

Information sheet

Babies who do not breastfeed effectively

What is an effective breastfeed?

Well babies typically breastfeed within an hour or so after birth and then breastfeed 3-4 times in the first 24 hours. From 24 hours babies then typically breastfeed at least 8 times in 24 hours.

An effective breastfeed is when your baby latches deeply and comfortably and sucks with rhythmical, continuous sucks (with intermittent pauses) for between 5-40 minutes before releasing the breast themselves.

Some babies latch and breastfeed effectively after birth but then become sleepy or difficult to latch in the following hours or days.

Watch effective positioning and attachment

<https://globalhealthmedia.org/videos/breastfeeding/>

Why is my baby not breastfeeding effectively?

Some babies who have had a prolonged or assisted birth may be sleepy or difficult to latch after birth. They may be tired, in pain or need time to recover before they start to breastfeed.

Mothers' breasts and babies' mouths come in many different shapes and sizes. Some babies need a little longer to practice before they become skilled breast feeders. There are very few mothers and babies who do not establish breastfeeding given time, patience and skilled support.

How can I help my baby to breastfeed effectively?

Hand express and feed your expressed breastmilk to your baby if they have not latched and breastfed within 2 hours of birth.

Ask your midwife to show you how to hand express your milk and give it safely to your baby. An information leaflet is also available on your portal: 'syringe and cup feeding guide and parent competency'.

To give you and your baby plenty of opportunity to learn to breastfeed

- Keep your baby in **skin to skin** cuddles.
- Offer a breastfeed whenever your baby shows all early **feeding cues** (rooting, gaping, hands to mouth)
- Wake your baby to feed no later than 2 hours after the start of their last feed.
- If your baby has not breastfed effectively, give expressed breastmilk to your baby no later than 3 hours after the start of their last feed.
- Put your baby back in to skin to skin and **repeat every 2-3 hours** until they start latching and breastfeeding effectively.

Is my baby getting enough milk?

Your baby's stomach is the size of a marble so the tiny amounts of concentrated breastmilk you produce (colostrum) are perfect for your baby.

Some babies need a bit of extra volume if they continue to not breastfeed effectively. If there is any reason for caution (your baby is early, small or at risk of unstable blood sugars) your midwife will check your baby's blood sugar to see if extra supplementation is needed.

Any supplementation can be given by cup and you will be shown how to do this safely.

Stimulating and maximising milk production:

The prolactin receptors in your breasts need to be activated in the early hours and days to initiate and maximise your milk production. This is done through effective early and frequent breastfeeding.

It is safe and advisable to use a breast pump from birth if your baby is not breastfeeding effectively to stimulate your breasts and activate your prolactin receptors.

Ask your midwife to set up a double, electric breast pump and show you how to use the sensitive setting for 15 minutes.

Colostrum comes in tiny quantities and you will not express any milk by using the breast pump in the early days. You are using the pump simply to stimulate your breasts so continue to collect your colostrum by hand.

Combine hand expressing and using a breast pump at least 8 times in 24 hours to stimulate and maximise your milk production.

Your colostrum will start to change in consistency and volume around day 3 though this transition can be delayed up to 2 weeks in some women. Switch to the maintain setting once your milk starts to flow or day 6.

If your baby is now latching and breastfeeding directly you will notice gulps when they swallow the milk as they feed.

Once your baby is breastfeeding for between 5-40 minutes at least 8 times a day you can stop expressing and resume exclusive breastfeeding.

Learn how to hand express

<https://globalhealthmedia.org/videos/breastfeeding/>

How do I clean my breast pump kits?

- Always wash your hands before you express and clean your pump and kits after you have finished expressing.
- Unscrew the white top off the transparent funnel and remove the dome inside.
- The white lids, clear tubing and breast pump itself should be wiped with an alcohol wipe before and after use.
- The bottles (unless filled with breastmilk), the funnels and the white valves should be individually washed with warm, soapy water in the milk kitchen. Use your finger to remove all milk residues from the inside of the parts.
- Rinse the kit parts separately under running water.
- Dry the parts separately and thoroughly with paper towel.

Ask your partner to bring in a lidded, plastic box from home to store you clean kits between expressions. Wipe your box each time with an alcohol wipe.

If you are unable to wash your kit yourself, ask a member of staff to help you.

What do I do with my expressed breast milk?

Your breastmilk can be kept:

- at room temperature for up to 6 hours
- in a fridge <4C for up to 8 days
- 6 months in a freezer <20C
- within 24 hours once defrosted

If you are not giving your milk straight away label it with your name, date of birth and hospital number plus the time and date you expressed it and ask a midwife to put it in the ward fridge.

You will be given a silver wrist band as a visual prompt to staff that you have breastmilk available in the fridge.

Always check the milk label with your midwife to double check the milk is your own before giving it to your baby.

Ask your partner to bring in an insulated bag with an ice pack when you are discharged to transport your milk home safely.



How will I know what to do?

Your midwife will write a clear feeding plan which you can see on your Portal notes. Review this plan daily with your midwife and/or the infant feeding team until your baby is breastfeeding effectively at least 8 times a day.

Use a feeding chart to document each time you offer a feed to your baby and how they did plus whether they passed urine or a passed a stool. Also document the times and amounts you express.

You and the staff caring for you and your baby can use the chart to monitor progress and help you move towards exclusive breastfeeding.

You will be given a Bobble Pack which contains a checklist so you know how to identify when breastfeeding is going well and who to contact if you need help once you go home. The bobble pack is explained along with a teaching session on positioning and attachment every morning on Joan Booker Ward.

Your baby will be weighed on day 3 and again on day 5. This will help us to know how well your baby is feeding.

Once your baby is breastfeeding effectively at least 8 times in 24 hours and is showing signs of transferring milk well you can stop any expressing, topping up and regimented feed times and resume exclusive and responsive breastfeeding.


What if my baby is still not breastfeeding effectively when I go home?

A clear feeding plan will guide you to know exactly what to do to keep your baby well and preserve lactation until breastfeeding is established.

A community midwife will visit you at home to support you.

The infant feeding team run regular support clinics throughout the week so email us on asp-tr.infant-feeding@nhs.net to be referred or attend one of our drop-in sessions.

If you need a breast pump at home you can loan one from Spelthorne breastfeeding friends: <https://spelthornebreastfeedingfriends.wordpress.com/breast-pump-loan>





Community feeding support:

Mondays: 10.30-12.30 Revive Coffee Shop, **CHERTSEY** 99 Guildford Street KT16 9AS (join Little Lights Facebook page for tickets)

Tuesdays: 12.30-14.30 Moorcroft Community Centre **WOKING** Old School Place GU22 9LY (drop in)

Wednesdays: 11am-3pm Weybridge Maternity Hub **WEYBRIDGE** Churchfield Pavillion, Churchfield Rd KT13 8BZ (appointment only)

Thursdays: 12.30-14.30 Ashford Maternity Hub **ASHFORD** Ashford Hospital, London Road TW15 3AA (drop in)

Fridays: 12.00-14.00 St John's Church **EGHAM** Manor Farm Lane TW20 9HR (drop in)

Fridays: 9am-5pm Tongue Tie Clinic **ST PETER's HOSPITAL** (appointment only)

Contact details for further advice:

Infant Feeding Team: asp-tr.infant-feeding@nhs.net

Useful resources:

<https://www.bestbeginnings.org.uk/from-bump-to-breastfeeding?Title=from-bump-to-breastfeeding>

National Breastfeeding helpline, 0300 100 0212


www.breastfeeding.nhs.uk

www.breastfeedingnetwork.org.uk

<https://www.laleche.org.uk/>

References

Cox, S. (2010) An ethical dilemma: should recommending antenatal expressing and storing of colostrum continue Breastfeeding Review 18(3):5–7. Cox, S. (2006) Expressing and storing colostrum antenatally for use in the newborn period. Breastfeeding Review 14(3):11–6. Going Baby Friendly. UNICEF UK (CEMACH) 2005. Pregnancy in women with Type 1 and Type 2 diabetes in 2002-2003 in England, Wales and Northern Ireland. (Diabetes Multidisciplinary Resource) CEMACH. London. Nice Clinical (2008) Guideline 63. NICE. <http://www.nice.org.uk/CG063> Effect of nipple stimulation on uterine activity and on plasma levels of oxytocin in full term, healthy, pregnant women. by K Christensson, B A Nilsson, S Stock, A S Matthiesen, K Uvnäs-Moberg



Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.



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