

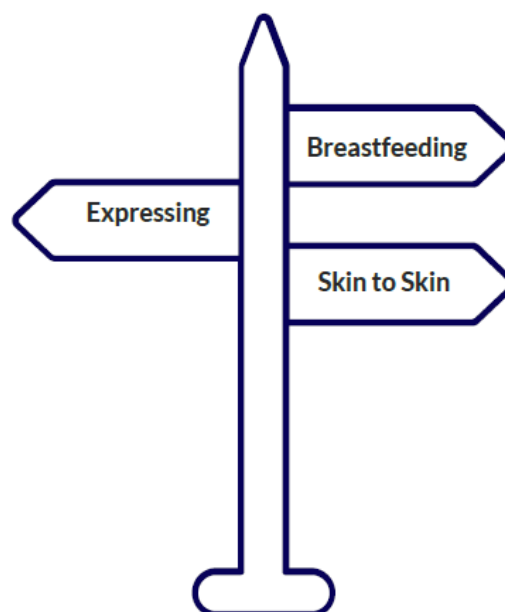


Your breastfeeding journal

Other formats

If you need this leaflet in another format such as Braille, large print, high contrast, British Sign Language or translated into another language, contact the Patient Advice and Liaison Service:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net



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Introduction

Everyone's bodies are different and every baby is different. This means when it comes to breastfeeding your baby, there is not a one-way that fits all. What may work for one person may not work for another and as your baby grows and changes you may need to adapt positions or your feeding styles.

This journal is to help you with that journey. It is somewhere you can write down your experiences and make notes, there are spaces provided at the end of some sections. These can be used to inform health care providers such as your midwives, maternity support workers (MSWs) and health visitors about what you have tried and what is working or what is not!

This journal can be kept as a memory or keepsake of your feeding journey with your baby.

We hope it contains some useful information to help with your decisions about feeding and will empower you on your feeding journey.

Your feeding journey may change and meander, and that's ok.

Meeting your baby



Immediately after birth it is important to allow your baby to adjust to being born. Having skin to skin (however you intend to feed your baby) will allow your baby to thermoregulate (keep warm), calm their heart rate and begin their breastfeeding journey. This can take time so it is important to try to have uninterrupted skin to skin until after the baby's first feed or for as long as you wish. Having lots of skin to skin with baby in the first few days and later in your feeding journey can help breastfeeding and promote milk production.

If your baby needs to go to the Neonatal Unit then skin to skin care (Kangaroo Care) is supported and encouraged. It will help baby feel loved and secure.

If you are unable to have skin to skin immediately after birth then maybe your partner could? It is a lovely bonding experience for partners too.

Neuro-development

Congratulations on becoming a new parent

It is good to take the time to cuddle and nurture your baby as often as you wish, because love and affection are important for your baby. When a baby feels secure they will release Oxytocin the love hormone which helps brain development.

When human babies are born, they are not very mobile and so they are entirely dependent on their care givers. Babies naturally feel safe, secure and loved when they are responded to and cuddled. As they grow and develop into toddlers and older children, they will become more independent and secure when you have always met their needs.



Positioning and attachment

Positioning is the way baby is lying and the way you are holding them. It is important to get the positioning correct as this will help the baby to latch onto the breast effectively and maintain the feed.

Attachment is the way the baby latches to the breast. The nipple needs to be right at the back of their mouth with a deep latch in order that it does not hurt or make you sore and also to ensure feeds are effective. It is important that, if it is painful you unlatch the baby and attempt to re-latch them. You may need to alter you or your baby's position to latch more effectively.

Don't worry if your baby does not latch quickly to start with. It will become easier as you are both learning a new skill.

Your notes

Latching your baby onto the breast

The acronym **CHINS** may be useful to remember when latching your baby onto the breast.

- **C**lose
- **H**ead free (able to tilt head back, no hand on back of the head)
- **I**n line (Head and body inline and baby is not twisting their head to get to breast)
- **N**ose to nipple (the nipple should not be in line with the baby's mouth as the baby will tilt its head back to latch)
- **S**ustainable (will you be able to stay in this position for a length of time?)



Your notes

Attachment



Here we see a baby attaching to a breast. The baby's nose is in line with the nipple. It has the chin against the breast first.

- The baby has successfully latched. The nose is free.
- The lips are splayed open.
- There is more areola (brown area around the nipple) seen above the top lip than at the bottom lip.
- You will see nice full cheeks with no dimples.
- The feed is quiet with no slurping or clicking noises.
- When your milk is in, after a few days you may hear soft "Cur" noises with swallowing every one to two sucks.



Your notes

HINT: How about asking someone to take a photo/video of your baby when latched at the breast when feeding is feeling comfortable and good evidence of milk transfer.

Feeding cues

A baby will often tell you they wish to feed by giving out some cues and clues. Such as...

- Stirring
- Sucking their fists or fingers
- Being restless
- Turning their heads towards you
- Smacking their lips
- Crying is the last cue and if baby becomes too agitated they may be harder to latch. It is better to offer the baby a feed while they are calm.



Breastfeeding positions

There are many different positions that can be used to breastfeed your baby. A lot of mums start with the laid back, cross body, or underarm positions when their baby is newborn or small.

Other positions such as cradle holds and side lying positions might be used as you gain confidence with breastfeeding, or as the baby becomes better at latching.

However, see what works best for you and your baby and don't be afraid to ask for help and support. Whichever position you use remember the CHINS principles on P5.

For videos on different breastfeeding positions scan the QR code.

We will look at the different positions on the following pages.



Your notes

Laid back

- Lay back in a semi-flat position with your baby lying on you with their front facing you.
- Gravity will help the baby gain a deep latch.
- This position is great for the first feed or first few days when sitting up may be uncomfortable.

Your notes



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Cross-cradle hold

- This is a good position for the early days of breastfeeding, as you can have good control of the baby's head by holding around their neck.
Remember not to put your hand on the back of their head.
- You can use your other hand to guide your breast or shape your nipple to attach your baby.
- When the baby opens their mouth to attach bring them in close to you in a swift movement. Don't chase the baby with your breast, this may lead to bad positions and your baby slipping off during the feed.

Your notes



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Rugby ball or underarm

- A useful position if you have had a caesarean, as baby is not pressing on your wound. Also good for large breasts as baby comes up from below.
- Use the same principles as for cross cradle but move baby around your body so their nose is at your other nipple. Their feet will be tucked around your side.
- You hold them like a rugby ball hence the name.

Always make sure you have drinks and snacks within easy reach.
Breastfeeding makes you thirsty.

Your notes



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Cradle Hold

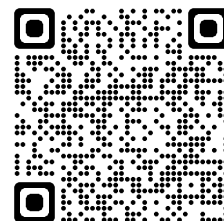


- The baby has the whole front of their body against you.
- Their head rests on your arm or wrist.
- You need to tuck baby in closely to you. Babies do not like dangling or feeling free.
- This position may be better when you are more experienced with latching.

HINT: You could use a pillow to help make this position more sustainable. But ensure this does not bring baby up too far. Remember nose to nipple.

Side lying

- A useful position if you have had a caesarean, as baby is not pressing on your wound.
- Ensure baby is latching with the CHINS acronym as with any position.
- If you make the informed decision to bed share with your baby it is important this is done safely to prevent sudden infant death. It is particularly important not to share your bed if your baby is low weight (under 2.5kg) or preterm (under 37 weeks at birth) or if you take medication that makes you sleepy.
- Please use the QR code to read more information about safe sleeping.



Your notes

Nipple shields

What is it?

A nipple shield is a thin, silicone teat that can be placed over your nipple and maybe helpful for a baby who is having difficulty learning to breastfeed. However, it should not be the first resort. Holes in the tip allow milk to flow into the baby's mouth. A nipple shield can be used temporarily to help establish breastfeeding or in some cases to help ensure that breastfeeding continues.

How can it help?

- Give a baby the opportunity to learn to breastfeed
- Allow a baby who breastfeeds ineffectively to take more milk directly at the breast. This can be particularly helpful for premature babies
- Avoid or reduce the need to express milk and use cups or bottles
- Help keep breastfeeding going

However

Helping your baby get a deep latch at the breast is the key to effective and comfortable feeding. A shield cannot correct underlying problems, especially those of sore and damaged nipples or low milk production. And if your baby is not attached well they may compress your nipple, causing damage and intense pain.

HINT: Please speak to a health care professional and they can support you with the use of a nipple shield and ensure the correct size for your needs and also show you how to fit them.

Breastfeeding problems and challenges

Why is my baby refusing to breastfeed?

It's not always easy to understand why this has happened.

Some of the more common reasons for newborn babies refusing to breastfeed are:

- A difficult labour or delivery – the baby may feel sore or have a headache.
- Medication used during labour - anaesthesia, epidural or pethidine can make your baby sleepy or groggy.
- The baby was separated from you after birth - even for a few minutes.
- Discomfort due to the birth or bruising.
- Engorgement - expressing a little milk can soften the breast enough for your baby to latch on.
- Stress - your baby needs time to get used to their surroundings. Being handled by too many people or undergoing tests can upset the baby.
- Poor co-ordination of sucking and swallowing – will improve as your baby matures.
- A tongue-tie that needs treatment. This can be assessed by the Midwives or Health Visitors and a referral can be made to have it separated. Please discuss with your health care professional if you are concerned.

If you have a baby who you are struggling to feed

- Try to remain calm which will help to ensure baby remains calm.
- A baby that is crying and very upset may struggle to latch.
- Ensure you are doing lots of skin to skin to stimulate milk production and promote the hormones that produce milk.
- Try a different position as described previously in the booklet.
- Get help from your health care provider or at a support group.
- Try expressing your milk and your health care professional can help teach you how to give your expressed milk. This may be by syringe or by cup.

Remember you are doing great

Other less common problems

- Mastitis is inflammation or infection in an area of breast tissue, which can be caused by blocked milk ducts or infection. Shallow attachment is the most common cause.

- Cracked/damaged nipples, can occur if attachment is shallow, this is usually due to poor positioning or attachment, or a baby who is tongue tied, and struggles to attach deeply. Thrush (Candida) may transfer to nipples or to baby's mouth. Thrush in nipples isn't common and swabs should be sent to confirm diagnosis, before treatment.
- Raynaud's of the nipple (vasospasm), seen very infrequently.
- Low milk supply, secondary to Hypoplasia of the breast tissue/ Insufficient Glandular Tissue (IGT), very rare.

HINT: Some of these problems can be avoided with good positioning and attachment and early intervention. Speak to your Midwife, GP or Health Visitor if you are concerned about any of these problems.

Mixed feeding / top-ups

Top-up feeds are when you give your baby some expressed breastmilk or infant formula alongside breastfeeding. You may choose or need to top-up with expressed milk or formula if baby shows signs they are not getting enough breastmilk. Your Midwife or a Neonatal (baby) doctor may advise top-ups and should explain why they recommend this feeding plan.

If you intend to mix feed your baby for the longer term, try to avoid teats and dummies until baby has established breastfeeding. There is evidence that teats can hinder a baby latching to the breast when they are still learning this skill. The midwives, neonatal nurses or support workers can show you how to cup feed.

Most mothers are able to produce enough milk for their baby but if you wish to increase your milk supply try;

- Lots of skin to skin contact
- Expressing your milk and feeding your baby whenever they show cues, or as frequently as you wish
- Keeping your baby close to you so you can watch for their cues to feed
- Ask your health care professional to observe a feed and complete a feeding assessment.

Scan this QR code for information and a video of how to know your baby is feeding effectively.



HINT: Dummies can disguise feeding cues, this can reduce your milk supply

Your journal

Some people find it useful to write down information about feeding a baby in the first few days or weeks. If you wish please use these pages to help guide you. Remember babies do not follow a strict pattern of feeding and so always be guided by your baby.

Day 0

Date, Time	Length of feed	Wet nappy	Dirty Nappy	Notes
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Day 1

Date, Time	Length of feed	Wet nappy	Dirty Nappy	Notes
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HINT: Remember feeding in the first 24 hours may only be three to four times.
Do not be alarmed if baby feeds very often on their second day or night.

Day 2

Date, Time	Length of feed	Wet nappy	Dirty Nappy	Comments

Day 3

Date, Time	Length of feed	Wet nappy	Dirty Nappy	Comments

Day 4

Date, Time Length of feed Wet nappy Dirty Nappy Comments

Day 5

Date, Time Length of feed Wet nappy Dirty Nappy Comments

Day 6

Date, Time Length of feed Wet nappy Dirty Nappy Comments

Day 7

Date, Time Length of feed Wet nappy Dirty Nappy Comments

Reflections after your first few weeks with your baby

Use these pages to reflect on your first weeks.

What went well?

What did not go so well? What have you learnt?

What will you do differently from now on?


Do you have any questions for your health care providers?

Your First Week With Your Baby




HINT: Babies should feed at least eight-12 times in 24 hours after the first 24-48 hours

Your Second week with your Baby



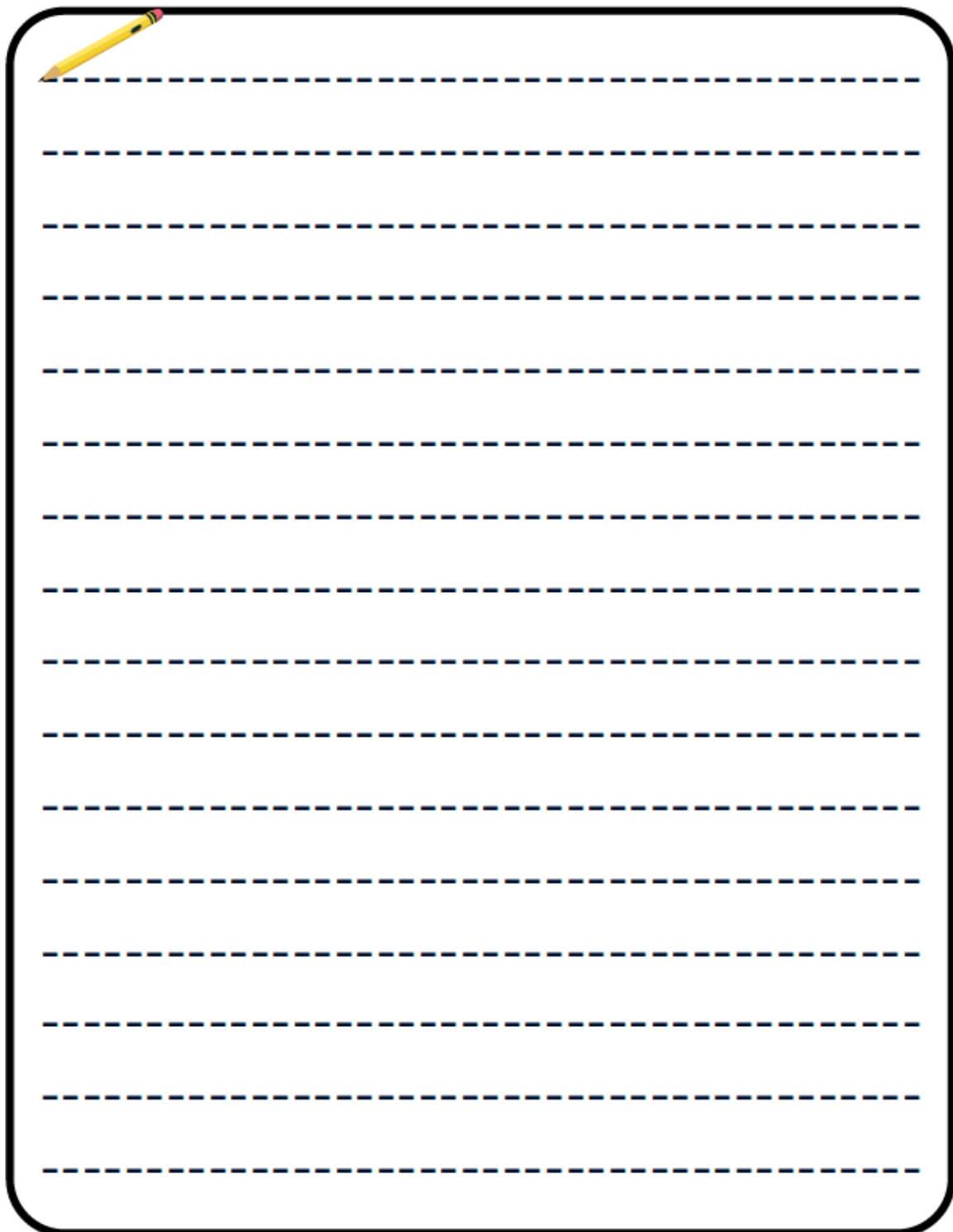
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Your Third Week with your Baby



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Your Fourth Week with your Baby



Local support

If you wish to stay in hospital for the first few days to gain more experience with feeding your baby and receive extra support, then the Tiverton birth centre offers inpatient stays for breastfeeding support.

Please speak to your midwife if you feel this would be something you are interested in doing.

Once discharged from hospital with your baby if you require help and support with feeding please call your community Midwifery team between 9am – 5pm. Out of hours please ring maternity triage on 01392 406616.

After you have been discharged by the midwife, usually from 10 days postnatal, you will be looked after by the Local Health Visiting Team. The contact details will be found in the red book (The child health book). Or use the QR code to search for your local team.



Latch and attach appointments

If you are struggling with getting your baby to attach to your breast for a feed or experiencing pain in your breast or nipples whilst breastfeeding, please contact your local Health Visitor Hub. A health visitor or public health nurse will be able to provide you with first line advice. They can also refer you into the Infant Feeding Team Latch and Attach service – they offer face-to-face appointments in a clinic setting in set locations across Devon or alternatively a teleconference (video) call to help you overcome any issues with getting your baby to feed and/or pain. Appointments are available every week, and these are easily bookable by contacting your area hub or texting the ChatHealth service on: 07520631721.

Infant feeding clinics

Sometimes feeding issues can be a bit more challenging and you may benefit from an appointment with a specialist interest (infant feeding) health visitors to help with this. Please contact your local Health Visitor Hub. A health visitor or public health nurse will be able to provide you with first line advice. They can also refer you into the Infant Feeding Team Specialist Clinic service that offers face-to-face appointments in a clinic setting in set locations across Devon or alternatively a teleconference (video) call to help you overcome these challenges. Appointments are available every week, and these are easily bookable by contacting your area hub or texting our ChatHealth service on: 07520631721

Positive about breastfeeding scheme

A Devon County Council website which has all the local support groups in your area. Use the QR code or search Positive about Breastfeeding.



Breast pump hire

Exeter: hello@thebabyroomexeter.co.uk (Or collect one from The Baby Room, 23 Paris St, Exeter EX1 2TN Mon-Sat 9.30-4pm no requirement for email first).

North Devon: earlynourishment@gmail.com

Mid Devon: info@healthy-babies-uk.org

HINT: The local support groups are a great resource and provide face to face advice and support so it is really worth finding one local to you.

We hope you have found this Journal informative and useful.

Remember, although breastfeeding is natural and the normal way for your baby to feed, it's a new skill you are both learning from scratch.

Be kind to yourself, ask for help if you are having a tough time, you're not alone!

Your midwife, MSW, public health nurses and local support groups, are all there for you.

You've got this, hang in there, and enjoy the most rewarding and colourful journey.

If you have any feedback about this journal please speak to your midwife.

This booklet has been written by Hazel Duckworth Transformation Midwife with support from Charlotte Kilvington the Infant Feeding Co-Ordinator at the Royal Devon University Healthcare Trust and made in conjunction with the Devon Maternity and Neonatal Voices Partnership (MNVP)

For more information about the MNVP in Devon visit

www.evolvingcommunities.co.uk/devon-mnvp/ or <https://www.facebook.com/DevonMVP>.

Your notes

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PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact PALS:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

You can also share your feedback on the Care Opinion website at www.careopinion.org.uk or freephone 0800 122 3135.



Scan the QR code to visit the Care Opinion website →

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