



Breastfeeding Guide



Rebirthing With Emily

A Different Approach to Birth

Something that is natural, isn't natural to everybody and that's okay.

Hi, my name is Emily from Rebirthing With Emily.

When I had my babies I had no knowledge on breastfeeding at all. I have also included in this guide everything I wish I knew during pregnancy, birth and postpartum.

Breastfeeding looks smooth sailing in pictures and videos you see on social media but for most mums it is really hard work, especially in the beginning.

Many mothers go into breastfeeding hoping to breastfeed for at least 1 year but majority don't make it to 6 months which is really disappointing and disheartening to most.

World health organisations recommends breastfeeding for the first 2 years of life, and most women. Don't have enough knowledge or support to reach this mark or their own personal breastfeeding goals. But with the right support, preparation and knowledge to be prepared you will feel much more confident going into motherhood.

Any amount of breastfeeding is beneficial to your baby, whether it's 6 weeks or 2 years and anything in between, you are amazing, and postpartum can be tough and sometimes healthcare providers will recommend feeding alternatives if it is in the best interest of the mother and baby, because you both matter.

I hope this booklet gives you more knowledge and confidence in approaching breastfeeding and comfort in knowing that you're not alone and a lot of women go through the challenges.

Rebirthing With Emily

For anybody who hasn't breastfed before you may be wondering where to even start; So let's keep it simple

- When a baby is attached to your breast and sucks it triggers the nerves in our nipples which causes the milk to flow from the alveoli (This is where the milk is produced and stored).
- Prolactin is the hormone that stimulates milk production
- Oxytocin stimulates the ejection / let down reflex of milk to feed the baby
- The letdown can feel like a tingling sensation or uterine contractions
- Supply = Demand – The more your baby feeds the more milk you will produce



Breastfeeding is a learnt skill for both you and your baby and can take up to 6 weeks to get the hang of it while your milk supply is being established. Be kind to yourself.

Your breastfeeding journey begins during pregnancy.

During pregnancy hormones cause your normal breast tissue to change to milk producing tissue, you may notice tingling, tenderness or sore breasts. Lactation (The process of making milk) generally starts around the 16 week mark, this is caused by hormones estrogen and progesterone causing your breasts to become more fuller to prepare for milk production. You may also notice your nipples beginning to darken. Around this time you also start to make colostrum which serves as your babies first feed.

Antenatal expressing is collecting of small amounts of colostrum from 37 weeks onwards.

Antenatal expressing can be done 1-3 times a day from 37 weeks and is amazing for promoting mums mindset on how instinctual and amazing your body and *boobies* are.

Colostrum is the **golden milk** that will help protect your baby during the early days, it helps set up the baby's micro biome, immunity and gut flora. It also helps clear the baby's system of meconium (First poo).

It is a good idea to create a breastfeeding plan during pregnancy so you have a guide. (I will attach an example for you below)

Benefits of Antenatal expressing

- Familiarising the mother with her breast
- You won't rely on a midwife to show you in hospital
- It will reassure you that your body's producing milk
- It helps stimulate and initiate the supply and demand flow cycle
- Gives you confidence in knowing it is there if your baby is separated from you at birth or
- if you need it during the first few weeks.

So how is it done?

At the start you might like to warm the area with a warm compress before starting, or try doing it after a warm shower to ensure you are relaxed and comfortable.

Using your index finger and thumb place them around your outer area of the Areola and push your fingers back into the breast and gently squeeze together.

Continue to do this slowly all the way around the breast to clear all the ducts.

Using a sterile 1-2ml syringe suck up each drop as they appear.

It may not look like much but it will be all your baby needs in the first few days.

Babies tummy's are only very small.

Once you have done this you can date and store them in a container or a bag in the fridge.

(Don't forget to take them to the hospital and ask them to put them in the fridge there too!)

How birth affects Breastfeeding

I just wanted to start by saying that I am not here to deviate you from your birth / breast feeding plan or to scare you but there are some complications you should be aware of that can arise depending on your birth; And its also important to remember that everybody's journey is different.

How your birth affects your breastfeeding journey is very downplayed In Australia. *Letting your baby choose their own due date is the first thing if breast feeding is something you are wanting to do.*

This is because having a natural spontaneous onset of labour triggers a unique hormone concoction between mother and baby helping kickstart your breastfeeding journey. As the baby travels out the birth canal they are squished causing all the excess fluid to be squeezed and removed that they have taken in inside the womb.

The rush of adrenaline a baby gets after birth causes them to be alert and awake helping stimulate a hungry baby ready their first feed after birth.

A baby born via caesarean don't get that squish and are more likely to be more full and sleepy in those first few days which will make them less likely to want to imitate breastfeeding.

Instrumental births

The use of Vacuum, forceps or a fetal scalp clip are more likely to cause pathological jaundice which makes your baby very sleepy and may make them slower to learning to breastfeeding.

Pain relief in Birth

Pethidine, Morphine and the epidural all can cross the placenta (To the baby) making the baby sleepy and less likely to imitate breastfeeding. Pain relief can also impact them baby on their first breaths as they are more sleepy and can also affect their suck swallow reflex.



So to put it simply having a alert baby ready to breastfeed regularly in those first few days is really helpful if breastfeeding is the feeding path you choose.

Your birth does have an impact on breastfeeding initiation and so does birthing your placenta, let me explain why.....

There are 2 ways to birth a placenta

1. Physiologically
2. Active management



In a physiological birth the body releases a abundance of hormones which all play a vital role to mother and baby. *Including natural pain relief* and alertness for mother and baby. When these are released in large amounts it tells the uterus to expel the baby and then placenta in a safe way ensuring that the uterus clampdowns effectively to ensure minimal blood loss. During a physiological birth the blood in the placenta is transferred back into the baby via the umbilical board.

This can take anywhere from 10 minutes to a hour.

During active management birth or placenta the cord is clamped (Usually early), mum is given an injection of synthetic oxytocin, followed by controlled cord traction (Pulling on the cord). Active management is thought to reduce the risk of postpartum haemorrhage; however this is more likely to be caused by the interventions during birth. This cord traction technique could cause retained placenta or the cord to snap which will require to mum to go to theatre for the placenta to be removed.

The 5 Senses

Newborns are born with the 5 senses sight, hearing, taste, touch and smell.

Babies can't see very far when they are first born but they can see there mothers face well during breastfeeding. They may also be very interested in looking at mum post birth.

Your baby will also be listening to their mother's heartbeat and her voice as this is familiar to what they have heard for the last 9 months. They will find comfort in this.

Babies are very instinctive and will use a reflex in there legs and arms to move towards the breast (Known as the breast crawl).

A baby's sense of smell is very strong, they will seek out the smell of the mothers breast as the smell is Sid to be similar to the amniotic fluid they are used to. They are also used to the taste of this too

The Golden hour

The golden hour is a term used for those first few magical hours after birth. During this time there are also lots of hormones flowing to help set you up on your motherhood journey. If these are released at the right times and naturally you will feel amazing.



During this time you can enjoy

Uninterrupted skin to skin

Contact breast crawl allowing baby to latch on whilst alert

Bonding time you won't get back

After the first feed, baby will likely be tired and want to sleep awhile.

If it is safe to do so things like cutting the cord, weighing, injections, measurements and dressing baby can all wait while you soak up this time.

Skin to skin during the first few hours earth-side help reduce stress hormones for your baby making the transition from womb to world easier for them. Mums chest can regulate her temperature to match her babies.

It also reduces risk of maternal stress and postpartum depression.

Although it's not as common, you can still advocate for skin to skin immediately after birth with a caesarean birth as long as baby is breathing well and mum is okay.

Understanding your Hormones

Hormones is a word you hear thrown around a lot as a teenager and from your parents but you never really understand how amazing hormones can work until you have a baby. Let me explain some of the main ones that play a major role in pregnancy, labour, birth and postpartum.....

Oxytocin

known as the love hormone, is released when the baby is made and also when the baby is born. It is released to help the baby and mother to bond and also tells the uterus to contract during labour and when to birth the placenta.

Oxytocin is at a all time high in a women's life post birth, which is what causes that post birth high.

Catecholamines (Adrenaline and nor adrenaline)

These hormones are what gives mum that burst of energy at the end of labour to birth her baby and also what makes the baby alert for breastfeeding.

Endorphins are natural pain relievers for the mother during birth and the baby post birth.

Prolactin

This helps trigger breastmilk and prepares mother for motherhood.

Endorphins

These are natural pain relievers released to mum and baby during birth

When your milk comes in....

for most women who have a normal physiological birth it can take 3 -5 days for their milk to come in, in this time colostrum is all you baby needs, their tummies are the size of a pea.

if you have a caesearan birth it might take abit longer.

This period of time when your milks coming in can also make you feel like you are getting a cold. Remember to rest and look after yourself.

Once your milk has come in it's common to experience nipple and breast engorgement. Nipple damage is also very common during this time as the nipples are harder, using a warm compress before a feed can help soften the nipple and also hand expressing a little before putting baby on the breast.

Your breast produces two types of milk, fore and hind milk. Foremilk is waterery and sugary (Located at the front of the breast) and hind milk is thicker and contains more fat. The hind milk also sticks to the walls of the milk ducts. You want your baby to get a good amount of both of these milks. By 2 around two weeks your milk becomes mature milk.

How to establish a good milk supply?

The first six weeks is all about recovering, building connections and nurturing and nourishing yourself and your baby. During this time it is also when you are establishing your milk supply. This is why it is so important to have a calm and quiet postpartum period.

Allow your
baby
unlimited
access

Use your
babies
hunger
cues.

Good
attachment
and skin to
skin

Breastfeeding is a full time job so its important to have the right support around you and to be filling your own cup.

Am I producing enough milk?

Poos and wees are the best way to tell if your baby is getting enough to eat. Your baby should do the same amount of wet nappies as they are days old.

1 day old = 1 wet Nappy

2 days old = 2 wet nappies

and so on.

After a week you should be seeing 6-8 nappies per day.

As the transition milk comes in you will see a change in the nappy colour. When mature milk comes in it is normal for them to go two weeks without a poo. That may seem like a long time to us but babies are tiny and have a little waist, they are using all the nutrients required for them.

Babies can loose up to 10% of their birth weight i the first few days.

Weight is also another way you can tell if your baby is getting enough milk. Babies should be re-weighed around 72hrs old, if it is done earlier it can impact the mothers mindset and the baby is likely to be placed on a strict formula feeding schedule by doing this your milk supply will drop even more as your baby will be fuller and spending less time on the breast.



At birth the baby's tummy is the size of a pea



At one month old the baby's tummy is around the size of a egg.

It is not ideal to put breast feeding babies on a feeding schedule because they are likely to feed every 2-3 hours and a breastfeed takes roughly 90 minutes

What if I'm not producing enough milk?

If you are worried about your supply, feed more often.

The more you feed the more you will produce.

Milk Sharing is becoming more common in Australia.

Milk sharing is a preferable and viable option for mothers who may need extra milk for their baby. You may know somebody in your circle who had an oversupply or has finished feeding their hind and is happy to donate their milk to you.

Informal Milk Sharing is also another option. These are found on online communities such as facebook groups like "Human Milk For Human babies" making it an easy way to connect with people who are happy to donate their milk. *You will want to make sure you check the blood screening results of the mother and their life style before proceeding with this.*

Human Milk Banks recruit breast milk from donors. They collect, pasteurise and store the milk. They also test the milk for any bacterial contamination then distribute the milk to the recipient.

Ensure you are getting enough nutrients into your diet and drinking enough water. You can also try galactagogue which can be found in lactation cookies, teas or medications to increase milk supply.



If you have tried all avenues and they just don't align with what you need then formula is the last option.

A fed baby is a happy baby.

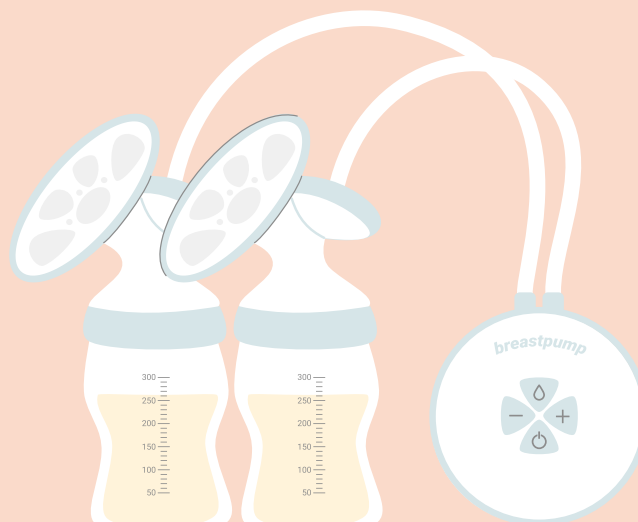
What if I'm not producing enough milk cont....

For some mums mental wellbeing formula, bottle feeding or mixed feeding is the best option at that time and that is okay. I am not here to tell you never use formula, If that is the right option for you and your baby to be at your best then that is what's most important.



Power Pumping

Power pumping is another great at to help increase your supply. To power pump put the pump on for 10 minutes then take it off for 10 minutes and repeat over a 50 minute period. This can be done 1-3 times a day over 3 days. Note: Keep pumping even if no milk comes out.



Other Common breastfeeding issues

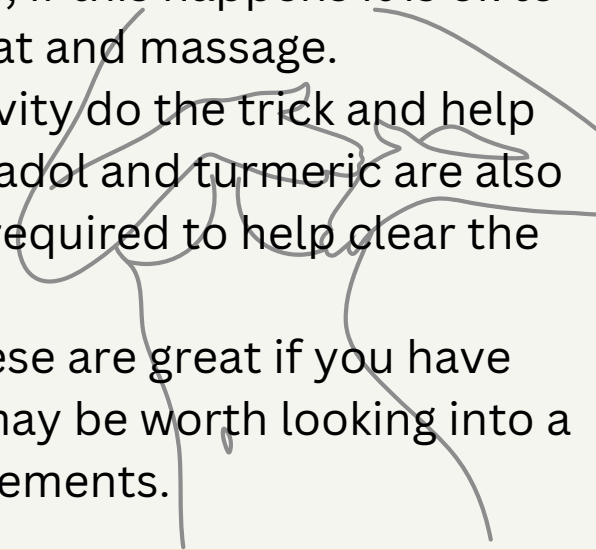
Blocked Ducts and Mastitis

You should be checking your ducts for blockages regularly, this can be done by massaging. If you do have a blocked duct you can use a pump to help drain the breast and a cold compress after feeds.

If this continues it can develop into mastitis, if this happens it is ok to keep feeding, along with using heat and massage.

TIP: Feeding baby on all fours can help gravity do the trick and help the baby drain the blockages. Voltaren, Panadol and turmeric are also safe to use. Sometimes antibiotics can be required to help clear the infection.

You can also buy lactation massagers, these are great if you have mastitis reoccurring. If this does happen it may be worth looking into a probiotic and some supplements.



Nipple Damage

Things to help with this can be Try to let your nipples air dry, hand expressing colostrum, giving your boobies some natural sunlight, checking your babies attachment for a lip and tongue tie with a lactation specialist.

Silverettes are also amazing for breastfeeding. They are a silver cup that sits over your nipple to reduce cracking and sore nipples.

Rest and express for 24hr is also a option.

Nipple Vasospasm

Is where the blood vessels to the nipple suddenly constrict causing a burning shooting or throbbing sensation. You can help ease the pain by using breast warmers before feeds. Using olive oil massaged into the nipple after a feed. There are also a range of supplements that can help too like vitamin b 6, Calcium and magnesium.

Getting the right Latch

Getting the right latch is important for both mum and baby. If you don't have the right latch your baby may not be getting enough milk.

You will know you've got a proper latch if your baby's chin and tip of their nose are touching your breast. Their lips will look like a fish and be outwards not tucked in. Once you get this your baby will fall into the rhythmic suck-swallow-breath pattern of sucking.

TIP: After feeding, your nipple should be round, if it is not and shaped pointy like the tip of a lipstick it's a sign the latch wasn't right.

Common Latching problems:

Poor positioning, you shouldn't be hunched over your baby. Your baby's body and head are out of line. Make sure your baby's head and body are facing you so they can focus.

Baby's body is too far away. Bring your baby closer to you and find the right position.

Nipple feeding and Breastfeeding

You want to ensure your baby has as much breast tissue in their mouth as possible so that the nipple will be touching the soft palette of their mouth (Towards the back) This will also reduce pain and nipple damage. If after 10 seconds it is still painful detach. Breastfeeding is a lot of work for a baby, they will do 8-10 rhythmic sucks then will have a rest.

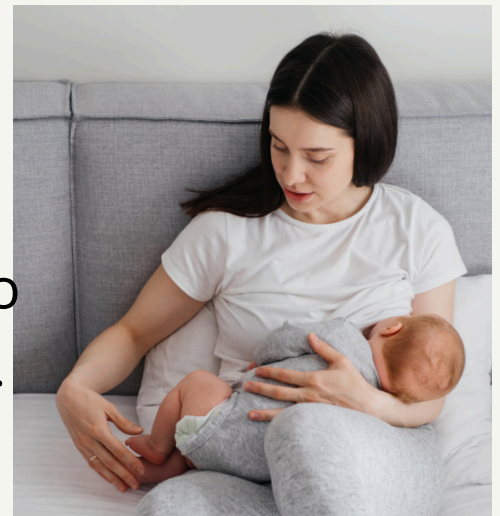
Feeding Positions

Side Lying Position is the perfect way for mum to rest while feeding, just remember that your breast needs to be in contact with the baby's chest and your arm away from the back of baby's head if they need to pull back.



Football hold (with or without baby supported by a breastfeeding pillow) is great for women who have had a caesarean, but as baby grows they will grow out of this.

Cradle or crossover hold is a very effective and common hold, Its important to note with any of these to always bring the baby to your breast.



Burping

Breastfed babies don't need as much burping as a bottle fed baby but after feeding on one side, burp, change the nappy then move to other side.

Tips and Things to Consider

Babies use breast feeding for comfort, warmth and self regulation and lots more. Sucking helps calm the babies nerves system.

Cluster feeding is very common during growth spurts, these happen at 6 and 12 weeks.

(App Wonder Weeks helps you track leaps)

Giving your baby a dummy before 6 weeks can affect your supply and demand cycle.

It isn't until 6 weeks your milk supply regulates, it's common to feel like you have less milk but your breasts are just holding milk in a different way. Formula supplementing is also common around this time.

Breastfeeding also benefits the mother by promoting a faster recovery period, reducing the chance of maternal depression, helping with mother- infant bonding and more.

Postpartum Shower - Babies have a strong sense of smell and too much will overload their senses. When you are having a shower try to avoid soap and shampoo near your breasts. This will also leave the trail of amniotic fluid formed during skin to skin so baby can find the breast again.

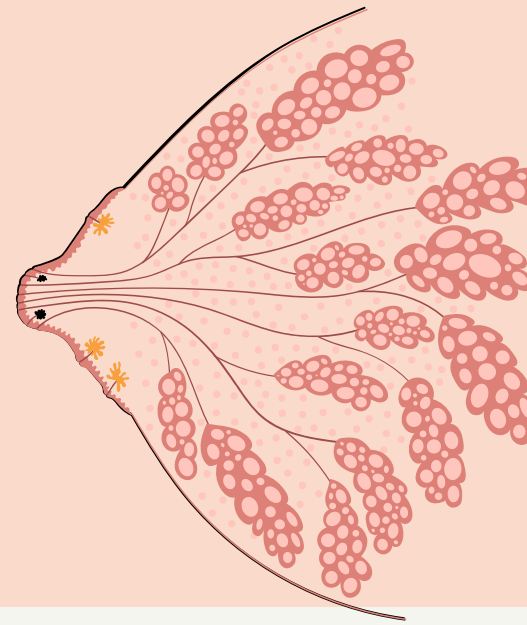
Breastmilk empties their tummy in 90mins, where as formula takes 4 hours, if you use formula when trying to establish a supply this could impact it as baby won't need a feed for longer periods of time.

If you use a bottle before 6 weeks your babies suck reflex can be impacted. This is because a bottle allows the milk to flow faster which will make baby not have to work as hard.

The world health organisation (WHO) currently recommends:

Infants should be exclusively breastfed for the first 6 months after birth to achieve optimal growth, development, and health.

After the first 6 months, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to 2 years of age or beyond.



Breast Pumps, Bottles and Storage Tips

Breast pumps are great to help manage engorgement in the early days or when babies start to wean and drop overnight feeds. There are so many pumps on the market now, automatic, manual and even ones to catch your letdown out of the other breast whilst feeding to avoid wastage.

The best pumps to consider are:

Spectra - This is hospital grade, well known for its extensive features, dual pumping to save time

The Haakaa - Is a silicone manual pump, it has very little components so can be used quickly in the middle of the night or if your baby has a longer nap than usual. It can also be used as a catcher.

Medela - Medela have a hands free breast pump which is small, electric and most importantly hands free which is perfect to carry around if you are doing housework .

There are so many bottles available on the market which is great if you have a fussy baby and one teat doesn't work but it also can make it difficult to find the right one.

Choosing a bottle with a long teat that is slow releasing with help avoid nipple confusion or refusal.

When bottlefeeding a breastfed baby always hold baby facing you as you would if you were feeding and swap baby (Arms) to one side to the other half way through each feed. This helps with development of the left and right hemisphere of the brain.

It is recommended in the first few weeks to only store milk in 50 -30mil bags to avoid waste. Babies only need around 100mls per feed in the first 6 weeks.



[Click here to see the best rated bottles for 2024](#)

[Click here to see the best breast milk storage bags](#)

[Click to see
Spectra Breast Pumps](#)

[Haakaa Breast Pumps](#)

[Mendela Breast Pumps](#)



Your Breastfeeding plan

In your breastfeeding plan some things to ask yourself could be;

- Do you want all of the post birth observations done while baby is on your chest?
- Do you want the observations to wait until at least a hour after the birth if possible?
- Do you want delayed or optimal cord clamping?
- Do you want your baby weighed and dressed by you and/or your partner or the nurse?
- If you are unable to have immediate skin to skin after birth, do you want your partner to have skin to skin contact with baby?
- Do you want support hand expressing your colostrum, if your baby is unable to breastfeed isn't the first few hours?
- if alternative feeding methods of expressed milk are needed, would you like your baby to be fed using a cup, spoon, syringe or bottle?
- How long would you like to breastfeed for?
- Where are you going to breastfeed when your at home?
- Who is a local lactation consultant in case you need extra support?

If everything doesn't go exactly to plan don't be hard on yourself.

You did what you had to do at the time with the tools you had.

Additional Breastfeeding Support

Amberley provides breastfeeding support & breastfeeding education along with amazing breastfeeding supplies

Click [Here](#)

Australian Breastfeeding association provide peer support along with many useful resources

Click [here](#)

(There is a group located in Ipswich)

Jayne Vidler Private Lactation Consultant

Located in Amberley

0466 532 352

info@jaynevidler.com.au

West Morton Parent and Child Health

Locations in Esk, Ipswich, Fernvale, Gatton and laidley

Click here for more information

Here is a popular course for breastfeeding Mummas

Facebook Breastfeeding mums Support Group

Australia



I wish you all the best on your Breastfeeding journey and please feel free to reach out if you have any questions.



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