

SOME COMMONLY OVERLOOKED BREASTFEEDING BASICS

Most women are well aware of the benefits of breastfeeding and start by offering their baby colostrum from birth. Each mother/baby combination is unique as the nurturing process unfolds developing into their personal journey. Hospital and parenting practices have changed over the years, informational resources and advice abounds, and parents often become very confused as they endeavour to provide the best for their child.

“Many of the hospital practices in the past led to mothers weaning their babies from the breast within days or weeks of going home from hospital. Your mother or grandmother will have had their babies under this system and may not understand why you are being taught different ways of caring for your baby. They may be surprised that you are able to have your baby at your bedside or in your bed in hospital. They are sure to share their experiences with you and may lament the restrictions and rules enforced when they were new mothers.”
(Cox, 2004 p12)

In this article I will share a few breastfeeding basics which I believe are often overlooked in the plethora of information and advice that new parents receive. This article addresses **the challenge of learning to breastfeed, feeding a newborn baby and how to know what constitutes a normal breastfeed**, and some **typical changes to breastfeeding patterns as baby grows**.

The experience of breastfeeding

Some women have an unrealistic expectation that breastfeeding will “just happen” and may experience surprise, disappointment and frustration in the early hours and days of motherhood. Sometimes it all just seems to be too hard!

Breastfeeding is like learning to drive a car. It doesn't matter how much you **want** to drive a car, or how often you sit in the passenger seat carefully **watching** how to steer and change gears and use the clutch and the accelerator. Everyone learning to drive will bunny hop the car, and grind the gears, and find the co-ordination of the pedals and the gears in combination with all other aspects of driving is a challenging new skill to master. Later it will all become ‘second nature’ and hardly require concentration to co-ordinate the actions at all, but in the beginning it requires some effort and may involve some frustrations as co-ordination develops.

“Breastfeeding is a learned skill. You learn by observing others (which doesn't always happen in our society) and by experience and practice. You and your baby are a unique unit, and you will very quickly become the expert, as you learn to respond to baby's cues”
Rebecca Glover, 1997.

“Breastfeeding is not simply the transfer of milk from your breasts to your baby. It is also the transfer of smell, skin touch, warmth and feelings as you and your baby gaze at and stroke each other during this delightful interaction many times a day. Skin-to- skin contact is a basic human need.” (Cox, 2004, p12)

“Breastfeeding is often seen as just a way to give babies milk – nutrition. It is in fact when babies receive a host of sensory input – nurture. It has been known for many years that body contact from a constant caregiver is essential to the normal development of human beings.”
Cox, 2004, p27)

Breastfeeding is the culmination of the process of growing and birthing your baby. This extraordinary continuum has ensured the survival and development of our species. Modern women may doubt their own capacity to complete the nurture of their child from conception

to toddlerhood and beyond, but scientific discoveries continue to confirm the wondrous properties and unique benefits of human breast milk.

Milk, in the form of colostrum, is present from about the fourth month of pregnancy onwards. At birth, the delivery of the placenta triggers a reduction in the woman's progesterone levels that removes the inhibition of milk production and allows the elevated levels of prolactin to function. Increased amounts of blood and lymph in the breast form the nutrients for milk production. These fluids cause the breasts to become fuller, heavier, and sometimes tender. As regular, frequent breastfeedings progress, this normal fullness diminishes. By about two weeks postpartum, when lactation is established, the breasts become comfortable soft and pliable, even when they are full with milk. Regular frequent feedings will maintain this condition (Lauwers & Swisher, 2005, p308).

Breastfeeding a Newborn Baby

Forget the clock Be guided by your baby's cues as to when he wants to feed and for how long. During the first few days when baby's breastfeeds provide colostrum the feedings may be frequent and irregular. Colostrum is highly concentrated, and baby's stomach capacity is small so the quantity of colostrum required to satisfy his needs is also small. Alternating sides each time the baby goes to the breast will stimulate the breasts, assisting the transition from colostrum to breast milk production (lactogenesis).

Feeding Frenzy Around day 2-3 baby often wants to feed more frequently, maybe 1-2 hourly. Baby has passed lots of meconium poos, emptying out his gastro-intestinal tract, and his stomach capacity is gradually increasing in size in preparation for milk feeds. He's hungry!!! So feed him. This is nature's way of 'calling in the milk' and your body will respond accordingly. Skin-to-skin contact with your baby, allowing baby to smell, hear and touch you and avoiding separations so you can respond to his feeding cues immediately will facilitate your 'milk coming in' – putting an end to the Day 2-3 feeding frenzy.

The milk arrives Your breasts feel heavy, warm and may leak prior to or during feeds. Nature often overcompensates in the beginning, but it will settle down. Now it is advisable to feed your baby from **one breast per feed**, aiming to drain each breast a number of times during each 24 hour period. Baby will let you know when he's had enough. As baby grows he may drain the first breast and still want more, so the feed may be completed on the second breast. In this case start the next feed on the breast with which you finished the last feed.

How do I know how long to feed my baby?

In general, the baby's needs should determine feeding length. When the flow of milk diminishes from one breast, the sucking rate will move from the long, drawing nutritive suck to a faster, gentler suck. The baby's eyes will close, his fists will relax, and his hands will come away from his face. He may release the breast and let it slide out of his mouth. Allowing the baby to remove himself from the breast will ensure that he has received the high-fat hindmilk needed for optimal growth. Limiting the time spent on the breast may result in the baby's receiving foremilk from both breasts and becoming too full to obtain a significant amount of hindmilk from either breast. This form of high volume, low fat feeding can result in poor weight gain and colic-like symptoms. Flexibility on the mothers part will allow for variations in the baby's nursing style, hunger, and daily temperament (Lauwers & Swisher, 2005, p308).

Each breastfeed is usually comprised of a few instalments. Just as an adult varies the size of meals eaten according to hunger, and meals may be comprised of several courses, babies vary their feeds too. Young babies particularly need to take each 'meal' in a few stages, with rest times in between each stage to allow partial digestion. **This will mean baby may go to the breast two or more times PER FEED.**

Consider when you go out for a meal at a nice restaurant. You order your entree, and eat it quite quickly and enthusiastically, because you were hungry! Mmmm, that feels better, and some time elapses before your main course arrives. Your initial hunger is curbed so that's OK. Your main meal arrives and you steadily consume it, less quickly than the entree, but enjoying it just the same. You feel full. Nevertheless, you still have a look at the sweets menu. OK, let's have sweets – you're ready for it by the time it arrives. Now you feel really satisfied and you relax into some after dinner conversation. A bit later you may want coffee and maybe after dinner mints too... but of course you don't do that every meal – just sometimes. The whole dinner process usually takes about an hour or so – reasonable and acceptable, right?

Isn't it reasonable and acceptable for a young baby's feed to be consumed over a similar timeframe and in several instalments if that is what baby demonstrates by his cues that he needs? Some feeds will be completed in less time and fewer instalments according to baby's needs. Be flexible, and respond to your baby's early feeding cues and your baby will be contented and thrive – and sleep well between feeds.

Your tiny baby will breastfeed eight to twelve times in 24 hours, taking from 45 to 60 minutes for each feed, including nappy changes and cuddles. Feed times will take at least eight hours each day. Small babies usually have a long wakeful time during each 24 hours. Most often this is in the evening from about five o'clock to nine or ten o'clock. (Cox, 2004, p41).

Generally, mothers should allow the baby to remain at the breast until he spontaneously releases the breast on his own. If the baby tends to 'linger' at the breast, the mother can watch for a change from nutritive to non-nutritive sucking. Non-nutritive sucking does not provide the stimulation necessary for increasing milk production. If the mother removes him from the breast at this time it should not significantly affect milk quantity. However, mothers should be encouraged to gauge their individual baby's needs. Some babies need more comfort sucking at the breast than others need. During the first month of life, the baby establishes patterns of milk intake that will continue through the next twelve months (Mitoulas, 2002). Parents need to avoid strict schedules and allow the baby to lead his feedings. This supports the individual nature of infant needs and the importance of baby-led feedings. Each baby's own rhythm will reflect his feeding patterns (Lauwers & Swisher, 2005, p308)

Just when you think you know what to expect – it changes!

Be prepared for your baby to change his pattern of feeding from time to time. This usually coincides with a growth spurt, and baby will demand feeds more frequently for a day or two. To facilitate the process of increasing your supply you may need to abandon whatever plans you had for that day and 'just feed the baby'. If you've missed a lot of sleep overnight go back to bed with your baby and feed him as he demands, and your body will respond by increasing your milk supply within 24-48 hours. Giving supplementary feeds during this time will interfere with your body's response to the process, so AVOID giving formula feeds. Rest and good nutrition are the keys to increasing your supply to meet your baby's growing needs – so look after yourself! Typically 'feeding frenzies' occur at 2-3 days ("calling your milk in"); usually again around 2 or 3 weeks, sometimes again at around 6 weeks, very commonly around 3 months and around 6 months of age.

Interestingly, when breastfeeding women are having problems with insufficient breastmilk supply and they review when the problem first arose, it usually coincides with one of the typical growth spurt ages – around 3 days, 3 weeks, 6 weeks, 3 or 6 months. If mothers are prepared for growth spurt feeding behaviours they are more likely to cope with it appropriately and continue to successfully breastfeed their babies.

GROWTH SPURTS

A mother may periodically notice an increase in the frequency with which her baby wishes to feed. All babies experience periods of sudden growth during their early months. They react to these growth spurts by feeding more frequently. Such periods of increased feeding usually last only a few days. Growth spurts can occur at any time, although there are predictable ages. Mothers who have a robust supply of milk through frequent breastfeeding in the early postpartum days easily carry through during these times of feeding frequency until the growth spurt has passed (Dewey, 1991- in Lauwers and Swisher, 2005, p309)

Enjoy your unique breastfeeding experience as you nurture your special little person in the best possible way!

Lois Wattis

RN, RM, IPM, FACM, IBCLC.

www.birthjourney.com

REFERENCES

- Cox, S. (2004). Breastfeeding with confidence – A do-it-yourself guide. Finch, Sydney
Glover, R. (1997). The Key to Successful Breastfeeding (brochure) Perth.
Lauwers, J & Swisher, A. (2005) Counseling the Nursing Mother – A lactation consultant's guide. Jones & Bartlett, London

Other good information sources include:

www.breastfeeding.asn.au – Australian Breastfeeding Association

www.la lecheleague.org - International La Leche League

www.promom.org - Promotion of Mothers Milk Inc.