THE Honest Midwife

Infant Feeding

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How will you feed your baby?

The decision regarding how you will feed your baby will likely be the first really big decision you make as a new parent. Unfortunately the making of the decision can bring about feelings of anxiety, guilt and worry - especially if you don't wish to breastfeed.

If approaching the decision from a purely physical point of view no-one would be likely to argue that breastmilk provides the best option for your baby.

However, there are lots of other things that come into play when deciding how you feed your baby. Factors such as family history, personal perception and uncertainty all come into play.

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How will you feed your baby?

This class and all classes within Let's Talk Birth and Baby and any talks you may see from The Honest Midwife, support both formula and breastfeeding in equal measures.

We believe that breastfeeding can be a wonderful way to feed your baby and so can formula. What we also believe is that one of the biggest hurdles faced by parents in relation to the "how's", "why's" and "if's" of infant feeding is good education.

It may come as a surprise to know that the concept of breastmilk substitutes is not new. Physicians were looking for alternatives back in the 18th Century with wet nursing the main go to at the time.

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In addition, it was suggested that "wet nurses" who were chosen with milk quality in mind, would produce more nutirious milk if they were Brunette. It was thought that they were more balanced people than their blond or red-headed counterparts! Moving forward into the 19th Century and "wet nursing" fell out of favour.

Next we look at our animals for help and tried the milk from: sheep, cows, goats and even donkeys! Moving forward into more recent times during the 1940s evaporated milk filled the gap.

However, the biggest change to the experimental and unregulated approch to finding breastmilk alternatives came in 1970s following the Nestle scandal.

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Nestle were accused of causing infant illness and death in developing countries. The debate, campaigns and boycotts rumbled on for years but resulted in the World Health Organisation and UNICEF forming the International Code of Marketing for Breastmilk Substitutes.

You wouldn't think this was particularly relevant to your personal circumstances or decisions but it really is important that you are aware of what the rules are and, more importantly, how they help or hinder you as individuals. Further on you will read the BFI 10 Steps guide.

It must be noted that, as a midwife, I do not believe that everything about the Baby Friendly Initiative always benefits parents and baby. This is discussed in the class.

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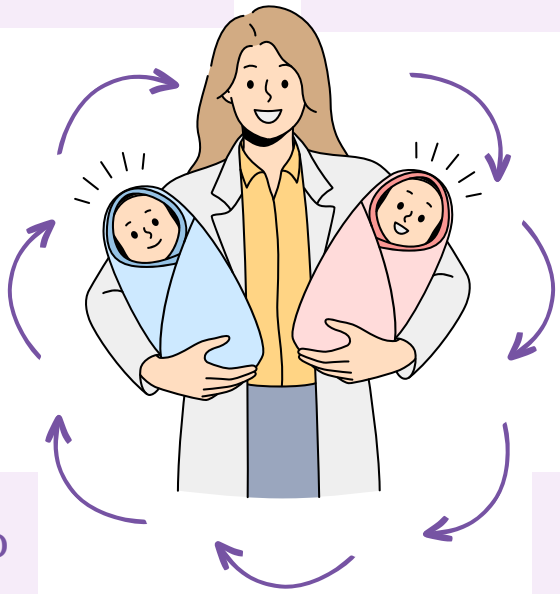
The Aim of this class

Fundamentally, the aim of this class is so that, having completed it, you should:

feel able to make the decision that is right for you

have a greater understanding of why so many people reluctantly stop breastfeeding

Understand the concerns regarding formula preparation machines and how to use them as safely as possible



have a much deeper understanding of the physiology of breastmilk supply

be confident to make up formula bottles in line with NHS advice

much more confident to breastfeed should you want to, and also understand the challenges

have a plan for mixed feeding that will minimise disruption to milk supply

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What is a Baby Friendly Initiative Hospital?

And... more importantly, how does it have an impact on you?

In 1991 the World Health Organisation (WHO) and United Nations International Children's Emergency Fund (UNICEF) launched the Baby Friendly Initiative (BFI) in a bid to improve worldwide breastfeeding rates. The initative sets out clear guidelines for hospitals to adhere to in order to gain BFI Accreditation. These are outlined in the 10 steps to successful breastfeeding on the next page.

The initiative has been successful in increasing initiation rates of breastfeeding however, babies still being exclusively breastfed at 6 months in the UK is 1%. So, although there are benefits to the BFI it is still not achieving what it set out to do. The reason for this (in the humble opinion of The Honest Midwife), lack of good EDUCATION and support

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The UNICEF 10 Steps to successful breastfeeding

For hospitals to achieve accreditation they must...

Have a written breastfeeding policy that is routinely communicated to all healthcare staff.

Train all healthcare staff in the skills necessary to implement the breastfeeding policy.

Inform all pregnant women about the benefits and management of breastfeeding.

Help mothers initiate breastfeeding soon after birth.

Show mothers how to breastfeed and how to maintain lactation even if they are separated from their babies.

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The UNICEF 10 Steps to successful breastfeeding continued

Give newborn infants no food or drink other than breastmilk, unless medically indicated.

Practice rooming-in, allowing mothers and infants to remain together 24 hours a day.

Encourage breastfeeding on demand.

Give no artificial teats or dummies to breastfeeding infants.

Identify sources of national and local support for breastfeeding and ensure that mothers know how to access these prior to discharge from hospital.

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Things to keep in mind

The rational and the realities of implementing all of these points are two very different things but, in all honesty, our approach to increasing breastfeeding rates should not be a "one size fits" all guide line.

You may be wondering why any of this is relevant to you. Well, it is just worth knowing the framework that your midwives and supporter workers are likely to be working within.

Unfortunately, the policy doesn't take into account staffing levels and variances from ward to ward and from community to hospital. Many parents benefit from having a midwife or support worker physically help them get baby latched to the breast. Unfortunately, this is not supported by the guidelines and a "hands of approach" is expected. Therefore you may need to ask for more physical support (if you want it).

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Things to keep in mind continued

Never separating baby from Mum unless clinically indicated sounds sensible. However, this doesn't take into account that labour may have been long and traumatic. Midwives are not supposed to offer to take baby for an hour during the night so that sleep can be enjoyed as Mum and baby are to stay together.

Not giving formula or pacifiers - you may be required to sign a document acknowledging that you have asked for these things.

These approaches if not implemented with compassion and time have been reported to be causes of anxiety and later depression.

The key to happy feeding in my opinion, as both a mother and a midwife, is comprehensive education and compassionate support for both methods so that informed choices can be made. In addition we need to not put undue pressure on parents to breastfeed if it really isn't what they want to do.

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Time to weigh up your pros and cons of both methods. Once you have done this consider if anything can be done to reduce your con list.

Formula Feeding

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Breastfeeding

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Formula Feeding - The Practicalities

Below are the guidelines as set out by the NHS for the preparation of infant formula:

- Step 1: Fill the kettle with at least 1 litre of fresh tap water (do not use water that has been boiled before).
- Step 2: Boil the water. Then leave the water to cool for no more than 30 minutes, so that it remains at a temperature of at least 70C.
- Step 3: Clean and disinfect the surface you are going to use.
- Step 4: It's important that you wash your hands.
- Step 5: If you are using a cold-water steriliser, shake off any excess solution from the bottle and the teat, or rinse them with cooled boiled water from the kettle (not tap water).
- Step 6: Stand the bottle on the cleaned, disinfected surface.
- Step 7: Follow the manufacturer's instructions and pour the amount of water you need into the bottle. Double check that the water level is correct. Always put the water in the bottle first, while it is still hot, before adding the powdered formula.

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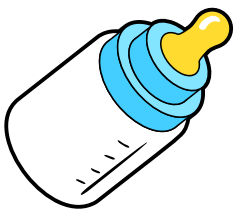
Formula Feeding - The Practicalities Continued...

- Step 8: Loosely fill the scoop with formula powder, according to the manufacturer's instructions, then level it using either the flat edge of a clean, dry knife or the leveller provided. Different tins of formula come with different scoops. Make sure you only use the scoop that comes with the formula.
- Step 9: Holding the edge of the teat, put it into the retaining ring, check it is secure, then screw the ring onto the bottle.
- Step 10: Cover the teat with the cap and shake the bottle until the powder is dissolved.
- Step 11: It's important to cool the formula so it's not too hot to drink. Do this by holding the bottle (with the lid on) under cold running water.
- Step 12: Test the temperature of the formula on the inside of your wrist before giving it to your baby. It should be body temperature, which means it should feel warm or cool, but not hot.
- Step 13: If there is any made-up formula left in the bottle after a feed, throw it away.



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Concerns Regarding Formula Preparation Machines

Formula preparation machines are used by 1000s of parents with no ill effects and are often described as "life savers" or "game changers". However, First Steps Nutrition Trust warn parents that there is insufficient evidence that the machines are safe and advise that formula should be made up following the guidelines as laid out above. The primary concerns regarding these machines are:

The water put into the machine has not been sterilised as recommended.

Machines that dispense powder as well as water, may not be consistent in amounts, resulting in watery or thick feeds.

There have been reports of mould developing within the inner workings of the machines.

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Formula Preperation Machines

Important things to note if you choose to use a formula preparation machine

You must use the machines as directed

Do not use alternative, cheaper filters in the machine

These machines are often not suitable for specialist milks.e hungry baby

Run the cleaning cycles as soon as the machine prompts you to do so.

If you purchase a second hand machine, check the inner workings for mould.

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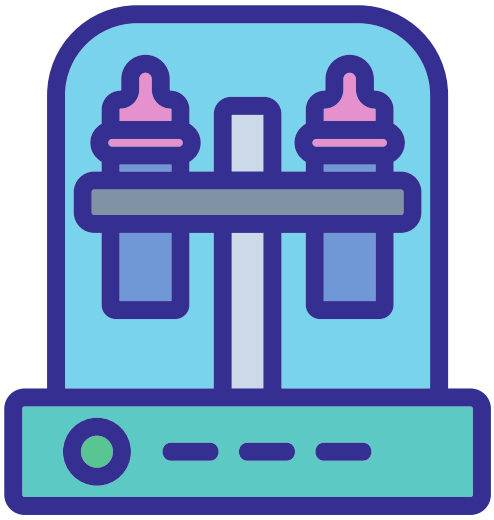
Sterilising

Until your baby is 12 months of age it is recommended that all feeding equipement is sterilised

Types of sterilisers:
Steam
UV
Microwave
Water

Clean all bottles with a bottle brush in hot soapy water.

If not used within 24 hours items should be resterilised



If you are using water sterilising you should change the water every 24 hours

If you purchase a second hand machine, check the inner workings for mould.

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What is Colostrum

If you have done any reading in preparation for breastfeeding you will probably have come across the word "Colostrum" and likely read phrases such as "Liquid Gold" or "Exilair of Life".

However, what such phrases continually fail to do, is give context to what Colostrum is and where it sits in relation to your breastfeeding experience.

By using these phrases, a false sense of what life will be like, in the first few days when trying to get breastfeeding established, is given.

In my opinion this is one of the main reasons that we see so many parents stopping breastfeeding in the early days.

So, in getting ready for feeding we first need to understand colostrum.

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What Colostrum does

PROTECTS YOU DURING PREGNANCY

Consider Mother Nature arranging for mass volumes of milk to be ready and waiting for baby to arrive at 37 weeks (when arrival of baby is considered to be normal).

Now consider baby not arriving until 42 weeks. Imagine what the consequences of having warm milk sitting in the breast for 5 weeks. This would bring a very high chance of infection, not to mention discomfort.

This is why pregnancy hormones prevent your body making volumes of milk before the arrival of baby.

So during pregnancy:
PREGNANCY HORMONES HIGH = LACTATION HORMONES LOW

AFTER BIRTH:
LACTATION HORMONES HIGH = PREGNANCY HORMONES LOW

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What Colostrum does continued

PROTECTS YOU BABY

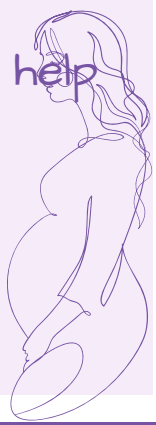
Colostrum helps to turbo charge your baby's immune system. Colostrum is rich in essential nutrients, is easy to digest and arms your baby with an amazing amount of antibodies. These antibodies line the mucous membranes of the gut and respiratory system and help baby to fight illness.

STARTS GOOD GUT HEALTH

Our bodies have good as well as bad bacteria and Colostrum is rich in Microbiome's (the good stuff). When babies get colostrum all of that good bacteria is transferred to baby to help colonise baby's digestive system. This process not only promotes good gut health but in doing so reduces the risk of allergies.

GROWTH

Colostrum is packed with growth factors that help the development of healthy organs.



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Colostrum Harvesting

We know that Colostrum is good but why would you want to harvest it?

It can be great if baby is reluctant to latch at the breast

Fantastic if your baby needs to be in the newborn unit

Gives reassurance baby is getting milk when establishing breastfeeding

Helps you learn how to hand express and what your breasts feel like

Can be super handy on days when baby is feeding lots and lots

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How to Colostrum Harvest

Have a look at our You Tube Video for a step by step guide. Here are some things to remember

Start at 37 weeks. Don't start earlier unless advise to do so by your doctor

Don't do it if you are stressed. You need to be nice and chilled

You cannot over collect colostrum. You won't run out!

You may only get a tiny drop (or nothing) on the first few attempts

Your ability to harvest is not an indicator of your future milk supply

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TIMELINE

THIS IS NOT AN EXACT SCIENCE BUT IT MAY HELP TO UNDERSTAND A ROUGH TIMELINE OF WHAT IS HAPPENING SO YOU KNOW WHAT TO EXPECT

LAST TRIMESTER

BABIES CAN'T SHIVER SO THEY LAY DOWN BROWN FAT TO HELP KEEP THEM WARM. THIS BROWN FAT IS ALSO A SOURCE OF ENERGY UNTIL AFTER MATURE BREASTMILK ARRIVES

BIRTH DAY

IT IS IMPORTANT TO FEED BABY AS SOON AS POSSIBLE AFTER BIRTH AS THIS IS PROVEN TO HELP MILK SUPPLY

FIRST FEW DAYS

FEEDING BABY ON DEMAND WILL HELP WITH MILK SUPPLY. DON'T PANIC ABOUT LACK OF MILK VOLUME. BABY IS GETTING CLOSTRUM

TOP TIP

WHILST IN THE HOSPITAL ASK THE MIDWIFE TO SHOW YOU HOW TO LATCH BABY ONTO BREAST. ASK IF YOU CAN VIDEO IT SO YOU CAN REFER BACK

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TIMELINE CONTINUED

LATCH IS KEY. IF YOU ARE FINDING THAT FEEDING IS PAINFUL GET SOME SUPPORT IN CHECKING IF THE LATCH COULD BE BETTER.

DAYS 0-3

WHENEVER BABY IS AWAKE, ONCE YOU HAVE CHANGED THE NAPPY, PUT BABY TO THE BREAST. MILK SUPPLY WORKS ON A SUPPLY AND DEMAND BASIS. THE HIGHER THE DEMAND THE HIGHER THE SUPPLY

DAYS 2-5

MORE VOLUME OF MILK SHOULD START TO COME IN. THIS IS THE START OF COLOSTRUM CHANGING TO MATURE MILK. YOU MAY BE A LITTLE TEARFUL. THIS IS NORMAL

SETTLED DAYS

NOW BABY IS ABLE TO GET MORE VOLUME YOU MAY FIND THEY ARE A LITTLE MORE SETTLED. HOPEFULLY YOU WILL BE GETTING AT LEAST A COUPLE OF HOURS BETWEEN FEEDS.

DEMANDING DAYS

YOU WILL FIND THAT AS BABY GROWS YOU WILL HAVE DAYS WHERE BABY SUDDENLY SEEMS UNSETTLED AND FEEDS LOTS AND LOTS. THIS IS A SIGN YOUR BABY IS GROWING. DON'T PANIC - GO WITH IT.

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TIMELINE CONTINUED

WHEN LOOKING AT HOW BABY IS LATCHED REMEMBER THAT BABY NEEDS TO HAVE AS MUCH BREAST IN THEIR MOUTH AS POSSIBLE. THIS MINIMISE DAMAGE TO YOUR NIPPLES.

FORMULA TOP UPS

IT CAN BE TEMPTING TO GIVE FOMULA ON THESE DAYS THAT BABY IS UNSETTLED AND YOU FEEL YOUR BREASTS ARE EMPTY. REMEMBER THIS IS ABOUT YOUR BABY PUTTING IN THE DEMAND.

SETTLED DAYS

AFTER ALLOWING YOUR BABY TO FEED ON DEMAND OVER THE PAST COUPLE OF DAYS YOU SHOULD FIND THAT YOUR BODY HAS PICKED UP ON BABY'S NEEDS AND ADAPTED THE MILK ACCORDINGLY. BABY SHOULD NOW BE MORE SETTLED.

MATURE MILK

BETWEEN DAY 10-15 YOUR MATURE MILK WILL BE COMING IN. THIS HAS HIGHER FAT LEVELS. LET BABY FULLY EMPTY ONE BREAST BEFORE SWITCHING THEM TO THE OTHER..

IT'S A CYCLE

YOU WILL ENJOY DAYS WHEN BABY IS MUCH MORE SETTLED. THESE WILLBE INTERUPPTED BY TIMES WHERE BABY NEEDS TO FEED MUCH MORE FREQUENTLY. THIS HELPS YOUR BODY PROVIDE MILK THAT MEETS YOUR BABYS NUTRITIONAL NEEDS.

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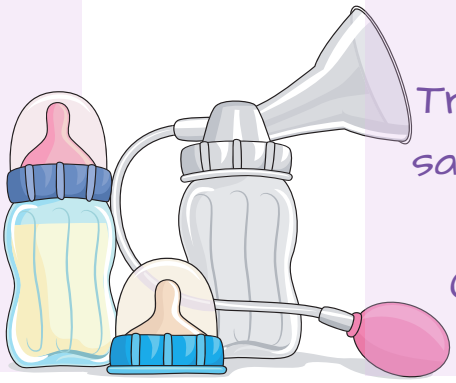
Expressing

There are lots of reasons why you may want to start to express so that baby can have breastmilk from a bottle.

Don't forget what you manage to express is not the same as the amount your baby gets during feeding.

You don't need to pump to increase supply if baby is exclusively breastfeeding



Try to express at the same time each day to minimise disruption. Consistency is key.

If you freeze your expressed milk make sure that you put the date on the milk bag.

Being relaxed will make all the difference.