

How to find us

Car Parking

The nearest NCP is in Carburton Street. There is also meter parking in the surrounding streets. The forecourt of the hospital is available for arrival and collection of patients only.

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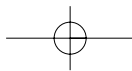
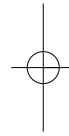
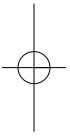
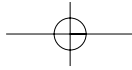
Successful Breastfeeding Practical Guidelines



The Portland Hospital
for Women & Children



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Successful Breastfeeding Practical Guidelines

These guidelines address the World Health Organisation's Baby Friendly Initiative. This offers a useful framework based on up to date evidence for promoting successful breastfeeding.

The guidelines aim to:

- Promote and support you in the initiation and maintenance of breastfeeding
- Promote continuity and consistency of advice given to you by our health professionals

Advantages of Breastfeeding

We recognise that breastfeeding offers many important health benefits for you and your baby.

Some of these include:

For Your Baby

- Meeting your baby's nutritional requirements.
- Protecting against diarrhoea and tummy upsets.
- Protecting against chest infections.
- Protecting against ear infections.
- Protecting against skin complaints e.g. eczema.
- Lowering the risk of diabetes later on in your baby's life.
- Better mental development.
- Stronger bones in later life.

For You

- Reducing the risk of you developing breast cancer.
- Helping to build a close relationship with your baby.

When Not to Breastfeed

We do not promote breastfeeding if:

- You are taking cytotoxic medication (anti cancer drugs).
- You have a positive HIV antibody status.
- Your baby has galactosaemia – this is an uncommon hereditary illness.
- You are taking any other medication contra-indicated in breastfeeding.

After Delivery

What to Do

You should be able to hold your baby close to you immediately following the delivery.

You should offer the first breastfeed to your baby as soon as he/she is ready for it.

Ask your Midwife for help at all breastfeeds until you feel comfortable and confident. It is very important to have your first and second feeds supervised by a Midwife.

Keep your baby with you day and night while in hospital.

Don't impose a routine feeding regime on your baby.

DO NOT set a time limit on the interval between feeds or on the duration of the feed.

Why

→ Early contact with your baby promotes successful breastfeeding.

→ Close contact soon after birth increases the likelihood of correct sucking technique.

→ To ensure you are receiving correct and consistent information.

→ There is a better chance of you successfully breastfeeding if your baby is with you.

→ Babies vary in their patterns of activity and feeding, particularly in the first few days of life.

→ Feed frequency will increase after the first 24-48 hours.

Guidelines to Successful Breastfeeding

What to do

You will gradually learn to recognise signs that your baby is ready for a feed.

Seek help from your Midwife to ensure you are positioning your baby correctly at each feed until you are confident. (Appendix 1)

Avoid using nipple shields / artificial teats. However, if required medela nipple shields are used at The Portland Hospital. Cup feeding may be an option to discuss with your Midwife.

Eat a healthy diet.

If you are worried about your baby's feeding pattern please let your Midwife or Consultant Paediatrician know.

Do not give your baby any artificial milk or water unless medically indicated.

Why

→ To establish a feeding pattern suitable for your baby's nutritional needs.

→ To prevent discomfort, e.g. sore nipples.

→ These are thought to cause nipple confusion for your baby as well as reduce your milk supply.

→ To keep you and your baby physically and mentally well.

→ To allay your anxieties and worries.

→ This reduces the success of breastfeeding duration. Your milk will be sufficient for your baby's dietary/fluid needs.

Separation

If you are separated from your baby at birth, because for example your baby is born early and has to go to the Special Care Baby Unit (SCBU) you will still be able to express your milk to give to your baby.

What to do

Your Midwife will encourage you to express milk as soon as you are physically able to, preferably within a couple of hours of delivery.

Your Midwife or the Nurse in the SCBU will show you how to express your milk either by hand or by using a pump.

You will be encouraged to express between 6 – 8 times a day. The frequency will depend upon the amount of milk produced.

You will be shown the correct method of hand washing and preparation of feed, storing and defrosting your milk.

Why

→ To stimulate milk production.

→ To ensure you know the correct way to do it.

→ To maintain adequate milk production for your baby's needs.

→ To maintain good standards of hygiene and prevent your baby getting an infection. Breast milk can be kept for 24 hours in a refrigerator and for 3 months in a freezer.

Points to Remember

Breast milk can be defrosted quickly by standing the container in hot water.

It is important that you NEVER REFREEZE breast milk – any milk left over after a feed should be thrown away.

Do not defrost or heat milk in a microwave.

After Pains

- Usually after pains occur because the hormone oxytocin, which is responsible for releasing your milk makes your uterus contract. This enables it to return to its pre-pregnant size as soon as possible.
- The after pains may be painful, especially during feed times. Ask your Midwife for pain killers to help to relieve the pain.
- Relaxation exercises which you learned antenatally will also help to alleviate the after pains and help you to relax.

Sore/Cracked Nipples

- Seek help and support from your Midwife at each feed.
 - Start feeds on alternate sides.
 - Ensure that your baby is correctly positioned and attached to the breast (Appendices 1 & 2).
 - Allow your baby to feed uninterrupted on the first breast, then offer the second breast. (Your baby may not always want to take the second breast).
 - Offer the second breast at the next feed.
 - Your baby will probably come off the breast spontaneously after the feed. If this doesn't happen, take him off gently by placing your little finger at the corner of his mouth so that the suction is broken.
- Following the feed, gently massage some breast milk onto the nipple and areola and allow to dry – this will both soothe and aid healing (there is no need to use nipple creams or sprays).
 - Expose your nipples to the air when this is possible.
 - Avoid excessive washing of your breasts, especially with soap as this removes the natural oils and may cause damage to the skin.
 - Keep nipples dry between feeds by using disposable breast pads, change when they become damp/wet.

Some mothers have found chilled grated carrot, placed on the breast pad, soothing and helpful to promote relief and comfort. There is no evidence however to say that this promotes healing.

Engorgement

If engorgement occurs, it will usually happen between the third and fifth day following the birth. Your breasts may become hot, over full and lumpy, and you may experience flu-like symptoms.

This happens because there is an increase in activity within your breasts as they produce the milk. Although you will feel uncomfortable, the discomfort can be minimised by:

- Feeding your baby regularly, including during the night.
- Using a warm (not hot) compress, bath/shower prior to feeding to aid milk flow. (If the compress or water is too hot, it can reduce the milk flow.)
- If you are finding it difficult to attach your baby to the breast, gentle fingertip stroking will help the nipple to stand out, or you can express some milk to soften the breast.
- Cold compresses or chilled white cabbage leaves can be soothing after a feed. To be effective, they need to stay on the breasts for 10-15 minutes.
- Wearing a firm, well fitted supporting bra.

Blocked Ducts and Mastitis

Sometimes the milk ducts can get blocked which may be due to pressure caused by:

- Missed feeds
- Tight clothing
- Ill-fitting bra
- Using Woolich shells

You may experience a red, tender area on the breast with underlying lumps. You may also experience flu-like symptoms. It is important that if this occurs you inform your Midwife/Consultant Obstetrician.

It is also important to try to get the milk flowing as soon as possible and to remove the blockage during the feed by gentle hand massage.

There is no need for you to give up breastfeeding, as this may make the situation worse.

It will help if you:

- Feed your baby frequently, particularly from the affected breast.
- Change the feeding positions so all the ducts empty.
- Leaning forward during feeding may help to drain the breast.
- Applying a warm compress or warm shower/bath may help milk flow.
- During and after the feed massage any lumps towards the nipple area.
- You can also express milk by hand after the feed from the affected breast. There may be situations where it is appropriate to use a breast pump.
- Your Doctor may prescribe antibiotics.
- You will need to rest and drink plenty of fluids until your symptoms subside.

Abscess

These are uncommon, but occasionally they do occur.

An abscess can develop without warning. It may follow a blocked duct, especially if you have stopped feeding abruptly.

It can appear as a soft painless swelling anywhere in the breast, or it can be very painful.

It is important that you inform your Midwife/ Consultant Obstetrician if you are worried.

Ideally you should continue to feed from the affected breast, if this is not possible, feeding can continue from the other breast and milk can be expressed from the affected breast to avoid engorgement.

You will be prescribed antibiotics and pain killers by your Doctor.

Physiology of Lactation and the “let down” Reflex

Lactation works on a supply and demand basis. This means that as long as you are relaxed and comfortable, you rest adequately and your diet and fluid intake is adequate, you will never run out of milk. Your breast will never empty, and as long as your baby sucks, the cycle will continue.

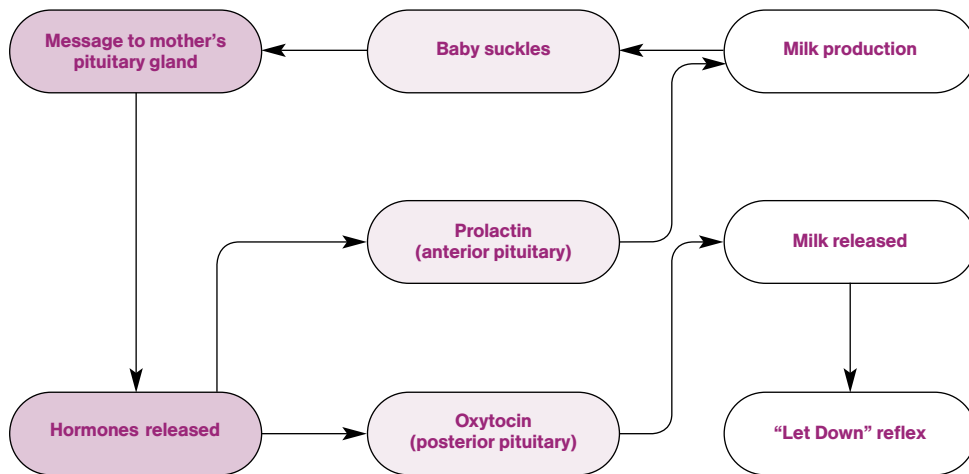
Here comes the science bit!

When your baby suckles, a message is sent to your pituitary gland at the base of your brain. This causes the release of the hormones *Prolactin* which causes the milk to be produced and *Oxytocin* which causes the milk to be released.

To maintain your milk supply suitable to the needs of your baby:

- Eat a well balanced diet
- Drink plenty of fluids
- Relax, and report any concerns such as pain or discomfort to your Midwife/Doctor
- Feed your baby on demand.

Diagrammatic Representation



Appendix 1

Putting Your Baby to the Breast

Your Position:

It is important that you find a comfortable position.

If you are sitting down to feed, try to make sure that:

- Your back is straight and supported.
- Your lap is almost flat.
- Your feet are flat (you may need a footstool or a thick book).
- You have extra pillows to support your back and arms or to help raise your baby if needed.

Breastfeeding lying down can be very comfortable. It is especially good for night feeds as you can rest while your baby feeds.

Try to lie fairly flat with a pillow under your head and your shoulder on the bed.

Lie well over on your side. A pillow supporting your back and another between your legs can help with this.

Once your baby is feeding well you will be able to feed him comfortably anywhere without needing pillows.

Your Baby's Position:

There are various ways that you can hold your baby for breastfeeding.

Whichever way you choose here are a few guidelines to help make sure that your baby is able to feed well:

- 1 Your baby should be held close to you.
- 2 He should be facing the breast, with head, shoulders and body in a straight line.
- 3 His nose or top lip should be opposite the nipple.
- 4 He should then be able to reach the breast easily, without having to stretch or twist.

Remember always to move your baby towards the breast rather than your breast towards the baby.

Your Position

There are three main ways of positioning your baby for breastfeeding:

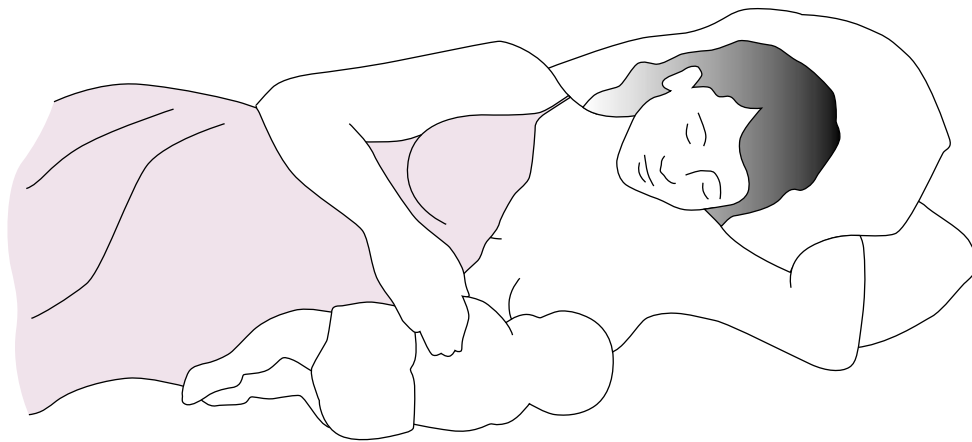
- 1 The most commonly used position sometimes referred to as the natural nursing position.



2 The underarm position or the football hold.



3 Side lying position.



Appendix 2

Attaching Your Baby to the Breast

It is important to make sure that your baby latches on to the breast properly, otherwise he may not get enough milk during the feed and your nipples could become sore.

- Position your baby as described in Appendix 1, with his nose or top lip opposite your nipple.
- Wait until he opens his mouth really wide (you can gently brush his lips with your nipple to encourage him to do this).
- Quickly move him on to the breast, so that his bottom lip touches your breast as far away as possible from the base of the nipple.

When your baby is attached to the breast make sure that:

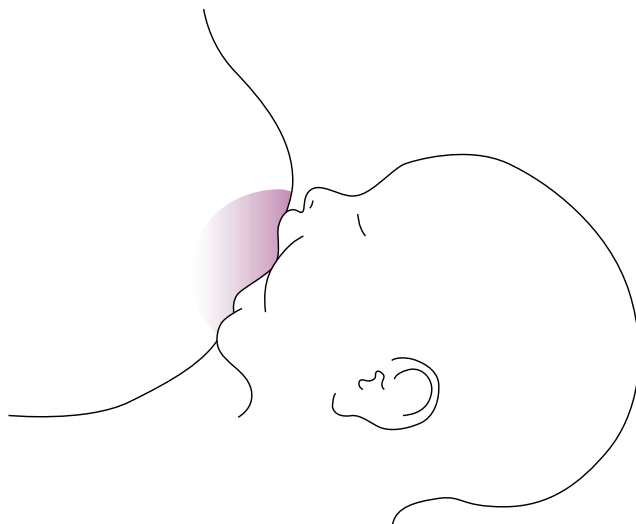
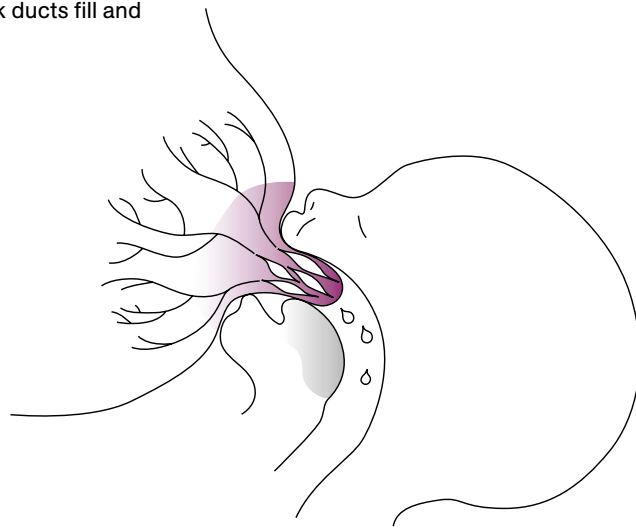
- His mouth is wide open and he has a big mouthful of breast.
- His chin is touching the breast.
- His bottom lip is curled back (this may be difficult to see).
- If your baby is attached to the breast correctly his sucking pattern will quickly change from short sucks to long deep sucks with pauses.

Your Baby's Position

Good and Poor Attachment

- 1 Good attachment – Milk ducts fill and the baby receives milk.
- 2 Poor attachment – Milk ducts fill but the baby doesn't receive any milk.

1 Good attachment – Milk ducts fill and the baby receives milk.



2 Poor attachment – Milk ducts fill but the baby doesn't receive any milk.

