

Serenity Birthing – Your Birth and Beyond, The Way that Resonates With You



Module 14 – The Wonderful Art of Feeding Your Baby



Module 14 – What you will encounter

💖 How milk production happens and works

💖 The hormones of lactation

💖 The anatomy of the breast

💖 The evolution of lactation

💖 The prolactin reflex

💖 The oxytocin reflex



Module 15 – What you will encounter

- ♥ Current research about milk production
- ♥ How does milk supply vary
- ♥ What affects how long and how often a baby wants to feed for
- ♥ What is storage capacity and what does it mean
- ♥ How to get your baby to latch on well
- ♥ Different feeding positions and when they might be helpful - Laid back breastfeeding, the breast crawl



Module 14 – What you will encounter

- ♥ The main reasons why women give up breastfeeding
- ♥ What to do if your baby is not latching
- ♥ Hand expressing, cup feeding, Supplementary nursing
- ♥ How to express and safely store breast milk



Module 14 – What you will encounter

- ♥ The importance of a good latch
- ♥ Positioning – the important parts
- ♥ Common breastfeeding hurdles
- ♥ Where to go for help



Module 14 – What you will encounter

- ♥ What are the risks when you choose to formula feed your baby – for both yourself and your baby
- ♥ Formula companies and their marketing strategies
- ♥ Things you may like to consider



Important note

Whatever decision you make about how **you choose** to feed your baby, make sure that you are fully informed and understand the pros and cons of each, for you and your family, so that you can fully own and feel happy with your decision.

Breastfeeding your baby is a full time, emotional and physical commitment that has **HUGE** benefits to both you and your baby but sometimes it is challenging. If you go in knowing this and that there **IS** help out there, you will have more chance of having a successful journey that you feel satisfied and happy with, however long that is for and whatever form it takes



Milk Production – The hormones of Lactation

♥ Oxytocin – Releases milk from the breast – let down

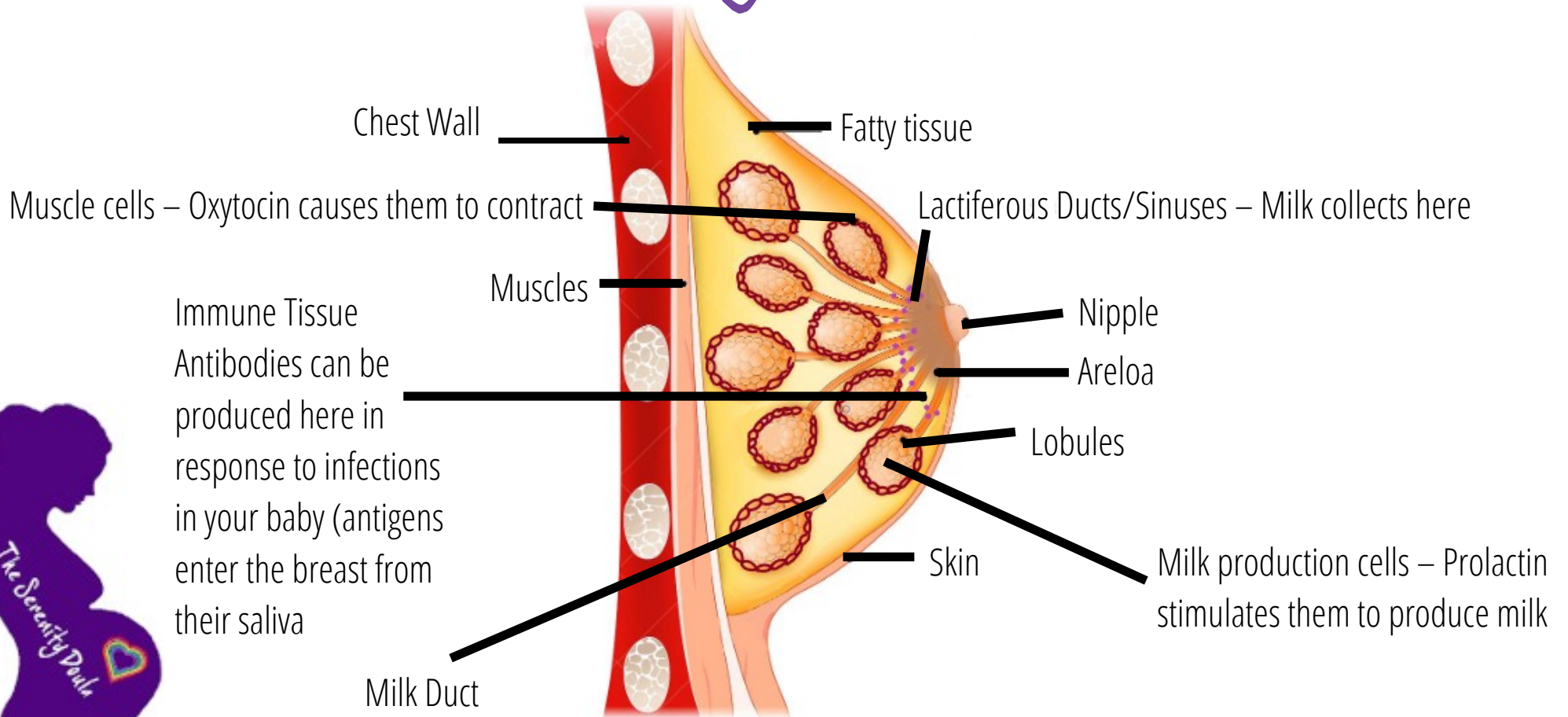
♥ Prolactin – Helps your breasts to produce milk

♥ Oestrogen and Progesterone – Prepare your breasts ready to make milk


Like birth, the correct balance of these hormones is needed for optimal and successful milk production




The Anatomy of the Breast



Milk Production – The Phases

 **Lactogenesis I** – Your body begins to produce colostrum around half way through your pregnancy. This is under hormonal control. High progesterone levels keep the milk volume low until after birth

 **Lactogenesis II** – Milk production increases under hormonal control 30-40hour after birth (reduction of progesterone and increase in prolactin)

 **Lactogenesis III** – Local control of milk production - maintenance of milk production in the breast

Like birth, the correct balance of these hormones is needed for optimal and successful milk production



Milk Production – The Phases

- ♥ Lactogenesis I – Your body begins to produce colostrum around half way through your pregnancy
- ♥ Lactogenesis II – 30-40 hours after birth your milk will increase in volume . It is common to feel fullness or engorgement 50-72 hours after birth “milk coming in”
- ♥ Lactogenesis III – Removal of milk becomes the primary driver of milk production and supply
- ♥ Milk removal and therefore production is driven by the baby’s appetite and a good, effective latch
- ♥ The more often and effectively your baby nurses, the more milk your body will produce
- ♥ The production of milk becomes “use it or lose it and use it and boost it” - The more your baby feeds/ you pump, the more your body produces or visa versa



The Prolactin Reflex – Milk Production

- 💖 As the baby suckles at the nipple, it sends sensory nerve impulses to the brain which produce prolactin
- 💖 Prolactin signals to the breast to increase milk production
- 💖 Prolactin levels are higher at night and in the early morning
- 💖 Prolactin suppresses ovulation – but is **NOT** a reliable contraceptive method
- 💖 Prolactin secretion continues after a feed to produce milk ready for the next one



The Oxytocin Reflex – Milk Ejection

- 💖 Triggers the “Let down” of milk flow by stimulating the muscles around the milk production cells to contract
- 💖 Can happen when you think of your baby or something that boosts your oxytocin such as feeling warm and cosy
- 💖 Can happen when your breasts are getting full of milk
- 💖 Happens when your baby begins suckling at the breast
- 💖 The Oxytocin also makes your uterus contract back down to the correct resting size – this can be felt as “after-pains” but is really fantastic for toning your uterus

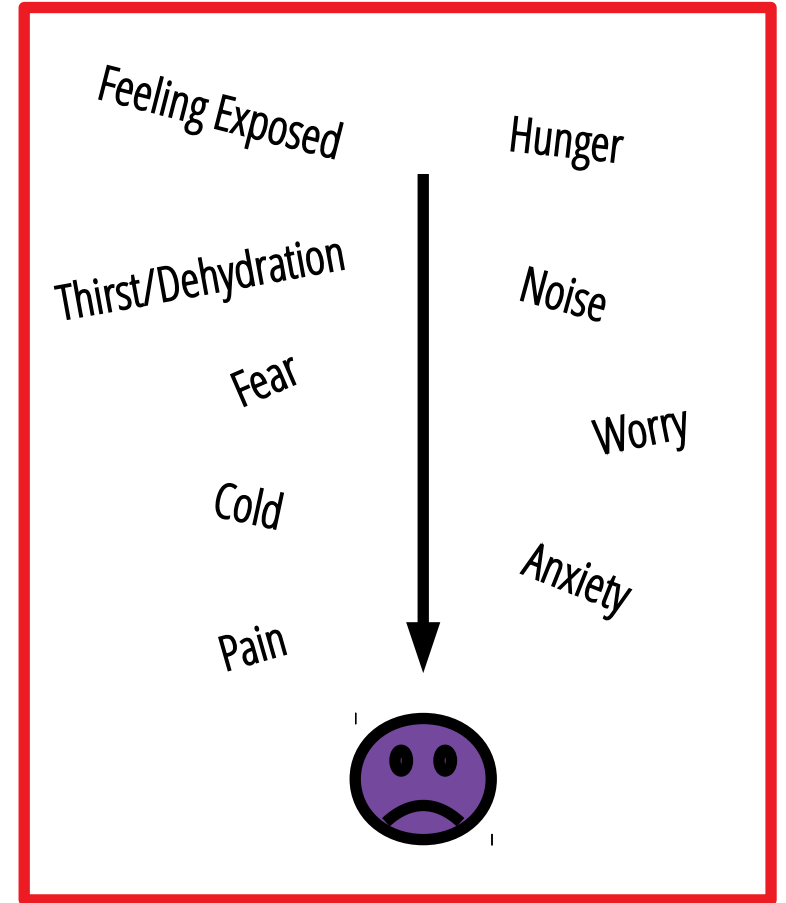
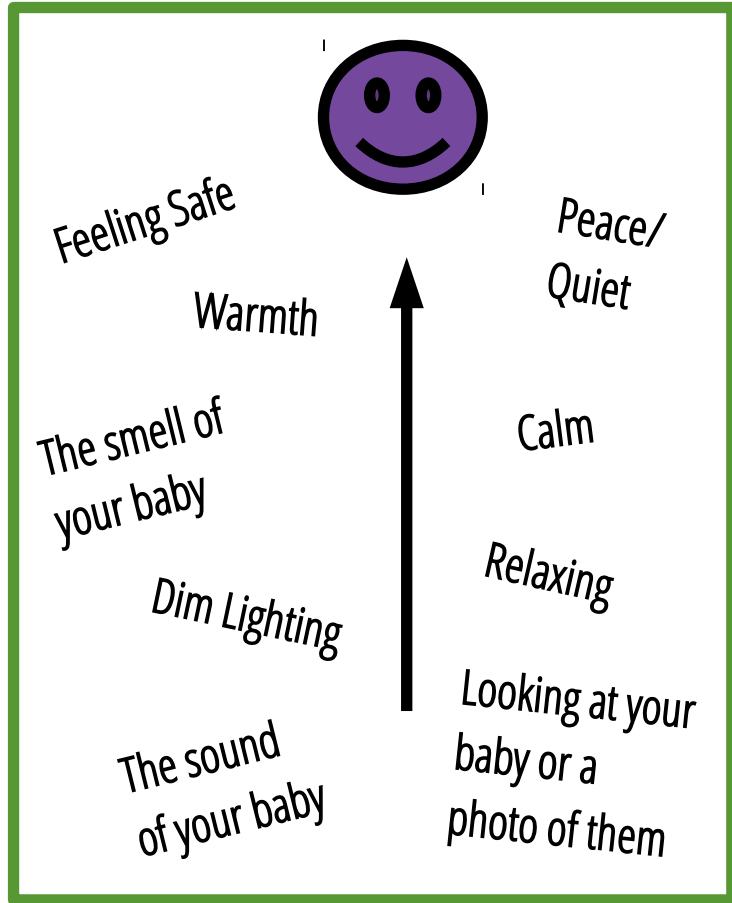


The Oxytocin Reflex – Stimulating/Suppressing

- ♥ Remember Oxytocin is wonderful but shy – The same things that helped you in labour to get it flowing will help during feeding
- ♥ Things that can stimulate Oxytocin release are: cuddling (your baby or someone else), thinking of your baby, smelling your baby or an item of their clothing, seeing a picture of something cute – like your baby or puppies or kittens, the sound of your baby, Peace, calm, quiet, dim lighting, relaxation
- ♥ Things that can suppress Oxytocin production – Stress, anxiety, worry, pain, noise, feeling exposed or watched, being cold



Stimulating/Suppressing Oxytocin Production



An emptier breast = HIGHER fat content in milk

A full breast = SLOWER milk production

An empty breast = FASTER milk production



Current Research in Breast Milk Production

- ♥ Human milk contains a whey protein called Feedback Inhibitor of Lactation (FIL)
- ♥ Milk production slows when milk accumulates in the breast and speeds up when the breast is emptier
- ♥ Prolactin must be present for milk production to occur
- ♥ The more milk removal that occurs in the early weeks, the more it will increase the number of prolactin receptor sites in the breast and therefore the breast's ability to produce milk – This is why it is important to seek help early and why lots of pumping early on can increase your supply



Does Milk Production/Supply vary throughout the day

- ♥ Milk volume is usually greatest in the early morning hours – This is one reason why babies wake more frequently at this time
- ♥ Fat content of breast milk usually increase as the day progresses
- ♥ Your breasts are never 'empty'. Milk is continuously being made, it is just harder to extract as the breast becomes more empty



Fore-milk and Hind-milk

- ♥ Fore-milk is typically lower in fat and available at the beginning of a feed, hind-milk closer to the end of a feed
- ♥ There is no sharp distinction between the two, the change is gradual and happens as the baby sucks more to draw the fat molecules through the ducts to the nipple
- ♥ Fat content is determined by the emptiness of the breast – the less milk in the breast, the higher the fat content
- ♥ The fat content of milk is like turning on the hot tap, the water first comes out cool then moves to warm and finally hot – low fat content, medium to high – the transition is gradual
- ♥ If the tap is turned on again soon, the water will still be warm and transition to hot more quickly so medium to high fat content quickly but it time has passed, the water is cooler/milk lower in fat content again



Storage Capacity

- ♥ This is the amount of milk that your breasts can store between feeds
- ♥ It can be hugely different from one mum to another and also between breasts for the same mum
- ♥ Storage capacity is **not** actually determined by breast size. Small breasts can produce as much milk as larger breasts
- ♥ If you have a larger milk storage capacity, your baby may be able to go longer between feeds, without impacting your milk supply and/or your baby's growth.
- ♥ If you have a smaller storage capacity, you will need to feed your baby more often in order to satisfy their appetite and to maintain your milk supply as your breasts will become "full" more quickly which slows milk production



Storage Capacity is like a Cup

As the cup is nearly full, you slow down filling it so as not to cause it to overflow

If you have a smaller cup, you will need to drink more often than if you have a larger one where you will feel fuller for longer

Sometimes you gulp a cup down and sometimes you take your time

Some cups empty more quickly than others

When the cup is empty you can fill it more quickly

Sometimes the cup is for nourishment or thirst and sometimes for comfort

You can take big gulps or little sips

Cups can be all shapes and sizes, we can still drink from them



Helpful tips – Cues

- ♥ Babies will make cues when they are hungry. Learning and noticing these cues means that your baby will be trying to latch when they are calm and happy. Offer the breast as soon as you notice
- ♥ Early cues when they are hungry– Stirring, opening their mouth, turning their head seeking the breast/rooting
- ♥ Mid cues – When they are really hungry – Stretching, increased physical movement, putting their hand to their mouth
- ♥ Late Cues – May need calming ‘before’ feeding if other cues are missed – Crying, agitated body movements, turning red in the face
- ♥ Calm your baby by cuddling, skin to skin contact on your chest, talking to them, stroking, shhing



Baby Feeding Cues (signs)



EARLY CUES - "I'm hungry"



• Stirring



• Mouth opening



• Turning head
• Seeking/rooting



• Stretching



• Increasing physical movement



• Hand to mouth

MID CUES - "I'm really hungry"



• Crying



• Agitated body movements



• Colour turning red

LATE CUES - "Calm me, then feed me"

Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



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Take time to just look at your baby, notice their cues,
their different sounds and cries

They are communicating with you in the only way they
can, to tell you they need help of some kind – a
cuddle/skin to skin for reassurance, feeding, changing,
rest, they are too hot or cold...



Helpful tips

- ♥ Offering both breasts at a feed may be helpful if your baby seems interested in having more
- ♥ Feeds can take a varying amount of time
- ♥ Having your baby on the breast doesn't necessarily mean milk is being removed watch for swallowing and pauses in jaw movement
- ♥ You **CANNOT** nurse **too** often but you **CAN** nurse a baby too little



Starting Out Right

- ♥ Breastfeeding is a natural, physiological way of feeding infants, it should be easy and trouble free for most mothers
- ♥ A good start helps to assure that breastfeeding is a happy experience for both mother and baby and support and reassurance offered freely
- ♥ The baby should be allowed free access to the breast immediately after birth, undisturbed and interfered with, allowing natural instincts and reflexes to play out, for them to find and latch onto the breast – babies who self-attach this first time run into FAR fewer feeding problems
- ♥ Mother and baby should room in together and not be separated. It helps them both to bond and get into a rhythm with each other, for the mother to pick up on cues that the baby is hungry well before they become distressed by noticing them stretch or rooting



Starting Out Right

- ♥ Avoid giving artificial nipples to babies in the form of bottles or nipple shields in the early days
- ♥ Put NO restrictions on the length or frequency of breast feeds. Babies who are feeding well do not tend to spend hours at the breast. If this is happening, check the latch and seek advice if you are unsure as soon as possible, breast compression can also be helpful here
- ♥ Supplementation of feeds is rarely needed. Babies are born with brown fat to tide them over the first few days as they are getting used to feeding (their own packed lunch)
- ♥ A proper latch is crucial to success – If you are unsure, get help, if you still feel sore even if someone is saying you have a good latch, ask for another opinion



The main reasons women give up breastfeeding

- 💖 Problems with the baby rejecting the breast or not latching on properly (27%)
- 💖 Having painful breasts or nipples (22%)
- 💖 Feeling that they had 'insufficient milk' (22%)
 - 💖 So let's discuss these and what we can do to help!



The breast crawl – Self attachment

- ♥ If you are able to allow your baby to be on your abdomen/chest straight after they are born, their innate instincts and reflexes will mean that they will seek out the breast and attempt to latch of their own accord
- ♥ So, if you can, keep warm and cosy and undisturbed immediately after the birth, watch and wait and see as the magic of self attachment unfolds
- ♥ This allows natural, innate reflexes to express in the baby and can help their development and the formation of a successful breastfeeding relationship
- ♥ Links to videos under 3rd stage of labour on www.theserenitydoula.co.uk/clients



Correct Latching Technique

Make sure you are in a comfortable position first and foremost – if you are comfortable and can hold your position comfortably, everything will be easier and more successful

C – Close - Bring your baby in close to your body so they don't have to stretch to reach your breast

H – Head free - Support their neck, shoulders and back but make sure the head is free to be able to tilt back

I – In line - check their head and body are in a straight line, all facing the same direction so they are comfortable when feeding.

N – Nose to nipple - Move your baby so that they begin the feed with their nose pointing to your nipple. Starting 'nose to nipple' like this allows them to reach up and get a mouthful of breast from underneath your nipple, not just your nipple in their mouth which can be sore



Signs of a good latching technique

♥ Wait for a gape of the mouth

♥ The baby's tongue is down

♥ Lead with their chin

♥ Their chin indents the breast

♥ Mouth wide open over areola

♥ Lower lip is curled out

♥ Cheeks are full and round

♥ If visible, more areola seen above top lip

♥ Slow, rhythmic suckling, with pauses

♥ Feeding is pain free



Different Feeding Positions

- ♥ Classic tummy cradle hold
- ♥ Cross Cradle
- ♥ Laid back/biological
- ♥ Rugby ball hold
- ♥ Australian/upright/seated
- ♥ Side lying
- ♥ Inverted side lying
- ♥ Side lying cradle
- ♥ Dangle
- ♥ In a sling or carrier



Breast Feeding Positions



Common Breast Feeding Issues

♥ Engorgement

♥ Nipple soreness

♥ Thrush

♥ Mastitis

♥ Tiredness

♥ Feeling overwhelmed (sometimes like it will never end/touched out)



Common Breast Feeding Issues – Engorgement

- ♥ This is extremely common in the first week and can be uncomfortable – to relieve comfort, offer the breast often to your baby, hand/pump/vacuum express off just a little to reduce the feeling of fullness but not too much or you will increase supply (unless this is the desired effect)
- ♥ When the breasts are full and engorged it can become difficult for the baby to latch so hand express/pump off a small amount before attempting to feed. You can collect this milk and use it later if you so wish
- ♥ Engorged breasts can leak, which can lead to soreness or wet patches on your clothes – invest in nice reusable breast pads that are soft and comfortable and change them frequently
- ♥ Cabbage leaves can help reduce engorgement – crush and wrap around the breast and leave for approximately 20 mins with a warm compress – stop using as soon as engorgement reduces



Common Breast Feeding Issues – Sore Nipples

- ♥ This is extremely common in the first few days so check your latch is correct and get help ASAP!
- ♥ Calendula cream is very helpful for wound healing
- ♥ Seek help to check your latch and to make sure you or your baby do not have thrush (check their mouth for white spots and for very sore nappy rash)
- ♥ If your nipple is blanched or flattened after a feed, your latch needs adjusting – Go back to the latching tips or seek help ASAP



Common Breast Feeding Issues – Thrush

- ♥ More common if you or your baby have had to have antibiotics
- ♥ Your baby may have white spots on their tongue
- ♥ Your nipples may become cracked, raw and bleed
- ♥ You may also experience vaginal thrush symptoms
- ♥ Your baby may have nappy rash that looks very sore and isn't clearing
- ♥ Seek help from your GP asap as you and your baby need to be treated together
- ♥ Naturally you can help by taking probiotics and reducing refined sugar intake



Common Breast Feeding Issues – Mastitis

- ♥ An infection usually caused by a blocked duct which can lead to hardness in the breast, heat, fever and flu-like symptoms
- ♥ Check your breast for any lumps and massage toward the nipple to help them clear – you can do this with your hand or a comb
- ♥ Get your baby to feed frequently and try to position them so their chin is towards any blockage as their suction is strongest here
- ♥ You can “dangle feed” your baby to help the flow
- ♥ Take extra vitamin C, probiotics and avoid alcohol and refined sugar
- ♥ If these self-help techniques do not work, see your GP as you may need antibiotics



Common Breast Feeding Issues – Tiredness

- 💖 You will be tired whether you breast or formula feed your baby – often breastfeeding is easier as you can get back to sleep more easily
- 💖 Acceptance can be a wonderful thing – try to go with the flow and don't expect to do anything but spend time bonding with and feeding your baby. Know that feeding does get easier and less time consuming as your baby gets older (and quite quickly – a few days/weeks can make a difference)
- 💖 Plan ahead – Have meals prepared in the freezer before you give birth
- 💖 Accept and Ask for help – Family and friends or a doula will be happy to help support you in the early days of being a new family if people come over they can cook you a meal, tidy up for you, bring you water, etc



Common Breast Feeding Issues – Feeling Overwhelmed

- 💖 You are likely to feel overwhelmed and tearful whether you choose to breast feed or formula feed – Becoming a parent is a HUGE life change and it is normal to have deep thoughts about it. People commonly think: “what have I done?” “This is harder than I thought” “Will I ever not have a baby attached to my breast?” “I miss my old life when I just had me to take care of me/was able to sleep”
- 💖 Talk to people, get support. A hug and a cup of tea and a chance for a cry without judgement can be very healing
- 💖 Try to go to groups like breastfeeding support groups and meet other families at a similar stage in their journey to you. Hearing people going thorough the same things can be so reassuring. You may make life-long friends



What can a poor latch lead to?

- ♥ Pain and damage to the nipples
- ♥ The breast milk not being removed effectively so a reduction in supply, increased risk of blockage
- ♥ The baby wanting to be on the breast all the time
- ♥ The baby not gaining weight
- ♥ The belief that there's low milk supply and somehow it is your fault – It is NEVER your fault
- ♥ Introduction of 'top up formula feed'
- ♥ Breast milk production reduces in the breast due to less "Demand"
- ♥ Feelings of sadness, anger, frustration, guilt, shame, depression
- ♥ The end of your breastfeeding journey...



What to do if your baby is struggling to latch

- ♥ Skin-to-skin is AMAZING! Plan to spend days in bed together, cuddled up with your baby
- ♥ Make the nipple appealing by expressing a few drops and painting it around the nipple and areola so your baby can smell and taste the milk
- ♥ Encourage neonatal reflexes by stroking your nipple up and down across the top and bottom lip, or moving the nipple down from your baby's nose to lips, or side to side across the corners of your baby's mouth.
- ♥ Consider body therapies for your baby to help relieve any strains or discomfort from birth e.g. Cranio-sacral therapy/Osteopathy



Rebirthing – for when your baby is struggling to latch or you are stressed

- ♥ Fill a bath as deep as possible, to keep you both warm. The lighting should be dim and the room nice and warm to keep a cosy, safe environment.
- ♥ Have the baby in the water on their back between the mother's legs where they are well supported and gently submerged up to their shoulders, (keeping their ears out of the water). Allow the infant to float, gently in the water for about a minute or longer if they are enjoying it
- ♥ Place the baby on to the mother's belly. Gently scoop water from the tub onto baby's back every few minutes to keep them warm. A nice gentle trickle of warm water is very calming
- ♥ Let the baby crawl his/her way up to the mother's breast. This helps to stimulate the reflexes for breastfeeding. It is especially helpful if this process was disturbed at the baby's birth
- ♥ If you are a support person, step back quietly, observe the process, simply allow it to happen. It's best not to interfere unless the mother needs support in trickling water over the baby



Hand Expressing

- ♥ Links to videos on www.theserenitydoula.co.uk/clients
- ♥ Colostrum should be hand expressed, do NOT use a pump
- ♥ Hand expressed milk does NOT have to be fed to your baby using a bottle. You can use a cup, syringe, finger or a supplementary nursing system
- ♥ If your baby is in special care, your expressed milk can be tube fed to them if needed



Hand Expressing

♥ Breast milk can be stored safely at room temperature for 6 hours, the fridge for up to 6 days and for up to 6 months in the freezer (DO NOT do this with formula. Formula MUST be made freshly EACH time and not stored once made up)

♥ Do not use a microwave to heat up or defrost breast milk it can damage the live properties of the milk and create dangerous hot spots



Where to go for Support – Telephone

🇬🇧 National Breastfeeding Helpline – 0300 100 0212 Open: 9.30am – 9.30pm,
every single day of the year

🇬🇧 NCT Breastfeeding Line – 0300 330 0771 Open: 8am - midnight, 7 days a week

Association of Breastfeeding Mothers – 08444 122 949 Open: 9.30am -
10.30pm, every day

🇬🇧 Breastfeeding Network Supporter line – 0844 412 4664 Open: 9.30am - 9.30pm,
every day of the year

🇬🇧 La Leche League – 0845 120 2918 Open: 24 hours, 365 days a year



Where to go for Support – Drop in – One to One

💖 Baby café <http://www.thebabycafe.org/>

💖 Find a Lactation Consultants near you <http://www.ilca.org/why-ibclc/falc>

💖 Doula UK <http://www.doula.org.uk>

💖 Ask your midwife/health visitor for local places that offer drop-in support



Where to go for Support – Online

♥ La Leche League – support forum <http://forums.llli.org/>

♥ There are links to further information on www.theserenitydoula.co.uk/clients



Herbs for Milk Supply/blockage issues

- ♥ Fenugreek: 3 capsules 3 times per day
- ♥ Blessed thistle : 3 capsules 3 times per day or 20 drops of tincture 3 times per day
- ♥ The above work best if you take both together and you will notice a difference within 3-4 days
- ♥ Fenugreek has a distinct smell on your skin. If you cannot smell it, you are not probably not taking enough
- ♥ Lecithin: 1200mg 4 times per day– A food supplement that can help to prevent blocked ducts



How to know that your baby is getting enough milk

- ♥ Characteristic sucking at the breast – You will see a pause at the point of their chin after opening to the maximum and before closing their mouth
- ♥ One suck – open mouth wide --- Pause --- Close mouth
- ♥ The pause indicates a mouthful of milk, you will also see them swallowing
- ♥ This is a FAR better indicator than timing feeds as a baby could suck ineffectively for 20mins and STILL be hungry
- ♥ After the first few days of meconium – black/greenish tarry poo, bowel movements become lighter usually by the 5th day stools are watery, mustard coloured with little odour and may contain curds by the end of the first week usually 2-3 substantial yellow stools each day
- ♥ Some breastfed babies have a significant change in stool pattern after the first 3-4 weeks and can go several days between bowel movements – as long as they are otherwise well and comfortable this is not a cause for concern
- ♥ Urination - 1st 2-3 days of life your baby's urine may be pink or red – don't worry, just check your latch and keep feeding. In the first 48 hours expect 2-3 wet nappies. From day 5 at least 6 heavy wet nappies every 24 hours



The following are NOT good ways of judging...

- ♥ Your breasts do not feel full – after the first few days or weeks, it is usual for most mothers not to feel the breasts are full as your body adapts to your baby's needs
- ♥ The baby sleeps through the night – Not necessarily true as a baby that is sleeping through at 10 days old may in fact NOT be getting enough milk – seek advice if your baby is too sleepy to feed
- ♥ The baby cries after feeding – They may be crying for many reasons; hunger, discomfort, wet/dirty nappy, too hot, cold or overstimulated/over tired
- ♥ The baby feeds often/for a long time – Feeding patterns vary depending on your storage capacity, how effectively your baby is feeding, etc Allow your baby to determine their own feeding schedule. You CANNOT overfeed a breastfed baby



...The following are NOT good ways of judging

- ♥ You can only express a small amount – expressing is not the same as the baby suckling and so volume is not indicative of what they are getting
- ♥ The baby will take a bottle after feeding – the baby may not actually be hungry, testing this way can cause issues
- ♥ A 5 week old is suddenly pulling away from the breast but still seems hungry – It does NOT mean your milk has dried up or decreased as babies get to this age, they need more milk and so are needing to stimulate an increase in supply. Allow them to feed as long as they want, compress your breast to increase the flow if they seem frustrated
- ♥ Scales are all different so documented weights can change between different scales and if your baby has a full nappy when being weighed!
- ♥ Many rules about weight gain are taken from observations of growth of formula feed babies and so do not necessarily apply to breastfed babies. Growth charts are guidelines only



Formulas made from cows milk or soy beans
are only superficially similar to breast milk
and advertising that states otherwise is
HIGHLY misleading



The risks of NOT Breastfeeding – for your baby

♥ When you choose to formula feed your baby, you **increase** their **risk** of:

♥ Childhood cancers; leukaemia, lymphoma and Hodgkin's disease

♥ Chronic diseases: Coeliac disease, inflammatory bowel disease, Crohn's disease, and other chronic gastrointestinal conditions by 40-50%

♥ Diabetes type 1 and type 2

♥ Cardiovascular disease

♥ Increased risk of obesity by 60%



The risks of NOT Breastfeeding – for your baby

- ♥ Increased risk of asthma (3 times, 40%-50%)
- ♥ Increased risk of allergy (21%)
- ♥ Reduced cognitive development
- ♥ Increased risk of acute respiratory disease (16.7 times)
- ♥ Increased altered occlusion (dentition) (double the risk)
- ♥ Increased risk from infection from contaminated formula



The risks of NOT Breastfeeding – for your baby

- ♥ Increased risk of gastrointestinal infections (53%)
- ♥ Increased risk of mortality (21%)
- ♥ Increased risk of otitis media and ear infections (50%)
- ♥ Increased risk of side effects of environmental contaminants
- ♥ Increased risk of nutrient deficiencies (Soya based)



Babies that are Breast Fed are Physiologically

DIFFERENT to those that are fed formula

It Fundamentally changes their biological
structure



The Thymus gland in an exclusively breastfed baby is approximately twice as large as the thymus gland of a formula fed baby – It plays a vital role in immunity and protection from cancer and other diseases



The risks of NOT Breastfeeding – for you

- ♥ Increased incidence of pre-menopausal breast cancer
- ♥ Increased incidence of ovarian and endometrial cancer
- ♥ Increased risk of osteoporosis
- ♥ Increased risk of maternal diabetes
- ♥ Increased risk of stress, anxiety and depression
- ♥ Increased risk of being an unhealthy weight
- ♥ Increased risk of rheumatoid arthritis



The AMAZING benefits of Breastfeeding

- ♥ During pregnancy our metabolisms store extra brown fat in our bodies to provide much needed stores for producing breast milk. If you choose to formula feed, it can be FAR more difficult to loose this brown fat store
- ♥ Oxytocin is excellent for reducing blood pressure so breastfeeding actually has long term, significant benefits in reducing your blood pressure and likelihood for developing heart disease and stroke. It is thought to be the MOST important factor in reducing female mortality from heart disease and stroke – above diet, exercise, lifestyle changes!



Other considerations if you choose to formula feed

- ♥ Aluminium toxicity is a real and present danger in the formula production process
- ♥ There is often BPA in bottles and formula
- ♥ It costs around £45 per month
- ♥ It has detrimental effects on the environment and is a cause of global warming through cattle grazing, consumption of fossil fuels during the production, distribution and disposal of waste from artificial feeding or cattle and the packaging
- ♥ Manufacturing of infant feeding equipment leads to increased carbon dioxide emissions and plastics that contain BPA as well as transportation costs



Other considerations for your feeding journey

- ♥ WHO code and UK Laws
- ♥ Follow on milk and why it even exists
- ♥ The Baby Friendly Initiative
- ♥ Baby milk Action/The Nestlé boycott



Who Code and UK Laws

- ♥️ WHO recommends Breastfeeding exclusively for 6 months – no food or other liquids before this time
- ♥️ Continue to Breastfeed alongside introducing food after 6 months up to 2 years and beyond “food before one is just for fun” - Food supplements breastfeeding before 1
- ♥️ The average age for stopping breast feeding in the world is 6 years – the time the milk teeth begin to fall out, allowing your child to naturally wean is an option open to you
- ♥️ Formula companies are not allowed to advertise their milk before 6 months of age – this is why follow on milk exists – to skirt the law, NOT because it is needed for your baby or beneficial to your baby in ANY way compared to breast milk



Follow on milk and why it even exists

- ♥ Formula companies are **NOT** allowed to advertise their milk for babies before 6 months of age – this is **WHY** follow on milk exists – to **skirt** the law, **NOT** because it is needed for your baby or beneficial to your baby in **ANY** way compared to breast milk
- ♥ If you choose to use formula, do your research and understand the companies' advertising tactics, make sure your decision is fully informed and fully yours



The Baby Friendly Initiative

- ♥ The Baby Friendly Initiative is transforming healthcare for babies, their mothers and families in the UK, as part of a wider global partnership between the World Health Organization (WHO) and Unicef
- ♥ Organisations such as hospitals can apply to be accredited as “baby friendly” - They support mothers and babies and their feeding and bonding relationships and need to reach certain criteria to do so



Trigger Warning – The next slide may distress you
as it talks about Nestle and their unlawful
international practices which lead to distressing
consequences..



Baby Milk Action and the Nestlé Boycott

- ♥ Nestlé is the target of a boycott because it contributes to the unnecessary death and suffering of infants around the world by aggressively marketing baby foods in breach of international marketing standards
- ♥ They give mothers free formula sachets in the third world, telling them it is superior and used in the west. Just enough for the mother's milk to dry up and then they charge them for the formula which the mother's cannot afford and so their babies starve
- ♥ Instructions for safe formula preparation are often not clear and so babies are fed formula that is too weak or prepared with water than is not sterile with dire consequences
- ♥ Nestlé executives believe that all people do not have the right to fresh water and divert water sources to bottle water for their own profit, leaving communities without access to a safe drinking water supply



The most important thing about feeding your baby is that you choose what is right for your family, after being fully informed, so that you can be happy with your decision



Practical Exercise

- ♥ Take time to consider how you would like to feed your baby so that you are making the right decision for you and for your family, being fully informed
- ♥ Look up local support around where you live, online on face book and other groups before you have your baby, so you are not trying to do it when you have a small person that needs your attention
- ♥ Make sure your friends, family and partner understand breastfeeding and what it involves so they are aware of the help you may need and are on board supporting you
- ♥ Keep writing your thoughts and feelings in your diary and any questions that come up as a result of this module

