



Pregnancy and Life with your baby



Bonding and feeding.

Congratulations!

Dear Expectant/New Parents

**Welcome to the maternity
department of St Thomas' Hospital.**

**We hope you will find the
information in this folder helpful
during your transition into
parenthood.**

**If you would like a copy of this
folder for yourself please download
it from our website. Please do not
move it from the location you found
it and do not remove any pages.**

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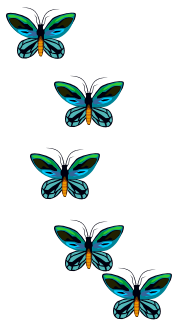
Pregnancy

Your baby's journey- their connection to you

From 0-16 weeks

Babies are surrounded by sounds, vibrations and motions that they gently feel against their skin. Don't be afraid to talk to them or stroke your bump- your baby will feel those vibrations.

From 16 weeks babies are particularly receptive to their mother's voice and will be constantly aware of their reassuring heartbeat.



From 16-22 weeks

You may start to feel your baby move, initially gentle flutters that will become stronger. These are a sign of wellbeing and good health. They have felt your touch and now you can feel their movement. Have you found out the sex of your baby or are you waiting for the surprise? Who will they become?

From 20-24 weeks

Babies can recognise deeper tones such as those from their father. They also start developing a preference for music. Does your baby seem to have a favourite? They recognise music you listen to in pregnancy when they are born.

They can also respond to the rhythm of being read to - you may notice this as they move and wriggle about.



From 24-40 weeks

Your baby will move frequently - remember these are a sign of wellbeing. If you are concerned that your baby is not moving in their normal way contact a midwife without delay. Your baby will continue to listen to the world outside of your protective bump, getting to know your voice and those around you. Now is a good time to prepare and imagine what life will be like when they arrive. The transition into parenthood is going to bring change. Think about how this change will affect your family? Who can help? Where can you seek help?

Pregnancy preparation for life after birth

Here at St Thomas' there are a range of services you can access to prepare yourself for your birth, your baby's feeding and life after birth.

- Antenatal Education
- Breastfeeding workshop
- Parenting workshop

You are also very welcome to visit any of the breastfeeding groups in Lambeth and Southwark-please see the breastfeeding pages of GSTT website for details.

From Bump to Breastfeeding

A DVD made by Best Beginnings, a charity working to give every baby in the UK the healthiest start.



It is all about breastfeeding and follows real mothers' stories, giving you practical advice. This is available in 7 different languages.

Please visit the website www.bestbeginnings.org.uk
You can order or watch the DVD online.

Thinking about your baby's arrival

When your baby is first born their world has completely changed from the warm world they are used to, the light, the sound, the air and the smell is all new to them.

Welcoming your baby straight away by giving them *skin to skin* contact is the best way to comfort them and make them feel safe and secure.

Skin to skin helps your baby in many ways:



- Keeps them warm
- Regulates their heart rate
- Regulates their breathing rate
- Enables them to recognise you! They know your voice, now they can see your face.
- Stimulates your baby

to feed. Whether you are breastfeeding or formula feeding it is good to have baby in skin to skin for their first feed.



Swaddling your baby in a cot makes it harder to see when your baby is hungry.

Enjoying your new baby - getting to know each other

Babies are very sociable when awake and will try to communicate with you in a range of ways. They will give you signs that they are hungry, need their nappy change and want a cuddle to name just a few.



Signs to look for are:

- Eye movements
- Rooting
- Sucking fingers
- Wriggling
- Moving head from side to side
- Opening and closing mouth

When babies are born they follow basic human instinct and will look to their parents for comfort. By keeping mother and baby close you are more likely to recognise your baby's signs that they need you before they cry.



It is not possible to spoil a newborn baby as they are not developed enough to understand our behaviours.

Lots of cuddles, keeping baby close and responding to your baby reassures them.

Responding to them helps develop their communication and ability to manage their emotions throughout their life.



When born, babies often feed and sleep at irregular times. This is completely normal, they have no understanding of day and night and it is important that babies do feed frequently (at least 8 times in 24 including night time).

For more information on what to expect with sleep go to the Infant Sleep Information Source for evidence based information.

<http://www.isisonline.org.uk/>

Communicating with your baby



Ways of communicating include:

- Lots of eye contact
- Facial expressions - they will try and copy you (poke your tongue out – they will try to do it back)
- Talking to your baby - they remember your voice from when they were inside, now they want to know your face.
- Singing to your baby - Nursery rhymes that have actions really excite a baby

Useful Website

<http://www.bestbeginnings.org.uk>

Baby groups

There are lots of baby groups in our local community that can help you as parents in the transition into parenthood and your baby's development. It's good to know where you can get support whilst pregnant for when your baby arrives.

- Baby massage,
- Dad's messy play,
- Singing with baby and more...

Search on line to see your local children's centre's timetables. Most groups are free!



Feeding Your Baby

Responsive Feeding



This means feeding baby whenever he or she shows you a feeding cue.

Responsive feeding ensures:

- Baby will get all the milk they need
- Baby will cry less and be happier
- Baby will gain weight as expected
- Keeping you and baby together 24 hours a day is important for your relationship and successful feeding.
- Your breasts will produce enough milk and won't become engorged.

Breast milk and Formula – What's the difference?

Formula

Vitamins
Fat
Carbohydrates
Protein
Water

Breast Milk

Viral Fragments
White Cells
Enzymes
Oligosaccharides
Bifidus Factor
Hormones
Anti-inflammatory
Immunoglobulin
Nucleotides
Transfer factors
Vitamins
Fat
Carbohydrates
Protein
Water

Breastfeeding

The Benefits of Breastfeeding

Mums are less likely to have:

- Breast cancer
- Ovarian cancer
- Osteoporosis and hip fractures in later life
- Can also help with weight loss

Babies are less likely to have:

- Ear infections
- Chest infections
- Allergies such as asthma and eczema
- Gastroenteritis, diarrhoea and vomiting,
- Urinary tract infections
- Type 2 diabetes
- Obesity
- Sudden Infant Death Syndrome.

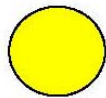


Breastfeeding Timeline



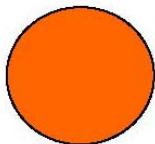
Size of baby's stomach

You can see the size of the stomach increases as the volume of milk taken increases, you will note nappies need changing more often!



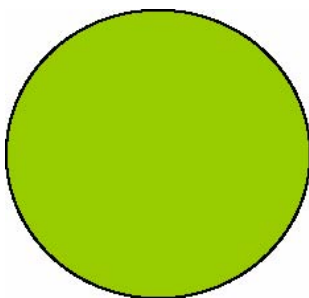
24 hours old (5-7ml)

At least 4 feeds in the first 24 hours



3-5 days old (22-27ml)

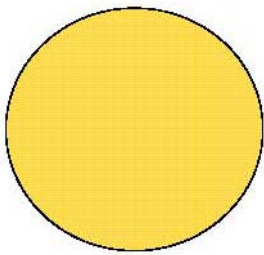
Your baby should be feeding a minimum of 8 feeds in 24 hours from day 2



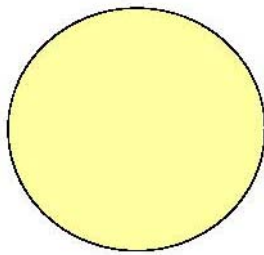
10 - 12 days old (60 - 85 ml)

Colostrum - your first milk

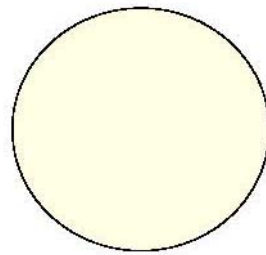
Colostrum is the first milk you have. It is made in small amounts and very important for your baby.



Colostrum



Changing milk



Mature milk

- Colostrum is concentrated breast milk
- It can be yellow/gold in appearance
- It is rich in antibodies
- Clears meconium and helps to reduce jaundice
- Has a laxative effect, which helps your baby poo.

How do I know my baby is hungry?



These are all signs that baby is hungry.
Watch for early feeding signals

- Eye movements
- Rooting
- Sucking fingers
- Wriggling
- Moving head from side to side.
- Opening and closing mouth.

Crying is the last sign of hunger. Feed baby before she cries as this will make feeding easier and she will be happier. If she is crying, calm her and then try to feed her.

Is good Positioning and Attachment important?

YES!



WHY?

- To help prevent sore nipples
- To help you and your baby feel comfortable during feeds
- Helps baby be able to get the right amount of milk
- Helps baby to be happy and satisfied after feeds
- Helps your breasts to keep making enough milk

Positioning



Try to bear the following in mind

CHINS

Close & chin leading

Head free

In line

Nose to nipple

Sustainable for both

Different feeding positions



Cradle hold



Rugby hold



Side lying

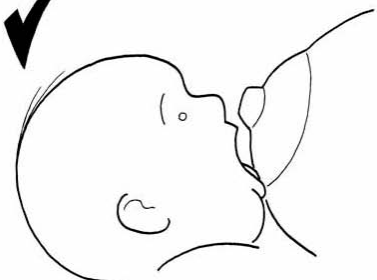
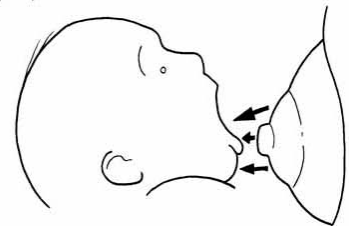
Any position where you are comfortable and following the CHINS principles will help you to effectively attach and feed your baby. These are just some ideas to get you started

Attachment



Signs of Effective Attachment

- Mouth is wide open and chin is tucked in closely into the breast
- Your baby's cheeks are full and rounded
- More areola is visible above the baby's mouth than below
- Sucking pattern changes from rapid sucks to big deep sucks with pauses and swallows
- Suckling is not painful - if it is, put your little finger in baby's mouth to take them off.



Is my baby getting enough?



Reliable signs to look for:

Feed to feed

- look at the sucking pattern - rapid sucks to start, then rhythmic sucking and pauses- when your milk has come in you may hear swallowing
- Feeds usually last between 5-45 minutes, offer both breasts
- Offer a feed at least 4 times in the first 24 hours. After 24-48 hours baby should feed around 8 times in 24 hours.

Day to day

- Baby is having wet and dirty nappies.
- In the first week the number of wet nappies should be the same number as the days old baby is (i.e. 4 at 4 days old).
- 1 stool on birth day on average, then 2 stools every day after that. It will change from dark meconium to green and then to yellow when the milk is in.

Week to week

- Weight gain - however most babies loose weight in the first week and then steadily gain - back and beyond their birth weight.

Sleepy, reluctant feeders



Some babies don't feed very much in the first 48 hours, this is very common & as long as they are healthy & term, most babies are fine. However, we will keep a close eye on them and you can do the following to help.

Wake your baby to feed

- Aim for 8 times in 24 hours

Skin to skin is very important

- Keep your baby in skin to skin contact - this will help increase your milk supply and encourage your baby to feed

Hand express every 2 hours

- You can hand express colostrum into a syringe and give it to your baby (see page 26), and this might encourage them to feed.

Does giving my baby formula milk make a difference?

Yes it does

- Breastfeeding works on a supply and demand basis. If responsive breastfeeding is interrupted by giving formula your breasts might not make enough milk for your baby.
- Yours breasts can become full and uncomfortable.
- If baby does not feed frequently it can be more difficult for them to attach to the breast.
- Babies given large amounts of formula might be less satisfied with ongoing breastfeeds.
- Breast milk provides a protective coating in baby's digestive tract and formula milk destroys this.
- Babies who suck on a bottle teat may find it more difficult to breastfeed. This is called nipple confusion.
- Offering formula as a night time feed will reduce your milk supply.
- Formula might trigger an allergic reaction in your baby.
- You might begin to loose confidence in your ability to make enough milk.

Co-Sleeping

The safest place for your baby to sleep is in a cot in the same room as you. However, babies feed frequently at night and sharing a bed can make breastfeeding easier, and some mums find themselves bed sharing when they hadn't intended to.



Breastfeeding mothers naturally adopt a safe position curved around baby

Important information for sleeping with your baby:

- You and your partner **must not** smoke, drink alcohol or use drugs
- You **must not** be taking medication that makes you sleepy
- You should be breastfeeding not bottle feeding
- Keep covers and pillows away from baby
- Only sleep in a bed - **do not sleep** on a sofa or chair
- Ask staff for help and a leaflet-there will be one in your discharge pack.

For more information on your baby's sleep patterns and where they sleep please access the following website:

<http://www.isisonline.org.uk/>

Hospital Beds

Babies can fall off the bed.



We don't recommend that you bed share in hospital because

- You may be tired or taking medication that may make you sleepy
- Hospital beds are narrower and higher than beds at home
- Hospital floors are also very hard
- If you are having skin to skin or sleeping with your baby in the hospital bed, you must make sure baby cannot fall on the floor.

Please make sure your baby is safe!

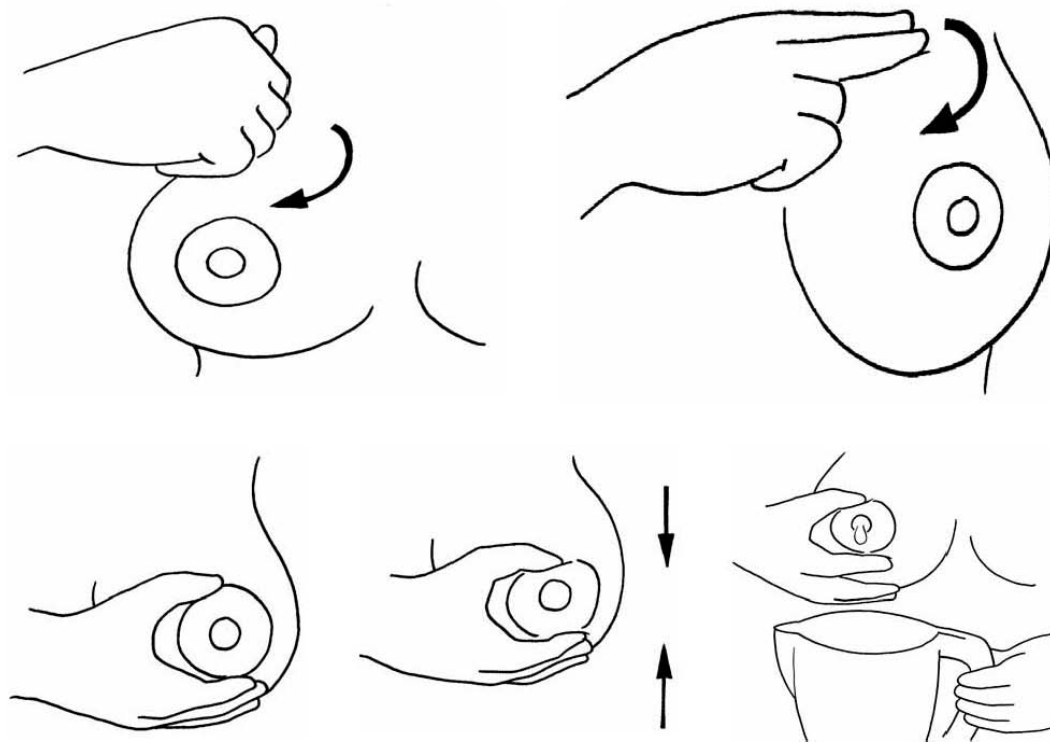
Expressing Breast milk

If your baby is sleepy or you are not able to breastfeed because your baby is in the neonatal unit, it is really important to start expressing your milk. This will make sure you have a good milk supply.



- In the first 2 to 3 days colostrum is produced in small amounts so it is easier to express by hand
- Collect colostrum in a syringe or a cup
- Start expressing within 6 hours of your baby being born
- Hand express at least 8 times in 24 hours including at night.
- After the first 2 to 3 days you will have more milk and you can try using a pump which can make expressing easier.
- Hand expressing can be used to relieve engorgement or blocked ducts.

Hand Expressing



- Gently massage the breast to stimulate your hormones
- Make a 'C' shape with you thumb and 1st finger; feel back from your nipple to see if you feel a change in texture. This is usually 2-3 cm back from the base of the nipple
- Compress your thumb and finger together hold for 2-3 seconds, then release.
- It may take some time to start flowing, this is normal.
- When milk stops flowing, rotate your fingers and thumb to a new position and continue until the milk stops. Then start on the next breast. Express from each breast twice.

Breast Pumps

Breast pumps are used to help you express milk for your baby if you temporarily cannot breastfeed.



- Gently massage the breast to stimulate your hormones
- Pump each breast until the flow of milk stops, then you can do more hand massage and **apply the pump again.**
- You can express from both breasts at the same time (double pumping)
- Express at least 8 times in 24 hours
- If you need to produce more milk you can increase your milk supply by expressing after every feed for 24-48 hours.

Storing Breast Milk- At Home

Ensure that the milk is placed at the back of the fridge. Milk stored in the door will increase in temperature each time the door is opened, this can encourage bacteria. You can label the breast milk with a time and date.

Place	Maximum Time
Fresh breast milk	
Room	6 Hours
Fridge 5 - 10°C	3 Days
Fridge 0 - 4 °C	8 Days
If the temperature rises above 4°C after 3 days, use within 6 hours or throw away)	
Freezer - 18°C or lower	6 months
Previously frozen breast milk	
Defrosted in fridge	12 hours
Defrosted outside fridge	Use immediately

Source –The Breastfeeding Network
2009

Alternative methods of feeding



- If your baby needs to feed and won't attach to the breast then syringe, finger or cup feeding can be recommended.
- You can hand express your colostrum into a 1 ml syringe and give it to your baby.
- These methods help to avoid confusion between nipple and teat.
- They are short term solutions, only to be used if you are having difficulty with attaching baby to the breast in the early days.
- A member of staff can show you how to use these methods.

Breastfeeding and the Neonatal unit



- If your baby is on the neonatal unit you will need to express your breast milk for them if they are unable to breastfeed. Aim for at least 8 times in 24 hours.
- It is best to have your baby with you when you do this as this starts your milk flowing
- If you can't have baby with you keep a photo or item of baby's clothing with you. Looking at these and thinking of your baby can help your milk flow.
- Ask staff for help with skin to skin contact with your baby. This will stimulate your milk supply.
- Start to breastfeed as soon as you and your baby are able to.

Teats and Dummies



Try not to use teat and dummies in the first 4-6 weeks of breastfeeding.

- They can interfere with suckling
- Baby might find it more difficult to attach to the breast (sometimes called nipple confusion)
- Baby will suckle less at the breast which might mean you produce less
- It can be more difficult to establish breastfeeding and breastfeeding is more likely to stop earlier.
- You may have problems such as engorgement and mastitis.

Advice for Partners

Partners play a key role in breastfeeding. You can help by making sure mum is comfortable and eating and drinking well. You can be part of the feeding process by sitting with mum while baby feeds and enjoy being together.



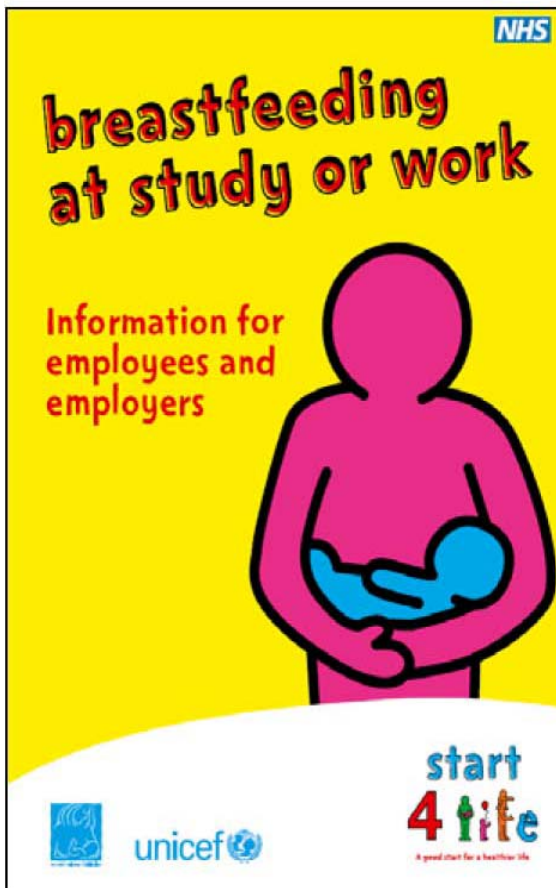
Different ways partners can bond with baby:

- Give baby a bath
- Change baby's nappy.
- Have skin to skin contact.
- Talk to baby and sing songs
- Give baby a massage
- Wear baby in a sling around the house or when you are out and about

There are many groups in our local area specifically for Dad's to go to with their babies, search on line for local children's centres

Going back to work

You don't have to stop breastfeeding because you are going back to work. Consider the following points.



- Employers have obligations toward breastfeeding women.
 - Tell your employer in writing in advance so that they can prepare
 - Arrange childcare nearby so you can feed in breaks.
 - Express your milk so your baby's carers can feed baby while you are at work
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- Ask your employer about flexible hours
 - Express milk at work - practice beforehand!
 - Build up a store of milk at home in the freezer
 - Read the 'Breastfeeding at Work' leaflet and show it to your employer.

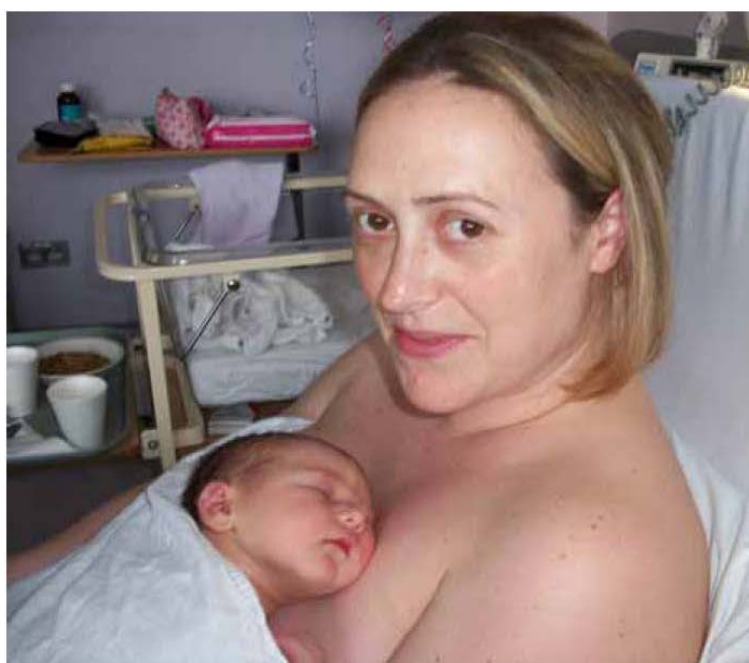
Having Problems?

Are you experiencing sore nipples?

Is your baby having difficulty feeding?

Breasts engorged?

Worried about mastitis?



- Check positioning and attachment
- Keep nipples moist with breast milk
- Keep baby skin to skin

Most importantly get support from your Midwife/Maternity Support Worker or local breastfeeding support group.

Mastitis and Engorgement



Normal breasts are:

- Warm
- Soft
- Comfortable
- Milk flows easily



Engorged breasts are hot, hard and painful and difficult for baby to feed from:

- Check attachment
- Hand massage & express
- Hot flannels or a warm bath
- Seek support



Mastitis causes red patches, pain and may be infected

- Continue to breastfeed
- Seek support

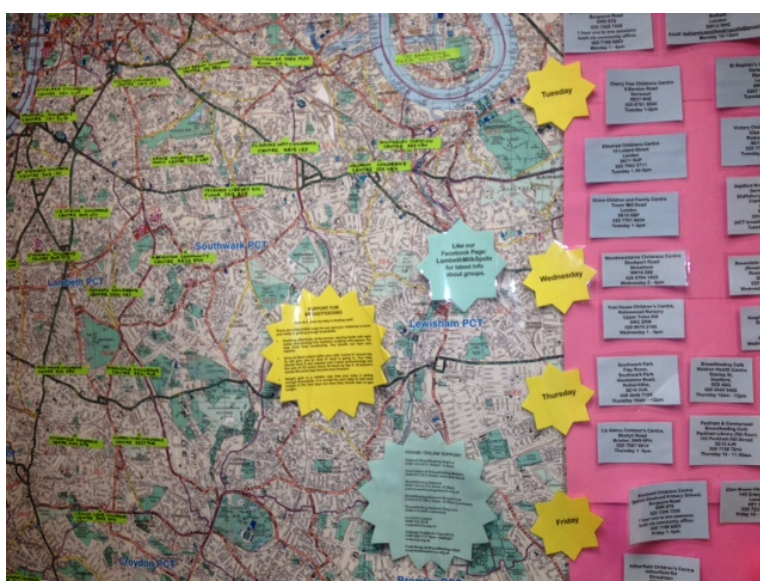
Where can I get extra help?

Are you aware of local breastfeeding groups?

The breastfeeding support groups are lead by Midwives or health visitors and often have fantastic, trained volunteers on hand to help. You don't need to make an appointment, you can just drop in.

You will be given a leaflet when you go home with details of when and where the groups are and these details are also available on our website/Lambeth milk spot Facebook page.

There is a large map on the postnatal ward where details and locations of the groups are marked.



Other contacts you might find helpful:

- National Breastfeeding Helpline
- 0300 100 0212
- Breastfeeding Network
- 0300 100 0210
- www.breastfeedingnetwork.org.uk
- Bengali/Sylheti line - 0844 856 4003
- Drugs in breastmilk
- druginformation@breastfeedingnetwork.org.uk
- NCT Breastfeeding helpline- 0300 3300 771
- www.nct.org.uk
- La Leche League 0845 120 2918
- www.laleche.org.uk

Feeding with a bottle

Some mothers may choose or need to give a feed via a bottle. This could be expressed breast milk or formula.

Key considerations

- Baby should be fed by only one or two people, ideally the mother. This helps babies feel secure and helps bonding.
- Hold baby close, making eye contact and talking to the baby at every feed.
- Tip the bottle slightly so the teat is full of milk.
- Stroke the top lip with the teat and wait for baby to open wide and take the teat using their tongue. Never force the teat into baby's mouth.
- Allow baby to take their time. When they slow their sucking remove the teat so they can have a pause.
- Watch for signs that baby is full; such as moving or pushing the teat away - be guided by their appetite.
- Manufacturers instructions can be used as a rough guide for the amount of milk to offer your baby, but allow them to decide how much to take.
- After the feed, gently sit baby up or over your shoulder to wind them. They may posset some milk.

Formula

Safe preparation of formula milk



Step 1	Fill the kettle with at least 1 litre of fresh tap water (don't use water that has been boiled before).
Step 2	Boil the water. Do not leave it to cool for long; it needs to remain at a temperature of at least 70°C so that any bacteria in the powder can be destroyed.
Step 3	Clean and disinfect the surface you are going to use.
Step 4	It's really important that you wash your hands.
Step 5	If you are using cold water steriliser, shake off any excess solution from the bottle and the teat, or rinse with cooled boiled water.
Step 6	Stand the bottle on a clean surface.
Step 7	Keep the teat and cap on the upturned lid of the steriliser. Avoid putting them on the work surface.
Step 8	Pour the correct amount of water that you need into the bottle. Double check that the water level is correct.
Step 9	Loosely fill the scoop with formula - and level it off using either the flat edge of a clean, dry knife or the leveller provided. Follow manufacturer's instructions re the amount of scoops to use.
Step 10	Holding the edge of the teat put it on the bottle. Then screw the retaining ring onto the bottle.
Step 11	Cover the teat with the cap and shake the bottle until the powder is dissolved. Rapidly cool milk under cold running water.

Key facts about formula

1. Make up feeds one at a time, as your baby needs them

2. Always use boiled water at a temperature of at least 70C, but remember to let it cool before giving it to baby

3. Always put the water in the bottle first, while it is still hot, before adding the powder

4. Always use freshly boiled water

5. Different types of formula come with different scoops. Only use the scoop enclosed with the formula you are using

6. Never warm up formula in the microwave as it can heat the feed unevenly and burn

Types of formula milk

Please ask staff for the Department of Health 'Guide to Bottle Feeding' leaflet if you are choosing to formula feed your baby.

- There is no independent research which finds that any brand is better than another. It is ok to buy the cheapest if you want to.
- It is important that you buy milk that is right for your baby's age. Milk meant for an older baby can make your baby unwell.
- Formula is mostly whey based. 'Hungry baby' milk is casein based, but there is no evidence this type of formula helps babies to settle.
- Follow-on formula should never be fed to a baby under 6 months old and research has shown it has no benefit.
- Ready-made formula is sterile and does not need to be heated. Powdered formula is not sterile so must be added to very hot water.
- If baby does not want a full feed but remains unsettled they may want comforting with skin to skin.
- Goat's milk first formula is now available, but is no less likely to cause an allergic reaction than cow's milk formula.

Reasons for Good Hygiene



Powdered infant formula is not sterile

- Any milk left in a bottle after a baby has fed should be thrown away.
- Powdered formula can contain bacteria which can cause life threatening illness.
- It is necessary to kill the harmful bacteria with heat of at least 70°C.
- Any unused made-up formula should be thrown away after 1 hour.

Ready Made in a carton is sterile until opened

- It must be used within 1 hour of opening if kept at room temperature
- It can be stored in the fridge for 24 hours with the cut corner turned down. After this time it should be thrown away