

West Coast | Te Tai o Poutini

Breastfeeding Handbook

Pukapuka Aratohu Whāngai ū



Pēpi and You: Your Breastfeeding Journey

Breastfeeding support from pregnancy to birth and beyond

12 WEEKS

Make sure that you

- ☐ Contact Plunket to enroll in Pregnancy & Parenting Education or Pouitini Waiora for Haputanga Wānanga

BY 34 WEEKS

Make sure that you

- ☐ Discuss breastfeeding with your midwife
- ☐ Watch "Breastfeeding Naturally" on YouTube (breastfeedingnz)
- ☐ Browse through this Breastfeeding Handbook
- ☐ Returning to work? Talk with your employer about your options (see: **Employment NZ**)



THE BIRTH

Make sure that you

- ☐ Have skin to skin contact with your baby straight after birth
- ☐ Keep baby in your room with you ("rooming-in")
- ☐ Ask for help from midwives and lactation consultants if needed for comfortable breastfeeding and learning baby cues
- ☐ Ask your midwife about hand expressing milk



GOING HOME

- ☐ Get lots of skin-to-skin contact with your baby and "room-in" for the first 6 months.
- ☐ Avoid teats and dummies as they can interfere with breastfeeding
- ☐ Reply to contact from the Breastfeeding Advocate for ongoing breastfeeding support
- ☐ Download the Mama Aroha or BrestFed NZ apps
- ☐ Contact WestReap or BullerReap to find the māma and pēpi groups happening near you

Breastfeeding- Who Can Help?

- Your Midwife
- Te Nikau Maternity (03) 769 7598
- Breastfeeding Advocate (03) 768- 6182
- Plunketline 0800 933 933
- Mum4Mums (see page 29)



BreastFedNZ



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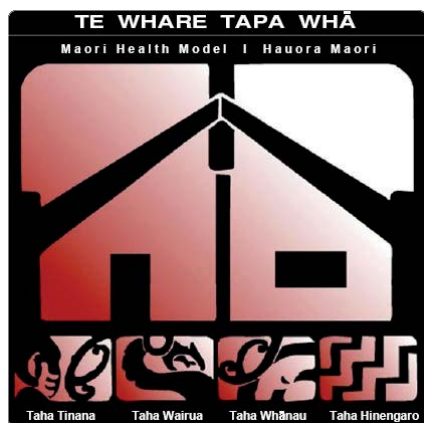
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**Kia ākona tātou matua ki ngā mea o te whāngai ū. Me hoki
ia tātou pēpi ki te ūkaipō. Kaia te tikanga o nga tipuna.**

Let us return to nurturing our babies according to the ways of our ancestors,
by sharing the knowledge of breastfeeding.



Before colonisation, all Māori pēpi were breastfed. It was valued and widely understood to be vital for a child's growth, development, and wellbeing.

Te Whare Tapa Whā the four cornerstones of Māori health model includes: Taha tinana (physical health), Taha wairua (spiritual health), Taha whānau (family and social health), and Taha hinengaro (mental and emotional health). All four of these pillars are achieved for both māmā and pēpi with whāngai ū|breastfeeding with the right support around them.

Ministry of Health

Best Practice for Maternity Units

The Baby Friendly Hospital Initiative (BFHI) protects, supports, and promotes breastfeeding in Aotearoa.

Te Nīkau Maternity Unit is BFHI accredited. This means they support breastfeeding by:

- Having infant feeding policies and procedures
- Ensuring staff have good breastfeeding knowledge
- Facilitating immediate and uninterrupted skin-to-skin contact after birth
- Supporting mothers to keep breastfeeding and help managing common difficulties
- Not providing anything other than breastmilk unless needed for medical reasons
- Keeping māmā and pēpi together in the same room
- Supporting mothers to recognise and respond to baby's cues
- See "The Ten Steps to Successful Breastfeeding" (WHO & UNICEF)

Breastfeeding Recommendations

The World Health Organisation (WHO) and NZ Ministry of Health|Manatū Hauora recommend baby to be exclusively breastfed (meaning breastmilk only) for the first 6 months of life. At 6 months of age, solids can be introduced, along with continued breastfeeding for 2 years and beyond.

Why Breastfeed?

- All your pēpi needs to eat and drink for the first 6 months
- Meets all nutritional requirements
- Helps pēpi feel safe and secure
- Provides protection for baby against colds, tummy-bugs, infections, and allergies
- Reduces mum's risk of breast and ovarian cancer, type 2 diabetes, and heart disease
- The longer you breastfeed, the better it is for you and your baby

Disadvantages of Artificial Feeding:

- Expensive
- Requires time for preparation, then cleaning and sterilising equipment
- Does not help baby's immune system to develop or provide protection against sickness and infection
- Increases baby's risk of SUDI/SIDS
- Increases baby's risk of developing conditions later in life such as diabetes, high blood pressure, and allergies



Preparing for Breastfeeding

Tips to prepare for breastfeeding before pēpi arrives (even if this isn't your first):

- Spend time around breastfeeding māmā
- Attend an antenatal class or request an appointment with a Lactation Consultant or Breastfeeding Advocate before your birth
- Read about breastfeeding from up-to-date and supportive resources (see page 40)
- Let your midwife know you plan to breastfeed and ask any questions you might have (especially if you have any concerns about your breasts/nipples)
- Let others know that breastfeeding is important to you and how they can support you after baby arrives (see page 25)
- If you plan to head back to work after you have baby, discuss your breastfeeding plan with your employer. You have a right to breastfeeding breaks and workplace flexibility (See *Employment NZ: Breastfeeding at Work* online)

After pēpi arrives:

- You should receive a text from the Breastfeeding Advocate introducing local breastfeeding support services. **You can reply to this at any time** with questions or to request an appointment, whether right away or months later.
- Mum4Mum breastfeeding peer supporters are also available at any stage (see page 29)
- Attend breastfeeding-friendly groups with other māmā for connection and support (see *WestReap* or *BullerReap*, page 30, for groups near you)



Importance of Skin-to-skin Contact

Immediately after birth, your baby will be placed skin-to-skin with you.

Skin-to-skin contact is important because:

- It assists with bonding and helps stabilise baby's heart rhythm, breathing, and temperature.
- It encourages breastfeeding. A latch usually occurs within 60 minutes (as long as there is no influence from labour medications).
- It releases colostrum (first milk), ready for baby.
- Babies cry less and helps mum feel more relaxed.
- For babies who may take longer to latch on, continued skin-to-skin for as long as possible can help them get started.

If mum is unable to have skin-to-skin contact, baby's father, other parent, or whānau can also provide this. Skin-to-skin continues to be useful at any stage, whenever baby is having feeding difficulty or is unsettled.

The Importance of Rooming-In

Having pēpi stay with māmā after the birth ("rooming-in") is important for breastfeeding because it:

- Helps māmā learn to recognise and respond to early feeding cues
- Helps initiate breastfeeding
- Encourages bonding. Māmā and pēpi feel less stressed when kept together
- Decreases breast engorgement (full breasts) by encouraging frequent feeding
- Improves baby's sleep



Safe Sleep at Home

- **Place** pēpi in their own baby bed in the same room as their parent or caregiver.
- **Eliminate** smoking in pregnancy and protect pēpi with a smokefree whānau, where (home) and waka (car).
- **Position** pēpi flat on their back to sleep.
- **Encourage** and support breastfeeding and gentle handling of pēpi.



Baby-led Breastfeeding

Baby-led breastfeeding, also known as responsive feeding or feeding on demand, means allowing your baby to feed whenever they want to.

Be prepared to breastfeed often because frequent, unrestricted breastfeeding helps to establish a good milk supply. Let baby lead the way!

- Your baby should feed *at least* 8-12 times per day
- It usually takes 6-8 weeks for you and your baby to establish breastfeeding



***WATCH YOUR
BABY***

***NOT THE
CLOCK***

Frequent Feeding

Your baby's stomach is tiny at birth and cannot hold much milk, so in the beginning the average size of a breastfeed is very small. Frequent feeding is the best way to meet baby's needs.

	Baby's Average Intake
Day 1	5 mls (a teaspoon or less)
Day 2	5-15 mls (1 teaspoon-1tablespoon)
Day 3	15-30 mls (1-2 tablespoons)
Day 5-7	45-60mls (less than ¼ cup)
6 weeks +	30-135 mls

When baby is breastfeeding you won't know the exact amount they are drinking but these averages give you an idea of intake amounts.

Many new parents are surprised by how frequently a newborn breastfeeds. It's okay to just keep offering the breast even if it feels like they only just fed! Let your baby decide how much to feed and how often.



Hunger Cues

Over time you will get to know baby's feeding cues. Try to catch early signs of wanting to feed as it's much harder to breastfeed a baby who is upset and crying.

Look/listen for the following signs:

Getting ready

- Asleep, but breathing becomes more rapid and sleep becomes lighter
- Starts to make some sounds (squeeking, mewling, grunting style sounds)
- May start to lick lips



I'm ready now

- Rooting for food – searching with the mouth – head turning from side to side
- Bringing the hands up to the mouth
- Sucking on fingers, thumb or fist (or anything that comes close)



OOPS!

- Crying is too late and often baby has become too agitated to focus on feeding. You will need to spend some time calming baby before being able to feed.



The Composition of Breastmilk

Breast milk changes from the start to finish of a breastfeed, from morning to night, and also from day 1 to the day you stop breastfeeding.

First milk: Colostrum is the first milk produced and may be present during pregnancy. This thicker milk is called 'liquid gold' because of its value for pēpi!

Colostrum:

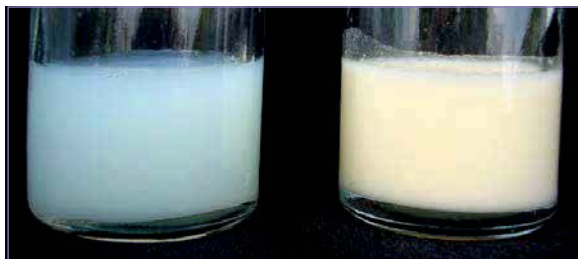
- Is high in protein and fats
- Is high in antibodies (to fight germs/infection)
- Is produced in small amounts – infants get an average of 7-14mL per feed
- Coats baby's gut with a protective lining
- Promotes the protective good bacteria in baby's bowel. It stimulates baby's digestive system and helps to expel the first (black) bowel motions (poos).



Mature milk begins to be produced 30-60 hours after birth. By 2 weeks your milk no longer contains colostrum. Mature milk is loaded with important nutrients for your pēpi, along with components that help build the immune system and develop a healthy gut.

Mature milk contains:

- 85% water
- Antibodies
- Protein
- Carbohydrates
- Vitamins and minerals, including enough iron for the first 6 months of life.



The content of mature milk gradually varies during a feed. At the beginning of a feed, the milk is thin and has a bluish colour. This type of milk is thirst quenching for baby. As the feed continues, it becomes creamier and contains more fat. By making sure baby chooses how long and how often to breastfeed, they will receive all the milk they need.

When Your Milk ‘Comes In’

Between 3-5 days after birth you should begin to notice your breasts feeling fuller. They may also feel hard, sore, and lumpy. These changes are due to the increased volume of milk being produced and an increased blood supply to the breasts in order to produce the milk. Your body will gradually adjust to the amount of milk that your pēpi needs.

To reduce any discomfort you may feel during this period:

- Allow your baby/pēpi to breastfeed frequently to ensure your breasts do not become engorged (*meaning overly full, see page 21*)
- Hand express to relieve fullness (*see page 17*)
- Pumps can sometimes be a helpful tool, but try breastfeeding or hand expressing first if possible
- You can wake baby to encourage a feed
- Breastfeeding frequently and being responsive to your baby's cues should help with most issues
- A cool compress (anything from the fridge/freezer wrapped in a cloth) may provide some relief if sore
- Talk to your midwife if there is pain or discomfort

What if my milk is slow to increase?

- Sometimes this can take longer than 5 days after a cesarean or certain medications
- Keep breastfeeding frequently
- Have plenty of skin-to-skin time with baby
- Discuss using donor breastmilk with your midwife if needed (*See "Donor Breast Milk" on page 20*)



A mother 'tandem' breastfeeding.

Baby's Output: Poos & Wees

	Expected urine output (wees)	Expected bowel motions (poos)	Colour
Day 1	1	1-2	Black (meconium)
Day 2	2	2	Black
Day 3-4	3	2 or more	Brown/green (changing)
Day 5-6	5+	2 or more	Soft and yellow
Day 7+	6 or more	2 or more	Soft and yellow
6 weeks +	6 or more	frequency may vary	Soft and yellow

NZ College of Midwives

- After day 3 you should start to feel more weight to baby's wet nappies.
- Breastfed poos are quite soft and loose.
- Constipation does not occur in breastfed babies.
- After 6 weeks it's not unusual for a baby to go 1-10 days between poos.
- Consistent green, watery stools or other types of diarrhoea may suggest baby is sensitive to a food or medication.
- If a baby has diarrhoea, it's important to breastfeed frequently to avoid dehydration.
- If your baby's poo has any trace of blood, ring your midwife or GP as soon as possible.
- Your midwife and Well Child Tamariki Ora nurse will weigh baby regularly to help track weight gains.

The changes in baby poo:



Meconium



Transitional (day 3 - 4)

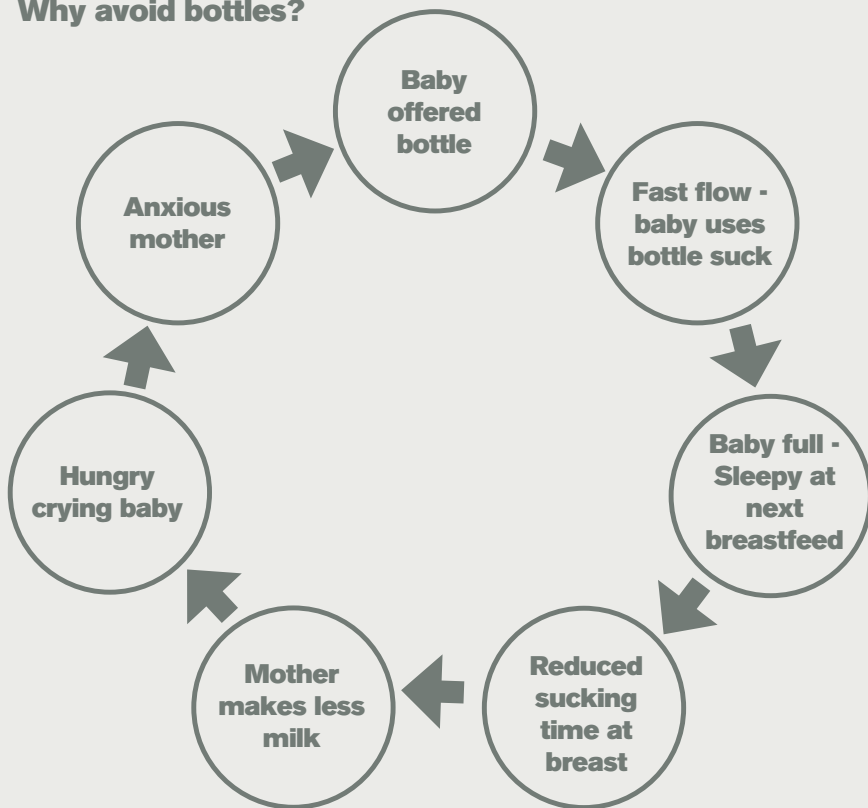


6 Week poo

How Does Using a Dummy/Pacifier or a Bottle Affect Breastfeeding?

If you can, avoid using bottles or dummies/pacifiers in the first 6 weeks. It's important for baby to breastfeed as long and as often as they want. If a dummy is used when baby is actually trying to cue for a feed, this can interfere with milk supply and weight gain. If you wish to use these items, do so with caution and wait until breastfeeding is established, at least 6 weeks. Dummies should never be used in place of breastfeeding.

Why avoid bottles?



Breastfeeding Tips for Caesarean Births

After a caesarean birth you will be recovering from major surgery and will need to depend on others more during your hospital stay.

- The type of anaesthetic that is used during a caesarean:
 - If a regional anesthetic is used (ie mum is awake for surgery) and both mother and baby are alert and healthy, baby should breastfeed in the recovery room.
 - If a general anaesthetic is used (ie mum is asleep for surgery), she can breastfeed as soon as she is alert enough to hold baby.
- Ask for skin-to-skin with your pēpi immediately following surgery. This will help initiate breastfeeding.
- Baby's father or whānau can have skin-to-skin at this time if māmā is unable to.
- Maternity staff can assist with first feeds post surgery if needed.
- Avoid breast milk substitutes in the early days unless medically indicated.

Positioning that may feel more comfortable:

- **Football/rugby hold**
- **Side-lying**
- **Laid-back**

**see page 15 for more positioning tips*

In these positions, māmā can arrange pēpi in ways to avoid putting pressure on the wound/incision.



Mother and baby enjoying skin-to-skin contact immediately after a C-section.

Latching Your Baby on Well

Māmā and pēpi will work together to learn how to breastfeed with comfortable positioning and a deep latch. This will avoid nipple soreness and help baby get more milk. This learning process can take time.

Latching Tips:

- Most important is how the latch feels and if baby is drinking well, rather than just how it looks.
- Get yourself comfortable first, then **bring baby to breast (not breast to baby)**.
- Allow the breast to settle in it's natural position, or close to (before latching).
- ***Tummy to Tummy, Nipple to Nose, Chin to Breast, and on s/he goes!***
- This close position with bum tucked in helps baby's chin touch the breast, which often triggers the open mouth to latch on. While the bottom lip should be flanged out, you may not be able to see this easily. **Focus on good positioning.**
- Make sure baby does not need to turn their head or twist their body to reach the breast.



Ministry of Health



- Some women find it helps to sandwich the breast to help baby take a mouth full. Keep fingers well back from the nipple if doing this.
- Newborns may not open their mouth wide before latching on, or if so only very briefly.
- Avoid touching the back of baby's head or their face as they try to latch on. This may confuse them and cause them to turn away from the breast.
- Some find breastfeeding pillows useful, others find they get in the way. The goal is for baby to feel well supported at nipple level. And to give your arms a rest!
- You can make micro-adjustments to help improve baby's latch while they are on:
 - Tuck their bum in closer if you notice there is space between your body and theirs.
 - Pull them towards their feet if their nose seems too pressed into the breast.

Should it hurt?

- When pēpi is latched on well, you should feel strong suction, but it should not be painful.
- Some māmā may feel some discomfort with early breastfeeds as your nipples adjust, but if it does not ease as the feed continues, de-latch pēpi and try again. Ask for help if it doesn't feel right!



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Breastfeeding Positions

Special attention must be paid to positioning during the early weeks of breastfeeding. Both of you need to be comfortable and able to fully relax into the feed.

Positioning and latching checklist:

- ✓ You are comfortable and well supported
- ✓ Baby is comfortable and ready to take the breast
- ✓ Baby's whole body is turned towards the breast and their ear, shoulder, and hip are in line
- ✓ Baby's bum is tucked in close to your body
- ✓ Encourage baby's arms around your breast. Once you pull their body in close, there's less room for those exploring hands to get in the way
- ✓ Baby needs to be able to feed **without having to turn their head**
- ✓ Baby needs to be able to feed without having to strain upwards or downwards to reach the breast

Note: A crying baby will need to be calmed first. Catching early hunger cues makes for easier feeding.



Baby well supported across base of his head.



An example of the Football Hold with a pillow being used to support baby.






Position	Visual	Description & Tips
Football Hold		<p>Can be useful in early days, especially with caesarean birth or premature baby. Preferred by some women with larger breasts.</p> <p>Baby's body is along mum's side, tucked under her arm, with baby's bottom resting on a pillow near her elbow. Keep tucking baby further back until they are touching the breast.</p>
Transitional Hold		<p>Can be useful when learning to breastfeed and if baby is having difficulty latching. Some mums find it easier to see what's happening in this position.</p> <p>Mum's palm is placed on baby's upper back with thumb behind one ear and index finger/other fingers around the back of the neck. Other hand may support breast.</p>
Cradle Hold		<p>Most well-known position. Early on some may start with transitional hold and then shift over to cradle for more comfort.</p> <p>Baby's head rests on mum's forearm (not crook of the elbow). Baby is on their side facing mum, with bum tucked in and arms spread around the breast and no gap in between mum and baby.</p>
Side Lying		<p>Allows the mother to rest while baby feeds. May feel more comfortable after caesarean birth or to take pressure off lower back.</p> <p>Mum and baby lie on their sides facing each other, with baby's body pulled in close. If baby's body rolls away, stack their hips for more stability.</p>
Laid Back		<p>Semi-reclined position where baby is supported while cuddled against mum. Can be helpful for achieving a deeper latch.</p> <p>Lean back far enough so that baby's weight is fully against mum. Baby's head is near the breast so they can self-attach. Head can rest on mum's arm once latched.</p>

Image credit: La Leche League




Expressing and Storing Breast Milk

If mum is unable to be with her baby to breastfeed, giving expressed breast milk is the next best option. Collecting breast milk can be done by hand expression, a manual pump, or an electric pump.

Hospital-grade electric pumps are available for lending from Te Nīkau maternity or the Breastfeeding Advocate.

Wash your hands and use clean equipment. After using the pump: take apart all pieces that come in contact with breast milk, rinse in cold water, wash in warm soapy water, rinse, then air dry.

Expressing by hand:

Correct Positioning	Place thumb pad above the nipple at the 12 o' clock position and the finger pads below the nipple at the 6 o' clock position, forming the letter "C" with the hand. This is the resting position.	
Push	Push straight into the chest wall. Avoid spreading the fingers apart. For large breasts, first lift then push into the chest wall.	
Roll	Roll thumb forward as if taking a thumbprint. Change finger pressure from middle finger to index finger as the thumb rolls forward. Finish roll. Repeat rhythmically. Position, push, roll; position, push, roll...	

KEY POINTS

- The thumb and finger positioning is taken from the nipple, not the areola, as areola size varies between women.
- Avoid: **squeezing** the breast (can cause bruising), **pulling** out the nipple and breast (can cause tissue damage), **sliding** on the breast (can cause skin burns).

Keeping expressed breast milk

Breast milk is a unique, living, biodynamic fluid with active properties. This means it has its own food handling guidelines to be aware of.

- It can stay at room temperature for 4 hours.
- It is best stored in the back of the refrigerator or freezer where there is less temperature fluctuation.
- You can add freshly expressed milk to cool milk in the fridge over a 24 hours period and freeze together

Freezing

- You can use breastmilk storage bags along with ice cube trays or food grade containers or bags.
- Freeze in small amounts to avoid wastage.
- Label with the date of expression so you can use the oldest milk first.
- Some mums like to record time of day milk was expressed.

Thawing frozen milk

- Thaw slowly in the refrigerator or place the container in warm water until thawed.
- Once thawed, it may be kept in the refrigerator for 24 hours, but not refrozen.
- If the cream has settled on top, swirl or shake to mix.

Using expressed breastmilk

- Gently warmed to room temperature or body temperature at the warmest (37C). Some babies accept cold milk.
- Do **NOT** use a microwave to heat breast milk.
- Heat by placing container/bag into a bowl of warm water.
- Test by pouring onto your inner wrist.
- **When transporting:** store in a chilly bin with ice packs in contact with the frozen milk for no more than 24 hours.



Milk Storage Information for Home Use

(Full-term infants- Academy of Breastfeeding Medicine)

Storage conditions	Storage time	Comments
Room temperature (16-29°C)	4 hours optimal	6-8 hours acceptable under very clean conditions
Frozen	6 months optimal	Up to 12 months deep freeze
Refrigerated	4 days optimal	5-8 days under very clean conditions
		If defrosted, use within 24 hours

Donor Breast Milk

If baby is not yet breastfeeding, you can try expressing milk to feed by spoon, cup, or syringe. If you don't quite have enough milk yet, donor milk is the next best option.

Traditionally, it was common for pēpi to be breastfed by other māmā in the whānau if māmā was unable to breastfeed.

Along with following the expressed breast milk guidelines above, it's important to be aware of potential risks of sharing breast milk including transmission of bacteria or viruses, drug/tobacco/alcohol use, and environmental contaminants.

Donor milk may be offered to you while on the maternity unit at the hospital.

Once home, your midwife or the Breastfeeding Advocate may know of other local mums willing to donate their milk, or you can access these groups on facebook:

- Human Milk 4 Human Babies, Piripoho Aotearoa
- Breastfeeding Mums, West Coast NZ



Solutions for Common Breastfeeding Challenges

Tiredness

- Many new mums find early parenting and newborn sleep patterns tiring. Some tips may help you get through:
 - Restrict visitors
 - Mute your phone
 - Sleep when baby sleeps
 - Accept all support offered
 - Take good care of yourself by eating foods to nourish your body and drink water to thirst

Sleepy baby

- Keep baby with you
- Look for early waking signs
- Unwrap baby/remove layers
- Aim for at least 8 feeds per day
- If sleepy while feeding, take winding breaks, blow gently on baby's face, tickle their feet, or try a nappy change
- Hold baby skin-to-skin
- Switch breasts to encourage baby to wake and keep suckling

Unsettled baby

- Offer the breast, no matter how recent the last feed was!
- Focus on good positioning & latch
- Switch sides more often
- Skin-to-skin
- Bathe or shower together
- Use a baby carrier/ carry often
- Go for a walk, get outside
- Some babies cry a lot more than others; ask for help if you feel overwhelmed



Cracked nipple.

Breast Compressions can help increase baby's milk intake. Do this while baby is sucking but not drinking. Supporting your breast with one hand (baby held in other arm) with your thumb placed on one side of the breast and your other fingers on the other side. Watch for when baby has stopped drinking, then compress the breast by gently squeezing and holding. Try not to change the shape of the areola.

Painful latch and nipple pain

- De-latch if any pinching/pain and adjust positioning (see pages 13-16).
- Most nipple pain will ease when positioning is comfortable and baby is deeply latched on.
- Use moist wound healing by applying breastmilk or lanolin to the nipples after feedings.
- Some mums will have initial discomfort with early breastfeeding. If it does not ease and there is visible damage, ask your midwife or the Breastfeeding Advocate for help.

Engorgement

- When breasts become swollen and full. Commonly happens within the first week after birth, but also after a longer than usual period between feeds.
- Breastfeed your pēpi frequently
- Cool compresses after feeding
- You can express milk to comfort by hand in the shower or by pump. Avoid too much pumping if baby is latching and feeding well.

Mastitis

- Sore breast- usually inflammation, sometimes infection
- Keep breastfeeding
- Use a cool compress on sore area
- Use a pump sparingly, only if necessary
- Make sure baby is well latched and positioned while feeding
- Be gentle with the breast, no rough handling (including massage)
- Pain relief as needed (ibuprofen/ nurofen works well)
- If it keeps feeling worse, see your GP



Mastitis

Milk supply

Babies often seem hungry in the early days and feed very frequently. This can sometimes lead mums to worry that they don't have enough milk, but this normal newborn behaviour is what's needed to establish a good milk supply. The more you breastfeed, the more milk you will make.

Consider the whole picture:

- Is your baby gaining weight each week? (after first 2 weeks)
- Nappy output? (See page 10)
- Are you breastfeeding frequently? (12 times in a 24 hours period)
- Is baby latching on well and swallowing while feeding?
- Do you have breast or nipple pain?
- Is baby waking for feeds? (newborns feed often, both day and night)

If you think you don't have enough milk:

- Offer more breastfeeds, and both sides each feed.
- Adjust positioning as needed to ensure baby has a deep latch.
- Have lots of skin-to-skin contact with baby.
- Avoid long intervals between feeds.
- Try pumping 10 minutes each side after a breastfeed.
- Get support from your midwife, the Breastfeeding Advocate, or a Mum4Mum peer supporter.

Supplementation

When baby needs extra feeds in addition to breastfeeding, it may be recommended for them to have supplementary feeds, or "top ups."

- Keep breastfeeding as much as possible. Prioritise breastmilk in your feeding plan. Breastfeed first, followed by the top up.
- If pēpi is not latching or is separated from māmā, spoons or syringes can be used to feed small amounts in the early days. Cups can be used once pēpi is receiving more milk.
- See "Donor Breast Milk" on page 19
- A "lactation aide" tube can be used at the breast to give baby extra milk while still breastfeeding. This way, if mum is working to build her milk supply, the breast will still get the stimulation to make more milk.

Reflux

Spitting up/spilling (when stomach content comes back up to the mouth) is normal and usually more of a laundry issue than a medical one. It may keep increasing over the first few months and gradually reduce as baby moves around more between 6-12 months.

What helps?

- Take your time with feeds
- Feed frequently- smaller amounts more often may be easier to handle
- Take winding breaks through the feed
- Hold baby upright after a feed
- Handle baby gently after feeding
- Keep a towel or cloth nearby for easier clean up

When is it a problem?

- Intense crying and restlessness during and after feeds
- Baby is often irritable and unsettled
- The spilling becomes forceful
- You see green, yellow, or red spit up
- Back arching after a feed
- Baby has poor sleep and/or weight gains
- A long-lasting cough or wheezy breathing
- Breast refusal
- Contact your midwife, Tamariki Ora Well Child nurse, or the Breastfeeding Advocate if you're concerned

Inverted nipples

- True inverted nipples cannot be compressed outward and do not come out when stimulated or cold.
- Some are just more on the flatter end of the scale. There is a lot of normal variation to nipple shape and size.
- Because babies "breast feed" and don't "nipple feed," this may or may not cause latching challenges.



Inverted nipple

Strategies:

- Use optimal latch on techniques.
- Stimulate nipples before feedings by rolling the nipples between thumb and index finger for a couple of minutes and try to firm nipple by quickly touching with a moist, cold cloth or ice wrapped in a cloth.
- Pull back slightly on the breast tissue during latch-on to make the area more defined.
- Use a breast pump or other suction device to draw out nipple immediately before putting baby to breast.

Teething

- A baby can comfortably continue to breastfeed once they have teeth as long as they are latched on well
- Baby's teeth may begin to erupt around 6 months
- Soothing baby's gums by giving something cool to chew on before latching on can encourage better feeding

Marijuana

- Marijuana can have a significant effect on baby if mum is a heavy user. After occasional use, baby can be given previously expressed milk and mum should not breastfeed for at least several hours.
- The amount in breast milk will be higher than in mother's bloodstream and can be detected in baby's body for 2-3 weeks.

Smoking

Breastfeeding is still recommended if mama smokes, but the more cigarettes smoked, the greater the health risks. You can contact Coastquit or Oranga Hātai Poutini for support with quitting. You (and your household) can also participate in the Smokefree Whānau Incentives Programme to receive support and grocery/fuel voucher incentives. Ask your midwife or WellChild Tamariki Ora provider for a referral.

If you continue to smoke, reduce risk for pēpi as much as possible by always keeping smoke away from them, and smoking after a breastfeed, not immediately before. Breastfeeding will increase pēpi's protection against the harmful properties of cigarette smoke.



Alcohol

- Alcohol passes easily into breast milk and is in the milk at the same level as the bloodstream. Levels of alcohol in the milk will only go down with time.
- Babies cannot process alcohol well. It can make them drowsy or fussy and long term can affect motor skills and development.
- If you plan to drink at an event, check out the Feed Safe app or contact the Breastfeeding Advocate to help plan ahead.

Red Flags

Contact your midwife or GP if:

Baby:

- Appears unwell
- Is not waking for feeds
- Is not interested in breastfeeding or not feeding well
- Has a weak cry
- Has a sunken fontanelle (the soft spot on the top of baby's head)
- Has less than 6 wet nappies per day (after the first week)

You:

- Feel like something is wrong
- Have a sore breast that doesn't resolve with tips on page 21 after 24 hours
- Have ongoing nipple pain with visible damage
- Feel depressed, overwhelmed, or anxious

Why is my baby crying? It can take time to learn your baby's cues. Some cry more than others and if you feel overwhelmed reach out to your midwife, well child tamariki nurse, or Breastfeeding Advocate for problem solving, tips, or reassurance.



PlunketLine is a free national parent helpline and advice service available to all families, whānau and caregivers 24 hours a day, seven days a week. Calls are free from cellphones. You can also book virtual lactation consultant appointments.

How Your Partner or Whānau Can Support You

- Look after and play with pēpi while you rest
- Bathe pēpi
- Do the housework, cooking, and shopping
- Skin-to-skin contact with pēpi when you are not available
- Wear pēpi in a carrier or read them books
- Play with older tamariki and offer to watch them
- Help you to be comfortable when breastfeeding by getting pillows when needed
- They can also fetch the TV remote, your phone, water, snacks, and anything else you need while you're breastfeeding
- Help feed solids from 6 months



Burping/winding techniques:

1. Hold baby upright with their head on your shoulder. Support the head and back while you gently pat baby's back with your other hand. If baby still hasn't burped after several minutes, continue feeding and don't worry; no baby burps every time. When finished, burp baby again and keep them in an upright position for 10 to 15 minutes to reduce spilling/spitting up.
2. Sit baby on your lap, supporting their chest and head with one hand while patting their back with your other hand.
3. Lay baby on your lap with their back up. Support their head so it is higher than their chest, and gently pat or rotate your hand on their back.



1



2



3

Introducing Solids

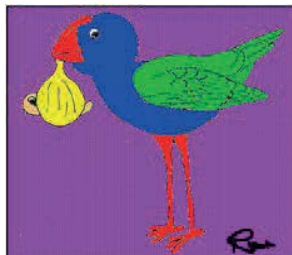


Once pēpi is around **6 months old** they should *gradually* be introduced to solid foods alongside breastfeeding. Breastfeeding never stops being good for your tamariki and you might breastfeed your for a year, or two, or longer.

- Signs pēpi is ready to start solids includes being physically ready (able to chew, swallow, and digest solid foods) *along with* an interest in food. For most, this is at 6 months of age and not earlier. This is a great time for other whānau to get involved in feeding pēpi.
- First foods are about introducing new flavours and textures to add extra nutrients alongside breastmilk. Responsive feeding continues to be the best approach, letting pēpi decide how much to eat (which is a very small amount early on).
- The ideal window for introducing potential allergen foods (such as peanuts, cow's milk, eggs, etc) is between 6-12 months. New foods should be introduced one at a time, allowing 2-4 days between each new food to watch for reactions.

Breastfeeding in Public

You can breastfeed anywhere you like and most cafes on the West Coast are breastfeeding friendly. Your baby has a right to eat when and where they need to. Keep an eye out for "Breastfeeding Welcome" signs to support businesses that want to make their support visible. Some areas such as libraries and Plunket rooms have comfortable seating for breastfeeding, along with changing tables. It's normal to feel a little hesitant about breastfeeding in public at first, but the more you do it the more confident you get!



West Coast Breastfeeding Support

Te Whatu Ora | Health New Zealand

- Your midwife up to 6 weeks postpartum
- Charlotte Binks IBCLC at Te Nīkau Maternity Unit 03 769 7598

West Coast Health

Breastfeeding Advocate

Erin Turley

03 768 6182

027 288 0392

erin.turley@westcoasthealth.nz

www.westcoasthealth.nz



- Available for home visits or phone/text/virtual support options
- Free service
- Antenatal education
- Problem solving for breastfeeding challenges
- Support at any stage of the breastfeeding journey
- Breastpumps available for lending



Facebook group- Breastfeeding Mums, West Coast NZ

Tamariki Ora Well Child Providers

Plunket

03 768 7249

0800 933 922 www.plunket.org.nz

Poutini Waiora

03 755 65720

800 333 170 www.poutiniwaiora.co.nz

Te Whatu Ora | Health NZ 03 769 7400



Poutini Waiora

Whakapiki ake te waiora o te whānau

Working together for the wellbeing of the family

A kaupapa Māori Health and Social Service provider that delivers holistic care to whānau across Te Tai o Poutini. Established 21 years ago, the service is primarily mobile with kaimahi visiting whānau in their homes or other appropriate settings across the West Coast.

Whānau are central to all decision making in order to support goals and aspirations under the umbrella of 'whānau ora'.

Services are delivered based on Tikanga and underpinned by the values embedded in manaakitanga, whanaungatanga, rangatiratanga and wairuatanga.

Our main office is based in Hokitika, with two sub-offices – one in Mawhera and the other in Kawatiri.



We can help with:

- Hapūtanga Wānanga- antenatal education
- Advocacy with other providers
- Preparation for the birth of pēpi
- One-on-one breastfeeding help
- Breast care
- Infant massage to enhance bonding and attachment
- Winding positions
- Parenting Support
- Nutrition
- Stress relief
- Immunisations- information and support
- Safe sleep
- Tamariki ora checks
- Māmā & Pēpi kōiawhina



Mum4Mum Peer Supporters

Mum4Mum breastfeeding peer supporters have breastfeeding experience and complete training to learn more about how to support other mums. These volunteers are located throughout the West Coast.

You might find you already know someone who is a Mum4Mum, or you can read the bios to find someone with similar experiences.

If you have trouble accessing the website below, you can contact the Breastfeeding Advocate (027 288 0392) for Mum4Mums in your area. You can also get in touch if you'd be interested in becoming a Mum4Mum yourself!



West Coast Health

Community Wellbeing Services



To see a list of Mum4Mums, go to the Breastfeeding section of the West Coast Health website:

westcoasthealth.nz



West Coast Services for Māmā, Pēpi, and Whānau



Family Start West Coast- provides home visits for new parents and children aged 0-5 years old. Focuses on improving children's health, learning and relationships, whānau circumstances, environment, and safety. They also run a Positive Parenting and Relationships for men programme. www.familystart.co.nz



WestREAP
(03) 755 8700
www.westreap.org.nz



Buller REAP
508 285 537 or (03) 789 7659
bullerreap.co.nz

REAP- Rural Education Activity Programme- provides educational resources to rural communities, supporting a life-long learning approach. They can connect you with early childhood opportunities in your area (playgroups, courses, music and movement, etc).

National Public Health Service – Te Waipounamu (*previously Community & Public Health*) Pregnancy, baby, and breastfeeding resources available FREE. Breastfeeding is welcome here.

Phone: (03) 768-1160 3 Tarapuhi Street, Greymouth



Pregnancy & Parenting Education:
www.plunketppe.org.nz

West Coast Clinics are located in Hokitika, Greymouth, and Westport.



Whare Manaaki is a kaupapa Māori space for all Mawhera whānau - regardless of whakapapa - to come together, receive support and collectively build community.

Weekly sessions for pēpi and whānau available, along with other cultural support for pregnancy and parenting.

141 Tainui Street, Greymouth
027 337 4206



Te Hono o ngā waka- kaupapa Māori organisation which provides Mokopuna Ora and He Kura Whatu group parenting programme. Parenting and support services for whānau with tamariki 0-5 years. Māmā and pēpi group also available.

021 077 6994
www.tehonoongawaka.org



West Coast Women's Refuge supports Women, Children, and Men to live free from violence and abuse.

Crisis 0800 208 339
Office (03) 789 8025

My Breastfeeding DIARY

With breastfeeding it's best to follow baby's cues and trust your instincts. However, some mums find it helpful to keep a diary in the early days. In this section you will also find helpful tips for what to expect in the first week with your baby.



Day One

Points to remember:

- Make sure you have skin-to-skin time with pēpi for at least an hour after birth (or as soon as possible).
- Your baby is unlikely to breastfeed at regular or predictable times. It's important to allow baby to breastfeed for as long and as often as they want.
- Your baby may then sleep for up to 6 hours – take this time to rest yourself.
- Colostrum is all your baby needs.
- If your baby has not latched and suckled within 6 hours of birth because they are sleepy, they should be woken at this time and then every 3 hours. You may need to actively help them feed and hand expressing should begin until they get the hang of latching well.

We are unable to breastfeed, but I have:

Been shown how to hand express

☐

Expressed colostrum regularly for my baby

☐

Fed the colostrum to my baby regularly by syringe, spoon or cup

☐

Day	Time of day	Minutes on each breast		Wet nappy	Stool Y/N and colour	Feeding notes
e.g. Monday	8:15am	R 20	L 10	Yes	Brown/yellow	Started on right breast, then changed him and finished feeding on left
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			

Day Two

Points to remember:

- Be prepared for frequent feeding today, and especially overnight. This is normal!
You will feel tired – rest as much as possible.
- As long as your baby is breastfeeding well, they do not need any other food.
- Allow your baby to suckle frequently.
- Your nipples will be tender, but should not be damaged.
- You may experience “period like” pains and an increase in bleeding from your vagina whilst breastfeeding. This is normal.
- Your baby may pass urine only once or twice today and bowel motions are frequent; the colour may be changing from black to brown/yellow.
- Ask maternity staff for guidance/reassurance with latch and positioning as needed.
- Colostrum helps keep jaundice levels down.

We are unable to breastfeed, but I am:

- Continuing to regularly hand express colostrum, 2-3 hourly ☐
- Using the electric breastpump and have been instructed how to use it and clean its parts and to store breast milk. ☐

If you feel you require extra assistance with breastfeeding, request a Lactation Consultant.

Day	Time of day	Minutes on each breast		Wet nappy	Stool Y/N and colour	Feeding notes
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			

Day Three

Points to remember:

- Your breasts may feel heavier and a little uncomfortable over the next 24 hours.
- It is not uncommon to feel tired and tearful today – rest/sleep. Good food and fluids are important.
- Your baby tends to settle for longer periods between feeds.
- Nipples remain tender.
- Your baby passes urine more frequently or they may continue frequent feeding.
- Frequent feeds or breast milk will help prevent increasing jaundice levels.
- Your baby may feed frequently again overnight.
- As your breasts become firmer, your milk supply increases.
- If baby isn't latching, Continue to express every 3-4 hours during the day and night.

Day	Time of day	Minutes on each breast		Wet nappy	Stool Y/N and colour	Feeding notes
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			

Day Four

Points to remember:

- Your breasts may feel heavy and cause some discomfort – warm showers and hand expressing can help ease this (see Engorgement on page 21)
- Encourage frequent feeding; it may feel more often that you expected!
- Allow baby to finish the first breast and come off when ready.
- Always offer the second breast, which they may or may not want
- The average feed time varies from baby to baby. All babies are different but if feeds feel really long or short, talk with your midwife.

My baby is still unable to latch

I feel comfortable managing my own breastfeeding attempts	<input type="checkbox"/>
I am totally independent with expressing	<input type="checkbox"/>
I am independent with feeding my baby despite difficulties	<input type="checkbox"/>
I am slowly gaining confidence, but am not yet independent	<input type="checkbox"/>
My baby remains unwell/too sleepy to breastfeed	<input type="checkbox"/>
My supply has increased	<input type="checkbox"/>

Day	Time of day	Minutes on each breast		Wet nappy	Stool Y/N and colour	Feeding notes
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			

Day Five

Points to remember:

- Breasts usually feel more comfortable today.
- Baby's bowel motions at this stage are generally frequent, yellow, loose with a "mustard seeds" appearance.

For the baby who is unable to latch

I am expressing regularly, day and night

☐

I am increasing the number of expressions (if supply isn't meeting baby's needs)

☐

Day	Time of day	Minutes on each breast		Wet nappy	Stool Y/N and colour	Feeding notes
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			

Day Six

I am independently breastfeeding	<input type="checkbox"/>
My baby is settled between feeds	<input type="checkbox"/>
My baby is passing urine at least 6 times per day	<input type="checkbox"/>
My baby is passing a bowel motion at least 2 times per day	<input type="checkbox"/>
My baby is waking for feeds	<input type="checkbox"/>
I can hear baby swallowing when breastfeeding	<input type="checkbox"/>
My nipples continue to improve	<input type="checkbox"/>
My breasts are comfortable	<input type="checkbox"/>

My baby is still unable to suckle	
My breast milk supply is meeting my baby's needs	<input type="checkbox"/>
My breast milk is abundant	<input type="checkbox"/>
My breast milk is not yet fully established	<input type="checkbox"/>

Day	Time of day	Minutes on each breast		Wet nappy	Stool Y/N and colour	Feeding notes
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			

Day Seven

Points to remember:

- Rest/sleep at every opportunity
- Often Day 7 or Day 8 babies feed more frequently. This is the first of many growth spurts and is normal!
- Your breasts may seem smaller and softer by today. This is normal, they have become more efficient at making milk.

Feeding pattern	
My baby is feeding more frequently	<input type="checkbox"/>
My baby settles between feeds	<input type="checkbox"/>
My baby had at least 6 wet nappies today	<input type="checkbox"/>
My baby had at least 3 dirty nappies today	<input type="checkbox"/>
My baby wakes for feeds	<input type="checkbox"/>

By now you will be establishing a good feeding pattern and will be beginning to understand your baby, and what is normal. Your baby should be having at least 6 or more wet nappies per day and several bowel motions per day. This is a good indication that baby is getting enough food from you.

Day	Time of day	Minutes on each breast		Wet nappy	Stool Y/N and colour	Feeding notes
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			
		R	L			

Resources for Further Reading

- **Academy of Breastfeeding Medicine** www.bfmed.org/protocols
- **Aotearoa Baby Clinic- Dr Sophie Mace IBCLC** www.babyclinic.co.nz
- **Breastfeeding in New Zealand | Whāngote ki Aotearoa- Te Whatu Ora Health New Zealand**
- **Employment NZ: Breastfeeding at Work** www.employment.gov.nz
- **Global Strategy for Infant and Young Child Feeding-** World Health Organisation and UNICEF
- **Infant Risk Centre (Medications & Breastfeeding)** infantrisk.com/breastfeeding
- **La Leche League NZ** lalecheleague.org.nz
- **Let Your Baby Guide You (starting solids)** www.healthykids.org.nz
- **NZ College of Midwives (Women-Postnatal Care)** www.midwife.org.nz
- **Perinatal Anxiety & Depression Aotearoa** pada.nz
- **Plunket (Caring for Your Child & Health Concerns)** www.plunket.org.nz







West Coast Health

Community Wellbeing Services