



Breastfeeding and expressing for your premature or sick baby



Every drop of breast milk makes a difference

mychild.ie



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Congratulations on the birth of your baby



“So many emotions hit you when you have a baby that’s born early. When Ciaran was born shock was the biggest thing.”

Congratulations on the birth of your new baby or babies. This is a special time. When your baby is born early (premature) or ill it can also be a very emotional time.

You may feel distress or shock because your baby is in special care and things you had planned for them have suddenly changed.

It is normal to feel this way, and it can take time to come to terms with all that is happening.

You can do a lot to help your baby now. Giving them breast milk is something really important that you as a mother can do. Breast milk is vital for premature or ill babies. It will help protect your baby from infections and illnesses and will help them to continue to grow and develop.

If your baby is too small or too sick to feed at the breast, you can express your milk for your baby. This booklet shows you how to express your milk. It explains how you can help your baby, and how touch can help to comfort your baby and prepare for breastfeeding. Hospital staff will support you as you start to learn the skills of hand expressing and pumping.



“When Ellie was born early and was so tiny the doctors and midwives explained how important my milk was for her health and to stop her getting infections. I felt helpless looking at Ellie in the incubator with tubes and all, but it felt really good to think that those drops of milk were helping her so much.

“Holding her skin-to-skin for the first time was just amazing, and it really helped my milk come in. Those early days of my milk meant she had less time in the unit. She is now two and doing great. I am so glad I could give her the start she needed.”

Dealing with your feelings

Parents of premature and ill babies go through many emotions. You may be feeling joy that your baby is born. You might also feel helpless, fearful, anxious, lonely, angry, worried and confused. These tips may help:

- Accept how you are feeling. It is okay to feel this way.
- Talk to someone who understands.
- Look after yourself. Try to get rest when you can and eat healthy foods.
- Try to do something to relax, like taking deep breaths.
- Try to take things step by step. Learn one thing at a time.
- Try to feel good about the positives, no matter how small. Small things really matter.
- Spending time with your baby may help. Talking to your baby, touching your baby's feet or holding your baby skin-to-skin (see page 7) will help you connect with your baby and relax.
- Reading to your baby and listening to guided relaxing music can also help.
- Express milk for your baby (see pages 10 to 23). This increases your levels of oxytocin, the 'feel good' hormone.
- Accept offers of help from friends and family.
- Your partner may have different emotions to you at different times. It can help to talk about it.

Talking with someone about your feelings is very helpful.

The hospital provides various types of supports. Please ask staff in the unit about support available, such as hospital supports and local support groups. Talking to other parents can be helpful and comforting.



“When Jack was born and he was so sick and they had to transfer him to the children’s hospital, it was really difficult. I felt like I was on a rollercoaster. I went through so many emotions.”

What to expect if your baby needs to stay in hospital

If your baby has an illness or condition they may need to stay in the hospital.

You can do a lot to help your baby in the hospital.

The staff are there to:

- care for your baby
- provide information
- answer your questions



If your baby is very small or sick, they may need to go for more specialised care in another hospital.

Equipment

Visiting your baby for the first time can be a shock. You will see a lot of equipment. Some of this equipment:

- helps to keep your baby safe
- may be needed to support your baby's breathing
- closely monitors your baby's health

Staff

The staff will understand that having a premature or sick baby is a worrying time for parents. They are there to help you. They will answer your questions and explain what the equipment is for. You will be shown the correct way to wash your hands before each visit to the baby unit.

The staff in your baby's unit will encourage you to touch and hold your baby whenever it is possible. Over time, your confidence in doing this will grow, and this will help you bond with your baby.

Touching and holding your baby

Touching your baby and holding them skin-to-skin are all ways to help you connect with your baby. You can do this through the 'comfort hold' and 'kangaroo care'.

The comfort hold



How to place your hands on your baby

At first, you might not be able to hold your premature or ill baby. But touch from you is very important. You can use the 'comfort hold' to connect with your baby.

Staff will support and help you to hold your baby.

1. Wash your hands carefully.
2. Place one hand on your baby's head.
3. Place the other hand on your baby's feet. The photos on this page show how to do this.
4. You may also like to gently hold your baby's hands and touch their feet.



You can gently hold your baby's hand or foot

Kangaroo care (safe skin-to-skin contact)

'Kangaroo care' means holding your baby against your chest with your baby's bare skin next to your bare skin. One way to do this is to hold your baby under your shirt or top.

All babies benefit from the close contact, relaxation and warmth of kangaroo care. For the most benefit, hold your baby like this for at least an hour. This lets your baby go through a full sleep cycle while having skin-to-skin contact.

During kangaroo care, your baby is kept warm against your skin, and you can cover your baby with a blanket.

Kangaroo care helps:

- increase your levels of oxytocin, the 'feel good' hormone
- stimulate your milk production
- develop your baby's feeding and sucking instincts



Parents doing kangaroo care

Both you and your support person or partner can do kangaroo care as soon as your baby is well enough. Your baby will benefit from as much skin-to-skin contact as possible each day.

How to do kangaroo care

1. Discuss with staff and plan a suitable time to do kangaroo care with your baby.
2. Have a shower before visiting and wear clean clothes.
3. Wear a shirt that opens at the front or a loose t-shirt with no bra or vest. This lets you tuck your baby up inside your top.
4. Wash your hands carefully.
5. Greet and touch your baby to let them know you are there.
6. Find a comfortable position.
7. The staff will gently lift your baby onto your chest under your shirt. Rest your baby's head against your breastbone. Support their back and bottom with your hands.
8. The staff will check that you and your baby are in the correct position. You can use a mirror or camera phone to see your baby's face.
9. Use a blanket to cover your baby's back. The top of the blanket should be just below your baby's ear.

“It was the first thing that calmed me and, as soon as I got her into my arms and close to my heart, I felt this is where she is supposed to be.”



Feeding your baby

How breast milk helps your baby

Breast milk is more than food for your premature or sick baby.

- It is gentle on their tiny tummy and easy to digest.
- It protects your baby from infections, especially life-threatening gut infections that premature babies are more prone to.
- It improves the brain development and vision of premature babies.
- It provides antibodies to build your baby's immune system.
- Babies who are fed breast milk generally spend less time in hospital.
- It helps you develop a bond and connection with your baby.

Your first milk (colostrum)

The first milk you produce is called **colostrum**. It forms in your breasts when you are pregnant. It is yellow instead of white. It is full of important nutrients and antibodies for your baby.

It is called '**liquid gold**' because of its colour and importance. Every drop of colostrum is precious, and it makes a difference to your baby.



Expressing milk after the birth

You may not be able to feed your baby at your breast if your baby is:

- very premature
- unwell, or
- separated from you

Instead, you can express your milk for your baby. Your midwife will talk to you about expressing milk.

You can hand express (see page 11-13) as soon as possible after the birth (ideally within the first hour). Later on, you can use a hospital-grade double electric pump (see pages 15-18). The staff will guide you depending on your baby's needs and how well you are after the birth.

Some mothers are unwell after birth and need specialist care themselves. Ask your midwife to help with hand expressing as soon as you are well enough.

You can express milk at your bedside or in the neonatal unit. It may take a few times before you produce milk. Your baby's tummy is tiny, and every drop of breast milk matters.

The nurse caring for your baby will give them the colostrum you have expressed.



Dr Jane Morton
video on hand-
expressing



Midwife Rebecca
O'Donovan shows
how to hand
express milk

“The midwife sat beside me and showed me what to do, and I was very grateful because expressing is very unusual at the start.”

Expressing before the birth (colostrum harvesting)

Consider learning hand expressing skills before the birth of your baby. Unfortunately not all women are able to hand-express before the birth. Talk to your midwife for advice on how to do this.

It is normal to express just drops of colostrum in the early days. Every tiny drop of colostrum is important for your baby.



When you first express milk, you will do it by hand. First you need to massage your breasts. Breast massage may feel a bit strange, but it really helps you to start making milk for your baby.

When to express milk

Once you have started, you should express at least 8 to 10 times every 24 hours. This is every 2 to 3 hours. This is how often in 24 hours a newborn baby breastfeeds.

Try to express at least one time between midnight and 6am. This is because milk-making hormone levels are higher at night. Night-time expressing helps stimulate your breasts to make more milk overall.

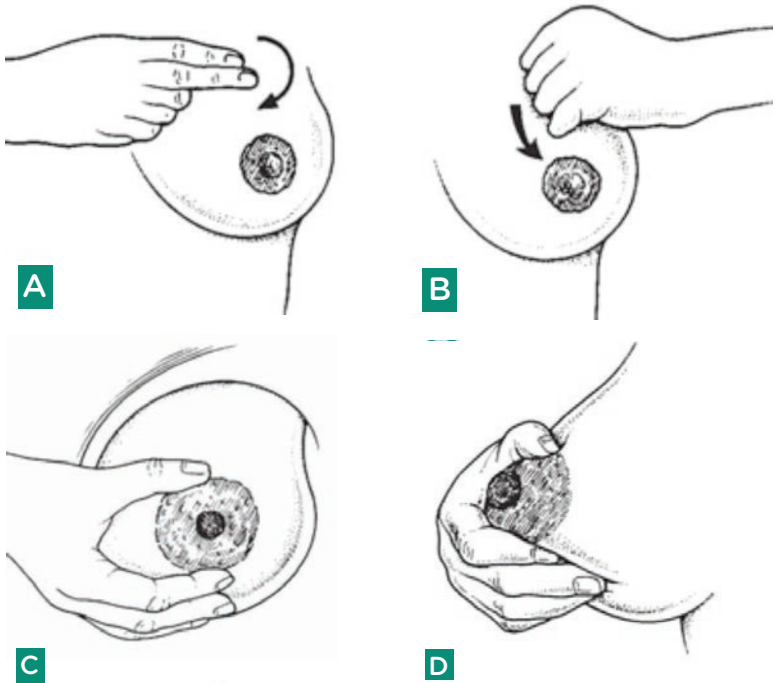
Learning how to hand express

It can be useful to have your partner or support person with you when your midwife shows you how to hand express.

If you have any questions or difficulties, please ask your midwife or your baby's nurse so they can help you.

Starting breast massage and expressing as soon as possible after birth is important. This helps you make colostrum. Breast massage may feel a bit strange, but it really helps you to start making milk for your baby.

How to massage your breast and hand express your milk



1. Wash your hands carefully.
2. To help your milk flow, you can:
 - sit comfortably
 - relax and think about your baby. Looking at photos or videos of them and listening to relaxing music can help
 - have someone massage your back and shoulders, and
 - warm your breast. A good way to do this is to put a warm facecloth over your breast
3. Massage your breasts. Look at pictures A and B to see how to do this. Gently roll your nipple between your fingers.

4. Place your thumb on the edge of your areola. This is where the darker part of your nipple joins the lighter skin of your breast. Place your second and third finger on the opposite edge of your areola. As you can see, your hand forms the shape of the letter C.

To see how to do this, look at picture C. If your areola is small, place the thumb and finger a couple of centimeters past or beyond the areola.

5. You then compress and release the breast tissue using rhythmic movements. Compress and release and, as you can see, a little drop of breast milk appears (picture D). Try not to rub or slide along your nipple as this may hurt.

After compressing and releasing for a little while, a few drops of breast milk will appear. Collect this into a sterile container or syringe that your nurse or midwife gives to you. Colostrum tends to drip slowly as it is thick, later milk may come in spurts or sprays. Continue to compress, release and collect.

6. There are a number of ducts in your breast. To stimulate those as well, move your fingers around the areola. This helps to release breast milk from all areas of your breast. Massage your breast as you move your hand around the areola.

After a while, you will notice the flow slows down. It is a good idea to then move on to the second breast. Once again, begin with heat, breast massage and then compress, release and collect again.

When you finish, write the date and time on the container or syringe labelled with your baby's details. Then send the milk to your baby's unit or place the container in the fridge.

See **mychild.ie** for more information on expressing.



Watch this video by Dr Jane Morton for tips on hand-expressing for a premature baby

If you're worried

For some mothers, it can be difficult to make milk at first and the amount can be very small. Try not to be disheartened if you produce a very small amount of colostrum or if your milk is slow to come in.

Other factors can delay your milk coming in. These include:

- having a caesarean section
- some medical conditions
- your baby being born very early



Ask a staff member for help or to check your technique.

Every single drop of your breast milk is important for your baby.

Massaging and expressing at least 8 to 10 times in 24 hours will help. You can try the following tips:

How to get the most breast milk for your baby

- Have a warm shower or place a warm facecloth on your breast before you massage your breasts.
- Look at photos or videos of your baby while you express your milk. They will also help you produce oxytocin (your 'feel-good' hormone). This increases your milk flow.
- Keep your baby's smell with you. There are many ways of doing this. You may be able to use your baby's muslin square or a pair of their little socks.
- The best way to do this is to leave a muslin square in the incubator with your baby for a day. Staff will help you with this. Keep this muslin close to you when you express milk. Your baby's smell helps your milk flow.
- Remember to look after yourself and try to get rest. Try to eat a normal, healthy diet and drink when you are thirsty. Some mothers feel thirsty when expressing milk, so have a drink of water near you.

Using the breast pump

Well done on all you have done so far. Your breast milk will start to change from yellow colostrum to white breast milk. You can start using a hospital-grade double electric pump depending on you and your baby's situation. The staff will guide you.

Using the pump, continue expressing milk at least 8 times regularly throughout 24 hours. This might seem like a lot, but newborn babies feed this often. It can take about 20 to 30 minutes to massage and express your milk in the early days. Do not express for more than 20 minutes per breast.

You can pump milk from both breasts at the same time. This is called '**double pumping**'. Double pumping stimulates the hormone prolactin. **Prolactin** helps build and maintain your milk supply. Continue breast massage and hand expressing a few minutes before and after pumping.



Pumping from both breasts at the same time is called 'double pumping'

Getting a breast pump

In hospital, electric breast pumps are available:

- on the postnatal ward in the maternity unit
- in the neonatal unit

The staff in the hospital will:

- show you how to use the pump
- give you sterile containers for collecting your milk
- assist you to pump either beside your baby or in the expressing rooms

You will also need a **hospital-grade electric pump** at home. You can rent a hospital-grade pump. The staff in the postnatal ward or neonatal unit will give you information on renting a hospital-grade electric pump. This is something your partner or support person can do for you.

When to double pump

When you have the hang of it, it is a good idea to double pump your milk:

- every 2 to 3 hours
- at least one time between midnight and 6am

You will need to continue to massage and express regularly (at least 8 times in 24 hours). This helps you to establish **milk supply**. The amount of milk you make depends on how often you express.

Many mothers find their milk supply is established (average of 700ml to 900ml in 24 hours) after the first few weeks. They can then reduce the number of times they express each day, but still maintain a full milk supply.

Remember that milk supply may vary from person to person. Talk to staff if you are concerned.

It helps to keep a log of the amount of milk you express. See page 36 for a sample diary. You can manage your milk supply by increasing or decreasing how often you pump, as needed.

Talk with staff about how to reduce expressing without affecting your supply.

Preparing to express your milk with a pump

Before you begin, gather the things you need. Give yourself time and try not to feel rushed. Remember, it takes about 20 minutes to express your milk. This will all get easier over the next few days.

You will need:

- a warm cloth or other source of heat
- a picture or video of your baby, or something with their smell on it
- a comfortable chair to sit in
- a sink so you can wash your hands before you put the expressing set together
- a drink of water and snacks (oatmeal, cereal bars, seeds, nuts or fruits)
- a clean hospital-grade double pump
- sterile double pumping expressing sets with the correct flange size – staff will help you to check the size (reusable or disposable)
- a sterile container for milk collection – staff will provide this
- clinical wipes to clean the tubing and caps (single person use) – available in the hospital
- your baby's printed hospital label for your milk

Always check that your expressing set is sterile every time before you use it, even if it is new.

Helping your milk flow

1. Before you express milk, warm your breasts with a warm cloth or by using your hands.
2. Massage your breasts before and during pumping.
3. Stroke your breasts gently towards the nipple.
4. Stroke your nipples and roll your nipples between your fingers.

5. Look at a picture or video of your baby while you express your milk.
6. Think about your baby.
7. Get comfortable and try to relax.
8. If your baby is well enough, hold your baby skin-to-skin before you express milk.
9. Smell something that has your baby's scent or cover the bottle with a clean mitten or socks.

Being near your baby, or stimulating your breasts through massage, helps to release the milk from your breasts. This is the **'let down reflex'** and it feels different for every mother.

Some mothers say that it is like a tingling. Others say it is a discomfort that disappears when milk starts to flow. Some don't feel any sensation but notice the milk dropping from their nipples.

Remember to massage your breast before you use your breast pump. Massaging triggers your 'let down reflex' and helps your milk to flow more freely.

“Hands on pumping” (HOP)

The best way to maximise milk production is to combine hand expressing and pumping using a double hospital-grade breast pump.

This is called “hands on pumping” (HOP). It helps drain your breasts more fully. Drained breasts make milk faster.

It also helps to pump from both breasts at the same time.

Benefits of pumping both breasts together:

- It is quicker.
- More milk is expressed.
- The milk expressed has higher fat content - this is important for sick and premature babies.

- Mothers who are expressing often have a drop in milk supply around week 3. Doing HOP means your milk supply continues to increase gradually. This is usually by 5 to 6 weeks.



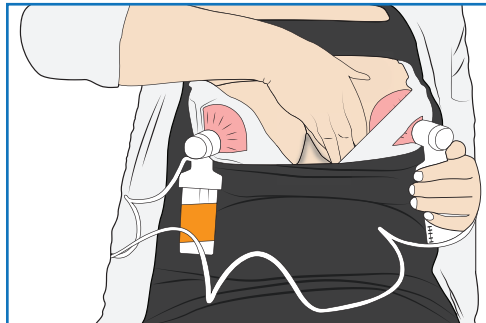
Watch Dr Jane Morton's video on "hands on pumping"

Steps for hands on pumping

It is important to carefully wash your hands before you begin.

Make sure that your nurse or midwife is there to support you the first time you use the breast pump. This includes ensuring:

- the fit of the attachment is comfortable for you
- the suction of the pump is correct



1. Wipe the pump and tubing with a sterile disposable wipe.
2. Connect the sterilised expressing set to the tubing and to the pump.
3. Sit in a comfortable chair with your back supported.
4. Wash hands again after cleaning the pump.
5. It may help if you support your breast with your hand to help you to centre your nipple in the centre of the funnel.

6. Hold the funnel so that the pump can maintain a vacuum. Try not to press the funnel too firmly into the breast tissue, as this can prevent the milk flow.
7. Turn on the breast pump. The pressure will be on the minimum setting and on 'stimulating phase'. This continues for 2 minutes and then changes to 'expressing phase'.

Every woman needs different pressures. Having the pressure too high can cause nipple damage and will not help you to get any more milk. If it feels uncomfortable, turn the pressure down and gradually increase as your breasts adjust to the sensation.

8. Apply gentle pressure on the breasts or gently compress the breasts with your hand. See pictures on page 19.
9. After the first few days, continue to express until the flow of milk slows down. Turn off the pump. Massage your breasts for a few minutes, do some hand expression and then turn back on the pump.

Using fast and slow cycle speeds

You can use the stimulation or fast cycle speed on your pump to help your milk to start flowing again. Then turn to slow cycle speed or expressing phase on your pump to maximum comfortable pressure. Pump until the flow slows down and then stops. Do not express for more than 20 minutes.

Try adapting your bra

Many mothers adapt their bra by cutting a small hole in each cup. This allows the pump funnels to pass through and attach to the bottles. See the photos below. This helps you to do hands on pumping more easily.



Troubleshooting problems

Expressing milk should not hurt! If your nipples are sore while you use the breast pump:

- talk to your midwife or the nurse caring for your baby
- try using a nipple balm or cream to ease any tenderness, or
- rub some of your breast milk on your nipple

Why are my breasts or nipples sore?

Is the funnel of the breast pump the wrong size? Check with staff if you need a different size.

Is the suction pressure on the pump too high? Try turning it down.

Did you remove the funnel from your breast before you turned off the suction pressure? Always turn off the suction pressure before you remove the funnel.

Increasing milk supply after the first few weeks

Mothers who are pumping for a sick or premature baby may find that their breast milk supply reduces after a few weeks. It is helpful to keep a log of the amount of milk you are expressing every day, so you notice any changes. There are several free apps which can help keep track of milk production.



If your baby was able to feed at the breast, they would have 'growth spurts' every few weeks to help keep your breast milk supply up. **'Growth spurt'** days are days when a baby feeds more often.

When you are pumping for a sick or premature baby, it is important to have days when you do extra pumping or 'power pumping' to keep your supply up. Always use a combination of the breast massage, hand expressing and pumping.

It can be difficult to fit in extra pumping sessions, but you can plan them for when you have extra support if possible.

Power pumping to increase supply

To help increase supply you could try to fit in an extra two or three pumping sessions in 24 hours or take one hour in the evening.

During these sessions:

1. Do a normal expression to empty (around 20 minutes).
2. Then turn off the pump for 10 minutes and do some breast massage.
3. Pump on for 10 minutes, pump off for 10 minutes.
4. Do some breast massage and pump on for 10 minutes.
5. Continue even if there is very little or no milk. (It can take 48 to 72 hours before you notice any change in supply).

You should notice your milk supply increasing if you do power pumping for a few days. Any extra pumping will help to increase your breast milk supply.

You need to express 8 to 10 times in 24 hours for the first few of weeks to reach full milk supply. Full milk supply is generally considered to be between 700ml to 900ml per baby, per day.

If you have not reached full milk supply, talk to a lactation consultant and the staff caring for your baby. Some mothers take longer to reach this goal, especially if your baby was very premature.

Remember, every drop of breast milk is helping your baby. Some premature babies will need additional protein, minerals and vitamins. This can be added to your expressed breast milk through fortifiers. **Fortifiers** are prescribed and given by staff.

Many mothers can keep up their full milk supply by expressing less often after the first 3 to 4 weeks. Try dropping to 5 to 7 expressing sessions a day or pump for shorter times.

Watch your milk supply closely by keeping a log of the amount of milk you are expressing. Add up the volume of milk you get every day.

If the milk supply drops, you will need to express more often. If your supply stays the same, then you are maintaining your supply on fewer expressing sessions. You can always boost your milk supply by doing some power pumping (see blue box on page 22).

Most mothers can provide breast milk for their babies. However, if you cannot produce enough breast milk for your sick or premature baby, donor breast milk may be used. If **donor milk** is needed, this will be discussed with you by the medical team caring for your baby.

Cleaning and sterilising expressing sets

Staff will provide you with information and hospital guidelines on cleaning and sterilising the breast pump equipment and on storing your milk.

The unit your baby is in may have a place for you to clean and sterilise your equipment. Some units provide sterilised disposable kits. You may be advised to return the used kits for sterilisation. Ask the staff for help.

Storing and transporting your milk

Fresh milk is best for your baby, but sometimes you will need to freeze milk. Your hospital will give you sterile disposable containers for storing your breast milk. These bottles attach directly to the expressing sets.

When babies start to have breast milk, they get small amounts. So it's best to store the milk in small volumes. The staff will guide you about your baby's feed volumes.

Label each container with printed labels that have:

- your baby's name
- their date of birth
- your baby's hospital number, and
- the date and time you expressed the milk

When you fill a container, leave at least 1 to 2 cm of space at the top. You need this space because milk expands when you freeze it.

Storing fresh milk

Check the hospital policy on storing breast milk. General guidance is 48 hours in the fridge for milk for premature or sick babies.

Check that the fridge temperature is 4 degrees or lower and store the expressed milk at the back of the top shelf. Breast milk you have defrosted and then placed in the fridge must be used within 24 hours.



Breast milk containers in a hospital fridge

Storing frozen milk

You can freeze breast milk for use later. Use it within 3 months of the date you froze it.

Transporting your milk to hospital

Use an insulated cooler bag or box to take your milk to and from hospital. If you are visiting the hospital every day, you can store milk in your fridge at home. Place the milk at the back of the top shelf.



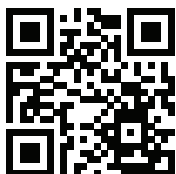
Take the milk when you go to hospital, and they will freeze it there. If you freeze your milk at home, make sure it does not thaw on the way to hospital. Use an insulated cooler bag or box to take it with you. Use ice blocks or packs inside the bag and store in the boot of your car to keep the milk cool.

Always note the time the milk was removed from the freezer in case your journey is long. Once thawed, milk should be used within 24 hours. If milk reaches room temperature, it should be used within 4 hours. Make sure that insulated bags are cleaned or wiped with disinfecting wipe before each use.

Feeding your baby at your breast

Getting ready for breastfeeding at your breast

Before your baby is ready to breastfeed, they may get feeds through a feeding tube. Holding your baby in skin-to-skin will help them get ready for breastfeeding.



Watch a video by Dr Jane Morton on firstdroplets.com about how to breastfeed a premature baby

Place your baby skin-to-skin at your breast. This makes it easy for your baby to begin to lick and feel your nipple. This is called **'non-nutritive sucking' (NNS)**.

NNS means sucking without getting milk. It is the first step to breastfeeding and will help your milk supply grow. It also helps your baby associate your breast with feeding. If your baby is very premature, express your breast milk first. Then put your baby to that breast.



A premature baby in the cross-cradle position (see page 30) on the left arm

As your baby grows and learns how to co-ordinate sucking, swallowing and breathing, they may show signs they are ready to be fed by mouth.



A premature baby under their mother's right arm in the football or underarm hold (see page 31)

The staff caring for your baby will help you to recognise these signs. They will help and support you with the first breastfeeds. You may notice an increase in your milk supply. It will take your baby time before they can feed for longer than a few minutes so it's important to protect your supply by expressing your milk after the breastfeed so that the breast is emptied.

Starting to breastfeed

1. Hold your baby skin-to-skin before they are due to feed.
2. Massage your breasts and express a little milk onto your nipples before you put your baby to your breast. Support your baby in a position that will help them attach on to your breast.
3. Make sure your baby is attached well at your breast and sucking effectively. (see 'Signs your baby is attached and feeding well' on page 29).
4. Let your baby breastfeed for as long as they are actively feeding. If you can feel sucking and hear swallowing, they are actively feeding. At the start, your baby may only take small drops of milk. Breastfeeds may only last for a few minutes before they get tired. Feeds will get longer as your baby gets stronger.

5. If your baby does not feed fully at your breast, offer extra expressed milk after breastfeeds. Continue to express after the breastfeeds to protect your supply.

As your baby breastfeeds more and becomes more satisfied after breastfeeds, you can gradually reduce the amount of extra milk given until they get all their feeds at your breast. This can take patience and many weeks, but it is worthwhile. Your baby may not be fully breastfeeding before being discharged from hospital.

Some premature or sick babies will learn the skill of breastfeeding quicker than others. Other babies will take longer but persistence and support will help.

“His oxygen levels never dipped when he was close to me and breastfeeding, and that gave me confidence.”

Breastfeeding positions

There are lots of different breastfeeding positions. You will find what works best for you and your baby. There are very few rules about how to hold your baby when breastfeeding. Your nurse or midwife is there to help you find a comfortable position that works for you and your baby.

How to position and attach

1. Try to relax and get comfortable before a feed.
2. When your baby seems ready to feed, hold them near your breast in a comfortable position.
3. Hold your nipple near your baby's upper lip and nose. This helps them feel the nipple and smell the breast milk.
4. Your baby then tilts their head back, opens their mouth widely and attaches onto your breast.

The deeper the attachment, the more comfort for you and the better your baby feeds. The better your baby feeds, the more milk you make.

When you hold your baby close, they should be able to:

- reach your breast without having to twist their head, and
- tilt their head back easily

Support your baby's neck, shoulders and back. Some babies also like to have their feet supported. Ask the staff to help you find a comfortable position that works for you and your baby.

A baby who is nose to nipple



Signs your baby is attached and feeding well

- Your baby's mouth is open wide and their cheeks appear 'full' and rounded.
- Your baby's chin is tucked closely into your breast and they can breathe easily.
- Your baby's sucking pattern changes to long deep sucks and swallows with pauses in between.
- You hear slow, deep, rhythmic sucking and swallowing sounds. There are no smacking or clicking sounds.
- Your baby feeds calmly. They do not fuss or come on and off the breast.
- Your baby finishes feeding and seems satisfied.
- You do not feel pain.

The laid-back position

Many mothers find it relaxing and comfortable to feed their babies lying back, supported by pillows or cushions. This way your body supports your baby. You have a free hand to stroke and help your baby. This position is also called laid-back breastfeeding.



Laid-back breastfeeding position

The cross-cradle position

While there are lots of different breastfeeding positions, the cross-cradle position can work well for a premature or ill baby. It is also a good position to start with. It gives you good control of your baby's body. See a photo of a premature baby in the cross-cradle position on page 25.

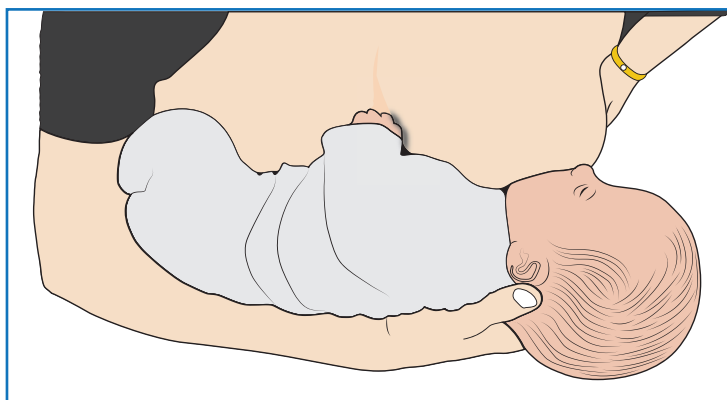
Using the cross-cradle position

1. Face your baby towards your breast.
2. Lay your baby across your body.
3. Rest your baby's body along your forearm.
4. Support your baby's neck with your hand.

Your baby should be free to tilt their head back to attach onto the breast. This image shows the cross-cradle position.



Cross-cradle



Cross-cradle position for premature babies

The football or 'underarm hold' position

The football or 'underarm hold' can be a helpful position when breastfeeding a premature baby. It can be a good position when breastfeeding twins together.

Using the football or 'underarm hold' position

Tuck your baby under your arm, on the side that you are feeding them.

Hold your baby at your side, under your arm. Support your baby so that they can reach your nipple. Support their back, shoulders and neck with your hand.

Bring your baby to the breast so your baby is **'nose to nipple'**.



The football hold

A pillow or cushion can be helpful to rest your baby's body on. Your baby's legs will be under your arm and along your back. See a photo of a premature baby in this position on page 26.

Visit mychild.ie for information on other breastfeeding positions.

Going home before your baby

You may be going home from the hospital before your baby. It can be a very emotional experience to leave your baby in the hospital. It is normal to feel upset, so be gentle with yourself on the day you go home. Have a supportive companion with you.

You will be able to come to the unit to spend time with your baby as often as you want. Remember, your baby is in the right place and is receiving the care they need. The staff members are highly trained and will look after your baby while you are not there.

Talking to other parents in a similar position can be helpful and comforting.

Your role as a parent is really important. When you come into the hospital, staff will encourage you to have skin-to-skin contact with your baby for as long as possible, when your baby's condition is stable. Enjoy this special time bonding with your baby, knowing that it is so important for you both.

Your breast milk continues to be important for your baby.

Continue to express at least 8 times in 24 hours in a schedule you can manage but with a gap no longer than 5 hours once in a 24-hour period.

It is important to check that your daily milk supply is increasing as your baby grows.

Bringing your baby home

Bringing your baby home from hospital can feel exciting and daunting. Hospital staff will assess your baby, and they will be confident that your baby is ready to go home.

The staff members are there to answer any questions you have before you take your baby home. They can help you build your confidence in caring for your baby.

You can continue to have skin-to-skin contact with your baby (see page 7), and it is really nice to enjoy cuddles in your own home.

It is really good for your baby's health and development to continue to receive breast milk, whether you are expressing milk (see pages 10-23) or feeding at the breast (pages 25-30). Every feed of breast milk is good for your baby's health and will protect against infections.



Getting help

You will receive care and visits from your public health nurse and your baby will have developmental checks. You can phone the hospital, GP or public health nurse if you have any concerns. See page 35 for information on breastfeeding support.

It may seem like a busy time, especially if you have older children. Things should get easier over the next few days and weeks.

To help yourself:

- try and get help with practical things like shopping, housework and childminding
- eat healthy foods, get enough to drink and rest when you can

Keep visitors to a minimum. If visitors have a cold, cold sore, infection or contagious illness, they should stay away until they are better. You do not want your baby to catch their illness.

Local and hospital support

Managing with twins, triplets or more



Twins Molly (left) and Keelin as newborns and aged 5

Twins, triplets or more may require care from a neonatal unit. This is because these babies are more likely to arrive early.

If your babies are being cared for in a neonatal unit, kangaroo care is important as soon as each baby is well enough. This helps you feel close to each baby and gives them the best chance to grow and recover if they have had a difficult start.

You can do kangaroo care with one baby at a time or with your babies together, but you will need some assistance.

Breastfeeding or giving breast milk to twins or other multiples can be challenging, but it is very important for keeping your babies healthy. Try to get your breast milk supply going soon after birth, and it is best if your babies are fed at the breast. If your babies cannot feed at your breast yet, you can express milk for them until they can breastfeed.

When you start breastfeeding twins or other multiples, it might be easier to breastfeed one baby at a time so you can learn how to position and attach each baby.

When you are confident with breastfeeding each baby, you might like to try to breastfeed both babies together. When the first baby is feeding well, ask for help attaching the second baby.

Some twins want to be fed at the same time, while others have different feeding patterns. Try to get to know each of your babies and follow their individual feeding patterns where possible.

The 'underarm hold' (see page 31) is a good position when feeding two babies at the breast together. Ask for help when trying this hold for the first time.

Getting more information and support

Breastfeeding information and support is available from staff at your maternity hospital or children's hospital.

It is a good idea to get in touch with your local support groups before your baby comes home.

When you get home, your public health nurse and GP will provide support and information. Many babies will have follow-up appointments with the hospital after discharge.

Go to the HSE's mychild.ie/breastfeeding for:

- 'ask our expert' service - email or webchat with online lactation consultants
- local support group information
- more information and videos on breastfeeding

Breastfeeding information and support is also provided by:

- La Leche League lalecheleagueireland.com
- Cuidiú cuidiu.ie
- Friends of Breastfeeding friendsofbreastfeeding.ie
- Association of Lactation Consultants Ireland alcireland.ie

As your baby grows, support groups are a good opportunity to meet other mothers and get information and help. They are run by HSE public health nurses, lactation consultants (IBCLCs), La Leche League Leaders, Cuidiú counsellors or Friends of Breastfeeding mother-to-mother groups.

Sample expressed breast milk diary

This diary is adapted from the 'Expressed Breast Milk Diary' booklet by Cork University Maternity Hospital and University Hospital Galway.

Today's date:

Time of day	Circle method of expressing	How long (duration)	Volume from left breast	Volume from right breast	Circle where you expressed
1. Day 1	hand / pump	15 min	1 ml	1 ml	hospital / home / other
2.	hand / pump	17 min	1.5 ml	1.5 ml	hospital / home / other
3.	hand / pump	16 min	2 ml	2 ml	hospital / home / other
4.	hand / pump	15 min	2.5 ml	2.5 ml	hospital / home / other
5.	hand / pump	16 min	2.5 ml	2.5 ml	hospital / home / other
6.	hand / pump	15 min	2 ml	2 ml	hospital / home / other
7.	hand / pump	17 min	3.5 ml	3.5 ml	hospital / home / other
8.	hand / pump	17 min	5 ml	5 ml	hospital / home / other
9. Day 2	hand / pump	15 min	5 ml	5 ml	hospital / home / other
10.	hand / pump	15 min	7 ml	7 ml	hospital / home / other
Total volume (amount)					

Expressed breast milk diary

Today's date:

Time of day	Circle method of expressing	How long (duration)	Volume from left breast	Volume from right breast	Circle where you expressed
1. Day 1	hand / pump				hospital / home / other
2.	hand / pump				hospital / home / other
3.	hand / pump				hospital / home / other
4.	hand / pump				hospital / home / other
5.	hand / pump				hospital / home / other
6.	hand / pump				hospital / home / other
7.	hand / pump				hospital / home / other
8.	hand / pump				hospital / home / other
9. Day 2	hand / pump				hospital / home / other
10.	hand / pump				hospital / home / other
Total volume (amount)					

**Do you have
breastfeeding
questions?**



**Live chat
available**

**Get information and support from lactation consultants
on the 'Ask Our Breastfeeding Expert' service**

mychild.ie

The HSE would like to thank the parents of premature babies who helped to develop this booklet. Thank you too to Dr Jane Morton for giving permission to link to videos and Catherine Watson Genna IBCLC for use of images.

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This booklet is a guide only. You will need support from skilled staff from time to time during your breastfeeding journey.

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Every drop of breast milk makes a difference

