

Bump to Baby

Plymouth Guide 2018/19



Great Expectations P5



Love your bump P6



Myths and Truths P12



... Your guide to pregnancy, birth, breastfeeding and beyond ...

A photograph of a pregnant woman with dark hair, wearing a white t-shirt and a pink cardigan, smiling warmly. She is being embraced from behind by a man with short brown hair, wearing a black and white striped shirt. The background is a solid purple color. The text "Becoming a parent is an exciting time for both of you" is written in white on the right side of the image.

Becoming
a parent is
an exciting
time for
both of you



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Wow! Your growing baby really is **AMAZING!**

... and here's why ...

8 Weeks

Your baby is called a fetus, which means offspring.

12 Weeks

All your baby's organs, muscles, limbs and bones are in place. From now on, it will grow and mature.

16 Weeks

Your baby's nervous system is developing, allowing the muscles in your baby's limbs to flex. Your baby's hands may reach and hold each other when they touch - they can also form a fist.

20 Weeks

Your baby has started to grow eyebrows, eyelashes and has its own unique finger prints. Your baby's eyes can move now, although the eyelids are still shut, and their mouth can open and close.

25 Weeks

Your baby is moving about vigorously and responds to touch and sound. A very loud noise may make him or her jump and kick, and you'll be able to feel this.

30 Weeks

Your baby is growing rapidly and gaining weight. The sucking reflex is developing and they can suck their thumb or fingers.

35 Weeks

Your baby's lungs are almost fully formed and ready to take their first breath when he or she is born. Your baby will also be able to suckle for feeds now, and the digestive system is fully prepared to receive breast milk.

40 Weeks

Your baby is ready to be born, and you'll be able to enjoy a skin to skin cuddle sometime in the next couple of weeks.



Great Expectations

Becoming a parent can be a wonderful time, and fill you with a mixture of emotions, from excitement to anxiety - and that's where we come in ...

The programme aims to provide parents-to-be with useful information and practical skills, to help them feel more comfortable about making choices for their new arrival, whether it's their first baby or not.

The course includes 1 x 2 hour session per week and offers practical help and advice in the following areas:

- A healthy pregnancy ● Changes in relationships
- Preparation for birth ● Bonding with baby
- Parental support ● How babies grow and develop
- Getting baby off to the best possible start

It's open to all pregnant women in Plymouth, including their partners, friends, grandparents or supporter of their choice. To book onto a course, speak to your midwife, your local Children's Centre or directly on Eventbrite (see below). For information on your health go to www.plymouthhospitals.nhs.uk/your-pregnancy-health



Eventbrite (search Great Expectations Antenatal programme Plymouth)
or speak to your children's centre directly

www.plymouthhospitals.nhs.uk
(search maternity)

Love your Bump!

Whilst you are pregnant, your baby is growing and their brain is rapidly developing. You may be amazed to know that even before your baby is born, you can start to bond with your bump and help them to become part of your family.

- **Positive thoughts** - can help you to overcome any concerns or worries you may have. Try picturing your baby's face; imagine how you may feel when you hold them for the first time.
- **Talk to your bump** - Your unborn baby will start to recognise the familiar voices they hear. This will be reassuring for your baby after they are born, as you continue to talk softly and calmly. You could try reading or singing to your bump as well.

- **Touch your bump**

Your unborn baby can feel when your bump is being stroked or massaged. You may feel them push against your hand, move about and kick. Gentle touch can be soothing for your unborn baby.

"It's been fantastic to feel my baby respond to my touch"

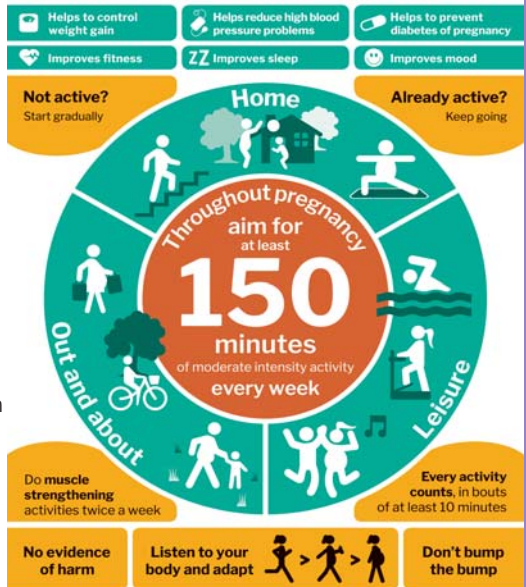


Physical activity for pregnant women

- **Eat well** - Your unborn baby needs to receive a variety of vitamins and minerals to help them grow and develop. Pregnancy is a great time to think about eating healthily, taking healthy start vitamins and trying not to gain an excessive amount of weight.
- **Healthy habits for you and your family**
Staying active in pregnancy is good for you and your unborn baby. Gentle exercise, like walking and swimming can produce natural chemicals in your body called endorphins, which help you to feel happy.
- **Get to know your bump** - As your pregnancy progresses, you may start to notice patterns in your unborn baby's behaviour. Your baby may sleep, move, stretch, turn around and respond to familiar music or voices. You may be able to feel if your baby has hiccups or if they are startled by a loud noise.
- **Share your beautiful bump** - with those closest to you. Dads, older siblings and even grandparents may enjoy being involved in your growing baby's journey. Tell them what you can feel, encourage them to talk to your bump and share your amazing experiences with them.
- **From bump to baby** - Getting to know your bump can really help you to feel connected with your baby when you meet them for the first time. Hormonal changes during and after pregnancy can affect your emotions. Share the high points and any low points with the people around you who may be able to support you through any difficult times.



“Healthy eating and gentle exercise is good for you and your unborn baby”



UK Chief Medical Officers Recommendations 2017: Physical Activity in Pregnancy: bit.ly/startactive16



Healthy Start

HEALTHY
START

Free milk,
fruit, veg and
vitamins for you
and your family



Healthy Start is a UK-wide government scheme which aims to improve the health of pregnant women and families. If you are on a low income or certain benefits, you may be able to receive free vitamins during pregnancy and beyond. Speak to your midwife or health visitor to see if you qualify or visit www.healthystart.nhs.uk/ for more information. You can exchange your healthy start voucher for vitamins at your local children's centre.

Once your baby arrives, you may be entitled to vouchers which can be exchanged for fresh or frozen fruit and vegetables, milk (cows/formula) and children's vitamin drops.

Healthy Start women's vitamin tablets contain:

Folic acid: reduces the chance of your baby having spina bifida, a birth defect where the spine doesn't form properly

Vitamin C: helps maintain healthy tissue in the body

Vitamin D: helps your body to absorb calcium and so supports your baby's bones to develop properly.

The whole UK population is at risk of low Vitamin D status due to living much of our life indoors and in a country with limited sunlight. Our main source of Vitamin D is from the action of sunlight on our skin but in countries in the Northern Hemisphere, such as the UK, the sunlight is not strong enough to make Vitamin D for the winter months (September to April).

It is now recommended that everyone over one year of age should take a 10µg/d Vitamin D supplement daily and as a precaution, breastfed babies from birth to one year and formula fed babies who are having less than 500 ml/day of infant formula to be given a supplement of 8.5 to 10µg/day.

Taken from Unicef UK BFI statement Jan 2017.

Healthy Start children's vitamin drops contain:

Vitamin A: for growth, vision in dim light and healthy skin

Vitamin C: helps maintain healthy tissue in the body

Vitamin D: for strong bones and teeth.

5 Ways to Wellbeing



Livewell
Southwest

For tips on positive mental health ring the **ONE YOU PLYMOUTH** on 01752 437177

Parents' guide to the joint infant feeding policy

Livewell Southwest

We support the right of all parents to make informed choices about how they wish to feed their infant/s. We will provide you with the information you need to make your decisions, including the benefits and risks associated with some methods of feeding. We will offer you support, guidance and practical advice to ensure that you and your baby/s enjoy a positive feeding experience.

Our infant feeding policy is underpinned by the recommendations made by UNICEF UK Baby Friendly Initiative, the World Health Organisation and the Department of Health. Breastfeeding is the best way to feed your baby, offering both a mother and her baby immediate and long lasting health benefits. A mother's breastmilk is easily digested by her baby, providing a unique blend of essential nutrients and antibodies which are impossible to duplicate in any other form.

If you choose not to give your baby breastmilk, we will ensure you are offered essential information about how to feed your baby safely and how to give your baby milk, which enables you both to enjoy a close feeding relationship.

Our commitment to you:

- Our organisation is committed to maintaining the UNICEF Baby Friendly standards
- All our staff are trained to support you with your choice of infant feeding
- We will ensure you are offered all the information you require to make an informed decision about how to feed your baby
- We will offer you written information, as well as the opportunity to have a face to face discussion about feeding with a healthcare practitioner
- We will ensure you receive the support you need, when you need it, wherever you choose to have your baby
- We will provide you with ongoing support, both whilst you are pregnant and after your baby is born
- We will ensure you have information about where to get additional support should you need it
- We have a comprehensive infant feeding policy which all parents are welcome to view on request
- If you require easy read or translated information, we will provide this for you on request

Skin to Skin with your baby

Why is skin to skin contact important?

- It keeps your baby warm.
- It helps to calm and relax you and your baby.
- It promotes bonding between a parent and their baby.
- It regulates baby's breathing and heart rate.
- It is an opportunity to connect with your baby (great for dads and siblings too).
- It gives you an opportunity to touch, kiss, stroke and look at your baby.
- It encourages baby to feed.
- It stimulates the hormones needed to produce breast milk.
- It provides an opportunity to get to know each other.
- It promotes the growth of healthy skin flora, which protect against infection.

When your baby is born, you will continue to get to know each other and you may begin to recognise and respond to their needs. All babies enjoy closeness, love, warmth, comfort and food. Close physical contact with your baby will help them feel secure, it also stimulates hormones which can help you bond with your baby. Soon after your baby has been born, you may choose to breastfeed in response to their feeding cues, sometimes you may need to breastfeed your baby for your own comfort or convenience.

The relationship between a mother and her baby becomes "responsive" as they develop a bond and become attuned with each other.

Your baby will usually show signs when he/she is ready to feed, these subtle changes in behaviour are called **feeding cues**, these include:

- opening his/her eyes and mouth
- salivating/dribbling
- rooting and moving their head from side to side
- licking and poking their tongue out
- becoming more wakeful or restless

It is much easier to respond to your baby before they begin to cry, as a distressed baby may be reluctant or difficult to feed. This is known as "**responsive feeding**". Your baby will use these "feeding cues" to let you know when they are hungry!



Myths and Truths



Myth	Truth
Babies become spoilt and demanding if they are given too much attention.	When babies' needs for love and comfort are met, they will be calmer and grow up to be more confident.
It's important to get babies into a routine as this makes your life easier.	Young babies are not capable of learning a routine. Responding to their cues for feeding and comfort makes babies feel secure, so they cry less, which makes your life easier too.
You should leave babies to settle alone so that they learn to be independent.	When babies are left alone they think they have been abandoned, and so become more clingy and insecure when their parents return.
Babies benefit from lots of toys to help them learn.	Looking at your face is the best way for babies to learn. Talking, listening and smiling triggers oxytocin and helps your baby's brain to grow.

Taken from Building a happy baby – A Guide for parents published by Unicef Baby Friendly Initiative.

Responsive Bottle feeding

There may be times when you choose to give your baby a bottle.

To make the experience responsive for you and your baby the following tips may be useful:

Feed your baby when they show signs of being hungry: look out for cues (see previous page).

Crying is the last sign of wanting to feed, so try and feed your baby before they cry (for more details, see the Start4Life Guide to bottle feeding).

Your baby will know how much milk they need. Hold baby close in a semi-upright position so you can see their face and reassure them by looking into their eyes and talking to them during the feed. Begin by inviting baby to open their mouth: gently rub the teat against their top lip.

Allow just enough milk to cover the teat and pace the feed to prevent the milk from flowing too fast.

Follow baby's cues for when they need a break and gently remove the teat or bring bottle downwards. Your baby will know how much milk they need. Forcing your baby to finish a feed will be distressing, and can mean your baby is overfed.

More information can be found at:

http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/simple%20formula%20guide.pdf

Food for thought

Your baby does not require any other food or drink apart from breastmilk for about the first 6 months of their life.

This is known as exclusive breastfeeding, which is recommended by the Department of Health and other leading health organisations. You can continue to breastfeed for as long as you wish, alongside the introduction of solid foods (weaning) at about six months of age.

The longer your baby is breastfed, the greater the health benefits will be. The intimate, loving, closeness you share with your baby during feeds, also helps to stimulate their brain development, raising their IQ and enabling them to feel safe and secure in the world around them.

You can breastfeed for as long as you wish

How breastmilk is made

During pregnancy, hormonal changes will prepare a mother's breasts to make milk for her new baby. Her breasts will become larger, veins may become more prominent and the nipple area (areola) will darken. Some women start to leak small quantities of colostrum, this is the first rich, nutritious milk a mum makes, which is high in fat and packed with antibodies.

Colostrum will give your baby energy, protection from infection and help them to pass their first poo (known as meconium). When your baby begins to feed, their suckling stimulates hormones called prolactin and oxytocin, which are responsible for producing milk and for encouraging the milk to flow towards the nipple (known as the "let down reflex").

Feeding your baby frequently, for as long as they wish, will encourage your body to make more milk.

If your baby is unable to feed for any reason, you can express breastmilk by hand or by using a breast pump. (Find out more on page 23/26)

The amount of breast milk you make will depend on your baby, the more they take, the more you make! Your body will regulate how much milk you make, in response to the amount of milk your baby has at each feed.



Tiny Tummies

Their tummies are very small, and they do not need to have large feeds. Over feeding a baby make them feel uncomfortable and they may be sick (posset).



Day 1: 5-7 ml, (Just over a teaspoonful per feed). Tummy size of a **small glass marble**.

The first milk a mum makes is called colostrum, which can be thick and slightly sticky. Your body will make just the right amount for your newborn baby. This precious milk provides your baby's immune system with a boost of infection fighting antibodies. Colostrum also has a laxative effect, which helps your baby's gut to start working and to have their first poo.



Day 3: 22-27 ml, (Just over 4 teaspoonfuls per feed). Tummy about the **size of baby's own fist**

Your colostrum is still present, but the amount of milk you are making will start to increase, as your baby feeds more frequently. Each time your baby feeds, they are stimulating the hormones needed to make more milk. You may find that your breasts become very full and sometimes hard (engorged with milk). Feeding your baby frequently or expressing some milk by hand will help to ease this.



Day 10: 45-60 ml, (Approx 12 teaspoonfuls per feed). Tummy is about the **size of a golf ball**.

All newborn babies should be offered milk feeds "little and often", as their tiny tummies cannot digest big volumes.

Most babies will want to be fed at least 8 to 10 times in 24 hours, which includes waking for feeds during the night.

If you have any concerns about feeding your baby, talk to your midwife, health visitor or local peer supporter



How do I know if my baby is getting enough milk?

All babies are different, some breastfeed very quickly, whilst others take their time. Some babies have long pauses during a feed, whilst others just take a few seconds to pause.

No two babies will be the same, but most mums like some reassurance that their baby is getting enough milk. It usually takes a few weeks for you and your baby to become confident at breastfeeding. The following signs may help you to feel more confident in the first few weeks.



Does your baby:

- ✓ have a healthy looking skin colour
- ✓ have a slow steady weight gain (most babies lose weight in the first week or so, but your midwife will keep an eye on this)
- ✓ feed at least 8 -10 times in 24 hours (including night time feeds)
- ✓ appear settled, calm and generally relaxed during a feed.
- ✓ start their feed with initial rapid sucks changing to slower sucks with pauses and soft swallowing.
- ✓ finish their feed with fluttering or quivering of their lips
- ✓ let go of your breast spontaneously at the end of a feed or when the breast is gently lifted
- ✓ appear content and satisfied after most feeds
- ✓ leave your breasts and nipples feeling comfortable and not misshapen or sore
- ✓ make your breasts feel softer than before the feed began
- ✓ have regular wees and poos, see page 19 for frequency

**No two babies
are the same!**



Learning to breastfeed



Breastfeeding is a practical skill, which may take time and some practice before you and your baby become confident. Don't expect to be an expert overnight! Your midwife, health visitor and local peer supporters are there to support you and are skilled at identifying potential difficulties and finding solutions.



1. Hold your baby in close to you, with their nose level with your nipple.
2. Allow your baby's head to tilt back, so that their mouth can open really wide. Your nipple should still be level with baby's nose, aiming towards the roof of their mouth.
3. Baby's chin will touch your breast first, enabling baby to use its tongue to "scoop" in as much breast as it can, as you bring baby swiftly towards your breast.
4. In this position, your nipple will "roll" to the back of baby's mouth, avoiding their hard upper palate, and enabling baby to suck on your breast to stimulate milk flow.



Positioning and attachment

These are the terms often used by people supporting you to breastfeed, they refer to the position you hold your baby in when you bring them to the breast (and their subsequent feeding position). Attachment is how your baby attaches or "latches on" to the breast to feed. Learning how to position and attach your baby effectively will enable you to try different ways to feed your baby, such as lying down. Dads can learn to recognise when feeding is going well and that baby is attached effectively too. Their support and encouragement is really important too, as you are doing something really special for your baby.

Before you breastfeed

Remember that the length of time your baby feeds for will differ, according to how hungry they are, how old they are and how efficient they are at taking a feed. So it's important to make yourself comfortable, with anything you need within easy reach, e.g. a drink. Your baby needs to be able to snuggle in close to your body, so it's a good idea not to use cushions, pillows, or blankets, particularly whilst you are learning this new skill.

If breastfeeding is causing you discomfort, your health visitor, midwife or peer support worker can help

How to hold your baby

Effective positioning and attachment

Your baby has effective attachment if you can see:

- ✓ Baby's chin is touching your breast
- ✓ Baby's mouth is open wide
- ✓ Baby's lower lip is slightly curled back
- ✓ Baby's cheeks look full and rounded
- ✓ If visible, more areola (the dark area around the nipple) can be seen above baby's top lip
- ✓ Baby starts sucking quickly and then settles into a slower rhythmic sucking, with swallows and pauses. Finishes feed with fluttering/quivering of lips, before letting go.
- ✓ Feeding is comfortable for mum, leaving breasts and nipples without soreness or pain

Other signs of effective attachment:

- ✓ You don't experience pain or ongoing discomfort. (sometimes the let-down reflex can cause a little discomfort, but this should only last 10-20 seconds)
- ✓ Your baby begins by sucking vigorously, and then settles into a slower, rhythmical sucking, swallowing and then pausing
- ✓ Your baby appears settled during their feed, not restless or fussy
- ✓ Your baby stays attached to your breast during their feed, without slipping on and off, or making "clicking" noises

Signs of ineffective attachment:

Ineffective attachment is often associated with nipple pain and discomfort, as the baby cannot take enough breast into their mouth to feed effectively. This results in baby sucking on mum's nipple, which then rubs on the roof of baby's mouth causing soreness.....ouch!



Underarm hold



lying down hold



Cradle hold



Cross cradle hold



"Laid back" approach

Top tips for successful breastfeeding

- 1 Try and find out about breastfeeding before your baby arrives** - "Great Expectations" antenatal programme offers parents-to-be lots of useful information, practical skills and tips on making the transition to parenthood, also look at www.plymouth-latchon.org.uk for your local breastfeeding group and visit when pregnant.
- 2 Keep your baby close** - The more you look at your baby, spending time together, and getting to know each other, the easier you will find it to recognise their feeding cues.
- 3 Sleep safely with your baby close by** - The safest place for your baby to sleep is in a crib/cot next to your bed. Night time feeds are important for maintaining or increasing your milk supply, as the milk producing hormone (Prolactin) peaks between 2 - 5am.
- 4 Enjoy plenty of skin to skin contact with your baby** - This will help you and your baby to feel relaxed. It also helps to release a hormone called Oxytocin, which helps with bonding. Some parents carry their baby in a sling, as babies enjoy the comfort of being held close to you.
- 5 Avoid using teats and dummies*** - These can interfere with your baby's normal feeding cues, which means your baby may feed less. The less they take, the less you make! * Refer to page 22
- 6 Be proud of breastfeeding** - You have chosen to give your baby the best start to life, providing close physical contact and protection from infection and illnesses, which will continue to have benefits even when they are adults.
- 7 Trust your body** - Nearly all mums have the ability to successfully breastfeed their baby. You may need some help to get breastfeeding off to a good start, but then you can watch your baby grow and thrive, knowing that your breastmilk is providing all the nutrition they need.
- 8 Avoid giving other food or drink before 6 months of age** - Breastmilk is both a food and a drink, so you don't need to worry about giving anything else until they are about 6 months old. You can continue to breastfeed, even when they have begun to eat solid food (weaning).
- 9 Look after yourself** - Having a baby can be demanding on you, physically and emotionally. Don't be afraid to ask for help. Family, friends, healthcare professionals, peer supporters and children's centers may all be able to offer you support in different ways.
- 10 Be the parent you want to be** - You will receive lots of information and advice, from lots of well-meaning people. This is your baby, and you may have your own hopes and wishes about how you would like their life to be. Gather the information and make the choices which you feel are right for your family.

Nappy knowledge

You may find it helpful to know what to expect in your baby's nappy, as their poo will change in colour and texture over the first few days after their birth.

These changes are perfectly normal, as your baby's gut becomes more active and starts to digest their milk feeds.



Days 1 - 2 Wee - 2 or more in 24 hours. Poo - The first poo your baby passes is called meconium. This is usually black/dark green/brown in colour and has a sticky texture like treacle. During pregnancy, your baby has been swallowing small amounts of amniotic fluid (the watery liquid which surrounds your baby while it's developing). This produces meconium which will be in your baby's bowel when they are born, and should be passed within the first 24 - 48 hrs.



Days 3 - 4 Wee - 3 or more in 24 hours (Nappies becoming slightly heavier than before). Poo - Your baby's poo will gradually change in appearance from dark coloured meconium to a greener poo, which is less sticky. These changes in colour and texture will continue as your baby gradually takes in, and digests more milk at each feed.



Day 5 - 6 Wee - 5 or more in 24 hours (Nappies will be heavier than before and disposable nappies may start to feel "squidgy"). Poo - Your baby's poo should now be yellow in colour and has a much runnier texture. They should poo at least twice in 24 hours, but sometimes much more. The amount of poo will vary, but would usually be about the size of a £2 coin or larger.

1 week onwards

Wee - 6 or more in 24 hours (Nappies should be heavy, whilst disposable nappies should feel "squidgy"). Poo - During the first 4 weeks, your baby should continue to pass at least 2 poos in 24 hours (as above). Their colour will usually remain the same, although their texture may become more "seedy" in appearance.



1 Month onwards

Wee - 6 or more heavy wet nappies in 24 hours. Poo - From about 4 weeks old, your baby may pass less frequent poos. It is not unusual for an older baby to miss a day or go several days without having a dirty nappy. As long as your baby is still breastfeeding frequently (at least 8 times in 24 hrs), appears contented after feeds, has plenty of wet nappies (as above) and has a slow steady weight gain, you can be reassured that this is normal.

Note: If you choose not to breastfeed or you give your breastfed baby an occasional bottle of formula milk, this will affect their poos. Formula milk is more difficult for your baby to digest, which can make their poos thicker, more formed, smellier and can sometimes cause constipation.

If you have any concerns about your baby's nappy, speak to your local healthcare practitioner

Night time matters ...

Your baby needs your care and attention around the clock. You cannot “spoil” a baby by giving them lots of cuddles, warmth, love and attention.

These things are important to your baby and help them to feel safe and secure.

A baby is dependent on their parents and other significant family members around them, to help them feel this way.

All new parents will experience some tiredness as they adjust to night time waking and meeting the needs of their new baby. So it is important to consider sleeping arrangements before your baby arrives and plan for where your baby will sleep.

All newborn babies will become hungry and wake to feed during the night, this may continue for several months, depending on their appetite, birth weight and prematurity. Do not be tempted to try and give your baby “extra” milk, cereals or baby rice before they go to sleep. There is no evidence to suggest that this will help your baby to sleep for longer. In fact this is more likely to cause your baby to have “tummy ache” and become unsettled overnight.

NEVER be tempted to sleep with your baby on a sofa or in an armchair, as this greatly increases the risk of accidental suffocation, smothering and overheating.

If you decide to take your baby into your own bed, you should be aware that many parents fall asleep whilst their baby is in bed with them, whether they intend to or not.



Things to consider ...

X Do not consider sleeping with your baby if:

- you or anyone in your household is a smoker
- your baby was born prematurely or low birth weight
- you or your partner are unwell
- you or your partner are very overweight
- you or your partner have consumed alcohol
- you or your partner have taken any medication likely to cause drowsiness
- you or your partner suffer from any sleep disturbances, fits or seizures
- your mattress is old, very soft or memory foam
- you already share your bed with another sibling or a pet
- your baby is formula fed



Things to consider for safer bed sharing:

- ✓ Always place your baby on their back to sleep
- ✓ Do not over wrap your baby, or place a hat on them to sleep
- ✓ Use thin layers of bedding which can be removed according to their temperature
- ✓ Ensure bedding is secured at the foot end to prevent it going over baby's face/head
- ✓ Make sure your bed is not pushed against a wall
- ✓ Keep baby away from the centre of the bed/between parents
- ✓ Keep the room temperature comfortable, between 16°C - 20°C
- ✓ Make sure someone is with your baby at all times. Even very young babies can move around
- ✓ Keep baby away from your pillow



If you have any questions about whether it's safe to share your bed with your baby, ask to speak to your midwife or health visitor

Safe sleep fact sheets and phone app can be downloaded from: www.isisonline.org.uk or www.lullabytrust.org.uk

The safest place ...

The safest place for a baby to sleep is in its own cot/crib alongside its parents bed.

This enables you to respond to your baby easily and without too much disturbance.

This will help you to respond to their feeding cues, before they become upset and start to cry.

You will find it much easier to breastfeed your baby if they are calm and showing signs of being ready to feed (see feeding cues).

- ✓ Try to keep your baby's night time feeds calm and relaxed, as this will help you all to get back to sleep. Low lighting or a lamp, speaking gently, only changing your baby's nappy if necessary, may all help.
- ✓ The hormone responsible for increasing your milk supply is highest at night (2am –5am). Breastfeeding or expressing breastmilk in the early hours of the morning will help your body to make plenty of milk for your growing baby.



Teats and dummies ...

If you have chosen to breastfeed your baby, you may find that avoiding the use of teats and dummies in the first few weeks will help get feeding off to the best start.

Teats and dummies tend to encourage sucking in the front of the baby's mouth, whereas breastfeeding encourages movement of the whole jaw. After about 4-6 weeks you and your baby are likely to be feeling more confident with breastfeeding. You may want to offer a dummy at this stage, if you wish your baby to have one. Its use should be discouraged beyond 6 months of age as your baby's mouth, teeth and speech are all beginning to develop rapidly.

Remember that all teats and dummies should be sterilised after each use to reduce the risk of infections.



Expressing milk

Being able to express breastmilk by hand is a useful skill, which you can practice before your baby arrives (from 34 weeks of pregnancy on midwifery advice).

You can learn this simple technique at your local "Great Expectations" programme or ask your midwife/health visitor to teach you.

Hand expressing is useful:

- ✓ to obtain milk for a baby who is unable to feed directly from your breast
- ✓ to obtain small amounts of your first milk (colostrum)
- ✓ to relieve very full (engorged) breasts
- ✓ to soften very full breasts, making it easier for baby to latch-on
- ✓ to stimulate and increase your milk supply
- ✓ to relieve a blocked milk duct and prevent mastitis
- ✓ to help you understand how your breasts make milk
- ✓ to tempt your baby to feed from your breast.



Before you start expressing

The hormones your body releases when you breastfeed your baby, helps the milk to flow towards the nipple and to stimulate more milk to be produced for the next feed.

These same hormones are helpful when you hand express.

Things that may help your milk to flow:

- ✓ If possible have your baby close by or in skin to skin contact.
- ✓ Look at a picture of your baby.
- ✓ Record a short mobile phone video of your baby, and play it back.
- ✓ Have some of your baby's clothing/blanket nearby (to get their scent).
- ✓ Find a room/space where you feel relaxed and are unlikely to be interrupted.
- ✓ Gently massage your breasts, stroking over the skin towards your nipples.

How to hand express:

1. Before you start, wash your hands in hot soapy water, and dry thoroughly.
2. You will need a sterile container, with a wide brim to express your milk into. This is particularly important if you intend to feed your milk to a baby less than 6 months of age.
3. Cup your breast and feel backwards (from nipple to chest), you should feel a change in texture approximately 2 - 3cm from the nipple, this is the area you will need to focus on.
4. Using your thumb and the rest of your hand, form a "C" shape, around the area of the breast you have located (see point 3 above).
5. Without sliding your fingers towards the nipple area, squeeze the breast tissue between your thumb and forefingers and then release. Keep repeating this "squeeze and release" action.
6. You will start to see "beads" of milk appearing, which may gradually become drips, and then squirts, as your milk begins to flow more freely, with the help of your hormones (let-down reflex).
7. As the flow of milk slows down, move your hands around the breast and repeat this process on a different area, so that you express milk from the complete breast.
8. You can express from both breasts, either concentrating on one side at a time or swapping between the two, until your milk flow has slowed down to drips or "beads".



How much milk can I express?

When milk is removed from your breasts, either by your baby feeding or by hand, your body responds by making more milk. Each time you express or feed your baby, your body releases a hormone which sends a message to your breasts to "make more milk".

In the first few days after your baby is born, your breasts should start to produce small amounts of "first milk" called colostrum. You may express between 1-10 mls at a time, which can be collected in a sterile syringe or small container. Gradually over the next few days, your milk supply will increase, and you will find the amount you can express, will also increase. Remember, every mother and baby are different. Some mums find it easy to express, whilst others take a while to get to grips with the technique.

If your baby is unable to breastfeed for any reason, perhaps they were born early, or require specialist treatment, expressing your milk by hand can help to establish a good supply for the future. If your baby is unable to breastfeed, it will help to start expressing within the first 4-6 hours after their birth. To ensure you have plenty of milk for your baby in the future, aim to express at least 8 times in 24 hours. Try to express at least once overnight, as your "milk making" hormone (prolactin) is highest between 2 - 5am.

How do I feed my baby expressed breastmilk?

If your baby is newborn, discuss with your healthcare practitioner the best method of feeding expressed milk. They will be able to provide you with information about cup feeding, and if it's appropriate, when to introduce a teat. If your baby is receiving specialist care in hospital or at home, their feeds may be given through a tube, inserted via their nose and into their tummy (nasogastric tube).

This is usually a temporary measure, until your baby is able to breastfeed. You may wish to express milk for someone else to offer a feed, even if your baby is able to feed directly from your breasts. It's better to wait until you and your baby are feeling confident about breastfeeding, before introducing a teat, usually not before about 4 - 6 weeks



How can I store my expressed milk?

If you are expressing breastmilk for a baby being cared for in hospital, there may be specific storage guidance. Healthcare practitioners in the hospital will be able to give you information about where and how to express, and how to label and store your milk safely, so that it can be fed to your baby.

Storing breastmilk at home:

- ✓ Store your milk in a sterile container, with a lid on it
- ✓ Can be kept in a sealed container at room temperature for up to 6 hours
- ✓ Can be stored at the back and bottom of a fridge (4°C or lower) for up to 5 days
- ✓ Can be stored in the ice compartment of a fridge for 2 weeks
- ✓ Can be stored in a deep freeze (-18°C or lower) for 6 months

If you intend to add newly expressed milk, to milk previously collected and stored during the same 24 hour period, allow it to cool first. The fat content of breastmilk may settle during storage, swirling the container gently before use will help to mix the contents.

Defrosting expressed breastmilk:

- ✓ Defrost frozen milk in the fridge overnight
- ✓ Use as soon as possible after thawing
- ✓ Milk may be warmed to body temperature, by standing in warm water for a few minutes. Do NOT use a microwave as this can cause "hot spots"
- ✓ NEVER refreeze previously frozen milk



Breastfeeding

Questions & Answers

Q. Does it hurt when you breastfeed?

- A.** Some mums experience mild discomfort or tenderness when they first start breastfeeding, but this usually resolves when they have found a position which suits them. Soreness or pain suggests that something is not quite right. The most common cause is ineffective attachment, which means that your baby does not have enough breast tissue in their mouth and ends up sucking on your nipple. It is better to seek some help as soon as you notice any discomfort, your midwife/health visitor or local peer supporter will be able to support you with finding a position which feels comfortable (see page 17).

Q. Will I be able to make enough milk for a hungry baby?

- A.** Your body will respond to your baby's appetite, by making as much milk as they need to grow and thrive. Every time your baby has a breastfeed, they are stimulating hormones which "ask" your body to make more milk. Providing that feeding is going well (see above) your baby will naturally increase your breastmilk supply, as they grow and take bigger feeds. Giving your baby anything other than breastmilk, will affect your supply, as your body will "think" it needs to make less milk.

Q. How will I know when my baby is hungry?

- A.** Your baby can communicate with you as soon as they are born, although you will have to watch and learn these small changes in behaviour. Gradually you will be able to recognise your baby's feeding cues (see page 11) and know when they are hungry. Whilst you and your baby are learning to breastfeed, you may find it best to avoid giving a dummy. Your baby may suck on their dummy, instead of letting you know that they are hungry. Missing or delaying a feed, could reduce the amount of milk you make in future.

Q. My baby is very unsettled in the evening, could it be colic?

- A.** Colic is a general term used for babies who appear to have windy/gripping tummy discomfort. There is no clear evidence about what causes it or why it happens, although there appears to be an association with air swallowed whilst taking feeds from a bottle. However "colic" is far less common in breastfed babies, so if your baby is unsettled, they may need comfort and closeness. Carrying your baby in a sling, gentle massage or having a warm bath can help to relax them. Some babies "cluster" feed in the evenings, which means that they have many short feeds, close together. This is very common in the first few weeks, but if you have concerns, speak to your healthcare practitioner.



Q. Would my baby sleep for longer if I gave formula at night?

- A.** There is no supporting evidence to suggest that giving formula milk to your breastfed baby will help them sleep longer. In fact a change to their normal milk feeds can cause tummy discomfort, constipation and general discomfort. If you need to get some “extra” sleep, try expressing some breastmilk so that someone else can give your baby a feed. You can then go to bed earlier or stay in bed later, although it’s important for you to feed your baby at night (2am - 5am) whilst they are still waking, as this will help to increase your milk supply.

Q. Do I need to be careful about what I eat?

- A.** Giving birth and caring for a young baby can be physically demanding, so it’s important to look after yourself and eat well. Your diet should contain a good variety of fruit, vegetables, pasta, rice, potatoes, meat or soya, eggs, cheese, fish, milk, and bread. Sugary foods should be eaten in smaller quantities as they don’t have much nutritional value. It is important that you drink plenty of water, as you may become thirsty whilst breastfeeding. Try and avoid “energy drinks” and too much caffeine and alcohol, as they can pass into your breastmilk and cause your baby to become unsettled or irritable. (see healthy start information on page 8).

Q. I am a smoker, so is it ok to breastfeed?

- A.** Your baby will still benefit from being breastfed even if you are a smoker. However, for the long term health of you and your family, not smoking is the best option. If you do not feel able to stop at the moment, you can reduce the risks associated with cigarette smoke by avoiding smoking before you feed, smoke outside, wash your hands/face, and change your top after smoking and never smoke in a car when your baby is travelling with you. Ask friends and family who smoke to help you, by doing the same. Help and support is available from the Plymouth One You Clinics (see the back of this booklet).

Q. Do I need to feed from both breasts at each feed?

- A.** Start by offering your baby a breastfeed from one side, and encourage them to feed for as long as they wish. The length of feed will vary depending on their appetite, age, time of day, climate, and how long ago they last fed. Let your baby decide when they are satisfied. You may want to change their nappy, or have some “baby talk” time, before you offer the second breast. Your baby may be satisfied just feeding from one side, so start with the second side at the next feed.

Q. I have suffered from postnatal depression (PND) in the past, can I breastfeed if I take antidepressants?

- A.** You will need to discuss this on an individual basis with your GP. However, there are antidepressants which are compatible with breastfeeding and your doctor will be able to explore whether these are suitable for you. There is increasing evidence to show that mums who breastfeed are less likely to suffer from PND, because they have higher levels of the hormone Oxytocin (which causes the let-down reflex). This hormone is also associated with feelings of love, relaxation, and wellbeing.



DAD MATTERS!



Becoming a dad can be an exciting time, but you may also have concerns about how you can be involved in looking after your baby.

If your baby is being breastfed, it does not mean that mum is the only person who can provide care and comfort. During pregnancy, your baby has become familiar with the different sounds and voices in your household, which may include siblings, grandparents and dad. So your baby will feel reassured when they hear your voice.

Before your baby is born:

1. Take some time to “love your partners baby bump” (see page 6) this will help you to feel connected with your baby when it’s born.
2. Try to attend planned antenatal appointments and scans. Seeing your unborn baby for the first time during an ultrasound scan can be an amazing experience.
3. Try to attend a Great Expectations antenatal programme at your local children’s centre. There will be lots of information for dads and plenty of time to ask questions.
4. Be involved in decision making. It’s much easier to make decisions if you talk to your partner about the pros and cons.
5. Be supportive. If your partner decides to breastfeed, she will need you to be positive, encouraging and proud of what she is doing.
6. Go along with your partner to a “Latch-on” breastfeeding group and chat to other parents about their experiences.
7. Watch the Best Beginnings “bump to breastfeeding” DVD (available online at <http://www.bestbeginnings.org.uk/breastfeeding>) to get a better understanding of what to expect after baby is born.



When baby arrives:

1. Try to be present at your baby's birth. This may be an emotional time, but it's an experience that you should try not to miss.
2. After you baby has enjoyed some skin to skin contact with mum, they will usually show signs of wanting to feed. After your baby has had its first breastfeed, you can enjoy some skin to skin contact too.
3. Skin to skin contact with dad is a great way to start bonding with your baby. They will enjoy the warmth and close physical contact with you.
4. Learn how to recognise the signs that breastfeeding is going well (see page 15), this will enable you to help and encourage mum.
5. Breastfeeding requires time and commitment, so try to do things around the home which your partner might normally have done.
6. Try to limit the number of visitors in the first couple of weeks, so you have some family time getting to know your new baby. This will also help mum to become confident with breastfeeding without too many interruptions.
7. Get involved with caring for your baby; bathing, nappy changing, reading, talking, singing, playing, massaging, and holding your baby will all help you to get to know each other.
8. Babies love to be close to their parents as it makes them feel safe and secure. Try carrying your baby in a sling and going out for a walk together. Talk to your baby about the things you can see and hear.
9. When breastfeeding is established (usually at about 6 weeks) you could try feeding some expressed milk to your baby.

10. Be proud of your breastfed baby. Breastmilk is giving your baby the best possible start to life, and provides health benefits which last into adulthood.
11. Make sure friends and family know your baby is being breastfed. If they don't feel comfortable being in your home during a feed, they will know when to exit.
12. Be sensitive to your partners changing emotions. Hormonal changes after birth can cause a mixture of emotions, highs and lows. This usually settles down after the first couple of weeks. However if you are concerned that your partner is feeling low and tearful beyond this time, talk to your midwife/health visitor or GP.
13. Take time to enjoy becoming a dad. Developing a close and loving relationship now, will help your baby to feel loved and secure in the future.



Overcoming challenges & difficult situations

Inside your breasts, there is a network of tiny milk ducts, which enable the milk to flow from the cells where it is made, towards your nipple and into your baby's mouth. Sometimes one or more of these ducts can become blocked, which if left untreated can lead to a condition called mastitis. Both of these conditions can be caused by ineffective positioning and attachment, restrictive or tight clothing, holding your breast during a feed, or not feeding or expressing regularly enough (at least 8 times in 24 hours).

A blocked duct may feel like a tender/sore lump, usually only in one breast. You may experience some aching and discomfort in your breast, but you should not have a temperature or other flu like symptoms.

What should I do?

1. Think about the possible cause (see above) and try to resolve these
Seek help with positioning and attachment.
2. Feed your baby as often as possible from the affected side.
3. Help the milk to flow from the affected area using a warm flannel, whilst feeding or expressing.
4. Massage the area above the blockage and work down towards your nipple.
5. Hand express milk, focusing on the area around the blockage.
6. Try using a new feeding position, which enables your baby's chin to be closest to the blockage.
Your baby's strong jaw movement whilst sucking may help to unblock the duct.
7. A mild pain killer, such as paracetamol, may help to relieve discomfort.

Mastitis is a condition which usually begins with a blocked duct (see above) but can become progressively worse, causing a high temperature and flu like symptoms. Some mums experience aching limbs, headache, shivering, tiredness, increased pain, redness and swelling in the affected breast.

What should I do?

1. Follow the guidance above for managing a blocked duct.
2. If you have flu like symptoms, there may also be infection present, which may require antibiotic treatment from your GP/nurse practitioner.
3. Continue to breastfeed and/or express breastmilk as often as you can (at least 8 times in 24 hours).
4. Ibuprofen is an anti-inflammatory medication, which is safe to take whilst breastfeeding (check that you are not allergic or have any contraindications).
5. Try to take some time to rest and relax, this will help your recovery.

Thrush: Oral/nipple

Oral thrush is a yeast infection in the mouth, caused by a type of fungus called *Candida albicans*. It causes an unpleasant taste, soreness, a burning sensation on the tongue and difficulty swallowing. The fungus which causes thrush, thrives in moist environments, and can be exacerbated by the use of antibiotics, steroids, and chronic illness which weakens the immune system. Babies are more susceptible, as their milk diet is perfect for thrush spores to thrive. Oral thrush appears as little white patches inside their mouth, cheeks, gums, and/or tongue. Sometimes it may be less obvious, with just a pearly white sheen on the baby's lips. This type of thrush can spread quickly to mum's nipples, when baby breastfeeds. If left untreated, the thrush spores can work their way through the nipple and into the milk ducts and cause thrush inside the breast (ductal thrush). Therefore treatment must take into account both mum and baby.

What should I do?

1. Discuss your symptoms with a healthcare practitioner/GP, who will confirm a diagnosis and prescribe treatment for you and baby.
2. Wash your hands thoroughly and regularly to lower the risk of cross infection.
3. Wash any clothing and towels that have come into contact with the thrush, on a very hot wash (bras/breast pads/clothing).
4. Sterilise any equipment which comes into contact with your milk or your baby's mouth i.e. breast pump/toys.
5. Use a separate towels/face cloth for each person in the family.
6. Discard any expressed/frozen breastmilk, which has been collected and stored during the period you have had thrush.
7. Continue to breastfeed your baby throughout your treatment.
8. Be aware that thrush can take at least 2 weeks to clear up.

Breastfeeding twins or more

The health benefits of breastfeeding apply to twins and multiples (more than 2 babies). Having more than one baby to care for can present different challenges, which might need some thought and support to overcome. Many mums successfully breastfeed twins and multiples, so you may find it helps to talk to someone who has had previous experience.



Before your babies are born:

1. Try and attend a Great Expectations antenatal programme to find out as much as you can about breastfeeding.
2. Visit a local "latch-on" breastfeeding group and ask to meet other mums who have had twins or multiples.
3. Discuss your wish to breastfeed with your midwife/consultant so that they are aware of your intention and can offer you support.
4. Talk to your midwife about hand expressing and storing breastmilk before your babies arrive.
5. If your babies are born very early you may like to ask your midwife about the availability of donor breastmilk (milk which has been donated /screened /pasteurised /frozen). This is a great way of ensuring your babies receive the protection provided by breastmilk, until you are able to produce enough of your own milk.
6. Look at the information on the recommended websites at the back of this booklet.

When your babies arrive:

1. Try to have as much skin to skin contact with your babies as possible. If your babies require specialist care, the hospital staff will help you have skin to skin contact as soon as it is safe to do so.
2. Try to have your babies near your breasts as much as possible. Even if they are unable to feed, the closeness will help to stimulate your milk making hormones, and help your babies become interested in feeding.
3. Expressing breastmilk within 4 hours of delivery, will help to stimulate your milk supply.
4. Providing even very small amounts of colostrum will be beneficial for your babies health.
5. If you are providing breastmilk for babies who are not able to feed directly from the breast, aim to express at least 8 times in 24 hours, including at least once at night.
6. Your hospital will have electric breast pumps available for you to use. "Double pumping" from both breasts is an effective way of increasing your milk supply and takes less time.
7. Try to spend as much time as possible being near your babies, touching them, cuddling them, talking to them, watching them, and being involved in their care.



Try to have
as much skin
to skin contact
with your babies
as possible



Premature and/or low birth weight:

Premature birth is when your baby is born before 37 weeks gestation. Babies who weigh under 2.5kgs (5 ½ lbs.) are defined as low birth weight. Arriving early or being small, can sometimes mean your baby will require a stay in hospital, while they grow and adjust to life outside of the womb. Breastmilk is particularly important at this time, as it boosts your baby's immune system and helps them to fight infections. In some cases it is necessary to give small/premature babies additional supplements, known as fortifiers. These can be added to your expressed breastmilk, and help your baby to grow and mature.

The hospital staff caring for your baby will be able to discuss your baby's nutritional needs with you, as all babies are different and require specific care. You will be encouraged to be involved in your baby's care as much as possible; your baby needs you and your breastmilk (see above).

Tandem feeding

Tandem feeding is when two siblings of different ages breastfeed together. Many mums choose to continue breastfeeding an older sibling during a subsequent pregnancy. Providing there are no complications during pregnancy which would prevent this, it is perfectly fine to continue. As pregnancy progresses, your breastmilk may change in taste, in preparation for your new baby.

The hormones produced during pregnancy, can cause your nipples to become tender, and your growing bump may mean you have to find a new position for feeding. Sometimes your older child may stop breastfeeding of their own accord, as your milk changes.

Once your new baby arrives, always breastfeed them first to ensure they get all the milk they need and then their older sibling if you decide to tandem feed.



Returning to work or study



If you are returning to work or study, it is absolutely feasible to continue to breastfeed and provide breastmilk for your baby whilst you are away from each other.

Some women will discuss their options with their employer during pregnancy; others will wait until after their baby is born. The most important thing is to keep talking with your employer, so that they can make any necessary arrangements for you to be able to express breastmilk at work. Whether you are returning to work or study after your baby arrives, it is important that you spend as much time as possible building a close and loving relationship and establish breastfeeding first. It may help to talk to a peer supporter or healthcare practitioner about the various options available to you, as information will be tailored to your baby's age and your type of work or study.

Tips for working mums:

1. Try and plan ahead, so that you have time to talk to your employer/tutor, allowing them to make suitable arrangements for you.
2. Once you have agreed your return to work/study plan, put it in writing.
3. Learn to express breastmilk and feed it to your baby, using a cup or bottle so that they have time to adjust too.
4. Start expressing breastmilk and storing it in the freezer, so that you have a good supply for the future.
5. Check that you are happy with the arrangements you are being offered, and that the facilities are suitable for expressing (NOT a toilet!).
6. Keep talking to your employer/tutor so that you can agree changes or identify problems as they arise.
7. Think about the things you will need to take with you to express effectively (see page 24 - 26)
8. It is possible to combine breast and formula feeding if you find expressing at work is a challenge. There are health benefits to your baby receiving any breastmilk.
9. If your baby is in a workplace nursery, you may be able to breastfeed during your allotted breaks, or negotiate extended ones.
10. Remember that employment law protects your right to breastfeed. Your employer has specific roles and responsibilities to enable this to happen.
11. Visit a latch-on breastfeeding group and talk to other mums about their experiences, they will have lots of tips too.



Weaning and breastfeeding



Breastfeeding doesn't need to stop when weaning starts.



Weaning is the term used to describe the introduction of different foods alongside your baby's usual milk diet. Breastmilk is the perfect first food for your baby until they are about 6 months of age.

At about this time your baby will show signs of being ready to eat a more "solid" diet, whilst continuing to receive their usual milk (breast/formula). Commercial baby food labelling can be misleading for parents as they sometimes contradict Department of Health guidance. The best way to decide when your baby is ready to start weaning is to look at your baby and see if they show signs of being ready (usually at about 6 months):

1. Your baby can stay in a sitting position, with their head held steady, without being propped up or supported.
2. Your baby can pick food up with their hand, and lift it to their own mouth.
3. Your baby can put the food into their mouth without pushing it straight out again with their tongue.
4. Your baby will be able to move the food to the back of their mouth and swallow in a coordinated way. Sometimes babies "gag" on food, this is a reflex which protects their airway and sends the food to the front of the mouth again.

You can obtain more information on weaning and suitable weaning foods in the start4life booklet "Introducing solid foods". This is available to download (see useful websites at the end of this booklet) or you can ask for a copy at your local child health clinic. Remember, breastfeeding doesn't need to stop when weaning starts. Many mums and babies continue to enjoy breastfeeding well beyond their first year.

First Teeth

As soon as the first tooth appears; Brush for 2 minutes twice a day, always before bed and one other time.

- It is recommended that toothpaste for babies and children under 3 has at least 1000ppm of fluoride and that toothpaste for children over 3, teenagers and adults has 1450ppm of fluoride. (check the amount on the tube as some brands have less)
- Use fluoride toothpaste, a smear for babies and children up to 3 and a pea sized blob for children over 3, teenagers and adults
- Spit out after brushing, do not rinse your mouth with water
- Limit sugary foods/drinks to mealtimes
- Visit your dentist regularly

Ring Peninsula dental school on 0345 155 8109 for more information (term time only)

Breastfeeding

out & about



Many new mums feel anxious about feeding whilst out and about. Some mums are concerned about where they will feed, or that they may receive a negative comment.

The reality is that mums have the right to breastfeed their baby anywhere that welcomes members of the public. Premises open to the public, such as cafés, restaurants, shopping malls, leisure centres, community centres, and libraries, are not required to offer a specific breastfeeding area. These facilities will welcome breastfeeding in their usual public areas, although you can request a private space if you choose to. However, this may not be possible if the business is small and has limited space. Look out for the "Plymouth Breastfeeding Friendly" kite mark which indicates that the business is very welcoming to breastfeeding, and that their staff will be helpful and supportive. A full list of businesses can be found on the Plymouth latch-on website.

Top tips for breastfeeding in public:

1. Look for the breastfeeding welcome logo.
2. Choose clothes that make breastfeeding accessible.
3. You may like to have a scarf, shawl or muslin draped over your shoulder.
4. Practice in front of a mirror at home - you'll be surprised how little is on show!
5. Latch on groups provide a welcoming and supportive environment to practice out of the house for the first time.
6. Be confident in what you are doing.
7. People may look - but remember you are a great role model for other women.
8. Feed your baby whenever and wherever they need.
9. Only use a feeding room if it is suitable and comfortable.
10. NEVER FEED IN A TOILET!!

Remember, just look out for the 'Plymouth Breastfeeding Friendly' kitemark.





Breastfeeding groups in Plymouth and the surrounding area

Breastfeeding support groups in Plymouth and surrounding areas
www.plymouth-latchon.org.uk

24 Hour Midwifery Assistance and advice - Tel: 01752 430200

Breastfeeding Support & Information - National

Links to all these helpful websites can be found on the Plymouth Latchon website.

Breastfeeding Counselling Helpline

0300 100 0212

National Childbirth Trust (NCT)

NCT have an excellent helpline with trained breastfeeding counsellors available and excellent articles on their website.

Helpline: 0300 330 0700

www.nct.org.uk

Assoc. of Breastfeeding Mothers

The Association of Breastfeeding Mothers is a charity that trains women in breastfeeding counselling. Their website holds lots of useful leaflets.

Helpline: 0300 100 0212

www.abm.me.uk

The Breastfeeding Network (BfN)

The Breastfeeding Network aims to be an independent source of support and information for breastfeeding mothers.

'If you have specific questions about medications or treatments, please message the Drugs in Breastmilk information service Facebook page or email druginformation@breastfeedingnetwork.org.uk or wendy.jones@breastfeedingnetwork.org.uk

www.breastfeedingnetwork.org.uk

La Leche League

La Leche are an international mother-to-mother support organisation.

Helpline: 0845 120 2918

www.laleche.org.uk

Also worth a look

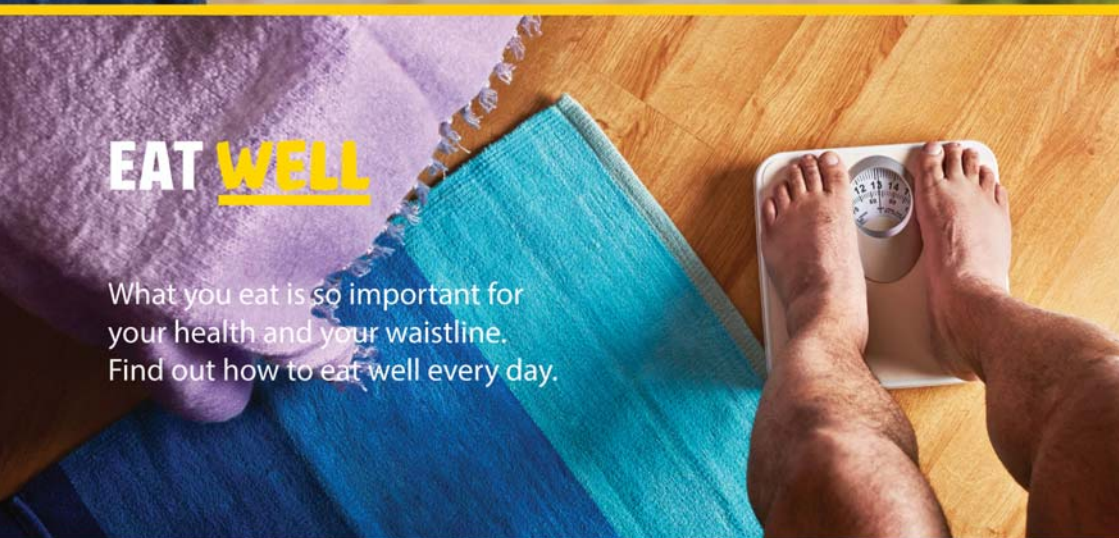
www.babyfriendly.org.uk
www.babymilkaction.org
www.babyinformation.co.uk
www.maternityaction.org.uk
www.nhs.uk/change4life
www.nhs.uk/start4life
www.plymouthslinglibrary.co.uk/

www.thebreastfeedingcompanion.com/
www.kellymom.com
www.breastfeedingmanifesto.org.uk
www.facebook.com/groups/NCTHomeBirthSupport/
www.lullabytrust.org.uk
www.oneyouplymouth.co.uk/
www.facebook.com/groups/BfTwinsUk/



BE SMOKE FREE

Quitting smoking is the best thing you'll ever do! Find out how it will change your life for the better.



EAT WELL

What you eat is so important for your health and your waistline. Find out how to eat well every day.



MOVE MORE

Being active is really good for your body, mind and health. Small changes can make a big difference.

TEL: 01752 437177

EMAIL: oneyou.plymouth@nhs.net

ONE YOU PLYMOUTH

Livewell
Southwest



CHECK YOURSELF

A health check gives you personalised advice on keeping yourself healthy and active. Think of it as your health MOT.



DRINK LESS

Choosing to drink less booze can bring lots of health benefits, from weight loss to a better nights sleep.

Call the Wellbeing team on
01752 437177



STRESS LESS

Too much stress can take its toll. There's no quick-fix cure for stress, but there are lots of things you can do to stress less.

ONE YOU PLYMOUTH

Livewell
Southwest