

# Your breastfeeding guide



At Cabrini Maternity, we want to help you through the rewarding and sometimes challenging journey of breastfeeding your baby. We see this guide as a practical tool that provides you with information to assist you to breastfeed your baby. The guide is not designed to take the place of in-person support (provided to you by our midwives, nurses and lactation consultants), but rather compliment the support and advice you will receive, during your stay at Cabrini Maternity.

Breastfeeding questions from women just like yourself have been included throughout the guide, to help reframe the information in a way that feels more personal to your experience as a new mother.

**Breastfeeding is a learned skill for both you and your baby. It is completely normal for women to require time, practice and support before they feel fully confident with breastfeeding.**

*The most important piece of advice we can give you for breastfeeding, is to be easy on yourself.*

# The first days of breastfeeding

## Initial hours after birth:

Skin-to-skin contact is one of the best things to do in the hours immediately following your baby's birth. Skin-to-skin contact helps regulate both you and your baby's heartbeat and breathing, keeps baby warm and even helps initiate the first breastfeed.

Baby can be naked or in a nappy, lying on your bare chest, and covered with a blanket and +/- a beanie. Skin-to-skin contact is beneficial any time during breastfeeding while your baby is learning to feed or simply as a way to connect with and calm them.

## How does skin to skin contact assist with breastfeeding?

For baby: it helps release hormones to enhance your baby's innate ability to search for the breast and initiate feeding. Position your baby near your breast- you will notice your baby may move its head side to side searching for the nipple, it leads to a greater likelihood that your baby will attach well to your breast. Some babies may require gentle guidance to find the nipple to initiate the feed.

For you: skin to skin contact also triggers the release of hormones which play an important role in making milk.

## Will having a caesarean make any difference to breastfeeding my baby?

A caesarean section should not impact you initiating breastfeeding. Our midwives will support skin-to-skin contact with your baby (either with yourself or your partner) whilst you are in theatre or the recovery area. We will help baby latch to your breast whilst you are in the recovery room so your feeding journey can begin.

In some instances of an emergency caesarean, the first skin-to-skin and breastfeed may be delayed and take place back on the postnatal ward.

Your wound and recovery from the caesarean may make certain feeding positions more challenging than others. Our midwives, nurses and lactation consultants will help find the position that is best for both you and your baby, as well as help manage your pain to enable comfortable feeding.

## What is colostrum and how is it different from breastmilk?

Colostrum is the thick, nutrient dense, concentrated form of early breastmilk that your body produces both before baby is born and in the first few days after birth. It is rich in fats, proteins and antibodies that help protect your baby from illness, as well as assisting their gut to do their first poo (known as meconium).

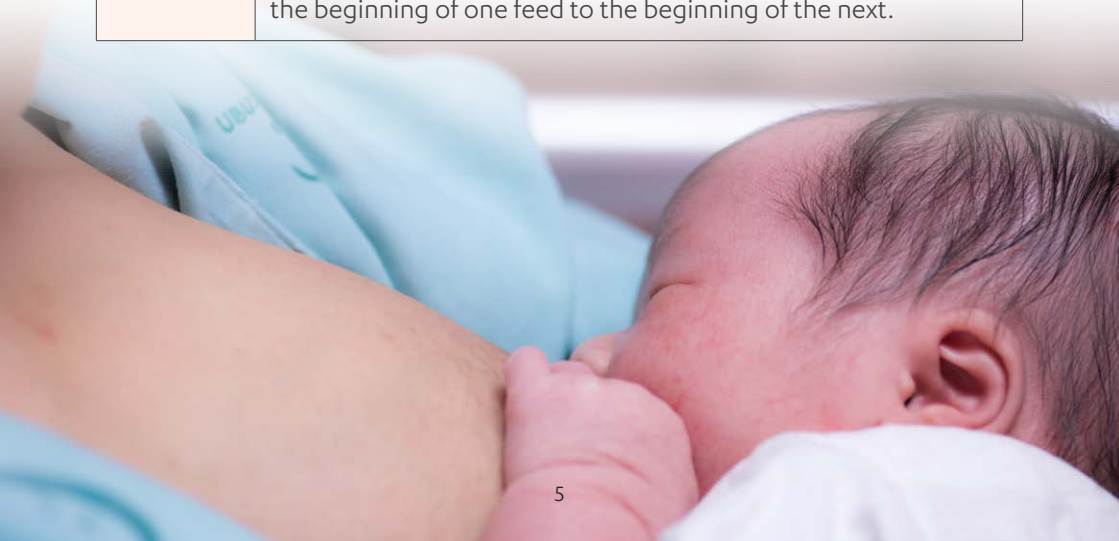
Its concentrated goodness provides the perfect amount to fill and satisfy your baby's tiny stomach during the first few days before your mature milk comes in. Your body produces colostrum for up to 5 days after your baby is born. It gradually changes then to transitional milk until about day 14 when it becomes mature milk.

## The first 24 hours

<b>Colostrum</b>	As detailed above, colostrum is a concentrated version of your mature milk, produced during late pregnancy and in the early days after birth. The amount of colostrum your breasts make is enough to meet your newborn baby's needs. Colostrum has a laxative effect that helps your baby clear meconium, it may also lessen the chance of jaundice in your baby.
<b>Nappy</b>	1-2 wet and dirty nappies. Baby's first poo is thick, black and resembles tar. It is known as meconium.
<b>Mother</b>	Rest, rest and more rest! Whichever way you birthed your baby, you will likely be tired and have some pain as your body recovers. Optimise side lying over sitting, to keep pressure off your pelvic floor or stitches, if you have them.
<b>Baby</b>	Babies can be extra sleepy in the early days. Whilst many will wake up when they are hungry, you may need to wake your baby to ensure they are getting the number of feeds they need. A good way to gently wake them is to remove the blanket and loosen the wraps, this should be enough but you can also remove most of the clothing and place your baby skin to skin. Babies need to stay warm during a feed. Hand expressing colostrum and offering that via a syringe is also an option if there are difficulties latching.

## 24 to 48 hours

<b>Colostrum</b>	You will still be producing colostrum, and whilst the volume may be small, be assured that your baby should be getting enough to fill their tiny stomachs. Frequent feeding during these early days will help develop your colostrum into mature milk.
<b>Nappy</b>	2-3 wet and dirty nappies. The colour of the poo will be changing from black to brown to green and becoming softer and less sticky.
<b>Mother</b>	Continue to rest between feeds and visits from family and friends. Ensure you are eating well and drinking to relieve thirst. If you are in any pain, speak with your midwife about how they can help you manage this. Breasts will initially be soft, then become firmer and heavier as they are filling, this is the time to introduce hand expressing and using a breast pump if your baby is sleepy, having difficulty attaching or unable to breastfeed i.e in special care nursery or under phototherapy lights. Expressing will ensure there is ongoing breast stimulation.
<b>Baby</b>	Feeds should be offered frequently, on demand (including overnight), which works out to between 8-12 times over a 24-hour period. Be sure to count the time between feeds from the beginning of one feed to the beginning of the next.

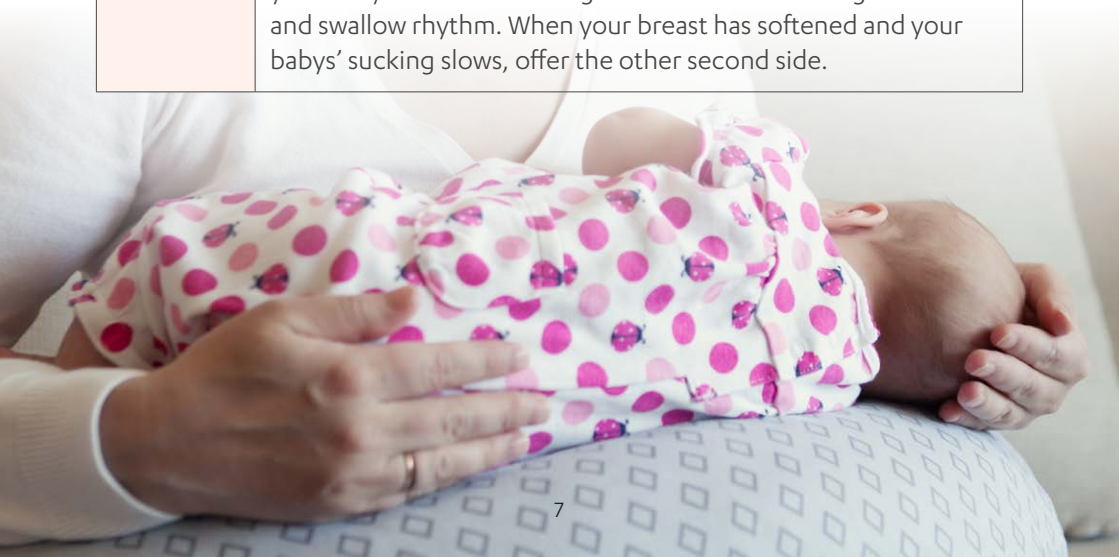


## 48 to 72 hours

<b>Milk</b>	Colostrum transforms into mature milk anytime between day 2 and day 5 post birth. This is known as the milk ‘coming in’. It increases in volume and the colour changes from yellow to a blueish-white. Don’t worry if your milk doesn’t come in right on day 2 or 3, as every mother is different. Your nutrient-rich colostrum is feeding and nourishing your baby as it should do.
<b>Nappy</b>	3-4 wet and dirty nappies. The colour of the stools will be changing from dark green to mustardy yellow. You may notice a reddish-brown stain in your baby’s urine during these early days. This is urates – it is caused by salts of uric acid and is completely normal.
<b>Mother</b>	It is early days and your body is still healing. Some people take advantage of this ‘newborn bubble’ to stay close to both baby and bed. Use the time to get to know your new baby and your new, milk-producing breasts. Breasts will become firmer and heavier, perhaps tingly and tender. Some women may experience “flu-like” symptoms when their milk comes in.
<b>Baby</b>	Some babies may start to demand more feeds than their current feeding rhythm. This is known as cluster feeding, and it can quite literally feel like your baby is attached to the breast for hours on end! This is a completely normal process and is often associated with the change of colostrum to mature milk. These periods of extended feeding are often then followed by a longer period of sleep for your baby.

## 72 hours and beyond (days 4 – 5)

<b>Milk</b>	If your milk has 'come in', you may be experiencing swelling and tenderness in your breasts. For some women, this change feels sudden (waking up with bigger breasts) but for others the change is more gradual. Your breasts will feel full and heavy before feeds, and will feel noticeably lighter after feeds. Leaking milk is a completely normal occurrence during the early days and weeks of breastfeeding. Engorgement or very full breasts is normal at this stage. A supportive bra is a good idea at this stage.
<b>Nappy</b>	4-5 wet and 3-4 dirty nappies daily. Urine should be pale in colour and stools will be green or yellow.
<b>Mother</b>	As you approach your discharge day, use this time to address any unanswered concerns regarding feeding, caring for wounds, managing pain or looking after baby.
<b>Baby</b>	Baby may be settling into something of a feed-sleep-wake routine, or they may also still be cluster feeding. Both are completely normal, so use this time to get to know your baby's own personality and habits. Focus on getting your baby to finish feeding on the first breast before offering the second side to your baby rather than timing each side. Watch for a good suck and swallow rhythm. When your breast has softened and your baby's sucking slows, offer the other second side.



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

This is a completely reasonable concern, with many new mums having the same worry. We can't measure the volume of milk babies receive when breastfed, but reading your baby's output (wet and dirty nappies) and your baby is settled between feeds can be a reliable way to understand whether your baby is getting enough milk.

When 'counting nappies', a good rule of thumb to go by, is ensuring your baby has at least 1 wet nappy on day one, at least 2 on day two, at least 3 on day three, at least 4 on day four and so on. Once home, 5-6 heavy wet nappies and 3-4 yellow stools every 24 hours is what we expect.

If your baby has a low output and is unsettled and/or unable to go to sleep, you may be experiencing delayed lactation and may need extra lactation support.



## Feeding cues

Recognising early feeding cues and commencing a feed when your baby is calm is important, this is when your baby will be most receptive to breastfeeding. It can be a good idea to change the nappy in between sides as this may help make your baby more alert for the second side and they will be more settled with milk in their stomach. Take the time to get to know your baby and their own unique gestures. And when in doubt, simply offer the breast frequently.

- **Rooting reflex** – your baby turns their head and opens their mouth.
- **Stirring from sleep** – hunger has woken them from their sleep.
- **Sucking on fingers/hands** – your baby is starting to suck on anything they can access!
- **Licking lips and poking their tongue out** – these can also be signs of hunger in some babies.

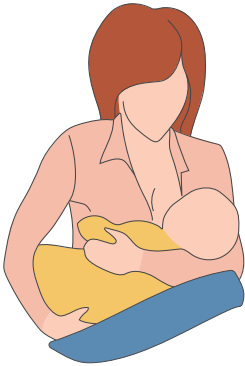


## Feeding positions

A wonderful aspect of breastfeeding is that it is unique to you and your baby. While there are many breastfeeding positions at your disposal, not one of these is 'best'. We encourage you to test and try all positions outlined below, to see which becomes your (and you baby's) favourite.

It's a good idea to get yourself in a comfortable position, with your back well supported. Use gravity to your advantage, leaning slightly back and allowing your baby's weight to rest on your chest, rather than in your arms. In the early days, you may choose to remove your bra and clothing, to best enable skin-to-skin contact.

We also recommend having the essentials (water, snacks, phone, headphones) within easy reach. You will be spending many hours connected to and feeding your baby in the days and weeks ahead!



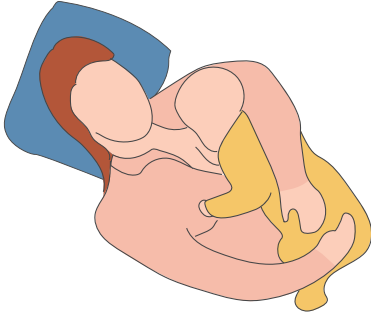
### **Cradle hold:**

This is a very popular position. Your baby is supported with the arm of whichever side you are feeding from. Their head is level with the breast and their body is wrapped across and around your chest.



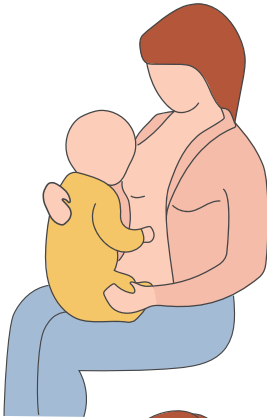
### **Cross cradle hold:**

Your baby is supported by the arm opposite to the breast you are feeding on, allowing the arm closest to the breast to hold and shape to help with attachment. Once baby has attached, mothers often then switch back to the cradle hold, which is more comfortable for longer feeds, reducing shoulder, back and wrist strain.



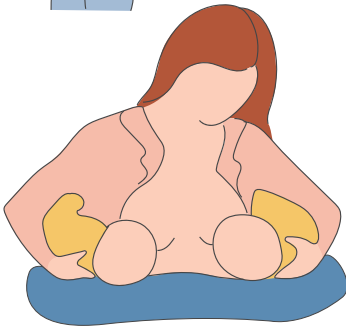
### **Laid-back hold:**

Recline back on cushions and have your baby on your chest. This position is ideal for baby-led attachment, whereby baby is positioned to give them the best opportunity to search, find and attach to the breast unaided.



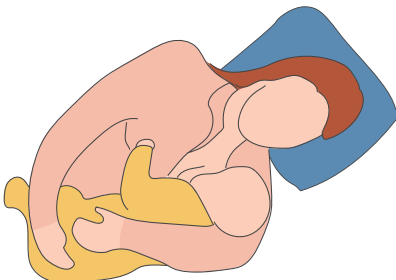
### **Straddle hold**

This position has you holding your baby upright, with them 'sitting' in your lap. This is a helpful position for babies who don't like to lie down during their feeds.



### **Underarm or football hold:**

Your baby is positioned under your arm, with their head at your breast and legs wrapped around to your back. Pillows are good to use for this hold. This position can be helpful if you've had a caesarean birth, as it avoids any pressure being placed on your abdomen. It is also a great position for twin feeding, as both babies can be fed at once.



### **Lying down on your side:**

Whilst it can take some practice to master, it is a great position for tired mums who are trying to optimise bed rest.

## Latching

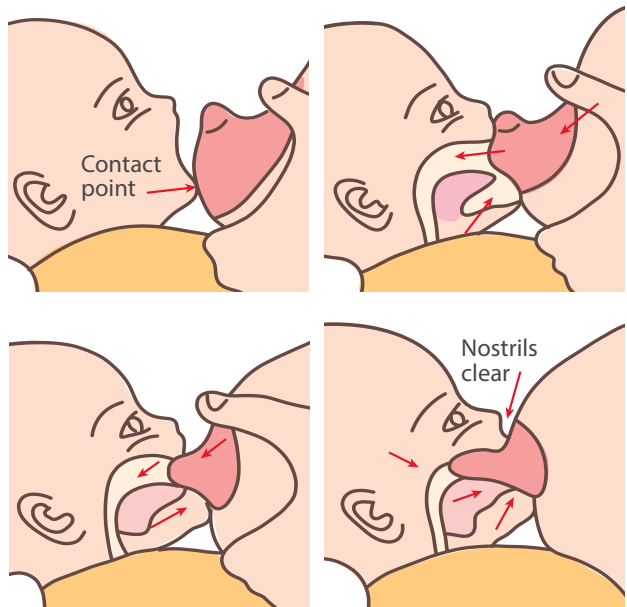
A 'good' latch enables baby to draw into their mouth both your nipple and as much of your areola as possible. This will be different between mothers as nipple size varies. This way, your nipple ends up far back in baby's mouth, which creates a vacuum to effectively remove milk from the breast. As well as enabling baby to grow and thrive, effective withdrawal of milk helps to establish and maintain your long-term milk supply.


If baby only takes your nipple into their mouth, the latch is too shallow, they don't have enough of the breast tissue and they won't create an effective suction to draw out milk. This is also when nipple damage can occur, and feeding itself will probably become uncomfortable and may sometimes have pain associated with feeding.

Latching can be a hard thing to master from images or words alone. Whilst we highlight some key latching information below, we highly encourage you to work with our midwives, nurses and lactation consultants to practice and develop a latching technique that suits you and your baby.

### How to latch:

- Baby's mouth is wide open
- Their tongue down and forward
- Your nipple is pointing towards the roof of their mouth
- Baby's chin makes contact with the areola
- Baby has a large mouthful of breast, that includes the nipple and areola
- Baby's bottom lip is rolled out
- Baby's chin is pressed into the breast





### Signs of a good latch:

- Baby's mouth is open wide and the nipple and a large amount of areola are inside their mouth
- Their chin is pressed to your breast
- Their nose is clear or just touching your breast
- Their bottom lip will be pressed to your breast and turned out (their top lip doesn't need to be turned out, with a neutral position being normal)
- Most or all of your areola (the darker skin around your nipple) will be in baby's mouth, especially along the bottom, chin side
- You will be able to see baby sucking and swallowing rhythmically – this can take some practice to recognise and see or hear, but it is a very reliable sign that baby is well attached, sucking effectively and feeding well

## Nipple pain and damage

Nipple pain and damage is usually caused when baby is not attached well to the breast. This occurs when the nipple is not far back enough in baby's mouth, and the nipple is being squashed against the hard palate.

It is important to note that almost all breastfeeding mums experience nipple sensitivity and discomfort at the beginning of each feed, sometimes for the first couple of weeks. This is completely normal and should ease once your milk begins to flow. However, if you are in pain for longer than a minute or two, then it is likely that an ineffective latch is the cause. Please take baby off and try again to achieve a deeper, pain free latch.

### **What should I do if breastfeeding hurts?**

If breastfeeding is painful beyond the let-down of milk, then it may be an indicator that baby is not effectively latched. In this case, it is best to take baby off, change their position or reattached them and try again.

To take baby off the breast, insert a clean finger into the corner of baby's mouth and between their gums to break the suction. Remove your nipple. Try making small changes to their position, to ensure their nose is lined up to the nipple. This will help with both initial attachment and maintaining an effective position.

### **Will nipple shields help improve my baby's latch?**

A nipple shield may be suggested where other techniques to latch have not been successful. These are often a short term measure to help maintain feeding whilst fixing the underlying cause-i.e sore/damaged nipples or attachment issues for flat/inverted nipples. Some women may need to utilise a nipple shield for the duration of their breastfeeding journey.

It is important to note that they can affect how well baby can drain the breast of milk, which in turn, can have a negative effect on milk supply. We encourage our mothers to talk with a lactation consultant if they are considering introducing a nipple shield.

## Establishing supply and settling into a feeding routine

In the early weeks of breastfeeding, you and your baby are working together to help establish your milk supply. Breastfeeding works on a 'demand and supply' basis. So, the more milk that is removed from your breast, the more milk your breasts will then make. It is for this reason that we encourage you to feed your baby whenever they need it, offering them the breast frequently throughout both the day and night (this is known as "feeding on demand").

Most babies will need to feed at least 8 times during a 24-hour period (feeds every 3-4 hours), but more frequent feeding is completely normal and is beneficial in building and establishing your milk supply.

### What is cluster feeding?

Cluster feeding is a time when your baby wants lots of short feeds over a few hours. It often happens in the early days of breastfeeding. Cluster feeding is a normal behaviour for your baby. It's more common in the late afternoon or early evening, but it can happen anytime of the day.

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

While you can't measure the volume of milk your baby is getting whilst breastfeeding, there are some reliable signs to help you understand that your milk supply is sufficient. These include:

- Counting your baby's wet nappies (see the daily breakdown on pages 3-6)
- Your baby is growing and gaining weight
- Your baby has times between feeds in which they are asleep and contented
- Your baby is feeding between 8-12 times over a 24-hour period

If you are concerned about your milk supply, please discuss this with your Maternity Child Health Nurse, call the Cabrini postnatal ward on (03) 9508 1259, or contact a lactation consultant in your area.

## **Why do I keep experiencing engorgement beyond when my milk initially 'came in'?**

It is normal for breasts to quickly become large, heavy, warm and uncomfortable during the first weeks of breastfeeding, as this is a period in which your body is yet to establish a consistent, stable milk supply. This 'filling' of the breasts is a good sign that it's time to feed your baby.

Engorgement occurs when the breasts fill so much that they become hard, swollen, tender and the nipple is stretched, making it difficult for baby to attach and remove milk. If this happens, try hand-expressing some milk to soften your breasts enough to allow baby to get a good latch. You might also like to apply a cool pack for comfort. If you feed your baby on demand and when they show you their hunger cues, engorgement is less likely to occur or to be a concern.





## Continuing you breastfeeding journey at home

The majority of your breastfeeding journey will occur outside of Cabrini, and whilst the early days are important in building your (and your baby's) confidence and skills, the first six weeks are the most crucial in establishing and maintaining your milk supply. It is important to remember that breastfeeding is a new skill that both you and your baby need to learn, so it is completely normal to experience 'ups and downs' during these first weeks.

Everything that has been covered in this guide is relevant to the first six weeks of breastfeeding. However, should you feel you require extra support, we recommend the following resources and services:

- Cabrini Maternity (03) 9508 1259
- Postnatal Zoom sessions - these can be booked via the maternity classes and tours tab at [www.cabrini.com.au/maternity](http://www.cabrini.com.au/maternity)
- Cabrini Breastfeeding Clinic each Wednesday (bookings essential) - call (03) 9508 1259
- The Australian Breastfeeding Association [www.breastfeeding.asn.au/](http://www.breastfeeding.asn.au/)
- Private lactation consultants in your area



## Other frequently asked questions

### **What are “blocked ducts” and what should I do if I get one?**

Sometimes, the milk ducts and the tissue around them can become inflamed. If this has occurred, you may notice a red, lumpy or sore spot on your breast. This was formally known as “blocked ducts”. Localised breast inflammation can happen when the milk hasn’t been effectively or regularly drained. If you notice an area of inflammation, it is important to keep the milk flowing by regularly feeding your baby. Try cooling packs after feeding, to help reduce any pain or discomfort. Localised inflammation can lead to mastitis (breast inflammation on a larger scale, often associated with fever and sometimes infection), so it is important to keep an eye on the area and seek professional help from a lactation consultant or GP if required.

### **Do I need to buy a breast pump to use at home?**

Many breastfeeding women will choose to express milk at some stage. When choosing which pump to use, it is helpful to understand how long you intend to use it (days or weeks), the frequency to which it will be used (once a day or multiple times) or if it needs to be portable (you are returning to work).

The Australian Breastfeeding Association website has some helpful information on how to choose the right pump for your individual needs. If hiring a hospital grade pump is recommended, our lactation consultants can give you the appropriate advice and information.

### **Will Cabrini support my decision to bottle feed my baby?**

We understand that families may need to or choose to bottle feed their babies and we will support this. Whilst this guide is aimed at assisting with breastfeeding, our midwives, nurses and lactation consultants will provide support and guidance should this be your feeding choice.

## **Why are we being given different breastfeeding advice from different health professionals?**

You may receive a range of different advice during the course of your breastfeeding journey. This is because you and your baby are different from every other mother and baby. There is no 'one-way' to breastfeed, so it's important to try out different approaches and find the one that suits you and your baby best.

Breastfeeding evolves and changes as your baby grows, so the advice given may also change over time too. We encourage you to pick and choose the information that suits your individual needs.





## **CABRINI MATERNITY**

### **General enquiries**

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### **Operating hours**

24 hrs, 7 days a week

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