

- Initially some babies display some tension (feeding cues) at the beginning of a feed and a decrease in tension once feeding has begun.
- Your baby might pull off the breast or become very sleepy, but this may not always mean that the feed has finished. Your baby could need a gentle waking, a break or a nappy change to continue the feed.
- Both breasts should be offered at each feed even though your baby may not need any more from your second breast. Follow your baby's cues for when they would like to be offered the other breast.
- Start each new feed with the alternate breast, e.g. start with the right breast for one feed, then the left breast for the next feed.
- Babies need adequate sleep to feed well, as sleep helps them to coordinate effective sucking, and gives them energy for a full feed.

Watch for these cues to tell you if your baby is hungry:

Early Hunger Cues

- Smacking or licking lips.
- Opening and closing mouth.
- Sucking on lips, tongue, hands, fingers, toes, toys, or clothing.

Active hunger cues

- Fussing or breathing fast.
- Nuzzling around on the chest of whoever is holding them.
- Trying to get into a suitable position for breastfeeding, either by lying back or pulling on your clothes.
- Fidgeting or squirming around a lot.
- Clenching fingers or making a tight fist over the chest or tummy.

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The experience of breastfeeding is unique, as no two mothers or babies are the same. Your breastmilk is perfectly designed for your baby and adapts to meet your baby's growing needs. Most babies will need no other food or drink until they are about 6 months old.

Positioning and Attaching at the Breast

Effective attachment means that your baby is able to have enough areola (the brown skin around the nipple) and breast tissue in the mouth in order to stimulate their palate. Once this is done, it will create effective sucking from your baby, and milk transfer will begin. This means a more comfortable feeding interaction between mum and baby, as well as a very satisfied baby.

- Position yourself comfortably with your back well supported.
- Hold your baby close to you, unwrapped and well supported.
- Support your baby behind the neck and shoulder with your hand.
- Your baby should be facing you with body flexed and held close, slightly lower than the breast.
- Your baby should be able to reach your breast easily, without having to stretch or twist.
- Your baby's chin is directed towards the breast with the top lip in line with the nipple.
- Encourage your baby to open their mouth widely by allowing your baby to feel the underside of the nipple with the top lip.
- When you see your baby's mouth open wide, bring your baby to your breast, aiming the nipple towards the roof of the mouth with the chin coming to the breast.
- Support your breast using your free hand with fingers well back from the nipple/areola.

NOTE: Increased nipple and areola sensitivity (discomfort) while feeding is being established is very normal. Nipple sensitivity when you start a feed should ease after a minute or two if your baby is attached properly. Your nipple may be lengthened, but will look normal – not squashed, pinched or discoloured.

Signs of Good Attachment

When your baby is properly attached to your breast you will notice that:

- Your baby's mouth is wide open with lower lip curled outwards.
- After an initial short burst of sucking, the rhythm should be slow and even with intermittent pauses and deep jaw movements.
- You may hear your baby's gulps at the start of breastfeeding as the let down of high volume milk is swallowed.
- During the breastfeed your baby remains relaxed and contented, and does not become fussy and irritable.
- If your baby's cheeks are being sucked in or you can hear clicking sounds, your baby may not be attached correctly. Detach by placing a clean finger between your breast and your baby's lips to break the suction, then correctly try to re-attach as described above.
- A change in breast fullness indicates transfer of milk (side finished) in the early weeks. This feeling of fullness may change at each feed as the milk volume in your breasts is changing in response to your baby's needs.

Let Down Reflex

Some mothers report no noticeable sign of the "let down" reflex, whilst other mothers notice one or more of the following signs:

- Tingling or prickling "pins and needles".
- Sudden feeling of fullness in your breasts.
- Increase in the mother's skin temperature.
- Feeling of well-being or relaxation.
- Dripping, leaking or spurting of breastmilk from the opposite breast.
- Some women describe an intense thirst (often good to have water nearby).

Feeding Interactions

Feeding is a very important social interaction of warmth, touching and gazing between you and your baby. Babies' feeding patterns vary greatly and many mothers worry that frequent feeding means that they haven't got enough milk to feed their baby. Provided your baby is properly attached to the breast, your baby is getting enough milk. (See *Signs of Good Attachment*).

It is normal for a newborn to feed at intervals of 2 to 5 hours, and feeds may take from 45 minutes to an hour. Cluster feeding in the evening is also very normal to increase high fat feeds which helps towards longer periods of sleep at night. In the early months your baby needs a minimum of 6-8 feeds in 24 hours.

As your baby grows and becomes more efficient at feeding, the duration of the breastfeed and amount for feeds may become less.