



**Parenting Genie**

★ A-Z of Parenthood

# Breast Feeding and Breast Milk

Virtual Parenting Hub - Online advice, support,  
and guidance empowering parents to work  
through challenges and find solutions.



# Breast Feeding and Breast Milk

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- Breast feeding has many benefits for both mother and baby. Breast feeding provides your baby protection from infections, chronic diseases, diabetes, inflammatory bowels disease, cardiovascular disease, and obesity.
- There are many benefits to the mother as well including **reducing the risk of breast and ovarian cancer**, reducing the risk of type 2 diabetes, osteoporosis, promotes weight loss and bonding between mother and baby.
- In Australia it is recommended to exclusively **breast feed to around 6 months of age** and then continue to breast feed with solid foods until 12 months.
- The World Health Organisation recommend to breast feed for a **minimum of two years**.



# Breast Milk

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- Breast milk is human milk and is a complete meal for your baby
- Breast milk contains the right amount of proteins, carbohydrates, and fats for your baby
- Colostrum is produced during pregnancy and is your baby's first milk, it is rich in antibodies and nutrients, sustaining your baby in the first few days of life
- Colostrum and mature breast milk contain antibodies, good bacteria, enzymes, hormones and more, helping to reduce the risk of infections and to help your baby grow
- Breast milk contains millions of live cells which help your baby's immune system
- Breast milk contain pre and probiotics
- Breast milk changes to your baby's needs, during the feed, day, and months



# Breast Milk (Cont.)

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- The color of breast milk varies and there is a wide range of normal, generally colostrum is yellow and mature milk is whitish-bluish
- Breast milk is easily digested by your baby
- The good fats in breast milk are vital for your baby's brain development
- When your baby empties your breast, milk is quickly replaced, your breasts are never empty
- Breast milk contains all the nutrients necessary for your baby in the first 6 months
- Breast feeding helps with speech, jaw, and mouth development



## Breast Feeding, Attachment and Positions

Learning to breast feed is a new skill, it will take time and patience to get the hang of it. Getting a good attachment is important because it prevents damaged nipples, maintains a good milk supply, and empties the breast to prevent mastitis.

There are **two methods** you can use when attaching your baby to the breast, **baby led attachment** and **mother led attachment**.

# Baby Led Attachment

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- This attachment technique allows your baby to find the breast instinctively
- You can start this method as soon as your baby is born
- Make sure you are sitting in a well-supported position and chair
- Use some pillows for support if that helps
- Use skin to skin contact which encourages your baby's natural instincts
- Wait for your baby to calm
- Hold your baby facing your chest with their legs towards your hips
- Support your baby behind their shoulders
- Let your baby follow their natural instincts to find the breast
- Wait for your baby open their mouth and attach to your breast



# Mother Led Attachment

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- This attachment technique is more traditional and is where the mother leads the baby to her breast
- You can start this method as soon as your baby is born
- Make sure you are sitting in a well-supported position and chair
- Use some pillows for support if this helps
- If using a pillow on your lap, do not raise your baby higher than the natural fall of the breast
- Hold your baby with their chest facing your chest
- Make sure your baby's nose is in line with your nipple



# Mother Led Attachment (Cont.)

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- Hold your baby behind their back and shoulders, not their head
- Tuck your baby's bottom in towards your body with your elbow, which encourages your baby's head to tilt backwards
- Cup your breast with your opposite hand and brush your nipple across your baby's nose to encourage them to open their mouth wide
- Point your nipple towards your baby's nose
- When your baby opens their mouth wide, quickly bring your baby up onto your breast
- Your baby will stop and start with their sucking, pausing for rests



# How Do I Know If the Attachment is Good?

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- You should not feel any pinching or stinging as your baby is feeding, you will feel a drawing which is not painful
- Your baby is sucking deeply, you will see the top of their jaw moving
- Your baby's bottom lip will be sitting low on the areola and turned out, not sitting under the nipple
- Your baby's chin is pressed into your breast and the nose is free
- Your nipples are healthy and not damaged
- Your breasts feel softer after the feed



# How often Do I Breast Feed My Baby?

- Newborn babies feed 8-12 times in a 24-hour period
- Your baby can feed every 2, 3 or 4 hours
- Some full-term healthy babies may have one big sleep of up to 6 hours in a 24-hour period
- Your baby's routine will change, it will not always stay the same
- As your baby is growing, they may feed every 2 hours for some time
- When your baby wakes, offer the first breast until your baby has become sleepy or comes off by themselves
- Newborn babies may feed on the first breast for approximately 15-30 minutes. Your baby will become quicker as they get older
- Give your baby a burp and change their nappy, cuddle, talk and sing to them



## How often Do I Breast Feed My Baby?

- Offer the second breast for as long as your baby wants to feed.
- If your baby is full, they may not take the second breast, or they may have a shorter feed on the second breast
- You should hear your baby swallowing your milk
- It is normal for the breast feed and nappy change to take up to an hour with newborns

## Breast Feeding Positions

- Cradle position, baby across the front
- Football hold, under the arm
- Lying down
- Upright
- Reclining back, used when there is a fast let down
- Twin hold, one baby under each arm





## **Expressing, storing, and preparing breast milk**

Expressing breast milk means removing milk from your breast by hand, using a manual or electric breast pump. You will not always express the same amount of milk each day and different women express different amounts of milk

# Expressing, storing, and preparing breast milk

There are many reasons why you may need to express your breast milk including

- Your baby is premature
- Your baby is in hospital
- You have returned to payed work
- You are leaving your baby with family if you are going out
- If your breasts are full and uncomfortable
- If you want to collect and store some breast milk in the freezer
- If you choose to express and bottle feed your breast milk to your baby
- You may need to use the electric breast pump to help increase your milk supply



# Hand Expressing

- Wash your hands with soap and water
- Sit upright in a comfortable position
- Massage your breast from the top down
- Place your index finger and thumb on either side of your areola, not the nipple
- In your other hand have a clean container to collect the milk
- Gently squeeze your index finger and thumb in a rhythmic movement around your areola
- Milk will start to flow, slowly at first until the let down occurs, then the milk will flow faster and squirt out
- When your fingers get tired or the flow of milk slows, change your finger position around the areola, expressing milk from other areas of the breast
- You may hand express for 10-15 minutes on each breast or until the flow of milk slows



# Manual Pump

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- You are doing the work of pumping, put the shield end to your breast and using the handle you will need to manually press in and release
- Sit in an upright comfortable position
- Massage your breast from the top down
- Place the breast shield over your breast with your nipple in the centre
- Press and release the handle until your milk flow stops, or 10-15 minutes on each breast



# Electric Pump

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- Electric pumps do the pumping for you, you plug them into the power point
- Sit in an upright comfortable position
- Massage your breast from the top down
- Place the breast shield over your breast with the nipple in the centre
- Turn on the button and start with a low suction, you can increase the suction to your comfort
- You can go from one breast to the other a few times, or 10-15 minutes on each side until your milk flow stops





# Storing Breast Milk

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- Put your breast milk into a clean closed container
- You can store freshly expressed breast milk at room temperature (26°C or below) for 6 hours
- Store breast milk in the fridge (4°C or below) for up to 72 hours
- In the freezer with a separate door (-18°C or below) for 3 months
- In a deep chest freezer (-20°C or below) for 6-12 months



## Frozen breast milk thawed in the fridge

You can leave the thawed breast milk out on the bench for 4 hours (26°C or below), or in the fridge for 24 hours.

## Breast milk thawed outside the fridge in warm water

You **cannot** re freeze or re heat breast milk, you will need to discard the breast milk that you have not used with in the correct time frames.

## Preparing Breast Milk

- Warm your container of breast milk by placing it in a jug of warm water
- Shake or swirl the container so the heat is even
- The breast milk should be lukewarm not hot
- Do not use a microwave to heat breast milk, as it destroys the goodness of the milk and heats it unevenly
- If your baby has not finished all the milk in the bottle, you will need to discard it.



# Cleaning Expressing Equipment

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- Breast pump parts from a manual and electric pump, that have come into contact with breast milk, need to be rinsed well and stored in a closed container after each use
- Every 24 hours wash breast pump parts in warm soapy water, rinse well, air dry and store in a closed container
- All bottles, teats and storage containers need to be washed, rinsed, and sterilised after each use





## Flat or Inverted Nipples

Flat or inverted nipples can make it difficult for baby to attach to the breast. It is possible to breastfeed successfully using a nipple shield. Nipple shields are made of silicon and is placed over the top of the flat nipple.

**It is not recommended to use a nipple shield until your milk is in and flowing or if you have grazed nipples.**

# How to Use the Nipple Shield

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- Use the large size nipple shield for all nipple sizes, as there will be a better milk flow through the nipple shield
- Milk can take longer to flow through the nipple shield, so feeds may take longer
- Sit in a comfortable well supported position
- Express a few of drops of milk into the nipple shield
- Smear some breast milk on the outside of the nipple shield to encourage your baby to attach
- Place the nipple shield over the flat nipple and hold in in place



# How to Use the Nipple Shield (Cont.)

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- Touch your baby's mouth with the nipple shield to encourage a wide-open mouth
- Attach your baby to the nipple shield deeply
- Make sure you can hear your baby swallowing milk
- You may need to express with an electric pump 2 times daily to maintain a good milk supply
- Wash your nipple shield in hot soapy water and rinse
- Drain, dry and store in a clean covered container
- You may need to see a Lactation Consultant for ongoing support and weaning off the nipple shield and onto the breast

A graphic consisting of two overlapping pink shapes. The top shape is a rounded rectangle with a circular hole on the left side. The bottom shape is a rounded rectangle with a circular hole on the right side. The text is centered within the top shape.

## **Increasing Your Milk Supply**

It can be common to stop breastfeeding due to feeling like you have a low supply, but most mothers can make enough milk for their baby's needs. There can be genuine reasons why some mothers have low milk supply including breast surgery, illness, smoking, and insufficient glandular tissue.

## You know that your baby is getting enough milk when

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- Your baby has 5-6 heavy wet nappies in a 24-hour period
- Newborn babies generally have 1-2 soft yellow/mustard stools daily for the first 3 weeks
- Your baby is alert but contented, does not want to feed constantly
- Your baby will settle between most feeds
- Good skin tone
- Your baby is gaining weight and growing in length and head circumference
- Your baby should be back to birth weight by week two





## How do I increase my milk supply?

- Ensure your baby is positioned and attached correctly to the breast
- Breastfeed your baby more frequently, every 2-3 hours for a few days, more stimulation equals more breast milk
- Let your baby finish the first breast then offer the second breast
- You may want to offer both breasts again, switching from breast to breast
- Get enough rest, eat nutritious food, and keep well hydrated
- You can use an electric breast pump after you have fed your baby, to provide extra stimulation to your breasts 2-3 times daily for a few days.
- You may want to try some lactation cookies or herbs, discuss with your Naturopath
- You can visit your Doctor to discuss medication like Domperidone



# Mastitis

Mastitis is when you have a blocked milk duct, the milk banks up and causes an infection. Your breast may be red, swollen, hot and painful, you may feel shivery and achy all over your body like you have the flu.

# Treatment

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- See your Doctor, you may need antibiotics
- Continue to breastfeed, do not stop breastfeeding
- You can breastfeed when you have mastitis and are taking antibiotics
- Your breast milk may taste salty, if your baby is refusing to attach to the breast, express with an electric pump
- Keep your breasts as empty as possible, breastfeed regularly
- Take your bra off to breastfeed
- Use a warm cloth a few minutes before you feed to help the let down
- Ensure your baby is attached deeply to the breast
- Breathe deeply and relax your shoulders
- Change breastfeeding positions to help drain the breast well
- Massage your breast as your baby is feeding
- Use a cold pack on the affected area when you have finished feeding
- Rest, drink lots of water and eat well





## Nipple thrush

Thrush is a fungal infection caused by *Candida albicans* which can occur in the nipples and breast tissue. If you are experiencing ongoing painful nipples after the first week and your baby is attaching well to the breast, seek advice from your Child and family Health Nurse or Lactation Consultant.

# Symptoms

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- Nipple and/or breast pain
- Burning or shooting pains in the nipples
- Itching or stinging nipples
- The pain is ongoing and does not go away with re-positioning your baby's attachment
- Your nipples may be bright pink, and the areola may be reddened
- Nipple cracks which are slow to heal
- Signs of thrush may be present in your baby's mouth

# Treatment

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- Nipple thrush is treated with antifungal cream or gel for 10 days
- Thrush in your baby's mouth is treated with antifungal gel or drops for 10 days
- Keep your nipples dry, let the air get to them.
- Change your nursing pads regularly as thrush grows in moist warm places
- Sterilise all bottles, teats, and dummies
- Wash your hands well after nappy changes and applying creams/gels
- Wash towels, clothes, bras, cloth nursing pads in hot soapy water and air-dry outside
- See your Doctor if symptoms persist



## Grazed and Cracked Nipples

Breastfeeding is a learned skill and can take some time to get the hang of it. In most cases damaged nipples is caused by incorrect attachment, it can take only one feed to damage your nipples.

Breastfeeding with grazed and cracked nipples can be painful. You may see some **blood in your baby's vomit or stools from your bleeding nipple**. This is nothing to worry about and is not harmful to your baby.

# Strategies to help

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- Check your nipples regularly for grazes, express and rub some milk into them
- Do not use soaps when showering
- Offer the less sore side first
- Ensure good positioning and a deep attachment
- Try different feeding positions
- Restrict comfort sucking at the end of your feed
- Break your baby's suction with your finger to detach your baby from your breast
- You may need to rest your nipple for 12-24 hours to allow your nipple to heal, you will need to express
- You may find a nipple cream or hydrogel pads helpful
- Do not use any alcohol-based products or rough towels
- Do not wear a poorly fitted bra or nursing pads with a plastic backing
- You may choose to see a Lactation Consultant for support with attachment



# References

1. National Health and Medical Research Council, 2012, Australian Government, Infant Feeding Guidelines | Australian Breast-Feeding Association (ABA) | [raisingchildren.net.au](http://raisingchildren.net.au)
2. Australian Breast-Feeding Association (ABA) | [thewomens.org.au](http://thewomens.org.au)
3. Australian Breast Feeding Association (ABA)