

West Coast
Breastfeeding
HANDBOOK



Baby and You; Your Breastfeeding Journey

Here is how you and your partner can get breastfeeding support from pregnancy to birth and beyond. Your midwife will be able to support you in your journey.

12 WEEKS

Make sure that you

- Contact Plunket to enroll in Pregnancy & Parenting Education. <https://www.plunketippe.org.nz/>

BY 34 WEEKS

- Discuss breastfeeding with your midwife.
- Check out the "Breastfeeding Naturally" channel on YouTube by "breastfeedingnz".
- Consult West Coast Breastfeeding Handbook.
- Are you going to return to work? Talk with your employer about your options.

THE BIRTH

Make sure that you

- Have skin to skin contact with your baby straight after the birth.
- Keep your baby in your room with you.
- Ask your midwife for assistance for the first breastfeed if you need to and about recognizing baby feeding cues.
- Midwives and Lactation Consultants are available to guide and support you regarding positioning your baby and latching on correctly.
- Ask your midwife about hand expressing milk.

GOING HOME

- Get lots of skin-to-skin contact with your baby: it helps with breastfeeding.
- Avoid teats and dummies as they interfere with breastfeeding.
- The Ministry of Health recommend rooming in with your baby for the first 6 months.
- Contact a Mum 4 Mum, for breastfeeding support. Most Mum 4 Mum's have experienced some sort of challenge while breastfeeding eg mastitis.
- Attend a BABES in Arms breastfeeding support group (held monthly in Westport & Reefton, and weekly in Greymouth) to connect with other breastfeeding mums and get help with problem solving from a Lactation Consultant, Breastfeeding Advocate, or Mum4Mum

Further information

- Contact your Midwife or Ring McBreaty ward
- (03) 769-7400, Extn. 2803 Greymouth or Kawaitiri (03) 789 9243 Westport and ask to speak to a Lactation Consultant if you have any questions or concerns.
- Or the PHO Breastfeeding Advocates (03) 768 6182
- For local support from other mothers who have breastfed, contact a Mum 4 Mum (in back of the West Coast Breastfeeding Booklet)
- There is a selection of breastfeeding & parenting and resources at Community & Public Health, 3 Tarapuhi Street Greymouth. Phone them on (03) 768 1160 and they can post you a book if you live out of Greymouth.
- For reliable, up to date breastfeeding info: <http://www.lalecheleague.org.nz/>
www.kellymom.com
- You can call The Plunket line 0800 933922 for general help & advice 24 hours



Healthy West Coast
The Hangaora o Taitapu - The Health of Us All



Contents

Best practice for maternity units	3
Definitions	4
The importance of skin-to-skin contact	5
The importance of rooming-in	5
Sleeping safely at home	6
Baby-led breastfeeding	6
Baby's stomach size	7
Early feeding cues	8
The composition of breast milk	9
When your milk 'comes in'	10
Baby's output	11
How does using a dummy/pacifier or a bottle affect breastfeeding?	12
Breastfeeding tips if you have a caesarean birth	13
Learning to breastfeed and express milk	14
Latching your baby on well	14
Breastfeeding positions	16
Expressing and storing breast milk	18
Solutions for common breastfeeding challenges	21
Tiredness	21
Sleepy baby	21
Unsettled hungry baby	21
Painful latch and nipple pain	21

Contents (continued)

Solutions for common breastfeeding challenges (continued)

Engorgement	22
Mastitis	22
Milk supply	22
Supplementation	23
Reflux	23
Teething	23
Inverted nipples	23
Alcohol and other drugs	24
Red flags	25
Preparing yourself for breastfeeding before your baby is born	26
How your family and friends can support you	27
Baby burping techniques	27
Introducing solids	28
Where to go for breastfeeding support on the West Coast	29
Poutini Waiora	31
South Westland Mum4Mums	32
Hokitika Mum4Mums	32
Greymouth Mum4Mums	34
Buller Mum4Mums	41
My breastfeeding diary	47

Best practice for maternity units

‘Kia ākona tātou matua ki ngā mea o te whangai ū. Me hoki ia tātou pepi ki te ūkaipō. Kaia te tikanga o nga tipuna.’

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

New Zealand is working towards restoring breastfeeding as the cultural norm. A Baby Friendly Hospital protects, supports and promotes breastfeeding by following these 10 Steps:

- 1a.** Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
- 1b.** Have a written infant feeding policy that is routinely communicated to staff and parents.
- 1c.** Establish ongoing monitoring and data-management systems.
- 2.** Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
- 3.** Discuss the importance and management of breastfeeding with pregnant women and their families.
- 4.** Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
- 5.** Support mothers to initiate and maintain breastfeeding and manage common difficulties.
- 6.** Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
- 7.** Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
- 8.** Support mothers to recognize and respond to their infants' cues for feeding.
- 9.** Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
- 10.** Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

(WHO and UNICEF, updated 2018)

The World Health Organisation strongly recommends exclusive breastfeeding for the first six months of life. At six months other foods should be introduced but breastfeeding is recommended to continue for up to two years or beyond.

Definitions

Exclusive breastfeeding is when the infant has never had water, formula or other liquids or solid foods. Only breast milk, from the breast or expressed, and prescribed medicines have been given **from birth**.

Full breastfeeding is when the infant has taken breast milk only, and no other liquids or solids except a minimal amount of water or prescribed medicines, in the **past 48 hours**.

Partial breastfeeding is when the infant has taken **some breast milk** and some infant formula or other liquids or solids in the past 48 hours.

Artificial feeding is when the infant has had **no breast milk** but has had alternative liquid such as infant formula, with or without solid food, in the past 48 hours.

Benefits of breast milk:

- All your baby needs to eat and drink for the first six months
- Meets all nutritional requirements
- Helps protect your baby against colds, tummy-bugs, infections and allergies
- Helps your baby feel safe and secure
- Is always available, the right temperature, thirst quenching and free from contamination
- The longer you breastfeed, the better it is for you and your baby (Ministry of Health)

Disadvantages of artificial feeding:

- It is NOT the nutritional equivalent of breast milk
- It is expensive
- Requires time for preparation and cleaning and sterilising equipment
- Increases your risk of bone thinning, osteoporosis, breast cancer and ovarian cancer
- Does not help you lose pregnancy weight like breastfeeding can because breastfeeding increases energy output (like exercise)
- Does not give your baby any protection from infection or help your baby's immune system to develop



The importance of skin-to-skin contact

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

Skin-to-skin contact is important because:

- It assists with bonding and helps stabilise baby's heart rhythm, breathing and temperature
- It encourages breastfeeding. A latch usually occurs within 60 minutes, as long as there is no influence from drugs given during labour
- For babies who may take longer to 'latch on' continued skin to skin for as long as possible can help these babies to get started.
- Releases colostrum ready for the baby
- Babies cry less (being separated from their mother increases the baby's stress)



It is useful to continue having skin-to-skin contact if your baby is having feeding difficulty or is unsettled. If you are not able to have skin-to-skin contact with your baby, the baby's father or another family member can do this instead.

The importance of rooming-in

Having a baby stay in the mother's room after the birth, ("rooming-in") is important for breastfeeding because:

- It helps mothers learn to identify and respond to early feeding cues
- It helps to initiate breastfeeding
- It decreases the risk of breast engorgement
- Being separated is stressful for both mother and baby
- It encourages bonding
- It improves the infant's sleep



Sleeping safely at home

Recommendations for safe sleep:

- **Face Up** – place baby on his back for every sleep.
- **Face Clear** – make sure baby doesn't have any blankets, toys, or other items near her face (babies don't need pillows).
- **Smokefree** – during both pregnancy and after birth, inside and outside of the home.
- **Breastfed** – formula fed babies have a higher risk of SUDI (Sudden Unexpected Death of an Infant).
- **Gentle Handling** – never shake a baby and avoid any rough treatment.
- **Separate Sleep Space** – a protected sleep space free of hazards.
- **Rooming-In** – keep baby in your bedroom with you for at least the first 6 months.

Do not share a bed with your baby if you smoke, are intoxicated, taking drugs (prescription, over-the-counter or illegal) that cause drowsiness, are overtired, or very overweight.

Couches and recliners are not safe spaces for sleeping. Also be aware of overheating, very soft surfaces, and any gaps that baby could fall into.

Baby-led breastfeeding

Baby-led breastfeeding (feeding on demand) means allowing your baby to feed whenever he or she wants. Be prepared to breastfeed often because frequent unrestricted breastfeeding helps to establish a good milk supply.

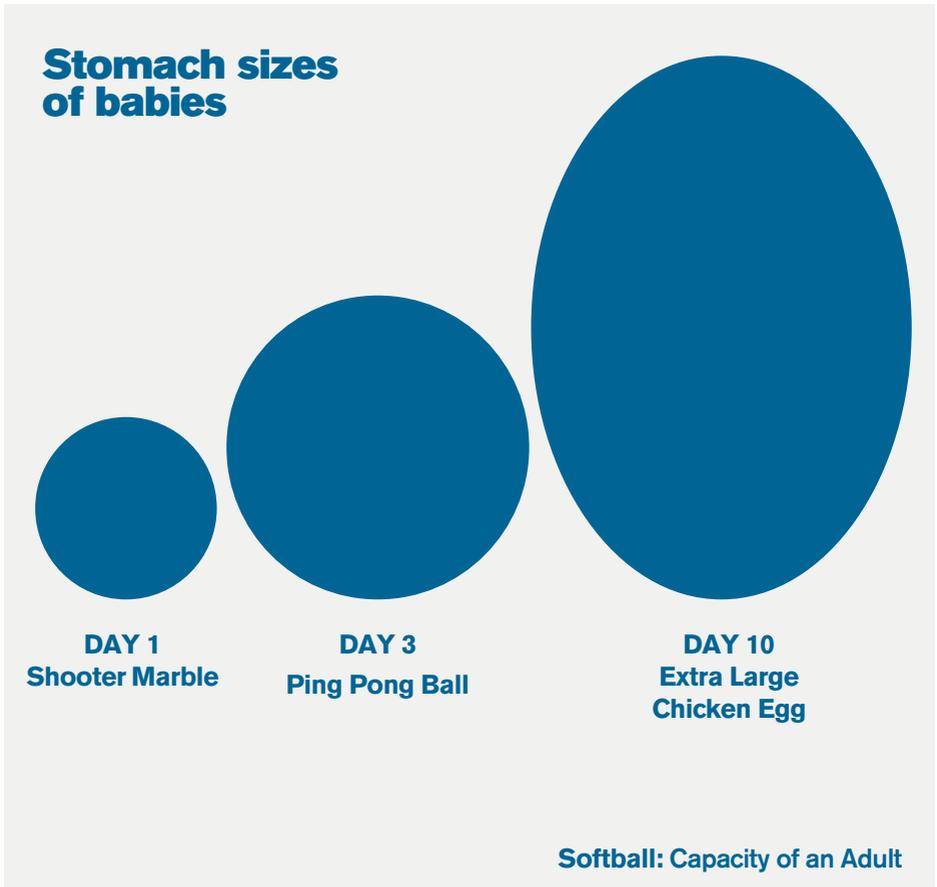
- Timing feeds does not help you establish a good milk supply. Let baby lead the way. Your baby should feed at least 8-12 times per day although some babies feed more frequently, until lactation is established.
- It usually takes six to eight weeks for you and baby to establish breastfeeding.
- Your baby will go through growth spurts and will want to feed more often than usual. This is temporary and if you respond to this by breastfeeding more, your milk supply will increase.
- Growth spurts commonly happen in the first few days and at around 7-10 days, 2-3 weeks, 4-6 weeks, 3 months, 4 months, 6 months and 9 months. This is only a rough guide; each baby is different.
- Cluster feeds are a common characteristic of a growth spurt, but can also happen each evening. This is normal!
- Learn to recognise and respond to your baby's feeding cues. Once home keep your baby close, especially at night. This will help you respond to early feeding cues quickly.



Baby's stomach size

Your baby's stomach is tiny at birth and cannot hold much milk, so in the beginning the average size of a breastfeed is very small. This may help you understand why babies feed so often.

- Day 1: Approximately 3 - 5 mls per feed (less than one teaspoon)
- Day 2: Approximately 5 - 15 mls per feed (one teaspoon - one tablespoon)
- Day 3: Approximately 15 - 30 mls per feed (one - two tablespoons)
- Day 4: Approximately 30 - 60 mls per feed (less than 1/4 of a cup)



Adapted from Linda J. Smith's, "Coach's Notebook: Games and Strategies for Lactation Education." Boston, Jones and Bartlett, 2002.

Early feeding cues

By watching your baby you will know when he or she is starting to get ready to feed before they begin crying and get too agitated to focus on feeding.

Look/listen for the following signs:

Getting ready

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



I'm ready now

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



OOPS!

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



The composition of breast milk

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

First milk: Colostrum is the first milk produced and may be present during pregnancy. This thicker milk is called 'liquid gold'.

Colostrum:

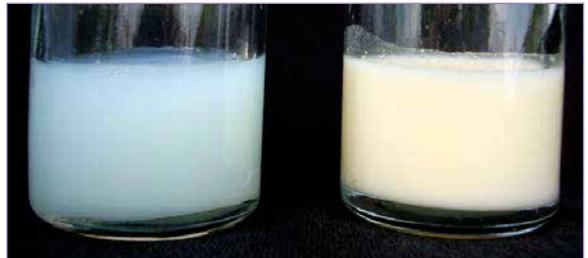
- Is high in protein and fats
- Is high in antibodies
- Is produced in small amounts – infants get an average of 7-14mL per feed
- Coats the baby's gut with a protective lining
- Promotes the protective good bacteria in baby's bowel. It stimulates baby's digestive system and helps to expel the first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



Mature milk begins to be produced 30-60 hours after birth. By 2 weeks your milk no longer contains colostrum. Mature milk is loaded with important nutrients for your baby, including oligosaccharides, which act like a natural prebiotic, enzymes, long chain fatty acids and immune building nutrients.

Mature milk contains:

- 85% water
- Antibodies
- Protein
- Carbohydrates
- Vitamins and minerals, including enough iron, with the enzyme the baby needs to absorb it, for at least the first six months (and after, alongside solid foods)



The milk on the left is more watery while the milk on the right has more fat- both are important for baby! You might also notice the milk separating into layers which is also normal.

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

When your milk ‘comes in’

Between 36 and 72 hours after the birth you should begin to notice your breasts feeling fuller. They may also feel hard, sore and lumpy. These changes are due to the increased volume of milk being produced and an increased blood supply to the breasts in order to produce the milk. Your body will gradually adjust to the amount of milk that your baby needs.

To reduce any discomfort you may feel during this period:

- Allow your baby to breastfeed frequently to ensure your breasts do not become over full or engorged.
- Gently massage the breast to help with milk flow, particularly in areas that are lumpy.
- Hand express to prevent breasts becoming too engorged.
- Massage breasts and hand express in a hot shower.
- If your breasts begin to feel overfull, wake your baby and feed him/her.
- Breastfeeding frequently and being responsive to your baby’s cues should help with most issues.
- Talk to your midwife or LMC if there is pain or discomfort.

Removing milk from the breast will also:

- Prevent further complications such as mastitis and abscess formation;
- Help with continued milk production, but it will not make your engorgement worse.



A mother ‘tandem’ breastfeeding.

Baby's output

	Expected urine output	Expected bowel motions	Colour
Day 1	1	1	Black (meconium)
Day 2	2	2	Black
Day 3	3	3	Black/brown (changing)
Day 4	4	3+	Brown/yellow (changing)
Day 5	5	3+	Yellow
Day 6	6-8 (thereafter)	3+	Yellow

- It is difficult to gauge urine output when a baby is wearing disposables..
- Constipation does not occur in breastfed babies, and many babies have frequent bowel motions in the first month. After this it is not unusual for a baby to go 1-10 days between bowel motions.
- Loose stools are normal for a breastfed baby.
- Consistent green, watery stools or other types of diarrhoea** may indicate that a baby is sensitive to a food or a medication. These may also indicate that a mother is changing breasts too soon.
- If a baby has diarrhoea, it is important to avoid baby becoming dehydrated by breastfeeding frequently.
- If your baby's poo has any trace of blood, ring your midwife or GP as soon as possible.

****Diarrhoea means at least 12 watery stools a day that have an offensive odour.**

The changes in baby poo...



Meconium



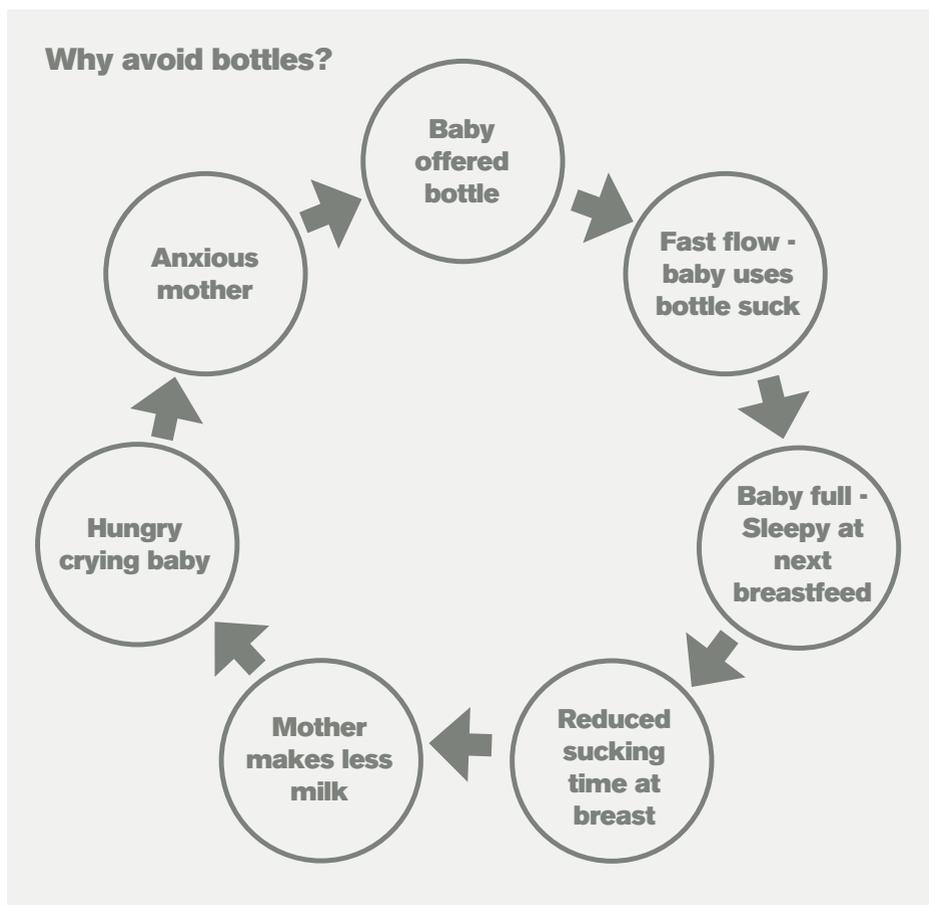
Transitional (day 3 - 4)



6 Week poo

How does using a dummy/pacifier or a bottle affect breastfeeding?

Avoid using bottles or dummies/pacifiers because it is important for your baby to breastfeed as long and as often as they want. Dummies/pacifiers and bottles can cause nipple confusion or interfere with your milk supply. If you wish to use these items, do so with caution and wait until breastfeeding is established, at least six weeks. Dummies and pacifiers should never be used in place of breastfeeding.



Breastfeeding tips if you have a caesarean birth

After a caesarean birth you will be recovering from major surgery, you will experience more pain and discomfort, you may not have easy access to your baby, depend on others more and stay in hospital longer.

Consider:

- The type of anaesthetic that is used during a caesarean. If a regional anaesthetic is used and both mother and baby are alert and healthy, the baby should breastfeed in the recovery room (when the mother should be temporarily free from pain). If a general anaesthetic is used, the mother may breastfeed as soon as she is alert enough to hold her baby.
- Ask for skin-to-skin with your baby immediately following surgery. This will help initiate breastfeeding.
- The baby's father having skin-to-skin contact when you cannot.
- Avoiding breast milk substitutes in the early days unless medically indicated.
- Breastfeeding in the side-lying or football position to avoid the baby's weight putting pressure on the incision.

Biological Nurturing is laid-back breastfeeding, mothers neither sit upright nor do they lie on their sides or flat on their back. Instead, they are in comfortable semi-reclined positions where every part of their body is supported especially their shoulders and neck. Then they lie their baby on their body so that baby's head is somewhere near the breast. In other words mothers make the breast available. Baby lies prone or on their tummy, their body not flat but tilted up. In this way mothers can position babies in ways that avoid putting pressure on the wound.



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

Latching your baby on well

It is very important for a mother and baby to learn to breastfeed with a good latch early on. This will minimise sore, cracked nipples and ensure your baby feeds well. Both of you are learning and it can take time to get it working.

What a good 'latch on' looks like:

- Baby is lying with his tummy against your tummy; his nose touching your nipple.
- Hold the breast in its natural position.
- If necessary you could sandwich the breast to an easier shape to fit baby's mouth. To do this...
Keep fingers well back from the nipple where baby's mouth needs to be.
- You could tilt your nipple toward baby's nose to make the tissue beneath the breast more accessible; this is where baby's tongue and jaw need to work.
- Tickling baby's lower lip stimulates baby's 'open mouth' reflex, baby's tongue should be down and out slightly.
- Wait for a wide open mouth so baby can take in a good amount of breast.



Sandwiching the breast.



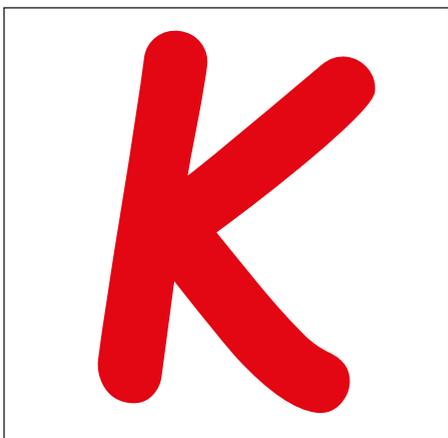
- Bring baby to breast:
 - Aim nipple towards the roof of baby's mouth.
 - Chin first: when the chin touches the breast baby knows to open their mouth wide. The bottom lip is away from the base of the nipple so baby can scoop the breast in with his/her tongue.
 - Quickly guide the baby to the breast. Very young babies open their mouths for only a short time so you may need patience to get the timing right.
 - The top lip should be just above the nipple.
- Check baby's mouth is wide against the breast with lips flanged out (not rolled in). This creates a good seal, baby's chin and nose and cheeks should be touching the breast.
- Baby's tongue should be cupped under the breast and be over the lower gum-line.



Wide open mouth



Well-latched babies. Note, chin against breast, and lower lip below areola (and well below nipple).



Baby's lips when latched well may resemble a K-shape.

Breastfeeding positions

Special attention must be paid to positioning, particularly during the first week or two of breastfeeding. This makes it easier for your baby to latch on and makes you comfortable and relaxed so that you can hold your baby close without straining any muscles.



Mother and baby well positioned to breastfeed.

Positioning and latching checklist:

- You are comfortable and well supported and if sitting, sit straight up.
- Baby is comfortable and ready to take the breast.
- Baby's whole body is turned towards the breast and his/her ear, shoulder, and hip are in line.
- Baby's bottom is tucked in close to the mother's body.
- Baby needs to be able to feed **without having to turn his/her head**.
- Baby needs to be able to feed without having to strain upwards or downwards to reach the breast.
- Baby is supported across shoulders and at the **base of head** so that baby feels secure and can feed well.
- Baby's head is back slightly.

Note: A crying baby will need to be calmed first.



Baby well supported across base of his head.



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

Different positions:

Football Hold	Transitional Hold	Cradle Hold	Side Lying Position
<p>Useful in early days, especially if you have had a Caesarean or your baby was premature. Preferred by some women with larger breasts.</p>	<p>Useful when learning to breastfeed. Useful if your baby is having difficulty latching or has low muscle tone, a weak rooting reflex, or a weak suck.</p>	<p>Most well-known position and you may use this once you have gained confidence using the transitional hold.</p>	<p>Can be more comfortable if you had a caesarean. Allows the mother to rest while baby feeds.</p>
			
<p>The mother sits up with the baby's body tucked under her arm at her side with his bottom resting on a pillow near her elbow. Position baby's nose to nipple with his head directly facing the breast.</p>	<p>The mother's palm is placed on baby's upper back with thumb behind one ear and index finger and other fingers on baby's cheek and neck to support head.</p>	<p>Mother sits up with baby's head resting on forearm (not in crook of elbow). Baby is on his/her side facing mother, with stomach and legs against her body.</p>	<p>The mother and baby lie on their sides facing each other with the baby's knees pulled in close. Pillows or rolled-up towels can help make this position more comfortable.</p>

Laid Back Breastfeeding - also called biological nurturing, which is breastfeeding in a semi-reclined position. Baby is positioned on the mother with their head near the breast so that they can self attach. See www.biologicalnurturing.com for more info.

Expressing and storing breast milk

If mums aren't able to be with their baby to breastfeed, then giving the baby expressed milk is the next best option.

Collecting breast milk – this can be by hand expressing, or using a hand or machine pump. You should wash your hands and use clean equipment. After using the pump take it to pieces, rinse in cold water, wash in warm soapy water, and rinse the soap off then air dry. Sterilizing is needed for bottles and teats but not for pump pieces.

Expressing by hand

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

KEY POINTS

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

Keeping expressed breast milk

Breast milk is a unique, living, biodynamic fluid with active properties. It is best stored in the back of the refrigerator or freezer where there is less temperature fluctuation.

- Warm milk should not be added to cold milk or frozen milk.
- Once it is all cold from being in the fridge the same-day milk can be mixed together.

Freezing expressed breast milk

- Ice cube trays.
- In glass or plastic bottles, milk storage packets, or food quality plastic bags.
- In amounts from 60mls to 200mls (small amounts can avoid wastage).
- Leave an air space at the top of the bottle to allow for expansion upon freezing.

Labelling the milk

- Label with the date of expression so that you use the oldest milk first.
- If the milk is going to where there is other expressed breast milk (e.g. childcare) write the baby's full name on the container.

Transporting expressed breast milk

- Store in a chilly bin with ice packs in contact with the bottles of milk for no longer than 24 hours.

Thawing frozen expressed breast milk

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

Using expressed breast milk

- Use the oldest milk first.
- Heat expressed breast milk by placing the container of frozen milk into a jug or bowl of hot water and slowly warm to body temperature.
- Do **NOT** use a microwave oven to heat breast milk.
- Test by pouring onto your inner wrist
- Bottles should be washed in hot soapy water and then rinsed carefully.
- If a baby is under 3 months then bottles and teats also need to be sterilised (boiling, steam, or sterilising solution).



Academy of Breastfeeding Medicine Human Milk Storage Information (for Healthy Full Term Infants)

Storage conditions	Storage time	Comments
Room temperature (<26°C)	4 hours	Cover containers and keep them as cool as possible (e.g., surround the closed container with a cool towel to help to keep the milk cooler)
Refrigerated	48 hours	Store milk in the back of the main body of the refrigerator
Frozen freezer box in refrigerator	2 weeks	Store milk toward the back of the freezer, where the temperature is most constant
Separate door fridge/freezer	3-6 months	
Separate deep freeze	6-12 months	

Sharing Breastmilk

The World Health Organization, in its Global Strategy for Infant and Young Child Feeding, promotes this order of ideal feeding:

1. Breastfeeding
2. Expressed milk from an infant's own mother
3. Breastmilk from a healthy wet-nurse or a human-milk bank
4. Breastmilk substitute (formula) fed with a cup

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

National organizations for sharing breastmilk (not milk banks) are Mothers Milk NZ and Piripoho Aotearoa. You can also join the Breastfeeding Mums West Coast page on facebook to contact local breastfeeding mothers.

Solutions for common breastfeeding challenges

Breastfeeding can have challenges, but often there are solutions.

Tiredness

- Turn off the phone
- Restrict visiting
- Sleep when baby sleeps
- Accept all support offered
- Take good care of yourself and make sure you eat well and drink according to your thirst

Sleepy baby

- Keep baby with you
- Look for early waking signs
- Unwrap baby to wake up
- Aim for at least 8 feeds/day
- If sleepy while feeding, sit baby up and try burping baby. Or try blowing lightly in their face
- Hold baby skin-to-skin
- Switch breasts to encourage baby to wake and keep suckling

Unsettled baby

- Is your baby hungry? Babies feed frequently (particularly in the early evening and during growth spurts)
- Feed whenever baby stirs in early days
- Check positioning and deep latch
- Change sides often
- Compressing your breast while baby feeds may increase his intake. Do this by supporting your breast with one hand (baby held in other arm) with your thumb placed on one side of the breast and your other fingers on the other side. **Watch for the baby's drinking**, and when the baby is nibbling at the breast and no longer drinking,



Cracked nipple.

compress the breast by just squeezing and holding (not so hard that it hurts and try not to change the shape of the areola). **Use compression while the baby is sucking but not drinking!**

Keep the pressure up until the baby is just sucking without drinking even with the compression, and then release the pressure.

- Try skin-to-skin to help baby settle
- Try a bath with your baby and breastfeed. Mum and baby can both relax.

Painful latch and nipple pain

- Begin on least sore breast
- De-latch if any pinching or pain. Try to only latch baby on when their mouth is open wide
- Try latching again from further below – 3cm from the nipple base (A deep latch is comfortable and you should only feel tugging)
- Experiment with different positions
- Apply expressed milk to the area after feedings
- Use moist wound healing by applying a pea-sized portion of Lansinoh nipple cream to the nipples after feedings

Engorgement

- Avoid long periods of time without feeding or expressing
- Feed your baby or express enough milk to make you comfortable (by hand in the shower or by pump)
- Warmth will help the milk flow
- Cool compresses after feeds
- Chilled cabbage leaves may reduce inflammation (washed to remove pesticides and cut-out any hard stalks). Only apply for 20 minutes at a time

Mastitis

- You may have breast redness, pain and possibly feel unwell with fever
- Rest and feed, to clear any blockage
- Express milk if it is too painful to feed
- Drink plenty of fluids
- See a health professional for pain relief and antibiotics
- Avoid weaning during mastitis
- Latch with baby's chin at red/sore spot
- Apply hot wheat bag



Mastitis

Milk supply

Almost all women at some point will wonder if they have enough milk, but they don't need to worry. They often worry about something that is **normal** and happens to most people, like their baby wants to feed a lot when having a growth spurt, their baby seems to want to breastfeed constantly in the evening or they have stopped leaking milk. Babies often appear to be hungry in the early days, but they are simply doing what they should to stimulate the breasts to produce milk and this is normal breastfed baby behaviour.

If you are wondering whether you have enough milk consider the whole picture:

- Have your baby's bowel movements and urine been 'normal' (page 12)?
- Has your baby been gaining weight adequately?
- Are you breastfeeding frequently and does your baby seem to be swallowing while breastfeeding?
- Are you comfortable and free from pain while breastfeeding?
- Does your baby appear hungrier than normal?

If you think you don't have enough milk:

- Check positioning and latch, and baby's swallowing
- Offer several sides at each feed. Breasts go into higher production when they are emptied more
- Express milk after feeding to increase your supply
- Rest and have a lot of skin-to-skin contact with baby
- Avoid long intervals between feeds

- Consider whether your baby is going through a growth spurt. This may happen at any time, but a rough guide suggests: in first few days at home and at around 7-10 days, 2-3 weeks, 4-6 weeks, 3 months, 4 months, 6 months and 9 months. Growth spurts do not mean low milk supply, but are a normal, temporary process where your baby feeds more to increase your supply.
- Talk to a Mum4Mum or health professional if you are concerned

Supplementation

When this is necessary it can support breastfeeding:

- If a baby is not latching or is separated from the mother, spoons or syringes can be used to feed small amounts in the early days when the mother's milk hasn't come in. Cups can be used once the baby is receiving more milk.
- The best alternatives to breastfeeding are listed in order:
 1. Expressed breast milk from the mother.
 2. Breast milk from a healthy wet-nurse or a human-milk bank (not currently available here).
 3. Infant formula.
- Feed the supplement after a breastfeed to ensure your baby gets as much breast milk as possible
- Continue to breastfeed frequently
- If a mother is trying to build up her supply she can use a tube at the breast to feed the supplement while her baby is latched at the breast.

Reflux

This is the flowing back of the stomach's contents into the oesophagus, causing damage to the lining and is different to "spitting up". This can cause feeding problems and mimics colic in some babies. Symptoms may include

- Choking and coughing
- Back arching and head turning (baby may do this to reduce pain)
- Intense crying and irritability during and after feedings
- Feeding resistance and/or refusal

Possible contributing factors are allergy or cow's milk protein sensitivity or oversupply in the mother.

Management may involve keeping baby's "head above bottom" (even when sleeping and changing nappy) and short, frequent feedings.

Switching the baby with reflux from breast milk to formula can make reflux worse as formula stays in the stomach longer.

Teething

- Baby's teeth may begin to erupt from about 4 months of age.
- Sore gums can make breastfeeding uncomfortable for the baby.
- Consider this if baby is drooling more than usual.
- It may help to allow the baby to chew on something cold before breastfeeding.

Inverted nipples

- These are nipples that cannot be compressed outward and may not protrude or become erect when stimulated or cold. This may occur naturally or be brought on by engorgement.
- There are different types and degrees of inverted nipples, which may respond differently to breastfeeding.



Inverted nipple

- Many flat or inverted nipples will not cause breastfeeding problems as babies don't 'nipple feed', they breastfeed.

Strategies:

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

Alcohol

- Alcohol passes easily into breastmilk and is in the milk at the same level as in the mother's blood. Levels of alcohol in the milk will only go down with time.
- Babies cannot metabolise alcohol well. They can be affected in ways such as making them drowsy or fussy. Alcohol

can affect motor development skills because babies have rapid and complex brain development.

- A breastfeeding mum can express milk prior to drinking alcohol so there is alcohol free milk available. She can also time the breastfeed so that alcohol has left her system before she breastfeeds. She may need to express milk while drinking because her breasts feel full, but this milk should be thrown away.

Tobacco

The more cigarettes smoked, the greater the health risks for mother and baby. Quitting would be ideal and mothers can access support through Coast Quit. If a mother cannot stop smoking, cutting down may be a good first step.

The risks of formula feeding are higher than the risks of nicotine in breastmilk. If a mother does smoke, she can reduce the harm to her baby by smoking after and **not immediately before breastfeeding** and smoking outside and away from her baby. Breastfeeding will increase the baby's protection against the harmful properties of the cigarette smoke.

Marijuana

- Marijuana can have a significant effect on the breastfed baby. If a mother is a heavy user of marijuana then breastfeeding should be avoided.
- After occasional use a mother may give previously expressed clean milk and should not breastfeed for at least several hours.
- The level of marijuana in breast milk will be higher than in mother's bloodstream and can be detected in the baby's body for 2 or 3 weeks.

Red flags

When a second opinion from your midwife or doctor is needed

See a health professional if:

The baby:

- Appears unwell
- Shows signs of dehydration (sunken fontanelle (the soft spots in baby's skull), appears lethargic, skin losing resiliency, dry mouth, dry eyes, weak cry)
- Not waking by him/herself for feeds
- Has less than 2 dirty nappies (before 6 weeks old) in a 24 hour period
- Has less than 6 wet nappies (before 6 weeks old) in a 24 hour period
- Is feeding less than 8 times in 24 hours (before 6 weeks old)
- If baby's behaviour has changed
- Has not latched and suckled within 8 hours of birth

You:

- Have a sore breast with red streaks or pus or blood in your milk
- Feel ill (like the flu), or your sore breast hasn't improved within 24 hours
- Feel depressed or very unhappy
- If you think something is wrong, do not hesitate to ask for assistance from health professionals or Mum4Mums
- If you feel overwhelmed or super tired



FREE

Download the **BreastFedNZ** app to find breastfeeding help, information and support.

Available now to download

BreastFedNZ

Preparing yourself for breastfeeding before your baby is born

Here are some tips on how you can prepare yourself for breastfeeding before baby arrives (even if it isn't your first baby):

Before your baby is born:

- Attend BABES-in-Arms meetings and talk to people who are breastfeeding now (Babies & Breastfeeding Education & Support)
- Attend breastfeeding antenatal classes
- Read breastfeeding books and information
- Talk to a Mum4Mum, a Breastfeeding Advocate, a Lactation Consultant or your Midwife
- Let others know that breastfeeding is important to you and how they can support you after the baby arrives
- Let your LMC know if you have any concerns about the shape of your nipples. If you are unsure and are comfortable with the idea, she can have a look at them

After your baby is born:

- Contact your midwife or maternity unit up to 6 weeks.
- Contact a Mum4Mum or a Breastfeeding Advocate for support
- Continue attending group meetings – BABES-in-Arms, coffee groups
- Talk to someone if problems occur. Do this early before a minor problem develops into a major concern

Relax and remember that a happy mother and a happy and thriving baby are the most important outcomes.



BABES-in-Arms in Westport



How your family and friends can support you



- Look after and play with the baby while you rest
- Bath the baby
- Do the housework, cooking and shopping
- Have skin-to-skin contact when you are not available
- Help you to be comfortable when breastfeeding by getting pillows when needed
- They can also fetch the TV remote, telephone, water and snacks for you while you're breastfeeding
- Help feed baby solids from 6 months

Baby burping techniques:

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



1



2



3

Introducing Solids

Once baby is 6 months they should **gradually** begin to get solid foods alongside breastfeeding. Breastfeeding never stops being good for your child and you might breastfeed your baby for a year, or two, or longer.

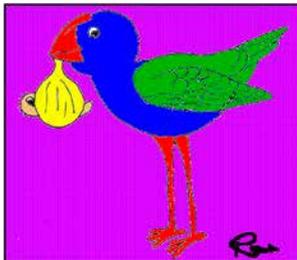
Before complementary foods can be introduced, the infant must be physically and physiologically able to cope with these. This means that your baby is ready to chew, swallow, and digest solid foods. The gradual transition to solids can be achieved by starting off by giving a milk feed before giving other foods, which are used as a 'top-up' at the end. Then when the infant is older (e.g. 8-9 months), other foods can begin to be offered before the milk feed. Appropriate first foods include vegetables, fruit, age-appropriate meats, and vegetarian alternatives. Babies do not need to receive specially prepared baby foods.

It is recommended that fat, salt, sugar, honey and other sweeteners are not added to infants' food. These supply minimal nutrient benefit and may accustom the infant to their taste. The ideal window for introducing potentially allergenic foods (such as peanuts, cow's milk, eggs, etc) is between 6-12 months. New foods should be introduced one at a time, allowing two to four days between each new food to establish that the infant does not have an allergy to that food.

This is a great time for other family members to get involved in feeding the baby.

Breastfeeding friendly places around the Coast

You can breastfeed anywhere you like and most cafés on the West Coast are breastfeeding friendly. Your baby has a right to eat when and where they need to. Some areas such as libraries, Plunket rooms, and Community & Public Health have comfortable seating for breastfeeding, along with changing tables.



Where to go for Breastfeeding support on the West Coast

West Coast DHB

- Your Midwife/LMC up to 6 weeks postpartum
- Lactation Consultants at Te Nikau Maternity Ward (03) 769 7803
- A library of breastfeeding books at Kawatiri, Buller Health

Well Child Provider

Plunket 03 768 7249

Plunketline 0800 933 922

Poutini Waiora 0800 333 170

Tamariki Ora Well Child – Well Child checks for Tamariki

See page 31 for more information.

Westport

98 Brougham Street

Greymouth

62 Shakespeare Street

Hokitika

12 Revell Street

Breastfeeding Support Groups & Clinic

BABES in Arms- PHO Lactation Consultant or Mum4Mum. Children of all ages welcome. Phone Raewyn 027 288 0269

Westport: Third Monday of each month (except January) 1:30-3pm Kawatiri Birthing Unit

Reefton: Second Monday of the month, Black Memorial Room, Reefton Hospital, 10:30am

Breastfeeding Clinic

Greymouth- DHB Lactation Consultant

By Appointment: McBrearty Ward every Thursday, Call 03 769-7803

Drop In: Plunket Rooms, 12:30pm to 1.30pm every Thursday

West Coast Primary Health Organisation

The Breastfeeding Advocates are happy to help with any breastfeeding related enquiries.
<http://www.westcoastpho.org.nz/breastfeeding>

Erin Turley

Breastfeeding Advocate (Greymouth and Westland)

Phone 027 288 0392

(03) 768 6182

Email erin.turley@westcoastpho.org.nz



Erin Turley

Raewyn Johnson IBCLC, RN

Breastfeeding Advocate (Buller)

Phone 027 288 0269

(03) 768-6182

Email raewyn.johnson@westcoastpho.org.nz



Raewyn Johnson

Mum4Mum Breastfeeding Supporters

Mums who have breastfed their babies, had training through the West Coast Primary Health Organisation and want to support other mothers to breastfeed.

Check the back of this handbook for your local Mum4Mums

Facebook



We have facebook pages for breastfeeding mums in our region to share accurate information and provide support:

West Coast Breastfeeding (public group)

and

Breastfeeding Mums, West Coast (private group)

Community and Public Health

Pregnancy, baby and breastfeeding books and resources for loan to all West Coasters FREE.

Phone (03) 768 1160

3 Tarapuhi Street, Greymouth

Health and Social Services

Working together for the wellbeing of the family

Providing service to Whanau and the community for the past 21 years.

Our Vision is to strengthen the mana and wellbeing of whanau and community.

Our Mission is to build and nurture the strengths of whanau and community by providing holistic health and social services throughout Te Tai O Poutini.

Our aim is to generate a warm non-judgmental and culturally safe environment and provide a support service for Mothers and their Pepi.

We can help:

Ante-natal

- Preparing for breastfeeding
- Providing breastfeeding information and education
- Advocacy with other providers
- Preparation for birth of pepi

Post-natal

- Support from birth to establish breastfeeding
- One-on-one breastfeeding help
- Positioning
- Frequency of feeds / length of feeds
- Breast care
- Winding positions
- Infant massage to enhance bonding and attachment
- Information, education, and support with immunisations
- Nutrition
- Stress relief
- Sleeping positions





Danielle

020 4134 8319

Hi, I'm a young solo mum from Ross, I had my daughter at 19 and have breastfed her ever since going on 14 months now. I gained a lot of confidence in breastfeeding from support from other breastfeeding mums and doing the Mum4Mum course has given me so much more knowledge that hopefully I can support other mums with on their breastfeeding journey.



Tash

021 087 20507
info@glaciervalley@co.nz

Breastfed past one year. Experience of feeding after an epidural, biting and bleeding nipples.

Hokitika



Anna

text 021408146 or
annamreid@hotmail.com

Hi I'm Anna, I have two children who were both fully breastfed. I have co-slept and breastfed both and gained experience with extended breastfeeding, tandem breastfeeding, tongue tied babies and food intolerances. So have picked up a few tricks along the way! More than happy to come meet you and your baby and see if there is anything I can help with.



Cass

aotearoa.cass@gmail.com

Kia ora, my name is Cass. We had our son Kāhu as older parents. Our breastfeeding journey was super tough, and I never thought I'd be happily breastfeeding 13 months later. We experienced significant nipple pain, nipple damage, used nipple shields, blocked milk ducts, low milk supply and weight gain issues, expressing and bottle feeding breastmilk, nipple confusion, use of lactaid (feeding tube), nipple thrush, nursing strike, and tongue tie ...whew! Had amazing support, and would love to offer advice or a shoulder to anyone going through similar challenges.



Erena

755 8210

Hi my name is Erena, I am a mother of 3 under 5, I have breastfeed all 3 of my children. None of my breastfeeding experiences have been the same, each one having different up and downs. I have got through with help and support of others who have either been there before or were still going through it. I have a range of experiences from mastitis, to baby losing weight, nipple blebs and expressing colostrum in later stages of pregnancy.



Irish

755 6535 or 0279179109
irishorozco@yahoo.com

My older daughter was only breastfed for less than a month. I struggled because she had nipple confusion. I also had to stop because I was working back in the Philippines. My older daughter was breastfed for 3 years and two months. It was a rough road for me because of some medical issues I had when I gave birth. However, I am so blessed that my husband supported and continues to support me in breastfeeding 100%. The more research I did about breastfeeding the more I wanted to do it. It's the greatest gift you can give your baby. If you need support with extended breastfeeding or aches and pains I'm just a text away.



Abbey

755 7824

I'm Abbey Johansson (Rasmussen) i have 3 children who were all breastfed. I have knowledge and experience in feeding up two yrs in age, engorgment, over supply of milk, latching, fast let down, severe reflux resulting in weight loss.



Aimee

755 8562

Three daughters, different breastfeeding experiences with them all, has breastfed past a year.



Emma

027 365 3229 or 755 8215

Hi, I'm Emma Ive been a Mum4Mum for 9 years since my first daughter and have been blessed with another baby girl. Each breastfeeding journey with my babes has had differing challenges, mastitis, poor latch, oversupply etc. I have found a range of alternative treatments such as homeopathy very helpful for me.

I am always amazed at the strength of women and how our amazing bodies provide nourishment to our babies. Id love to support anyone on their breastfeeding journey whether it be a ear to listen or advice.



Emma

021 0830 5865

Hi, I am mum to a 2yr old boy with another bub on the way. I have dealt with tongue tie, low supply (due to the tongue tie) and mastitis. I also breastfed 3 months into my second pregnancy.



Katie**022 415 3445**

Kia Ora my names Katie and I'm a young mum in Ruatapu with three beautiful girls. I have had experience with nipple shields, mastitis, having a very high needs unsettled baby and tandem feeding. I learnt a lot of tips and got some great advice from other Mum4Mums. I hope that I too can help somebody else's breastfeeding journey be as amazing as mine has been, so don't be afraid to reach out.



Kristie**027 496 4662**

Hi, I'm a first time Mum still enjoying breastfeeding my 1 year old. I'm happy to help with any queries, or just sit down with a cup of tea and be a listening ear.



Laura**027 384 2508**
lauramayneale@gmail.com

Kia ora I'm Laura, I have one beautiful son called Charlie. I've had experience with tongue tie, lip tie, reflux, wind, forceful letdown and a baby that just won't stop crying unless he was in a carrier. I've also had experience with co sleeping, extended contact napping and postpartum anxiety. Please don't hesitate to contact me. Congratulations on your new baby!



Naomi**755 6325**

Naomi has breastfed after a C-section and has had difficulty with latching and has experience with using nipple shields.



Pania**755 7030, 027 404 5210** text ok

Has experience of getting over troubles at the start and long term breastfeeding. I also breastfed as a teenage mum.



Renee**755 8017 027 831 7279**

My experience with breastfeeding has been mixed from first being a teen mum, struggling with no support, and getting severe mastitis, and 12 years later having another two successfully breastfed babies under two years apart. I also suffered from mastitis with both, but I managed to push through my own personal challenges to breastfeed and am here to help anyone with their own breastfeeding.

Kumara Junction



Lauren

021 0260 2096

I'm Lauren and I am a Mum to two children, a three year old and a one year old. I have breastfed my second baby after he was born early and due to low blood sugar from my gestational diabetes we needed to supplement (we chose donor milk) and the supply line method, as well as pumping and offering the breast. I have experience with establishing a workplace breastfeeding/pumping plan as I returned to work soon after he was born. I would be more than happy to help to support anyone with breastfeeding and returning to work as well as any other concerns or questions about breastfeeding.



Jacinda

(03) 7369725 0210703700
jacindapanther@gmail.com

Kia ora I'm Jacinda. I have 2 children Maisie and Louis. Both my children were Prem so have some experience with breastfeeding after babies being tube fed. I have experience with tandem feeding, extended feeding up to 3 years of age (and counting), and pumping forever! I have donated milk and received donor milk. I love supporting Mums in any way to help their breastfeeding journey.

Greymouth Mum4Mums



Abby

762 6864

Hi, my name is Abby, I live on the West Coast with my husband and 3 beautiful children. I have successfully breastfed all of my 3 children. None of my breastfeeding experiences have been the same, each having different ups and downs. I got through the downs with the help and support of others who had either been there before, or were still going through it! I understand how important it is to have good support networks when you are breastfeeding, as it is not always easy, which is why I wanted to become a Mum4Mum, to help others, encouraging and helping them to give their babies the best start in life.



Aleisha

021 131 4616 or 768 6136

Hi, I'm Aleisha. I successfully breastfed my daughter (now 16) until she self-weaned at 23 months. I am currently feeding my son. We have been through all sorts of challenges such as tongue-tie and release, nursing strikes and oral thrush. I am happy to help anyone on their breastfeeding journey.



Anita

021 151 2058

Hi, I am a working mother of one (so far) who breastfed my daughter for just over 2 years. Our breastfeeding journey has included a diagnosis of dairy intolerance for my daughter at an early age, which led to both her and I fully removing dairy from our diets. I returned to work when she turned 1 and expressed milk for her at work, which she took to nursery. I “fed to sleep”, which was both easier and more difficult depending on what was happening. This caused me a bit of worry when weaning, but we got through it much more easily than I expected! I am happy to be contacted by anyone wanting help, ideas or just a chat.



Bailey

027 979 1050

First time mum at 19, breastfed my boy. Have experience with over supply, weaning, expressing, donating milk and feeding in public with a noisy wee man. Any questions and I'm happy to help.



Gemma

**0272441964 (Home) or
0292732253 (Work)**

Kia ora !! I am Gemma, mum to 5 beautiful babies aged 21,20,19,16 and 6 :-)) I breastfed all of my babies including tandem feeding number 1 and 2 for about 3 months. My breastfeeding journey started when I first became a mum at 16. Over those years I encountered a variety of challenges and barriers including repeated bouts of mastitis and supply issues, a 28 weeker in NICU for a long time which meant I had to pump whilst managing the older 3 children, certainly a challenge. One of my babies also had severe allergies, a bowel disorder, an upper lip tie and a tongue tie. All of these were certainly challenges but the right support meant I successfully breast fed for between 7 months and 18 months with each baby. I previously worked at Poutini Waiora as Mama & Pepi Kaimahi and I currently work at Oranga Tamariki as Kairangahau a Whanau. I am always keen to offer support in any way I can.



Jenny

021 110 1393

First time mum at 38yrs. Breastfeed our wee boy for over 2yrs. My experience with breastfeeding was certainly a journey which I didn't expect, both rewarding & challenging. We breastfeed through medical conditions & medications, reflux & oversupply.



Joanne

768 4907 or 027 404 1461

I'm originally from Ireland and have been living in New Zealand for nearly 10 years. I have just moved to Greymouth from Auckland to be closer to my partner's family. I have one daughter who I have been breastfeeding for nearly two years. We overcame some challenges to breastfeeding including reflux, laryngomalacia and oversupply. I would like to help others and give back to my new community.



Kelsey

768 4550 or 027 776 2415

Hi I'm Kelsey, a mum of 3 small kids and working part time in Greymouth.

I have experienced a baby with severe tongue tie, battled recurrent mastitis and have used domperidone in the early days with my breastfeeding journeys.

I look forward to meeting and helping other mums through their own journey.



Lisa

762 7315

I have got one daughter who I breastfed until just over 2 years old. She is bilingual (we speak German) and she was a real breastfeeding fanatic. Breastfeeding was very challenging at times but we got through it and it was so worth it! We first had trouble with over supply, then biting, then mastitis, then more biting. Weaning has been a big challenge for us too. We made it with the help of some good strategies. But now I hope there will be more babies so I can breastfeed again! I didn't have much support when I had my baby, so I am hoping to be able to help other mums in the same situation. Please don't hesitate to call, I'd love to help!



Miriam

768 6692 or 021 131 4807

I'm a mum to two young girls, both breastfed. I've dealt with mastitis a few times and oversupply. I also breastfed into my second pregnancy & have experience with weaning a toddler.



Olivia

021 082 46964

Hi, I have one son who I'm still feeding now at 19 months despite a rough start. He had a lip and tongue tie so we struggled through low weight gain, latch issues and low milk supply. We chose to use donor milk to top him up in the first 8 months so also have experience with that too. Happy to help in anyway I can.



Rachel

762 6659

I am an older first time mum of one son and we are still happily breastfeeding at 27 months old. On our ongoing breastfeeding journey, we have experienced low milk production; jaundice; nipple shields; nipple confusion requiring weaning from bottle to breast; colic; reflux; multiple food intolerances and (finally!) the joy of successful breastfeeding.

I am so pleased that with good support we overcame these challenges and I find that on top of the nutritional aspect, breastfeeding fixes everything from the sore gums of teething; spills, bruises and tantrums of normal toddler life and the pain of reflux.



Rachel

768 7996 or 027 429

7443

Hi, I'm Rachel and I am a Mum of two children. I have breast fed both of my children and my oldest Daughter was breastfed until 22 months and I am still currently breastfeeding my 1 year old Son. Experiences have included: tongue tie, weaning, and expressing of milk.



Rachelle

03 768 7300 or 027 3075888

Friendly, understanding, and always happy to help. I have 5 children, including twins.



Sarah

027 876 5994

I had my little boy Charlie at age 20 so have experienced what it is like to be a younger mum on the West Coast. I also have experience with mastitis, biting, fast letdown, breastfeeding a toddler, breastfeeding during pregnancy. I had great support from Erin and mum4mums and hope to be able to help other mums.



Tracey

**022 189 4966 or
tracey.feary@gmail.com**

Hi, I'm Tracey and I've had a very rewarding breastfeeding journey which I put down to my fantastic support network of nursing mum friends, midwives and family members. I can appreciate how overwhelming breastfeeding and breastfeeding information may feel at the start - it's a whole new world. I have experience in prenatal colostrum harvesting, engorgement and oversupply (oh the leaking rockmelons!), overactive letdown and D-MER, expressing and milk donation, and blocked ducts and mastitis.

I also have a background in dairy science which made lactation especially fascinating for me.

I cannot emphasise enough how much it helped me having other mums to talk to about breastfeeding - before and after birth. Please feel free to get in touch!



Trish

762 6242

Two sons. Experience with initial latching problems, supplementation, nipple shields and mastitis plus some great times when feeding is going well!

COBDEN



Elizabeth

768 5081 or 02102459953

I have experience with low milk supply, failure to thrive, breastfeeding through and beyond deep family trauma, breastfeeding strike, mild but still interfering lip-tie (that wasn't discovered until she was 1 year old), blocked milk ducts, biting, and night weaning. My daughter and I also live with a raft of food intolerances and allergies. When I was a baby I was on soy formula then goat milk but now can't tolerate either of them, so it's awesome I can breastfeed my daughter. A week after leaving the hospital with my bub they were threatening to put us back into hospital due to weight loss. Along with using donated breastmilk from other mums, our first 3 months was just rounds of 3 hourly feeding, then pumping, then bottle feeding the expressed breast milk (EBM), which almost took all of the 3 hours, even at night until I could hardly respond to my alarm... but with persistence, somehow we got there and my toddler still receives breastmilk. My husband passed away in a sudden accident when bub was 9 months old. Although I've been close to stopping breastfeeding maybe half a dozen times for various reasons, it's much better now and I am planning on extended feeding.

RUNANGA



Renae

762 7430

Two daughters, mum skilled at managing a toddler and a baby including having tandem breastfed.

BARRYTOWN



Stacey

022 352 2748

staceyhba2018@gmail.com

Hi my name is Stacey and I live in Barrytown with my partner and two young children. I am from the UK and have lived in NZ for 4years. My son and daughter are only 13 months apart so we found that tandem breastfeeding worked well for us, and am currently still feeding our youngest at 18months. I also have experience with mastitis, weaning, feeding during pregnancy and general ups and downs :) I am more than happy to offer advice or help in any way possible.

GREY VALLEY

Amy

732 3779
ampixieo@gmail.com

"Breastfed daughter for 4 years while working (actually about 3 weeks short of 4th birthday), daughter also had food allergies."



Jade

02102412100
jaadehume@gmail.com

Hi, I am a mum of two and am now tandem feeding. My son and daughter are only 20 months apart and both were born via c-section. (One emergency and one elective.) I also have experience with food intolerances, oral/nipple thrush and engorgement. I breastfed right through my second pregnancy so also have experience with milk drying up and colostrum coming in. I had my little boy, Hunter at age 19 so have experienced what it is like to be a younger mum on the west coast. I am happy to help out with any questions or to even just be a listening ear.



Lucy

027 635 8636
lucyjrmooore@hotmail.com

My husband and I both dairy farm in atarau. We have two girls, 3 and 7 month's. I love breast feeding, however it didn't come easy the first time round. My milk took supply took a long time to become adequate, after lots of pumping and natural supplements, chiropractic work, we got there in the end and ended up feeding my oldest for 2 years.

Marion

732 3758

One son and had cracked nipples early on. Experience of life on a farm with a child and breastfeeding for longer than one year. Son is now in high school, but I'm happy to support mums around Ahaura.

REEFTON



Anna

732 8218 or 027 359 3352

Mum of two boys. Breastfed without problems, but both boys have allergies.

**Johanna****022 034 8166**

I was a teen mum and breastfed my son for just 2 weeks, but with support I breastfed my daughter for 2 1/2 years! I had cracked nipples, mastitis, and a hospital stay but I'm glad I stuck with it!

**Nicole****027 813 6297**

I am Mum to Jade and Loki. I have experience with breastfeeding after Cesarean Section. With Jade, I had decided to feed for only 5-6 months as I could not imagine feeding an older baby, but the support I got from my Mum4Mum and at BABES in Arms group, meant that we breastfed for 14 months. There were complications with Loki and he struggled to breastfeed, but I gave him expressed milk for 9 weeks. I recommend breastfeeding to any mother as it is much healthier for mum and baby, and the feeling of giving your child the absolute healthiest start to life is amazing.

**Ruth****022 575 3049**

Our first baby Rocco loved breastfeeding. He had a very sensitive gag reflex and wasn't interested or able to eat any other food until he was around 21 months old. He's a great eater now and breastfed until he was just over 2.5yrs, weaning about 2 months before our second baby Aurora was born. Aurora started solids at 7 months doing Baby Led Weaning. At 18months old she is still not a big eater and her eczema means we have eliminated certain foods from our diet which has definitely helped. She is still breastfeeding on demand with no end in sight.

**Sam****022 010 3472**

Despite my desire to breastfeed, Polycystic Ovary Syndrome prevented this from happening with our first baby. With our second baby I was more prepared and although I was never able to exclusively breastfeed, our boy had breastmilk for 6 1/2 months. Knowing I was doing the best I could, was really uplifting, and the bonding was great.



Zie

03 7328 166, 02102314544

I am a mother of three children, two boys and one girl, who were all born premature (32 weeks, 37 weeks and 34 weeks) and presented their own individual issues regarding breastfeeding.

I have had experience with breastfeeding after a Caesarian Section, overcoming a difficult birth, reflux issues, being in NICU and other underlying health problems but am an avid supporter of persevering with breastfeeding no matter what. I have recently also experienced the joy of being a milk donor and a counselor for some close friends.

I am passionate about educating and helping women of all backgrounds, especially young mothers to breastfeed!

INANGAHUA JUNCTION



Amy

789 0266 or 020 407 24601

I'm a mum of 5 children and have experience with tandem feeding, being a teen mum, being a single mum, PND, mastitis, engorgement, and babywearing.

Buller Mum4Mums

HECTOR



Rachel

782 8960

Mum of 2. Breastfed Tom to 13 months when he self-weaned and Ruby to 2 years plus. Experience with expressing and giving expressed breast milk via bottle



Sharon

789 7551 or 021 137 0103

Mum of 2 and grandmother. First child weaned at 4 months due to poor advice, but breastfed longterm with second child.

GRANITY



Tracey

7828 871

Mum of 3 with 10 years breastfeeding experience. Experience with tandem and long term feeding.

WESTPORT



Anita

789 6704 or 027 843 7633

Mum of 2 girls. Experience with mastitis led to early weaning for first, but breastfed 8 months with second.



Anna

022 166 9349

My name is Anna, I'm 24 years old. I have a busy 3 year old boy and a new baby girl. I breastfed my boy to 30 months when he weaned himself. We had a really good experience breastfeeding after we got over blocked ducts and cracked nipples in the beginning. I'm breastfeeding my baby girl, which is going great so far. Feel free to contact me and I'll try to help in any way possible.



Cindy

I didn't breastfeed my first two children but I'm feeding my baby girl this time and she is 8 months old now!! I said I'd feed until she got teeth – she has two teeth now and I'm still breastfeeding her :-). It saves us so much money!



Denwa

I am a mum of 3 daughters and a Grandma to one. I am very passionate about breastfeeding and think this is the best way to feed all babies.



Di

789 5664 or 021 426 233

I am 39 years old and mum to my darling Lily. I breastfed Lil till she was over 2 years old, and only stopped to increase my chances of conceiving. We had a tough time establishing breastfeeding at first and I expressed using an electric pump for the first 6 months. I have also had experience with baby not thriving (or sleeping), allergies and elimination diets, forced weaning (for 5 weeks) due to my ill-health and re-lactation, and post-natal depression/anxiety. The first months of motherhood can be a pretty rough journey for some, and I believe that if mum is happy, then bub will be happy. I'm happy to talk to any new mums out there who are struggling and need some friendly advice.



Donna

022 127 3083

After struggling to have a breastfeeding experience with my daughter I was determined to have one with my son. I have experience with Tongue and Lip Ties and severe nipple damage. I would love to "pay it forward" after receiving so much support during my current breastfeeding journey.



Emily

027 764 0152

My breastfeeding story starts with my first child not latching and ending up in NICU for 2 weeks being fed expressed breastmilk through a nasogastric tube. She eventually mastered the skill of breastfeeding from me and continues to breastfeed 2 years later. I've had experience with oversupply, cracked nipples, blocked ducts and mastitis. I've also donated surplus breastmilk to another baby.



Hollie

022 694 7120

I am a young mum, and have breastfed both my children.



Jenny

789 4224 or 021 230 0735

I successfully breastfed my son for 13 1/2 months and experienced no major issues except in the early months I had low self-belief that I was capable of producing enough milk for my growing lad's ever increasing appetite despite regular Midwifery and Plunket checks confirming that he was in fact, a very healthy 'normal' little boy.

My daughter was a little gem: she slept for hours at a time, and when she woke, she was content to look around calmly, unlike my boy who roared for his meal the second he woke!! Her weight was never a concern so I knew that everything was ok. As she was my last I was hoping to breastfeed to at least her second birthday however she self-weaned at 17 months.



Loren

789 5198 or 021 2088 124

Hi, I'm a mum of 2: my son breastfed for 6 months and my daughter, who I'm currently breastfeeding, is 10 months old. I have experience in dealing with mastitis, damaged nipples and nursing strikes! I'm here for anyone who needs support, advice or even just a cuppa! Text or call me anytime!

Masayo

021 119 3320

Konnichiwa. I am a Japanese breastfeeding mum. I had 2 boys and 1 girl in 4 years. One was tongue-tied. I experienced sore, cracked nipples and post natal depression. I know how hard parenting is in a different country, language and customs. I'm happy to help and be your "knowledgeable friend." :-)



Megan

789 7763 or 021 114 0854

Issues with sore nipples and mastitis during the first couple of weeks, but managed to resolve mastitis without antibiotics.



Nicole

027 861 7247

Hunter was just 2 weeks old and I was exhausted. I was ready to give up breastfeeding. But here I am 6 months later, still going strong and planning to feed for a bit longer yet!

**Pip****027 522 3539**

My name is Pip and I am a mother of one. My husband, daughter and I are born and bred Westportians. After a very successful birth at Kawatiri, following some breastfeeding difficulties, my daughter was diagnosed with a tongue-tie which required releasing. Since this simple procedure, she fed successfully until 15 months.

**Sarah****789 4297 or 021 159 3906**

Mum to 2 girls and a boy, who were all breastfed for 12 months. I am not currently breastfeeding, but enjoy sharing my experiences of Nursing Strike, and the struggles I faced with having "easy" babies and then a "hard" baby.

**Shanelle****027 3611 541**

Teen mum of 2 girls. Breastfed first daughter for 15 months. Experience with Caesarian Section, mastitis, forced weaning due to ill-health, and relactation.

**Simmy****021 187 9405**

Our son was born 12 weeks early and was in NICU for the first few months of his life.

Coming home was filled with anxiety as he struggled with my over-abundant milk supply and apnoea attacks.

But we persevered and continued to enjoy breastfeeding well into his second year of life.

**Tammy****789 4016 or 027 782 0750**

I was a teen mum, and now have 3 beautiful daughters. My first baby was formula fed, but I have successfully breastfed my second two girls.

**Tania****789 6968 or 027 416 0472**

I have breastfed my children for 1 year +. I have experience with allergies and elimination diets.

CARTER'S BEACH



Erin

021 126 2807

I am a mother of two hungry boys, just 16 months apart, both born via caesarean. Two very different breastfeeding journeys. I have experience with Raynaud's Syndrome, latching difficulties, severe nipple damage, oversupply, undersupply and expressing as well as coping with a reflux baby. Returned to work while still breastfeeding. Happy to help with anything.



Renee

789 8375 or 021 023 57735

My breastfeeding journey started as a teenage mum, I have gone on to successfully breastfeed all three of my children. We have experienced initial latching problems after an epidural, clicking, nursing strikes and all my babies were very frequent feeders.

NORTHERN BULLER



Jess

021 265 6190

Kia Ora. I'm mother to beautiful Ithaca-Jane. We found a lot of support in Mum4Mums and BABES in Arms. While we had a rocky start to breastfeeding - it took us a while to latch correctly - our family has so far been able to successfully breastfeed for nearly two years. I say "family" because I believe that breastfeeding is a whole family/whanau journey. All the best for yours! Kia kaha - it may be hard initially, but it is worth it!

My Breastfeeding DIARY

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



Day One

Points to remember:

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

We are unable to breastfeed, but I have:

- Been shown how to hand express
- Expressed colostrum regularly for my baby
- Fed the colostrum to my baby regularly by syringe, spoon or cup

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

Day Two

Points to remember:

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

We are unable to breastfeed, but I am:

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

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

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

Day Four

Points to remember:

- Your breasts will feel heavy and may cause some discomfort – warm showers and hand expressing will help ease this.
- If your milk has come in, breastfeeding may be all your baby will want.
- Allow baby to finish the first breast and come off when she's ready.
- Always offer the other breast but your baby may not want to keep feeding.
- The average feed time when your milk has established is 17 minutes. 50% of babies feed for longer than this and 50% feed for less. All babies are different but prolonged feeding or very short feeds (less than 5 minutes) may indicate a problem with latching.

My baby is still unable to latch

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

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

Day Seven

Points to remember:

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

Feeding pattern

- My baby is feeding more frequently
- My baby settles between feeds
- My baby had at least 6 wet nappies today
- My baby had at least 3 dirty nappies today
- My baby wakes for feeds

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

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



Healthy West Coast

Te Hauora o Tatou – The Health of Us All



West Coast
Te Tai o Poutini
Primary Health
Organisation



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini