



University Hospitals Bristol
NHS Foundation Trust

Patient information service
Bristol Royal Hospital for Children

Breastfeeding and expressing



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Your baby's first years have a large effect on their future health and development. Breast milk helps protect your baby from infections and diseases as well as providing all the nutrients he or she needs for the first six months of life (and beyond this too). Breastfeeding also has benefits for the mother, as it reduces your chance of getting some illnesses later in life. Breastfeeding also helps you bond and get closer to your baby – physically and emotionally.

Infant formula doesn't contain the antibodies that protect your baby from infections and diseases – only you can make these.

Milk production

For successful breastfeeding, you should stimulate your milk receptors as soon after birth as possible.

After you give birth to your baby, your body's level of Prolactin – the milk-producing hormone – starts to rise. The levels peak in response to touch and stimulation of the breast and nipple, preferably from the baby nuzzling or sucking.

The earlier and more frequently the breast/nipples are stimulated, the more milk-producing cells will be activated. This is necessary for long-term milk production.

An important hormone in breastfeeding is Oxytocin, which helps to deliver milk to your baby. Stress can temporarily delay the release of Oxytocin, but simple relaxation or breast massage can overcome this. Oxytocin also increases blood circulation to the breast, to warm a feeding baby and release the stored nutrients in breast milk.



Prolactin	Oxytocin
Makes milk	Delivers milk
Relies on touch	Relies on closeness
Levels peak every 90 minutes – therefore to encourage production, feeding/expressing is required every couple of hours	Increases blood flow to the breasts
Levels higher during REM sleep	Stress can delay release
Prolactin and Oxytocin work together and have psychological effects on the mother and baby. They produce feelings of calmness in both mother and baby.	

Feedback Inhibitor of Lactation (FIL) is a protein within breast milk that alerts the milk-producing cells to stop making milk when the breast becomes full. As milk is removed, FIL levels fall and milk production recommences. Therefore, the more milk that is removed from the breast, the more milk is made.

Supportive feeding

Babies who are unable to take adequate amounts of milk, who cannot tolerate volume increases, or who gain weight too slowly may require complete feeding or additional feeding using a nasogastric (NG) tube. This is a soft tube placed in the baby's nose which passes through to the stomach. Breast milk or formula can be delivered through the tube, making feeding easier and helping your baby to gain weight.

Your doctor and dietitian may recommend increasing the amount of calories in your baby's milk. They may choose to add a fortifier to your expressed breast milk, increasing the calorific content.

Breastfeeding can feel like a struggle at times, for you and your baby. But even when your baby seems too tired, isn't managing to feed, or doesn't have the enthusiasm to feed, just being close to you during feeding or expressing times is important. The closeness helps to promote Oxytocin and Prolactin, which are both important hormones for successful breastfeeding, expressing and milk production. But be reassured that this is not unusual for babies with a cardiac problem.

If you have been unwell or stressed after the birth of your baby, your milk supply may have reduced. However, you can try and replenish it by skin-to-skin contact with your baby, cuddling and encouraging your baby to practise sucking on your nipples. Babies learn to suck in utero and often find it soothing; it will also help prepare your baby for breastfeeding when he or she is ready.



Skin to skin

Kangaroo care and skin-to-skin are important forms of bonding with your baby, and involve holding your baby as much as possible. Where able, try to give baby skin-to-skin contact. This time can be with mum, dad or even siblings. There are many benefits of skin-to-skin contact including increased bonding, easing the transition to breastfeeding, coordinating breathing, lowering heart rate and subsequently blood pressure, stabilising baby's temperature, reducing pain, and encouraging good sleep patterns.

Breastfeeding

Baby's developmental reflexes in utero:

Sucking 11 to 13 weeks

Swallowing 26 weeks

Rooting 29 weeks

Gagging 32 weeks

Your baby must meet all the above milestones, which should be present at birth, to be able to safely breastfeed. However, these can sometimes be delayed, particularly if your baby is premature, and your baby will not be able to directly breastfeed. However, if a good milk supply is established, then the transition to breastfeeding can be made at an appropriate time.

It is important you express a minimum of eight times in 24 hours. Including once between 2am and 4am as your hormone levels are at their highest. Avoid leaving gaps of more than four to five hours between expressing as this can decrease your milk supply and alter the nutritional content of the milk. Remember your baby will grow and soon catch up with your milk supply and can quickly need more milk than you are producing.

Therefore, you should aim for a milk supply of 750mls in 24 hours by day 10 after your baby's delivery (regardless of their current feeding needs – we can always freeze it). If you aren't able to produce enough milk to meet your baby's needs remember that any breast milk your baby receives (even a very small amount) is a major advantage, helping to protect your baby against infection and promoting their and your future health. But do ask your nurse to contact the breastfeeding team for help.

Lots of prolonged skin-to-skin contact and holding your baby close will encourage your body to produce more milk and help your baby to exhibit instinctive feeding behaviour/cues that will promote future breastfeeding. Massaging your breasts gently prior to expressing to encourage 'let down' of milk, including rolling your nipple between your forefinger and thumb often helps, being close to your baby or having a picture of them will also help you relax and improve flow. Expressing both breasts at the same time shortens your time expressing and usually increases milk supply. Be reassured that you are doing the best thing possible for your baby by following this expressing advice and hence providing the best possible nutrition for your baby. If you have any question or concerns, ask your breastfeeding link nurses or ask to be referred to the breastfeeding team for advice.

Good breastfeeding attachment:

- Baby tucked in as close to you as possible
- Chin against your breast, but free to move
- Wide open mouth
- Nose aligned with nipple, not pressed into your breast
- Deep jaw movements
- Areola showing (there will be more above the top lip than below the bottom lip)
- Soft sounds of milk being swallowed
- A feeling of being 'firmly gripped'
- The let-down reflex – a tingling, 'drawing' feeling in your breasts.

Useful tips:

- Try to get as comfy as possible; if you or your baby doesn't seem comfortable, try changing position
- Try skin-to-skin before a feed
- Make sure baby's nose and toes are facing the same way so they don't have to twist their head to feed
- Gently support your baby's head, making sure the head can freely move forward and backwards
- Express a little milk onto your nipple for baby to lick and smell
- Encourage baby to open his or her mouth by gently rubbing your nipple above the top lip.

Remember CHIN:

- Closeness
- Head free
- In line
- Nose to nipple

Breast pumps

On ward 32, we use Medela breast pumps, which allow for single or double pumping. They are easy to use and are designed to be very efficient and comfortable.



We provide expressing kits for our mums to use this pump, which can also be sterilised on the ward in our parents' room. Due to the limited supply of the pumps, we insist they must stay on the ward. We have also attached a how-to-use guide and some expressing tips to the pump. Staff on the ward will also be able to answer queries. These can be sterilised and used for up to a week.

We are here to help

Please ask to speak to our breastfeeding link nurses as your first point of call.

National Breastfeeding Helpline – 0300 100 0212*
www.nationalbreastfeedinghelpline.org.uk

Association of Breastfeeding Mothers – www.abm.me.uk

The Breastfeeding Network – www.breastfeedingnetwork.org.uk

The Breastfeeding Network Support line in Bengali/Sylheti –
0300 456 2421*

NCT Breastfeeding Line – 0300 330 0771* www.nct.org.uk

La Leche League – 0845 120 2918 www.laleche.org.uk

NHS help and support

www.nhs.uk/Conditions/pregnancy-and-baby/Pages/benefits-breastfeeding.aspx

www.nhs.uk/conditions/pregnancy-and-baby/pages/breastfeeding-help-support.aspx

The Breastfeeding Network

www.breastfeedingnetwork.org.uk/breastfeeding-support/

*Calls to 03 numbers should cost no more than geographic 01 or 02 UK-wide calls and may be part of inclusive minutes subject to your provider and your call package. The National Breastfeeding Helpline is open from 9.30am to 9.30pm.

Notes / queries

Please note that if for any reason you would value a second opinion concerning your diagnosis or treatment, you are entirely within your rights to request this.

The first step would usually be to discuss this with the doctor or other lead clinician who is responsible for your care.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **Smokefree Bristol on 0117 922 2255.**

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While your child is under our care, you may be approached about them taking part in research. To find out more please visit: **www.uhbristol.nhs.uk/research-innovation** or call the research and innovation team on **0117 342 0233.**

For access to other patient leaflets and information please go to the following address:

www.uhbristol.nhs.uk/patients-and-visitors/information-for-patients/

Hospital switchboard: 0117 923 0000

Minicom: 0117 934 9869

www.uhbristol.nhs.uk



For an interpreter or signer please contact the telephone number on your appointment letter.

For this leaflet in large print, audio or PDF format, please email patientleaflets@uhbristol.nhs.uk.