her mouth so that the suction is broken. Then help your baby to re-attach using the information on pages 8–10.

How breastmilk changes during a breastfeed

Your baby will suckle for a few minutes before the breastmilk 'let-down' occurs. When this happens, you will see your baby's suck change from short shallow sucks to deep rhythmical sucking.

During each breastfeed the concentration of your breastmilk increases as the volume decreases.

Helpful advice

- **Look at your nipple shape when your baby comes off the breast. If your baby has been properly attached your nipple may be lengthened, but will look normal.**
- **Your nipple should NOT be squashed or pinched.**

What to expect

First week

- Feed your baby to satisfy his/her appetite.
- Stay with your baby to learn his/her cues for feeding and sleeping.
- At first your breastmilk is rich, thick and concentrated. This first milk is called 'colostrum' and is exceptionally good for your baby.
- For the first few days your baby may sleep for long periods or may be wakeful and need frequent feeds. Both are normal.
- Over the first few weeks your milk will gradually change to a lighter colour and be more abundant.
- Most babies will feed around eight times every 24 hours. Some babies may want to feed a little less than this while others may want to feed more.
- Most women experience some nipple discomfort in the early weeks. Most maternity units and child and family health centres have information and discussion groups on breastfeeding to help you learn the skill of breastfeeding.
- You will find it helpful to contact the Australian Breastfeeding Association. It provides support and information on breastfeeding and can put you in touch with your local breastfeeding group.

First months

Few babies develop a feeding and sleeping pattern during the first months. Most prefer to feed and sleep with no pattern.

At about three weeks and again at six, many babies experience a growth spurt resulting in them wanting to feed more frequently. Also, at this time your breasts are likely to be feeling more comfortable and softer. Both of these signs are normal and not necessarily a sign of a low milk supply.

As long as your baby is gaining weight satisfactorily and is settled and content then all is normal.

Up to six months

Gradually, as you and your baby get used to each other, feeding becomes more predictable. Your baby becomes more sociable and may be less interested in feeding unless he/she is really hungry. Most babies become very efficient at breastfeeding and don't need the long feeding times of the first weeks to satisfy their nutritional needs.

Also your breasts will feel less 'full'. These changes are due to your breasts adjusting to supplying just as much as your baby needs. This is normal and not a sign of low milk supply.

Breastfeeding alone provides all the food and drink needed in the first six months, while protecting against a large variety of short and long term illnesses. You can start offering family foods at about six months (see your child and family health nurse for further information).

After six months

It is recommended to continue breastfeeding, including family foods until at least 12 months or beyond. Breastmilk can continue to provide an important source of nutrition in your baby's second year of life. Breastfeeding will benefit you and your baby, even for years beyond the time that you stop feeding.

Helpful advice

- **It is normal to take some weeks for you and your baby to establish a breastfeeding relationship. For some mothers, it takes time to develop confidence in understanding their baby's needs. The early problems will resolve and you and your baby will enjoy the pleasurable experience of breastfeeding.**

Expressing your breastmilk

It is useful to know how to remove milk from your breast. Expressing is easy to learn and gives you a chance to store breastmilk for future feeds. This is handy if you are working or want some time away from your baby.

It can also reduce discomfort of full breasts in your baby's first weeks and give your breast extra stimulation to make more milk.

Why express

- To assist attachment if your breast is full.
- To make your breasts feel more comfortable if full.
- To stimulate your milk supply.
- To obtain milk if your baby is too small or sick to breastfeed.
- If you will be away from your baby through a feed time.
- Returning to work.

Hand expressing

This is a cheap and easy way of expressing milk and is particularly useful if you need to relieve a full, uncomfortable breast. These steps are a guide. The best way to learn is to practice so you can find what works for you.

Underneath the areola (the dark skin around the nipple) there are small ducts of milk. The milk collects in these ducts and it is from these that you express the your milk.

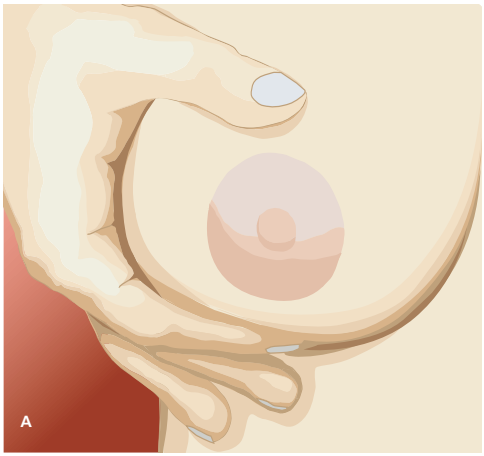
- Wash your hands before you start expressing.
- Have a sterile container ready to collect the milk.
- Place your first finger under the breast towards the edge of the areola, and your thumb on top of the breast opposite the first finger (diagram A), if you have a large areola, you may need to bring your fingers in slightly from the edge. If your areola is small, you may need to move them slightly back up the breast. Your other fingers can be used to support the breast (diagram B).

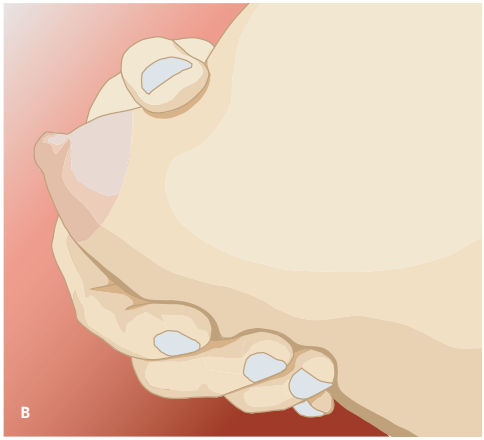
Each breast is divided into about 15 sections (lobes), with each section having its own duct.

- Keeping your fingers and thumb in the same places on your skin,

gently press backwards. Be careful not to slide your fingers along the breasts as this can damage the delicate breast tissue.

- Maintaining the gentle backwards pressure, press your thumb and first finger together and forwards, to move your milk towards your nipple.
- Release the pressure to allow the ducts to refill and then repeat previous steps. It may take a minute or two for the milk to begin flow.
- Rotate your fingers around the breast to ensure milk is expressed from all ducts and lobes.
- It may take you a few attempts to get the 'knack'. Build a steady rhythm as this will stimulate the 'let-down' reflex and assist your milk to flow from your breast.
- Squeezing your nipple will not be effective and could be painful.





Expressing your breastmilk *(continued)*

Hand pump and electric pump expression

Hand breast pumps and electric breast pumps can provide you with another option for expressing your breastmilk.

Hand pumps

These are easiest to use when your breasts are full. There are many designs and different pumps that suit the needs of different women, for example breast size and shape. Discuss this with your Australian Breastfeeding Association counsellor, lactation consultant or child and family health nurse.

Electric pumps

These are particularly helpful if you need to express for an extended period of time, for example, if your baby is too sick to breastfeed or you are returning to work for long periods.

There are many models of pumps so it is best to talk to a midwife, lactation consultant, child and family health nurse or Australian Breastfeeding Association counsellor for advice before hiring or purchasing one.

Storing breastmilk

Breastmilk can be stored in sterile plastic containers, including sterile plastic bags. Below is a guide for storage of breastmilk.

Storing breastmilk for home use (NHMRC, 2012)

Breastmilk status	Room temperature (26˚C or lower)	Refrigerator (4˚C or lower)	Freezer
Freshly expressed into sterile container	6–8 hours If refrigeration is available store milk there	No more than 72 hours Store at back, where it is coldest	2 weeks in freezer compartment inside refrigerator (-15°C) 3 months in freezer section of refrigerator with separate door (-18°C) 6–12 months in deep-freeze (-20°C)*
Previously frozen – thawed in refrigerator but not warmed	4 hours or less – that is, the next feeding	24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feeding	4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion Discard after feed	Discard	Discard

*Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature

Common problems

Full breasts

When your milk first 'comes in' your breasts may feel full and lumpy making it hard for your baby to attach. To ease the discomfort and to soften your breast you can express some milk before beginning to feed your baby. In the early days after birth, cold compresses can relieve some of the swelling and tenderness.

Tender nipples

During the first weeks you may experience some discomfort or tenderness when the baby first attaches to the breast. It is normal for your nipples to feel sensitive in these weeks while your breasts and nipples get used to breastfeeding. This sensation should fade.

If your nipples remain tender or get worse it usually means your baby is breastfeeding in the wrong position or is not attached properly. A sign of this can be that your nipple looks squashed or pinched after your baby comes off the breast after a feed. Gently take your baby off the breast by pressing your breast away from the corner of his/her mouth so the suction is broken, then re-attach following the positioning and attachment information on pages 8–10. You should seek advice from your midwife, lactation consultant, child and family health nurse or Australian Breastfeeding Association counsellor if tenderness persists.

Dampness can also make your nipples chapped and tender. Dry your nipple gently between feeds by exposing them to the air and leave a drop of milk to dry on your nipple after each feed. Dry pads inside your bra may help, but remember to change them frequently. Waterproof pads are good for keeping your clothes dry but they keep your skin wet and should not be worn if your nipples are sore. Alternatively, loose cotton clothing can assist to air your nipples.

Cracked nipples

A sharp pain in your nipple lasting throughout the feed usually means there is a crack in your nipple. To avoid cracked nipples, take care to position and attach your baby ideally. See pages 8–10.

Dry your nipples carefully between feeds by exposing them to the air and leave a drop of milk to dry on your nipple after each feed.

If your baby's sucking hurts so much that your 'let down' of your milk is affected, start the 'let-down' by hand expression and then put your baby to your breast. You can also start your baby on your better side for a few days to give the crack a chance to heal. You can even feed your baby on the unaffected side for a few days as long as you express the milk on the affected breast to keep up your milk supply. Your baby can then be given the expressed milk if needed.

When the crack has healed, restart the feeds on the affected side, gradually increasing the feed time over the next few days.

If the pain continues, seek assistance from your midwife, lactation consultant, child and family health nurse or Australian Breastfeeding Association counsellor. Cracked nipples can lead to breast infections.

Breast infections (Mastitis)

If your breast/s or a segment of your breast is painful, hard and red, you feel sick, feverish and generally unwell you may have mastitis.

Common causes of mastitis are:

- Nipple damage (grazes, cracks) caused by poor attachment.
- Oversupply of breastmilk in the early weeks while your milk supply is adjusting to your baby's needs.
- Blocked milk duct.
- Being overtired, stressed or skipping meals.

Common problems *(continued)*

- Sudden changes in feeding patterns such as:
  - missing feeds leaving the breasts over full
  - changing sides too early by not allowing your baby to finish the first side before offering the second.

Prompt treatment can resolve mastitis quickly. Treat the affected breast by:

Before and after feeds

Warmth can be applied to the breast before a feed (a clean cloth wrung out in warm water or a warm shower over the infected breast) can make it feel better and assist with the letdown reflex. After the feed, cold compresses may reduce the discomfort.

Massage

Very gently massage the area towards the nipple. A drop of vegetable oil on your fingers will prevent skin friction. This is more helpful if doing the massage while breastfeeding.

Empty the breast

Feed your baby on the affected breast, positioning your baby's chin to the area with mastitis for at least the next two feeds. Do not limit the sucking time on the affected breast, as it is best to get the breast drained as much as possible. You may need to express after the feed to achieve this. Continue to feed your baby frequently from the affected breast. Express the second breast for comfort if necessary.

Weaning your baby at this time will aggravate the mastitis and is not recommended. Your milk is still good for your baby when you have mastitis. See your lactation consultant, child and family health nurse, Australian Breastfeeding Association counsellor or doctor as soon as you notice signs of mastitis.

Rest, increase drinks and accept offers of assistance

If you feel very ill or the problem does not resolve within 24 hours, contact your doctor, as you may need antibiotics.

Increasing your milk supply

Many mothers feel they have a low milk supply or their milk is not good enough when their baby becomes unsettled. This is usually not the case.

REMEMBER Your milk is perfect for your baby. Check the number of wet and dirty nappies each day (at least six pale, very wet nappies in 24 hours is normal) and if your baby looks well, bright and is gaining weight then you do not have a low milk supply.

The more your baby breastfeeds, the more milk you will make. To increase your milk supply:

- Breastfeed your baby more for extra stimulation during both the day and night.
- Make sure your baby is sucking effectively by being positioned and attached as best you can.
- Go back to the first breast after finishing the second breast. Switching back and forwards between breasts will give you more breast stimulation.
- Express for a few minutes after as many feeds as possible. This will also give your breasts extra stimulation.
- Try to rest, make sure you're drinking to quench your thirst and not skipping meals.
- Cease or lower your caffeine, alcohol and/or cigarette intake as these can inhibit your 'let-down' reflex.
- Always breastfeed your baby first before giving other foods or drink.

Returning to work

Can I go to work and still breastfeed my baby?

Many mothers return to work while their baby is breastfeeding. Although it may take some time before you get into a routine that works for you and your baby, it is well worth the effort. There are many ways you can balance breastfeeding and work. This will be determined partly by the kind of work you do and the length of time you will be away from your baby.

An increasing number of workplaces actively support women to return to work and breastfeed. Many workplaces are designated 'mother friendly workplaces'. This means that facilities are available to express and store breastmilk and mothers are entitled to 'lactation breaks' to breastfeed their baby or express.

Talk to your employer before you go on maternity leave to find out what options are available for you when you return to work.

There are a number of options for balancing breastfeeding and work:

- Ideally you should feed your baby just before you go to work and as soon as you return home. You may be able to arrange childcare close to work so you can feed your baby in the 'lactation breaks'.
- If you miss a feed while you are at work, express and store your milk (see section on Expressing your breastmilk). This milk can be given to your baby at a later time.
- Babies will need to be fed your breastmilk by spoon, bottle or cup if under 6 months while you are at work. Once babies are over 6 months bottles may not be necessary as your breastmilk can be given by cup and they are eating family foods.
- You also have the option to provide bottles of formula for worktime feeds while continuing to breastfeed at non-work times. Remember – the longer you breastfeed, the greater the benefits.

- The more breastmilk your baby gets the better, so keep breastfeeding as much as you can.

For further information on breastfeeding and work contact:

✆ Australian Breastfeeding Association
Tel. 1800 686 268
(1800 mum 2 mum)
www.breastfeeding.asn.au

✆ Australian Council of Trade Unions
Tel. 1300 362 223

Frequently asked questions

Does my breast size affect my ability to make milk?

Women have different sized breasts, nipples and areola also vary.
Your breasts start developing to prepare for breastfeeding from puberty and then in pregnancy. Almost all mothers are able to make plenty of milk to nourish their babies totally for about the first 6 months. Your ability to make enough breastmilk for your baby depends on your baby's sucking when they breastfeed. Remember the more your baby breastfeeds, the more milk you will make.

How do I know if my baby is getting enough milk?

If your baby:

- is feeding at least six to eight feeds in 24 hours
- has six to eight pale, wet nappies in 24 hours
- does soft poos
- is looking bright, alert and contented
- is sleeping in the 24 hour period, and is gaining weight satisfactorily

Then he/she is getting enough milk.

Healthy babies take as much as they want when breastfeeding. One of the major advantages for breastfeeding is that your baby satisfies his/her thirst, appetite and growing needs by breastfeeding as many times as your baby wants.

Can I breastfeed in public?

Breastfeeding your baby need not stop you and your baby going out and enjoying life. You can breastfeed anywhere you want and this is supported by legislation in the *Anti-Discrimination Act*.

You may feel a little uncomfortable at first but will soon find you become more comfortable and confident. Wear loose clothing or shawls as it helps make breastfeeding more discreet. Most people won't even notice that you are breastfeeding.

There are baby-feeding rooms (or parent rooms) in many shopping centres where you can breastfeed in privacy.

Are there any medications I can take that are safe while breastfeeding?

The majority of medications are safe, however:

- Check with your pharmacist if buying over-the-counter medications.
- Let your doctor know that you are breastfeeding.
- Progesterone only contraception is the recommended hormonal contraceptive for use by breastfeeding women in Australia. However, the low-dose contraceptive pill is commonly prescribed.
- If you are on methadone and you decide to wean, wean very slowly.

For further information on drugs and breastfeeding contact:

✆ **Mothersafe – Medications in Pregnancy and Lactation Advisory Service Tel. (02) 9382 6539 or 1800 647 848 (NSW Country callers only Freecall)**

Can I breastfeed if I have an illness?

There are very few illnesses or diseases that would prevent you from breastfeeding. The benefits of breastfeeding outweigh the increased risks of illness and disease of not breastfeeding. In some cases breastfeeding can benefit mothers with chronic illnesses like diabetes. If you have a medical condition, discuss the effects of breastfeeding on you and your baby's health with your health professional.

Frequently asked questions *(continued)*

Can I smoke?

If you are a smoker, breastfeeding is still preferable than not breastfeeding provided your baby is exposed as little as possible to the effects of tobacco smoke. While minimal amounts of nicotine (the drug in tobacco) go into breastmilk, there are many other harmful chemicals in tobacco smoke. Smoking has a number of effects on breastfeeding mothers:

- The 'let-down' reflex is inhibited.
- Milk supply may be reduced.
- Tend to breastfeed for a shorter time.

Ways to reduce exposure to smoking include:

- Quitting – the best option. Contact the Quitline on 13 7848.
- Using nicotine replacement therapy (NRT). This involves breastfeeding first, then, as soon as possible after feeding, use one of the intermittent NRT methods (inhaler, gum, lozenge, tablet but NOT patches). This will maximise the time between use of NRT and the next feed and reduce your baby's exposure to the effects of nicotine.
- If you do continue to smoke it is very important that babies live in a completely smoke-free environment and that you smoke outside the car and home. Babies exposed to cigarette smoke have a much greater risk of respiratory problems eg asthma, and a greater risk of Sudden Infant Death (SIDS).
- To minimise the effects of smoking on your breastfeeding, do not smoke for at least an hour before each breastfeed. This may minimise the effects on your 'let-down' reflex.

Remember, all cigarettes are toxic whether regular or 'light'.

Can I drink alcohol?

Alcohol passes readily into breastmilk. The National Health and Medical Research Council (NHMRC) recommends breastfeeding mothers not to drink alcohol. If you do drink alcohol limit the amount to one standard drink just after a breastfeed and only once or twice a week. This will allow the alcohol to be broken down by your body before the next breastfeed.

For further information on alcohol, drugs and breastfeeding contact:

✆ Alcohol and Drug Information Service (02) 9361 8000 or 1800 422 599 for regional NSW

Helpful advice

* **Often mothers and fathers get very tired looking after their new baby so accept any offers of help by family and friends.**

Support for breastfeeding

Breastfeeding is for partners too

Like mothers, fathers bond in a unique way with their babies. They play a special role in breastfeeding by supporting you and your baby while you are learning. Research shows those mothers who have positive encouragement and support from their partner and family for breastfeeding find parenting more enjoyable. Partners can be involved by:

- Helping you to be comfortable and have enough to eat and drink while you are breastfeeding.
- Giving you some 'time out' by helping to settle the baby after and between breastfeeds.
- Providing practical support such as bathing and changing your baby.
- Monitoring visitors so well wishers do not overwhelm you and your baby.

Resources

Useful resources

- Australian Breastfeeding Association – voluntary mother-to-mother support that offers a seven-day a week help line as well as discussion groups, preparing for breastfeeding groups and general breastfeeding information and support. Tel 1800 686 268 (1800 mum 2 mum), or see your local White pages (some books may still list the ABA as Nursing Mothers' Association of Australia); ABA website www.breastfeeding.asn.au
- Lactation consultants – many maternity units and child and family health services have lactation consultants. There are also private lactation consultants who can be found at: www.lcanz.org/find-a-consultant.htm
- Breastfeeding Clinics – many maternity units and child and family health services conduct breastfeeding clinics for mothers who are experiencing breastfeeding difficulties.

Also providing support and advice on many areas of baby care including breastfeeding:

- Child and family health centres – for centre locations throughout NSW consult your local White/ Yellow pages or whitepages.com.au under the heading 'Community Health Centre' or 'Early Childhood Health Centre'
- Tresillian – www.tresillian.net
- Karitane Careline 1300 227 464 (1300 CARING) TTY (hearing impaired) (02) 9794 2300 www.karitane.org.au
- Mothersafe, medications in Pregnancy and Lactation Service Tel. (02) 9382 6539 or 1800 647 848 (freecall outside Sydney Metro area)
- your doctor
- your baby's paediatrician
- Telephone interpreters are available free of charge to anyone who wants to use health services in NSW. You can ring the Translating and Interpreter Services (TIS) on 131 450.

Useful websites

- Australian Breastfeeding Association
  www.breastfeeding.asn.au
- Australian Multiple Birth Association
  www.amba.org.au
- Healthykids
  www.healthykids.nsw.gov.au
- Raising Children Network
  www.raisingchildren.net.au
- National Breastfeeding Strategy including information on combining breastfeeding and work
  www.health.gov.au
  (see under nutrition section)
- Australian Dietary Guidelines gives advice about the amount and kinds of foods that we need to eat for health and wellbeing
  www.eatforhealth.gov.au
- Multicultural Health Communication Service – There are a number of resources related to infant feeding in a variety of languages. Search under 'infant feeding'
  www.mhcs.health.nsw.gov.au

Useful reading

- *Breastfeeding with Confidence: a practical guide* by Sue Cox (2006) Meadowbank Press, New York.
- *Breastfeeding Naturally* by the Australian Breastfeeding Association, edited by Jill Day.
- *Kids Food Health* by Dr Patricia McVeagh and Eve Reed.
- *Starting Family Foods* from the Resource Distribution Unit. Tel. (02) 9879 0443 or NSW Health www.health.nsw.gov.au

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