MAKING BREASTFEEDING WORK WHEN YOU #STAYATHOME

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So, you are home with your new baby. Someone said something to you antenatally about 'taking time' as a new family, reducing unnecessary visitors and making a 'new baby nest'.

And the world has taken it upon itself to make all that happen by arranging a global pandemic.

Slightly over the top perhaps, but here we are. I hope you have

everything you need. And don't be shy about asking neighbours to help you if not.

There are negatives in this situation for so many of us, but there are also some surprising positives. You will not get work harassing you to pop in for a meeting next week. You will not have your mum's friend Sue 'popping by' to make unhelpful remarks about how often your baby is feeding. You will not be distracted by the desire to go to a restaurant on day 6. You can wear pyjamas all day and feel like you are helping humanity.

We always knew partners had a key part to play in helping to make breastfeeding a success (and a partner may be a husband, wife, parent or good friend living with you in isolation) but now you are even more special as access to face-to-face trained breastfeeding support is likely to be limited for all of us.

Breastfeeding has never been more important. It's the perfect food for your baby and a wonderful medicine – giving pain relief and delivering anti-bodies and ingredients that kill and limit bacteria and viruses while providing calm and reassurance. It can also reduce anxiety for parents too and we know that when someone reaches their breastfeeding goals, it can reduce their risk of mental health problems.

This article is a summary of some key things you need to know to be the best enabler of good breastfeeding in the day and weeks to come.

1. Despite how it may feel, you are not alone.

In most areas, you are being called by your community midwife soon after getting home and if you really need to be seen face-to-face, that can still happen. You will get a face-to-face visit within the first few days where your baby will be weighed. Most babies will lose some weight after birth but ideally not more than 10%. If you are ever worried about any aspect of feeding, find help. Don't wait to see if problems will work themselves out. The breastfeeding support community (lactation consultants, breastfeeding counsellors and peer supporters) are sitting at home too. Calls to the helplines are answered by volunteers who are specifically trained in being able to talk about breastfeeding without being able to see you. It always sounds a bit daft, but we *know* how to support with positioning and attachment without being in the same room. Try the National Breastfeeding Helpline on 0300 100 0212 (9.30am-9.30pm). There are several other helplines with different hours. You can also

contact lactation consultants from across the UK who will use phone and video consultations to support you.

Have a look here for details on how to find different kinds of support: **https://abm.me.uk/wp-content/uploads/COVID19.pdf**

2. Use technology to your advantage.

Many lactation consultants and local breastfeeding support teams are using remote support like Zoom consultations, WhatsApp chat, Facetime calls and Skype. We can SEE breastfeeding sometimes more effectively than we were able to before. It's useful for us to check how a baby is swallowing (more on that later). Usually during a breastfeeding assessment, we politely lean over to take a look at the baby on the breast for a few moments. With video, and a moveable camera like a phone or iPad, we can hover 5cms about the baby's cheek for 10 minutes and no one thinks we are weird.

It's really useful if you can record some short videos to share with your breastfeeding supporter. Short ones that are less than 30 seconds will be easier to send. Take a video of the feed from different angles including standing a few steps away. We're looking at how the baby is held, the arms holding them, the chair, the cushions. And close up too – from above and then come around to the side so we can see both of the baby's cheeks. Stay above for a moment so we can see the baby's chin moving as they are at the breast. And at the end of the feed, as the baby comes off, what does the shape of the nipple look like?

We will keep these videos securely and respect your privacy. We may suggest that during our conversation, we all watch the videos again together. A bit like you are a professional tennis doubles team and we are your tennis coach watching a replay. We'll talk about what we notice and how perhaps slight changes can improve things.

3. If breastfeeding is uncomfortable, there are small changes that could make all the difference.

You don't always have to be trained in breastfeeding support to be able to suggest some changes that could really help. If your partner is in pain, just one comment, just one observation could transform everything and help the baby to get more milk. Breastfeeding isn't supposed to be painful. A stretching feeling in the first few seconds of early breastfeeding is not the same as a feed that is painful, hurts all the

way through and leaves a nipple looking squashed/ pointed/ ridged. If breastfeeding hurts, talk to someone. However, you may also be able to make some suggestions.

Are they moving the breast TO the baby? Almost like they are bottle-feeding with a breast? Perhaps they are leaning forward, pulling the breast out of its natural position to reach the baby? If that's happening, chances are that it's shifting inside baby's mouth once baby is on and bringing the nipple back to rub somewhere it shouldn't. We talk about BABY TO BREAST. Make sure, if cushions are being used, they are the right height. Check they aren't leaning forward to get to the cushion or lifting up their breast so there's space for baby to fit in. This article outlines lots of the common adjustments that can make all the difference:

www.emmapickettbreastfeedingsupport.com/twitter-and-blog/breastfeeding-is-just-like-golf-a-tiny-adjustment-makes-all-the-difference.

We want the baby to come to the breast CHIN FIRST. The chin is the first thing that makes contact with the breast. We want the baby really close to you. If clothes are bunched up in the way, or baby's hands are at their chin, they will get less breast in their mouth. And we want their mouth full of breast. If they come to the breast chin first, with the nipple under their nose, they are more likely to tilt back and get a good mouthful.

If I offered you a drink of water now, you'd naturally raise your chin away from your chest to swallow. Try and swallow with your chin pointing down – it's hard. And it's

also hard to swallow if your neck is twisted. We want a baby's ear, shoulder and hip to all be pointing in the same direction. Babies don't like it if they don't feel anchored and secure and they don't like it if someone is pushing on the back of their head. They want freedom to be able to tilt their head back, so we support their bodies and around their shoulders. Often leaning back helps make breastfeeding more comfortable. Have a look at some of the resources online about biological nurturing or laid-back breastfeeding:

www.nancymohrbacher.com/breastfeeding-resources-1/2016/12/26/natural-breastfeeding-video

Remind yourself about what an effective latch looks like by watching this video:

https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/

Sometimes a few days go past, or weeks, and things change without us even noticing. If breastfeeding has become more uncomfortable, it might be that a baby has got a little heavier and the position you used when baby was tiny now means their weight is pulling them off the breast.

4. Know how to measure how much milk is going in.

It's true that most new babies are going to be weighed a little less over the coming weeks. Again, if you are really worried, there are people who may be able to support you with this, but we're not going to be popping to the weighing clinic as we once did. Some families are hiring or buying baby scales to use at home. Sometimes this is valuable, but over-weighing is not always useful and can make you feel more anxious. Talk to someone about how often is

sensible for your situation. It's not a great plan to rely on using normal bathroom scales and trying to weigh yourself and then weigh yourself holding baby. This will often have accuracy problems and we are usually only talking about 100 grams here and there.

Nappies are the key. When a baby is one day old, we'll see one poo and one pee in 24 hours. On day 2, two poos and two pees. From then on, we'll see AT LEAST two poos every 24 hours (the size of a £2 coin or bigger). More poo is better and babies taking in lots of milk will do often more than 4. The poo will change in colour. The first day we will see black sticky tarry poo called meconium. As the days go back, the poo gets paler. By day 2-3, often a bit greenish. We don't want to see black poo any more after day 4, and talk to someone if you do. By day 4-5, we should be seeing pale, mustardy poo. We carry on seeing several poos a day for the next few weeks. Only around 6 weeks does it slow down for some exclusively breastfed babies and their poo rate may start to slow down and they may skip some days. But young babies do not skip days. We need several poos a day to know milk is going in as it should.

With pee, we want 3 pees on day 3. Four pees on day 4. On day 5, five wet nappies. From then on, 6 or more heavy wet nappies in 24 hours. You shouldn't have to think, "Hmmm, was there a pee?", the nappy should feel heavy enough that you know. If you aren't sure, talk to someone.

https://www.nct.org.uk/baby-toddler/nappies-and-poo/newborn-baby-poo-nappies-what-expect

5. Know how to *see* milk going in.

It's not only nappies that can tell us a baby is getting milk. We can look at the top end too. I don't mean a baby is being sick (although that sometimes happens, and if nappies are good and the baby doesn't seem to mind, and it's not projectile, that can be OK.)

I'm talking about knowing what a baby swallowing milk looks like. Breastfeeding happens for lots of different reasons. Sometimes babies are there to feel safe, to help them fall asleep, to feel comforted. All that is important and to be valued. Babies are supposed to 'use us like a dummy'. They have a lot of brain development to do and they are learning important things about trust and comfort. But we don't want them to *only* be on the breast to suckle and comfort themselves. It's good to be able to recognise when milk is definitely going in.

At the start of a feed, a baby will suckle quickly to get the milk flowing. Then they will settle into a suck/swallow pattern where you will be able to hear them swallowing milk. In the first few days, when your milk is still the rich colostrum, you may hear less gulping. But when the milk has begun to transition around day 2-4 and it's changing to mature milk which is lower in protein, higher in fat and higher in volume, you'll hear some swallowing at the start of a feed. As the milk gradually gets fattier (which happens gradually as the minutes go by), you may notice they do more sucks for every swallow. But they will still be swallowing. How do you tell when a baby is swallowing?

Have a look at another video from Global Health Media:

https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/?portfolioCats=191%2C94%2C13%2C23%2C65

And this video from Dr Jack Newman:

www.breastfeedinginc.ca/really-good-drinking

We're looking for the chin to come

down and a pause in the chin to indicate a swallow. By the way, you can't always tell how much milk a baby is getting by counting how many minutes they are on the breast. A feed that lasts 30 minutes isn't necessarily 'better' than one that lasts 8 minutes. It's all about what they are DOING in those minutes.

This breastfeeding assessment tool from UNICEF Baby Friendly explains that an effective breastfeed may be anything from 5 to 40 minutes. There are lots of good ideas about how to check feeding is going well here:

https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/mothers_breastfeeding_checklist.pdf

6. Feed often.

New babies feed frequently. You might have been told something about 'feeding on demand' and waiting for babies to tell you if they want the breast, but anyone who specialises in breastfeeding will tell you otherwise. SOMETIMES WE HAVE TO TAKE THE LEAD AND MAKE SURE FEEDING HAPPENS.

New babies can be sleepy. They sometimes have jaundice. They sometimes sleep through feeds and their blood sugar levels drop. We may have to be bossy at the start. Being bossy also reduces the risk of getting engorged which happens in the first few days and our breasts are moving from colostrum onto the next stage of milk.

We don't want a young baby to go longer than 3 hours from the beginning of a feed to the beginning of the next feed. That includes at night too until we are really confident they are putting on weight and doing well. We will need to wake a sleeping baby sometimes. If a baby is sleepy, you might take off layers or tickle them or blow on them. As long as they are attached to the breast, you can also push milk into them using a technique called breast compressions:

https://breastfeeding.support/what-is-breast-compression/

And just because we talk about not going longer than 3 hours, that does not mean we are *aiming* for 3-hour gaps. That really would be a minimum. Healthy babies breastfeeding will often feed a lot more than that. We need to respond to their requests to breastfeed as that helps make sure they get enough milk, they feed calmly and don't take in more air because they are upset. It also means our milk supply gets the

signals it needs. It's important we don't try and push babies to 'go longer' thinking that will make breastfeeding easier. It can have some serious consequences:

https://www.unicef.org.uk/babyfriendly/breastfeeding-the-dangerous-obsession-with-the-infant-feeding-interval/

A baby asking to feed will show you in lots of different ways. They will be a little restless, move their head from side to side, open their mouths and sometimes make murmuring noises. They might suck on anything nearby. Crying is what we call a 'late stage' hunger cue. But if you are ever not sure a baby wants to be on the breast, you can't go wrong by offering. You can't overfeed a breastfeeding baby. If they aren't wanting to feed, they may suckle instead. As mentioned before, breastfeeding has a lot of value that goes far beyond feeding.

7. Expect babies to want to be close

We are primate and like other primate parents, our babies want to be close to us. When they are close (and skin-to-skin isn't just for straight after the birth), they are calmer. Their heart rate and respiratory rate is optimised, and it helps us to notice when they are asking to breastfeed. Babies like being held and you can't 'spoil' a baby. They might like being held in a sling, which can also be helpful if you have other children to look after. They want to be close at night too. About 70-80% of breastfeeding families share their sleeping space with a new baby and it's important to know how to do that safely. When we don't prepare and fall asleep accidently when holding a baby, there is far greater risk. The BASIS website has guidance around safe sleep for babies:

https://www.basisonline.org.uk/

8. If a baby isn't feeding at the breast…

…You'll want to get some help. You can call a midwife or a health visitor (once you have been discharged by the midwife). You can call a helpline or sometimes you may have been given a number to call at the hospital. In the meantime, there are ways to still get milk into your baby. You can hand express (take milk out of the breast by hand):

https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html

And you can give milk to the baby in different ways. Cup-feeding using something like an egg cup or small plastic medicine cup is one option

(Do watch a video as it's not pouring milk into a baby's mouth and needs some care):

https://breastfeeding.support/cup-feeding-newborn/

You can also spoon feed milk into a baby. Even getting them to suck on a milky finger may mean they take a little milk which may help them to breastfeed.

No one is expecting you to know everything. You don't have to solve every problem or know every answer. There are lots of people who are here to help you. But there are some keys principles that will help you to feel more confident and help breastfeeding to go well: know that breastfeeding shouldn't be painful, know how to tell if a baby is getting milk, know that we respond to baby's requests for feeds but sometimes we may need to nudge, know where to get help.

If a parent breastfeeding does get unwell, continuing to breastfeed is ideal. Your baby will benefit from the anti-viral antibodies that are tailor-made to fight this specific virus and delivered in the milk. There is no evidence that the virus is carried in breastmilk. Some are choosing to express some extra milk and have a store of some milk in the freezer as a protection in case they feel very unwell. For most people, their symptoms will be mild and they can breastfeed as normal while being more careful around hygiene. You can read more here:

www.breastfeedingnetwork.org.uk/coronavirus/