

# My Personal Views On Breastfeeding

by Jackie Shakespeare



In addition to being a birth and postnatal doula I do have a particular interest in breastfeeding.

Many new mums struggle with this and you may know from the UK breastfeeding statistics that many give up during the very early weeks after their baby is born. This is more often than not because support is not available when it is needed and new parents have insufficient understanding of how breastfeeding works. It is vital that dad and the extended family also understands what is required to succeed with breastfeeding and they should not undermine the new mum's confidence by suggesting things like "you haven't got enough milk" - that is vanishingly rare in well supported and established breastfeeding. Comments such as - "just top him up with one bottle - it won't hurt" - are really unhelpful and unnecessary, and will almost certainly lead to Mum giving up, feeling she has failed.

I spend time with my birth clients going over the main points about breastfeeding well before the baby is born, and I am available to support them with feeding in the early weeks if they wish. Even if they choose not to book formal postnatal hours with me all birth clients have access to me by telephone and email for 6 weeks after the birth and I do visit twice soon after birth. I have books, DVD, video clips and worksheets clients may borrow to make breastfeeding less stressful.



They knew how to do it in 1930

The newborn's stomach is only the size of a marble at birth. All that is required in terms of sustenance for the first few days, until the milk "comes-in" at about day 3 to 4, is for the baby to suckle on demand - going no longer than 3 hours day and night before being offered the breast.



It really is only this big

The breasts produce colostrum from late pregnancy - this is like liquid gold, or the most expensive cosmetic face serum in terms of its health-giving properties and nutritional content. It is impossible to manufacture an artificial supplement to replace colostrum and only a very small amount is needed at each feed. Imagine that giving your baby colostrum is like giving him medicine every three hours - the volume of colostrum at each feed is only about 5mls - a teaspoonful - remember how small his stomach is at day 1 & 2.

As the baby suckles repeatedly the breast is stimulated to produce milk and your baby's cries stimulate your brain to produce the hormones necessary to manufacture milk - so crying and repeated suckling on demand or every three hours or so is what makes breastmilk. The best way to make these first few days as stressless as possible is to plan to do nothing very much, stay in your PJs, spend lots of time in bed with baby skin to skin as you did straight after birth. Limit visitors, just give yourselves time to bond as a new family unit and get to know your baby. Mum should try to sleep when baby sleeps.



They were still at it in 1945

By day ten, baby's stomach is about the size of a golf ball and mum is producing good amounts of milk. Careful continued attention to how the baby is positioned for feeding and getting a good latch will avoid problems such as nipple soreness and gentle breast massage can help to reduce the chance of blocked ducts and mastitis.

Nearly all of my birth clients ask my advice about how to pump or express breastmilk so dad can feel part of feeding the baby by giving expressed breast milk in a bottle. This is usually one of the early questions that comes up during our antenatal sessions. This is fine when baby is older, but is not usually recommended before 6 weeks of age.

There is a lot dad can do instead. Changing the baby and bringing him to mum in bed for feeding, settling the baby to sleep after the feed, bathing and playing with him. Mum and baby need to establish a confident feeding routine with good positioning and attachment of baby at the breast and a good milk supply. This does take time and pumping and expressing can have an effect on milk volumes and baby can become confused between nipple and bottle teat. So it is usually best to delay feeding expressed breastmilk by bottle if you can.

Obviously if your baby is premature or poorly things will be different. It is possible to express colostrum and give this by syringe to a poorly baby and most special care baby units will do all they can to help mums to express milk for their baby even if baby is too tiny to suckle directly from the breast at first, milk can fed to baby by tube.

The current guidelines are that a baby needs nothing but breastmilk for the first 6 months. After that time weaning can commence by introducing various safe solid foods. The recommendation is that breastfeeding should continue for 12 months if possible.

You may have seen advertisements for hungry baby milk, toddler milk or follow-on milks. You may not know that it is illegal for baby formula manufacturers to advertise first milks so they have got round this by introducing these milks for older babies - I would urge you to read the paper above and consider whether your older baby really needs these before using them and always be very careful if you are formula feeding a young baby that you select the correct product for baby's age and make up exactly as instructed on the pack. Formula fed babies do suffer more from certain illnesses and can also be very unwell if given the wrong type of milk. As I said before however, if your decision is to formula feed and you wish me to work with you as your doula I will support your feeding choices as long as you have explored the options.



And now

*Footnote - As well as being a birth and postnatal doula, I am a Registered Nurse and a trained Breastfeeding Peer Supporter with the Association of Breastfeeding Mothers.*

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