

TOGETHER
ACHIEVING
BETTER HEALTH



Health
Nepean Blue Mountains
Local Health District

Breastfeeding and Postnatal Care



Contents

Impact of Feeding Choice.....	3
How long can my baby breastfeed for?.....	3
The first breastfeed.....	4
Early breastfeeds	5
Helping baby to attach to your breast.....	5
BiologicalNurturing®	6
When to feed my baby	7
Some feeding positions.....	8
Signs of Correct Attachment	9
How often will my baby want to be fed?	10
Hand expressing.....	11
Storing your breast milk.....	12
Cleaning Equipment.....	12
Signs that my baby is feeding well	13
Building up your milk supply	14
Guidelines for maintaining your milk supply	14
Frequently asked questions	15
Normal newborn behaviour and Sleeping.....	16
Going back to work.....	17
Breastfeeding Issues	18
Painful or damaged nipples	18
Nipple Care	18
Breast fullness.....	18
Blocked ducts.....	19
Mastitis.....	20
Surgery when breastfeeding a baby.....	20
Smoking and Breastfeeding	21
Alcohol and Breastfeeding	21
Illicit Drugs and Babies	21
Taking Care of You	22
Wound care	22
Eating well	23
Contraception	23
Postnatal Feelings.....	23
Taking Care of Your Baby	25
Dummies / Pacifiers	26
Support when you take a baby home	28
Other resources	28

Impact of Feeding Choice

Breastfeeding is the food nature intended for your baby and contains all the right nutrients in all of the right quantities to help your baby grow. Breastfeeding your baby has many good effects including helping the development of your baby's brain, eyesight, speech and jaw development.

Breastfeeding also protects the mother's health. The woman's risk of breast and ovarian cancer and osteoporosis are increased if she does not breastfeed her baby.

Babies who do not receive breast milk are more at risk of developing;

- Allergy
- Asthma
- Diarrhoea
- Ear and respiratory tract infections.

Babies also have an increased risk of Sudden Infant Death Syndrome, some childhood cancers and diabetes.

How long can my baby breastfeed for?

The World Health Organisation (WHO) and NSW Health recommends the following:

- Breastfeeding your baby for the first six months.
- Your baby requires no other food or drink except breast milk for the first 6 months of life.
- *Continue to breastfeed your baby for two years or longer*
- *Around 6 months* – start your baby on nutritionally prepared foods – visit the Raising Children website and talk to your Child & Family Health Nurse (see last page for contact details).



The first breastfeed

After the birth, it is important that your baby is placed in skin to skin contact with you as long as possible

Skin to skin contact means that the baby is placed naked on your skin (between your breasts) with a towel or blanket placed over the top of both of you.

Ensure your baby's nose is clear and the baby is able to breathe.

This will keep your baby warm and if left undisturbed, your baby will make his/her way to your breast and start feeding.

If you are not sure, a midwife will be there to support and help you.



Your baby may take a while to attach to your breast for the first time. It is important to keep your baby skin to skin and allow your baby the time to adjust following the birth. Breastfeeding will follow naturally.

Some women need medication during labour. Their babies may need some help with finding the breast and starting to feed. A midwife will be there to support and help you both.

If breastfeeding is delayed, it is important to express your milk at this time (preferably in the first two hours after birth). This stimulates your breasts to build your milk supply. Your baby will then be fed this milk (colostrum).

Antenatally expressing - There are certain situations when a baby may have feeding problems or have difficulty stabilizing their blood sugar levels after birth.

If you feel your baby could have a problem at birth e.g. the mother being a diabetic in pregnancy:

You should discuss this with your midwife or doctor first

- You may start expressing from 36 weeks gestation.
- Start with 3-5 minutes on each breast 2-3 times a day.
- STOP expressing if you are having contractions at the same time.
- Your midwife will be able to help you with this.

Early breastfeeds

The first hours and days after your baby's birth are the beginning of a new relationship between you and your baby. Like any new relationship, it takes time and practice to feel comfortable with each other and for you to feel confident feeding your baby.

If your baby has breastfed well after birth, your baby may not want to feed again for up to six hours. It is important to;

- Have as much skin to skin contact as possible with your baby in the first 48 hours until they are attaching and feeding well. This provides your baby with easy access to your breast and lots of opportunity to learn to breastfeed.
- Learn to recognise your baby's feeding cues. These are signs that your baby is ready to feed, and it is good to offer the breast as soon as your baby shows you these signs.

Helping baby to attach to your breast

- Being in a comfortable sitting position, with your back and feet supported helps you to relax. It also helps oxytocin, the hormone responsible for milk flow, to be released.
- Unwrapping and positioning your baby facing you is important. You can support your baby behind the upper back and/or shoulders - be sure that your baby is able to move his / her head and neck freely.
- When babies are placed skin to skin (between their mothers breast) and are ready to feed, they usually make their own way down to the breast by using their sense of smell and touch (rooting reflex).
- The rooting reflex allows your baby to search and open their mouth wide and is stimulated when your baby's cheeks / chin rub against the skin of your breast.
- Another position that may help with attaching your baby is to stand up so that your breasts fall forward and your nipples points to their natural position. You can then bring baby up to your breast.
- Each mother and baby will find their own way to attach to the breast to feed. It is important that you and your baby have the time to learn to do this together. If help is needed, the midwives and other staff will talk you through attaching your baby to the breast.

Biological Nurturing® (Laid Back Breastfeeding)



Note how this mother is leaning back with her baby resting across her abdomen. This position starts at birth with skin to skin contact between the mother and baby. This is when the baby is placed on the woman's chest at birth and resting between the mother's breasts. The baby moves to the nipple and attaches to the breast. It is comforting and reassuring to the baby and mother. Many mothers continue to feed in this position.

This position helps the baby to attach well to the breast with a wide open mouth. The mother and baby have good eye contact. The mother is able to lean back and relax.

It is helpful when the baby is having difficulty attaching to the breast.

Baby Feeding Cues (signs)



EARLY CUES - "I'm hungry"



- Stirring



- Mouth opening



- Turning head
- Seeking/rooting

MID CUES - "I'm really hungry"



- Stretching



- Increasing physical movement



- Hand to mouth

LATE CUES - "Calm me, then feed me"



- Crying



- Agitated body movements



- Colour turning red

Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



Some feeding positions



Madonna hold (traditional)



Transitional hold



Twin style or football hold



Side lying

Photographs of Emma Beddall (Midwife and mother) and the beautiful baby Charlotte, provided by Photographer and Midwife, Holly Priddis

Correct Attachment	Incorrect Attachment
<ul style="list-style-type: none"> • It shouldn't hurt however mild discomfort may be felt in the early feeds 	<ul style="list-style-type: none"> • Pinching/Pulling or painful sensation on nipple while baby is sucking
<ul style="list-style-type: none"> • You baby's cheeks look full-meaning that they have a good mouthful of breast 	<ul style="list-style-type: none"> • Your baby's cheeks appear 'sucked in'- as if sucking on a straw
<ul style="list-style-type: none"> • Your baby's chin is pressed well in against your breast 	<ul style="list-style-type: none"> • There is a gap between your baby's chin and the breast
<ul style="list-style-type: none"> • Your baby's chest is against your chest 	<ul style="list-style-type: none"> • Your baby's chest is far away from yours and maybe facing towards the ceiling
<ul style="list-style-type: none"> • You may see a short burst of sucking at first and then the rhythm may be slow and even with big jaw movements 	<ul style="list-style-type: none"> • The baby continues to have short sucking bursts and you may continue to experience nipple pain
<ul style="list-style-type: none"> • Baby takes short breaks, however continues to suck again without stimulation 	<ul style="list-style-type: none"> • Baby is on and off the breast. • Baby goes to sleep on the breast. • Needs constant stimulation to continue suckling.
<ul style="list-style-type: none"> • You may hear your baby swallow 	<ul style="list-style-type: none"> • Constant clicking sound may be a sign of incorrect attachment
<ul style="list-style-type: none"> • Your nipple has a normal shape when baby detaches 	<ul style="list-style-type: none"> • Nipple looks squashed/misshapen or has a visible line across it when baby detaches 

How Often Will my Baby Want to be Fed?

Stomach size of your baby in the first week



It is important for your baby to feed often because:

- your baby's stomach is small,
- breast milk digests easily
- babies drinks small amounts of breast milk in the early days

Babies do not understand time- and therefore it is important that feeds are not restricted to times. As a guide your baby may feed at least 5 -10 times in the first 24 hours. The amount of feeds that your baby has over the first few days may increase. Your baby may feed between 8-12 times in a 24 hour period once your milk supply becomes established.

Once at home, it is not unusual for your baby to feed 8-15 times a day on some days and then 6-8 times a day, on other days.

A baby who is breastfeeding cannot be overfed as they are born with appetite control which matches their own body's needs. Your baby may feed in frequent spurts, with rests in between or may feed at a steadier pace.

The secret is to watch your baby's feeding cues, and not the clock.



Detaching the baby from the breast

If you wish to take the baby off the breast, simply insert your finger into the corner of your baby's mouth to release the suction and slide the nipple out.

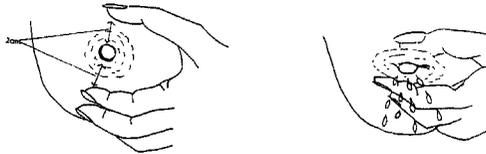
Hand Expressing

It is important for you to know how to express your breast milk. Hand expressing is a learned experience and is best done by you.

When you need to hand express:

- If you are separated from your baby
- You are unable to give a breastfeed at the time your baby wants to feed
- Your baby has difficulties attaching, and is demanding a feed
- To soften your areola (darkened skin around nipple) to make attaching easier
- To increase your milk supply

How to hand express



1. Wash your hands with soap and water
2. Gently massage your breasts, starting from the top and stroking towards your nipple, not forgetting the underneath.
3. Hold a sterile container under your breast to collect your milk.
4. Put your thumb and first finger opposite each other on your areola (coloured area surrounding your nipple) in the shape of a 'C'.
5. Gently squeeze your thumb and finger together repeating in a rhythmic action.
6. When the flow stops move your finger and thumb to another position and repeat steps 4-6
7. Continue for 15 - 20 minutes
8. It is important that you express for about 15 - 20 minutes on each breast as this helps to stimulate and maintain your milk supply. It is important to continue expressing for this time, even when it appears that your milk has stopped flowing.
9. Then change to other breast and repeat above steps.

For more information on expressing, storing and transporting breast milk please refer to the handout on "Expressing breast milk for your baby in the nursery".

Storing Your Breast Milk

Breast Milk	Room Temperature (26° C or lower)	Refrigerator (4°C or lower)	Freezer
Freshly expressed into a closed container	When expressing for your baby in the hospital, your milk needs to be refrigerated within an hour of completing the expression. It can last up to 6 – 8 hours out of the fridge for use at home.	In hospital 48 hours and at home 3 days. Store in back of the fridge, where it is coolest.	2 weeks in freezer compartment inside refrigerator. 3 months in freezer section of refrigerator with separate door.
Previously frozen – thawed in refrigerator but not warmed	4 hours or less	Use within 24 hours	Do not refreeze
Thawed outside refrigerator in warm water	Use straight away do not store	4 hours or until next feeding	Do not refreeze
Baby has begun feeding	Discard when the feed is finished	Discard	Discard

- Only fill the container $\frac{3}{4}$ full with breast milk as it will expand on freezing and the container may burst or leak in the freezer.
- Expressed breast milk only needs to be warmed to room temperature to feed to your baby.
- NEVER USE A MICROWAVE to warm baby’s milk, as this may cause burns in the baby’s mouth and throat and may change the nutritional content of the milk.

Cleaning Equipment

- All breastfeeding equipment including breast pump kit parts, nipple shields and other equipment
 - needs to be rinsed in cold water,
 - washed thoroughly in warm soapy water (dishwashing liquid is appropriate),
 - rinsed thoroughly with running water and
 - placed in a clean air-tight container.
- At home expressing equipment does not need to be sterilised.

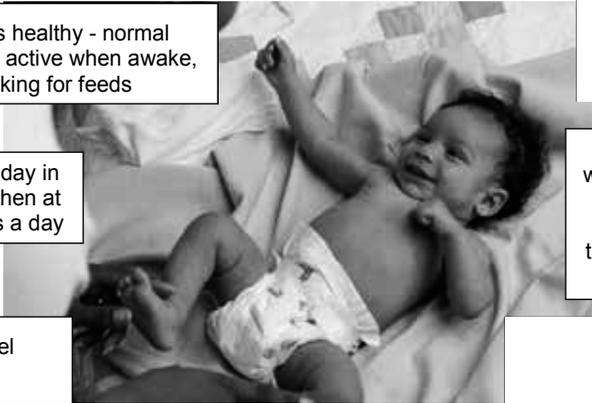
Signs that my baby is feeding well

Once your milk has 'come in' after 3-5 days, the following are signs that your baby is feeding well:

Baby appears healthy - normal colour, alert and active when awake, and is waking for feeds

2-3 wet nappies a day in the first 3-4 days, then at least 5 wet nappies a day

1 - 2 soft bowel motions/day



Baby is putting on weight after the weigh on day 3 or 4. Most babies are back to their birth weight by 2 weeks of age

Signs of concerns in the first week

When a baby is not well you may find there is a change in the way the baby behaves. The change may be sudden or you may notice a gradual change. The following signs and behaviour may be a concern. If your baby:

- is sleeping a lot, not waking and demanding feeds or may wake for feeds but tires easily and is not as active and alert as usual when awake or feeding
- is unusually irritable
- may have a dry mouth and skin
- may have fewer wet and dirty nappies and the urine may appear as a dark yellow staining on the nappy.
- has a change in his/her skin colour and become pale or mottled over the baby's body (not just hands and feet).
- may feel hot or cold - temperature is higher than 37.4°C or less than 36°C
- may appear to have difficulty breathing, be panting, make grunting noises or the chest wall appears to be sucked in with each breath.

If you are concerned about your baby, you may

Take your baby to your local doctor, the emergency department of your local hospital, call an ambulance (000). Other services are on the back of the baby's My First Health Record (the Blue Book).

Building up your milk supply

- Offering your baby a breastfeed whenever they are demanding one is very important in order to build your milk supply.
- It takes around four to six weeks for your milk supply to be established. By this time your breasts will make the amount of milk your baby needs.
- During this time your baby will usually be feeding often through the day and night i.e. about 8 – 12 times in a day.
- There will be days when your breasts feel quite full and others when they feel softer.
- When your baby is around six weeks old, your breasts may feel 'soft' to touch and back to normal.
- Because of these changes women may feel that they have "lost their milk" especially as many babies will have a growth spurt at this time.
- Once your milk supply is established, you may only be able to express 10-20mls after a feed. This is your body working with your baby.
- If you are expressing to increase your supply, your baby will take the extra milk as your supply increases. So you may not see an increase in the amount you can express.

**Regular and frequent feeding helps to establish your milk supply.
The more often that your baby breastfeeds the more milk you will make.
If you are concerned that you do not have enough milk, get help early.**

Guidelines for maintaining your milk supply

- Make sure your baby is attached well to your breast
- Let your baby feed as often as the baby needs to.
- Ensure that you breastfeed your baby through the night. This is when your milk making hormone (prolactin) is higher.
- It is important to feed your baby for as long as the baby wants from the first breast. Then offer the second breast. Be sure to start the next feed on the second breast.
- Get plenty of rest or sleep when your baby sleeps, remember this only needed in the early months.
- It is also important to follow the baby's feeding cues. Using dummies may mask these feeding cues and delay feeds. This then may reduce your milk supply.
- It is most important to give your baby only breast milk in the first 6 months. Giving your baby fluid other than breast milk to drink (e.g. infant formula or water) may reduce your supply.

Frequently Asked Questions

Do I need to drink lots of water and milk when breastfeeding?

It is important to drink when you are thirsty, a guide is about 2 - 3 litres of water per day. Drinking a lot more than this may not help build up your milk supply and may even reduce it.

Will the quality of my breast milk and the amount that I make be affected by my diet?

Human milk is made in response to regular and frequent feeding. It is only when a woman's food intake falls to very low levels (close to starvation) that her milk supply may reduce. If the diet is inadequate while breastfeeding, it is the woman's health and energy levels that will suffer, not her milk supply.

Is it difficult to lose weight while breastfeeding?

Breastfeeding may help a woman to return to her pre-pregnant weight without changing her normal diet (see Eating Well page 21 for more information).

Can I exercise while breastfeeding?

Mild to moderate regular exercise is recommended for everybody including women who are breastfeeding.

If you plan to do intense exercise, you may wish to breastfeed before exercising. Lactic acid released by your muscles while exercising may change the flavour of your milk for a short period of time and the baby may fuss. This will not however harm your baby.

How important is it to rest?

Most new mothers feel tired for the first few months as they are adjusting to getting up through the night to feed and settle their babies. It is important to rest during the day while your baby sleeps. Looking after yourself is important so that you can look after your baby. Breastfeeding gets easier and less tiring after the early weeks.

Is it possible for my breast milk to be of poor quality?

Many women become concerned when their babies are unsettled or when their milk looks "watery". They may doubt the quality of their milk.

Your milk changes during each feed and also as your baby grows. This is designed to meet your baby's changing nutritional needs. Mature human milk (about two weeks onwards) has a 'bluish' tinge, similar to skim milk. This is normal and not poor quality milk.

Normal Newborn Behaviour

Each baby is unique. They do differ in personality and temperament.

Each baby will develop his own feeding and sleeping pattern, rate of growing, likes and dislikes.

During the early weeks:

- Differences in how often babies feed. Sometimes your baby may feed frequently (1-2 hourly) and at other times may have longer gaps between feeds (4-5 hour gap). Be sure to feed according to your baby's needs.
- Difficult to settle, especially in the late afternoon. Comfort feeding (cluster feeding) is common in the late afternoon or evening. These frequent small feeds help to build up your milk supply. Having a rest sometime during the day may help you cope with these feeds.
- Gasping, choking or pulling off the breast with the milk let down. As your baby matures, they usually adjust to your milk flow. If your baby is pulling off the breast, gasping or choking at this time, you may wish to;
 - Reattach baby after milk flow has settled
 - Lean back with the baby on top
 - If this becomes a problem, see last page of this book for help.
- Burping after feeds. Babies often burp on their own and sometimes while still attached to the breast. Holding your baby upright with the baby against your body will help.
- Falling asleep at the breast. For some babies this means they are full while others are having a rest ready for more feeding. You will learn about your baby's normal feeding behaviour in time.
- Growth spurts. These are periods of rapid growth and development. They occur around 10-14 days, 4-6 weeks, 3 months and 6 months. Your baby may be unsettled, fussy and feed more often. However, each baby is unique and these times may vary from baby to baby.
- Night feeding and waking. It is normal for babies to wake during the night for feeds and sometimes to cuddle to settle. Babies will usually sleep through the night by about 12 months of age.

Sleeping

- All babies are different and so is their ability to get themselves to sleep.
- It is normal for babies to feed often (2-3 hourly) in the early days, especially throughout the night.
- It is not because your baby is 'naughty'. It takes times for the baby to learn to sleep longer and its part of their normal development.

- Your baby does not have the ability to calm down when crying; your baby needs your help to do this.
- Holding and cuddling your baby when they are upset will help your baby to settle; you will not spoil your baby by doing this.
- Parents who respond to their babies' needs actually have "children who are less demanding and more self-reliant as they grow older".
- Looking for your baby's tired signs and putting them to bed at this time will help your baby learn to get themselves to sleep. If the baby becomes distressed, the baby will need help to calm down before being able to settle to sleep.

For further information and support see the last page.

Going back to work

- For many mothers, working outside the home involves being away from their baby
- With preparation and support many women are able to combine working and breastfeeding
- Ways of managing breastfeeding and working include:
 - Baby coming to you at work for feeds
 - Expressing your milk while at work
- While you are pregnant or on maternity leave, talk to your manager about expressing milk and/or breastfeeding breaks. This discussion will need to include a clean, private place for expressing or breastfeeding.
- Once at work express your milk when your baby would normally feed or regularly as able. This will help maintain your milk supply and assist in the prevention of mastitis (see below).
- You may need information on how to express, store and transport your breast milk and ways of feeding your baby your expressed breast milk.
- It is important to ensure that your own needs are met and that you are feeling supported while adjusting to the demands of being separated from your baby while you are at work.
- You can get further information from the Australian Breastfeeding Association or your Child and Family Health Nurse (see last page).

Breastfeeding Issues

Painful or damaged nipples

- If you are experiencing sore nipples, you may only need to change your baby's position slightly (e.g. by tilting baby's forehead back slightly so that the chin becomes pressed in against your breast).
- While baby is still attached, you may also be able to hold your breast in a c-shape, to squeeze more of your breast into the baby's mouth.
- If either of these methods does not correct the nipple pain, detach your baby from your breast by gently breaking the suction (finger in the corner of the baby's mouth and slide the nipple out). You can then re-attach your baby to the breast.

Nipple Care

- Sore nipples are common in the early days while your baby is learning to attach and breastfeed.
- Ensuring that your baby is well attached and correcting the attachment if feeding is painful or uncomfortable helps in preventing sore nipples.
- Expressing a little of your breast milk after each feed and rubbing it into your nipples and areolas, helps to keep them healthy and also helps to heal them if they are grazed or cracked.
- Remember to allow your nipple area to dry before dressing.
- If you choose to use a cream on your nipple area, be sure to use a cream that contains only purified lanolin, as creams containing other ingredients need to be removed before feeding your baby. This may cause further damage to your nipples.
- If using a cream, be sure to follow the manufacturer's directions.

Breast Fullness

As your milk supply increases in the first three to five days, you may experience some pain due to 'full breasts'.

If you are wearing a bra it is important to wear a supportive bra (during the day) that is not tight on your breasts and to feed your baby as often as your baby wants to. At night a supportive singlet (known in Australia as a 'crop top') is preferred as this prevents breast compression at night.

Using cold compresses in the form of 'cold gel packs', 'ice' or 'cold cabbage leaves' on your breasts may assist in relieving some of the pain. Here are a few points to consider when using cold compresses;

- Be sure not to cover the nipple area with the cold compress
- Apply the cold compress for 10-15 minutes at a time. You can re-apply the cold compress in an hour's time.
- Wrap the cold compress in a protective cover such as face washer/small towel in order to prevent damage to your skin.

Blocked Ducts

Blocked ducts are usually caused by

- pressure on the breast from a tight bra
- incomplete emptying of the breast
- long gaps between feeds

You may find that:

- a part of your breast becomes red, hard and hot to touch
- you may feel unwell and have a mild temperature

Suggestions for managing blocked ducts:

- Feed your baby as often as the baby will feed
- It is important that the baby is well attached to the breast
- Prior to the feed gently massage the blockage (hard area near the nipple) with the pads of your fingers
- During the feed gently massage the breast to promote flow.
- Express the breast if the baby won't feed on that side or to promote clearing of the blockage.
- Pain relief may help. Be sure to check with your doctor, pharmacist or 'Mothersafe'- Medications in pregnancy and lactation service.(See the last page for help)
- Ensure that your bra is not tight and is not causing pressure on your breast
- At night wear a supportive singlet (crop top)
- Resting will help.

Mastitis

If blocked ducts are left untreated, mastitis (infection in the breast) may result. Other causes include;

- Grazed or cracked nipples
- Oversupply in the early weeks while your breast milk supply is adjusting to your baby's needs
- Symptoms of mastitis include:
 - Red, painful and sometimes a 'hot' area on your breast
 - Feeling 'unwell' and having flu like symptoms
 - Feeling shaky
 - High temperature
- Treatment
 - As for blocked ducts (above)
 - See your doctor as you may need antibiotics.
 - Contact your Child & Family Health Nurse or the Australian Breastfeeding Association for further support and information

Surgery when Breastfeeding a Baby

There are a couple of things to think about:

1. Expressing in preparation – it's a good idea to express and build up a couple of feeds just in case you are unwell following the surgery
2. Medications and safety for your baby – ask the doctor and the anaesthetist what medications will be used. You can ring MotherSafe – 93826539, to find out if you need to discard your milk for a time. The medical team do not often deal with breastfeeding so may not have the latest information about this.
3. Rooming in – depending on bed availability, you may be able to get a single room and have the baby stay with you. As you may be unwell, a family member must be present to care for the baby.

Each of the public hospitals in Nepean Blue Mountains Local Health District employ staff who have advanced skills with lactation. At Nepean hospital, there is a Clinical Midwifery Consultant who specialises in infant feeding, at Katoomba and Lithgow, one of the midwives will be able to link you with a midwife with this expertise.

Smoking and Breastfeeding

It is better for a baby to breastfeed even when the mother smokes.

Babies living in a house with a smoker are at greater risk of Sudden Infant Death Syndrome (SIDS)

Nicotine does pass into breast milk. Nicotine may affect your milk flow. This may reduce your milk supply and your baby may also become quite irritable and unsettled.

Any smoker who is handling the baby is encouraged to

- Smoke after feeding or handling your baby,
- Wear a jacket to absorb the chemicals from the smoke and remove the jacket when handling or feeding your baby
- It is illegal to smoke in a car where a passenger who is under 16 years of age.
- Never allow anyone to smoke in a house where babies or young children live

Quit Line 131 848

Alcohol and Breastfeeding

Alcohol passes into your milk. The amount of alcohol in your milk will be the same as in your blood. The current recommendation is not to drink alcohol when breastfeeding. Alcohol affects your milk flow plus changes the taste of your milk. So your baby may fuss.

For further information about alcohol and breastfeeding go to the Australian Breastfeeding Association website (see last page)

Illicit Drugs and Babies

It is unsafe to use illicit drugs (marijuana, speed, cocaine, heroin, etc) when there is a baby in your home. You may not respond when your baby needs you and your baby could be neglected.

Breastfeeding is not recommended when using illicit drugs. These drugs do pass into breast milk and will affect the baby. When the baby is no longer breastfeeding, the baby may experience withdrawal from the drug.

If this is of concern to you please talk to the Drug and Alcohol Service through your local Community Health Service (see last page).

Taking Care Of You

It takes about 6 weeks for your uterus to return to normal size. Breastfeeding assists with this. During this time, it is normal to experience period - like bleeding. Most women experience bleeding for 2 - 12 days and then their bleeding lessens and becomes lighter in colour and may continue for up to 6 weeks.

Some women also experience abdominal cramping or cramping of the uterus at this time (known as afterbirth pains). You may also find that your bleeding is heavier at the time you are breastfeeding your baby in the early days. 'Afterbirth pains' are normal and help your uterus return to normal size.

Comfort measures which may assist you are:

- a mild pain relief, (be sure to follow the directions on the packet) and,
- applying a warm pack to the affected area during feeds or while expressing

The following are signs of infection /concerns:

- increase in bleeding(saturating more than one pad an hour)
- bleeding becomes bright red in colour again
- blood loss is smelly

Please see your local doctor or Emergency Department at your local hospital should you experience these signs.

Wound care

If you have vaginal/perineal stitches it is important to wash this area with water and pat dry at least twice a day to ensure good hygiene. It is recommended that you use maternity pads while your bleeding is heavy and that you change your pad every three to four hours, or more often if necessary.

If you have had a Caesarean section, you are encouraged to shower as normal. Once your dressing is removed, ensure that you wash your wound area and dry thoroughly by patting dry with a towel. If a fold of skin covers your wound, lift the skin to dry the wound area thoroughly as this helps to reduce the risk of infection.

If you have concerns about your wound (e.g. redness and discharge), please see your Midwife, Obstetrician, General Practitioner or the local Emergency Department.

Eating Well

It is important to enjoy a wide variety of nutritious foods, especially when you are breastfeeding. The National Health and Medical Research Council released the following healthy eating guidelines in 2013:

- Eat plenty of vegetables, legumes and fruit.
- Eat plenty of cereals (breads, rice, pasta, noodles), preferably wholegrain
- Eat some meat, fish, eggs, beans and other non-dairy sources of protein
- Eat some dairy foods (milk, cheeses and yoghurts). Try to choose the reduced fat varieties where possible
- Drink water to your thirst (about 2 litres/day)
- Only a small amount of foods and drinks high in salts, saturated fats/and or sugar

If you feel your diet is inadequate and for more information please talk to your health professional, doctor or dietician.

You can also refer to the National Health and Medical Research Council for health: Dietary guidelines for children and adolescents in Australia.

www.nhmrc.gov.au/publications/synopses/dietsyn.htm

Contraception

When breastfeeding, the hormones released while your baby is feeding at the breast, block the production of the hormones involved in ovulation. Therefore, the more your baby feeds, the less you are likely to ovulate. While you are exclusively breastfeeding (meaning that your baby is feeding 6-12 times in 24 hours both during the day and night and is given no other solid foods or liquids) and you have not menstruated (ignoring bleeding that occurs in the first 8 weeks after birth), you are unlikely to fall pregnant in the first six months.

It is important however to discuss contraception options with your doctor, women's health nurse or 'Family planning NSW'. (See last page)

Postnatal Feelings

Baby blues

Women affected by the 'baby blues' feel emotional and upset and sometimes burst into tears for no particular reason. The 'baby blues' are common 3 to 10 days after giving birth and affect 80% of women. 'Baby blues' occur due to hormonal changes following birth. The 'baby blues usually disappear after a few days with plenty of rest and support and do not require treatment.

Postnatal depression

Postnatal depression (PND) is a condition where women develop depression anytime between one month and up to the first year after the birth of their baby. PND affects 16% of women in Australia. This form of depression can occur gradually or have a sudden onset.

Isolation from others and major life events such as a death in the family or moving house are strongly linked with PND.

Symptoms of PND may include:

- feeling anxious or a depressed mood
- inability to think clearly or find the right words
- tearfulness for no obvious reason
- exhaustion and over-concern about lack of sleep
- inability to do household tasks
- poor appetite or overeating
- poor self-image
- low self-worth
- loss of sexual interest
- fear of being alone or of socializing with others
- irritability
- obsessional thoughts or activities
- suicidal thoughts, plans or actions.

Treatment

It is important that you discuss your feelings and concerns with your Child and Family Health Nurse or your doctor. You may also find it helpful to talk with your partner, trusted family members or friends. The type of treatment that women require for PND varies according to the severity of their condition. This treatment may include;

- A group support program where you have the opportunity to meet with other women who are experiencing feelings similar to yours
- Counselling
- Help in caring for your baby
- Appropriate medication – usually safe with breastfeeding, Mothersafe drug information service – see last page.

Can I help myself?

Yes, you can. It is important to seek help from your Child and Family Health Nurse, or Doctor (health professional) if you are experiencing any of these feelings or you feel that you are not coping. You may also wish to consider the following suggestions;

- Take time out to attend to your own needs
- Seeking friendship with other women or mums. This may be a good opportunity for adult company and for developing a support system for you.
- Discuss or write down your feelings, try not to keep them to yourself
- Relaxation techniques which may include some deep breathing exercises
- Getting plenty of rest and exercise when you are able to
- Eating a balanced diet

Remember your partner may also need support.

Adapted from Tresillian Some Postnatal Feelings Handout (2006) For more information see last page

Taking Care of Your Baby

Bathing /Massage

In the first 24 hours of life, babies are recovering from birth. For this reason, it may be wise to wait until the next day before bathing your baby. You will be shown how to bath your baby. There is no set way of bathing a baby. It is just important to keep the baby warm and safe. The water needs to be warm not hot, temperature, 37- 40°C. Bath the baby in an area free from drafts. The bath needs to be at a comfortable height for you so that you are not bending over. After the bath, you may wish to massage your baby.

Caring for your baby's cord

Your baby's umbilical area and cord need only to be cleaned with clean bath water and dried at bath time or daily. The cord stump will soon go hard, black in colour and will shrivel up. It may also become sticky and bleed a little as it separates from the surrounding skin. The cord stump usually falls off between 5 to 10 days after birth. Please let your doctor know if the cord stump should become 'red' and/or 'smelly'.

Never Shake your Baby

Shaking your baby causes their head to jolt backward and forward. As a result, bleeding may occur in your baby's brain which can lead to brain damage and possible death. If you feel that you are becoming upset, angry or frustrated with your baby, be sure to put the baby in a safe place (e.g. the cot) and take a break, walk away and take time to look after yourself. Remember that it is important to *never shake your baby*.

If you find you need to do this often, please get some help e.g. from your Child & Family Health Nurse (see last page).

Dummies / Pacifiers

Using a dummy or pacifier while your baby is learning to breastfeed is not recommended. Sucking on a dummy may satisfy your baby's hunger and as a result your baby may fall asleep and miss a breastfeed. Also, most babies are learning to attach and breastfeed in the first few days and because a dummy is a different shape and texture to your breast, sucking on a dummy may make the learning process take a little longer than usual.

If you wish to use a dummy, please delay offering this for at least the first four to six weeks. This allows your baby time to learn to breastfeed well.

The concerns with continuous sucking on dummies are:

1. The risk of infection – gastroenteritis, thrush, ear infections.
2. Possible impact on speech development.
3. Impact on the shape (alignment) of the front teeth and the palate.

Sudden Infant Death Syndrome (SIDS) - Safe Sleeping

To reduce the risk of SIDS, it is important that your baby:

- sleeps in your room with you for at least the first six to twelve months.
- is put to sleep on the back
- is kept smoke free before and after birth.
- your baby's face remains uncovered during sleep (ie do not use doona/ quilts)

Co-sleeping

1. Smoking increases the risk of cot death (SIDS). You should never sleep with your baby if you (or any other person in the bed) smokes even if you never smoke in bed.

2. Falling asleep with your baby is also dangerous if you (or another person in the bed) might find it hard to respond to the baby. Examples are if you have
 - drunk alcohol
 - taken any drug (legal or illegal) that could make you extra sleepy
 - sleeping in a water bed or on a sofa
3. Women who are extremely overweight are also discouraged from sleeping with their babies

See the brochure titled, 'Safe Sleeping' by 'SIDS and Kids'. Further information can also be accessed at: www.sidsandkids.org

Immunisation

Your baby's immunisation will begin with the hepatitis B vaccination while in hospital. This vaccine aims to protect your baby from a virus which causes a serious chronic liver disease known as Hepatitis B. For your baby's immunisation schedule please refer to your baby's 'my personal health record', blue book.

For more information access the *Immunise Australia Program* website at www.immunise.health.gov.au

Whooping Cough – all parents and others closely involved in the care of your baby are encouraged to have their Whooping Cough vaccination updated. If a newborn is exposed to Whooping Cough before being vaccinated the baby may be seriously ill. This vaccination is given parents and those closely involved in the care of your baby at no charge. This vaccination is safe with breastfeeding.

Car Restraints

Your baby needs to be in an approved infant restraint that has been appropriately fitted when travelling in a vehicle. Ensure that the seatbelt is against your baby's clothing, with wraps/blankets laid over the top of the fastened seatbelt. This is the safest way for your baby to travel in a vehicle.

For more information go to: the Roads and Traffic Authority website at: www.rta.nsw.gov.au or telephone: 132213

or

The Children's Hospital at Westmead website at: www.chw.edu.au/parents/factsheets or telephone: (02) 9845 0000

Support when you take a baby home

Getting Help

1. All women and their babies are referred to the our Child and Family Health Nurse

CENTRAL REFERRAL SERVICE
1800 222 608
Penrith, Cranebrook, St Mary's, St Clair, Springwood, Katoomba, Lithgow

2. babies need a review by your local doctor or paediatrician within 1- 4 weeks
3. All women need to see either their local doctor or obstetrician at 6-8
4. Other support - see the back cover of your baby's *my personal health record*

Other resources

For general help and information about parenting, feeding and health issues, listed below are some recommended supports

- a. Multicultural Resources

<http://www.mhcs.health.nsw.gov.au/publicationsandresources/languages.asp>

- b. *My personal health record* – NSW Health your baby's first health record has other support services that you may find of use.

- c. NSW Health Pregnancy, Birth and Baby helpline 1800 882463

- d. *Mothersafe* - Medications in pregnancy and lactation service

02 93826539 (Sydney metropolitan area)

1800 647848 (non- metropolitan area)

Mothersafe Breastfeeding fact sheets

<http://www.sesiahs.health.nsw.gov.au/Mothersafe/Factsheets.asp>

- e. *Australian Breastfeeding Association* - 1800 686268

<http://www.breastfeeding.asn.au/>

- f. *Alcohol and Breastfeeding: a guide for mothers Brochure* available at;

[http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/D068D37123F7837BCA2576730076F850/\\$File/breastbr.pdf](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/D068D37123F7837BCA2576730076F850/$File/breastbr.pdf)

http://www.lrc.asn.au/ABA_Alchohol_BF.pdf

- g. Information on Perinatal Mood Disorders & Postnatal Depression and other mental health issues

Beyond Blues website at: <http://www.beyondblue.org.au;>

Beat Baby Blues website at: <http://www.beatbabyblues.com.au>

Black Dog Institute: <http://www.blackdoginstitute.org.au>

Carers provide care and unpaid assistance to others. They may be family members, friends or neighbours. It is important to let health staff know if you have a carer.

All NSW Health facilities are smoke free. This means that smoking is not permitted anywhere on the grounds or inside the buildings. For assistance to quit call the Quitline TM on 131 848

