

What you need to know about

BREASTFEEDING

Pregnant and wondering about breastfeeding? **SIMONE CASEY** has the answers to all your breast questions

When you have a baby on the way, there's so much to think about! In between nursery decorating, prams and adorable onesies floating through your head, it's common for your thoughts to turn to how you'll feed your bub – from what breastfeeding might be like, to if you'll even try it all. In fact, some research shows that up to half of mums who bottle-feed make the decision to do so during pregnancy or beforehand. If you're able to, breastfeeding is the ideal way to nourish your baby and give her the best start in life, so it's important to head into the experience as prepared as possible. Here's what you need to know.

"I HAD A NEGATIVE EXPERIENCE BREASTFEEDING MY FIRST BUB. WILL HISTORY REPEAT ITSELF?"

If things went awry last time, chances are you will find it much easier with your next bub. "Second time around, many mothers feel more relaxed and have more realistic expectations about what life is like with a young baby," says Renee Kam, lactation consultant and author of *The Newborn Baby Manual* (Jane Curry Publishing, \$29.95). "These mums will also be more likely to seek help earlier if any difficulties arise." Book into a breastfeeding class, such as those run by the Australian Breastfeeding Association (ABA, www.breastfeeding.asn.au/classes), and don't feel silly going to a local support meeting even if you don't have a baby yet – you may even get some newborn cuddles!

"I'm worried about breastfeeding alongside my existing schedules. Can I make it work?"

Having a baby is life-changing. Priorities change. Schedules change. Suddenly, making and keeping a simple appointment seems impossible, as babies don't know what a clock is and can't wait to be fed if hungry. So go with the flow. "Breastfeeding, once established, often fits in well to busy family life and actually makes things easier," says Naomi Brown, a midwife, maternal and child health nurse, and lactation consultant (www.findingyourinstincts.com.au). "Breastmilk is convenient, can be offered anywhere, is available on tap, served at just the right temperature and, best of all, you can't forget to pack it in the nappy bag!" Sure, there is a period of adjustment in welcoming a new bub and her needs into your family. To help ease the load, Naomi suggests handballing chores such as housework, shopping and cooking to friends and family who would like to help until you're all settled in.

"Find a friend who is breastfeeding and ask if you can sit with her and watch"

"Breastfeeding is natural, so it's going to be easy, right?"

Being confident helps and there are women who find breastfeeding a breeze, but learning to breastfeed your baby isn't always a trouble-free experience. In times gone by, women were surrounded by breastfeeding in their community and had mothers, aunts, sisters and cousins close by to help and support them to breastfeed. "Now, many women haven't seen a close friend or relative breastfeeding before they have their own baby," says Naomi. "The art of breastfeeding is now learnt from scratch with the arrival of a new baby, which can create challenges." Naomi's best tip? Find a friend who is breastfeeding and ask if you can sit with her for an afternoon and watch – you'll be amazed what you'll pick up.

"I DON'T THINK MY BOOBS ARE RIGHT FOR BREASTFEEDING. COULD THIS BE TRUE?"

Breasts and nipples come in a huge variety of shapes and sizes, and all are just right for you and your baby (she won't know any other breasts other than yours, after all). If you have very small breasts, be assured that "breast size has nothing to do with how much milk a mother can make," Renee says. The ability to make milk is dependent on the glandular tissue, which is not related to breast size. Breasts with very low breast tissue, which often take on an 'empty', tubular shape and don't increase in size during pregnancy, may not produce a full supply, but this is a rare condition. Women with large breasts sometimes face challenges in positioning their babies comfortably, but a football (or underarm) hold often works well when it comes time to breastfeed. Women with breast implants can still breastfeed beautifully, and don't worry too much about nipple shape, either, even if yours are flat or inverted. "Mothers with differently shaped and sized nipples can breastfeed too," Renee says. "After all, it is breastfeeding, not nipple-feeding."

"I'm worried about breastfeeding being painful. Will it hurt?"

If bub has a nice big mouthful of breast so that the nipple stretches right back into her soft palate, then breastfeeding should be comfy – even for virgin nipples! "If it's painful, something's not quite as it should be," says Renee. In the first days of breastfeeding, ask your midwife to observe your positioning and attachment, but try not to let her do the latching for you, as you'll need the practise! One common positioning hitch is not getting bub close enough to the body, so that her chin is first to touch the breast. Also, line your nipple up with her nose – not her lips – so that her bottom lip is a few centimetres away from your nipple when latching. ▶





“I want other people to be involved in feeding bub. Can they be if I’m breastfeeding?”

Once bubs arrive and breastfeeding begins, many mums realise that handing babies over to someone else to feed via a bottle can be impractical at times. In the early weeks, because your breasts need to be drained regularly, you’ll still need to express at the time of any bottle-feeds, or you risk getting blocked ducts or mastitis (an inflammation of the breast when it’s not drained properly). “Other people can be involved in feeding bub by helping with nappy changes, winding and settling around feed times, keeping you company while you breastfeed, giving you a neck massage and ensuring you are well fed and hydrated,” says Naomi. The ABA suggests waiting at least six weeks before introducing a bottle to avoid nipple confusion. After this time, if you need to pop out on a solo errand or for a bit of ‘me time’ (or if you want to try for a full night’s sleep), you can feel secure in leaving some expressed milk with your partner or a family member to bottle-feed bub while you’re unavailable.

“WHAT IF MY MILK DOESN’T COME IN?”

Milk comes in as a hormonal response to the placenta and its hormones leaving the body. Some mums become quite engorged quickly, while others notice it more slowly as the milk changes in consistency from colostrum to mature milk. There are a few medical factors that can make your milk slow to come in, such as a large blood loss after birth, thyroid problems or other hormonal issues. “It’s best to have a ‘wait and see’ approach rather than worrying about something that may not be a problem,” says Naomi. “You can help your milk to come in by feeding your baby frequently from the moment she is born, as the more milk that is removed from the breasts, the more milk they will make!”

“What if it breastfeeding just doesn’t work out?”

Recent research shows that nine out of 10 women start out breastfeeding their babies, so we know Australian mums are keen. “Unfortunately, despite our wishes, hopes and efforts, sometimes breastfeeding doesn’t work out as hoped,” says the ABA’s Meredith Laverty. There is support available if you hit hurdles, such as the ABA’s 24-hour Breastfeeding Helpline (1800 686 268) and the in-person support available in breastfeeding clinics or through private lactation consultants (see www.lcanz.org, www.ilca.org or google professionals with an IBCLC qualification). If you end up needing to bottle-feed your baby for whatever reason, it is natural to feel a sense of loss. “It’s important to allow yourself to feel these emotions,” says Meredith, “but it’s equally important not to think of yourself as a failure – you are the perfect parent for your baby and are doing your very best.”

I’M NOT SURE ABOUT BREASTFEEDING IN PUBLIC. WILL IT BE EMBARRASSING?”

Breastfeeding is natural and many mums are happy to do it whenever and wherever the need strikes. While you might start out being uncertain, “many mothers find that as their experience grows, they become more confident about feeding anywhere,” says Meredith. Others prefer to head to babycare rooms in shopping centres and other venues, or sit in more private spots to offer bub the breast – that’s okay too. Do what you feel comfortable with, but know the law is on your side. Under the Sex Discrimination Act 1984, it is illegal in Australia to discriminate against a person on the grounds of breastfeeding, so you can’t be asked to stop or to move because of what you’re doing. To make things easier, Meredith suggests buying functional nursing wear, such as tops with discreet flaps. Layering works well, too.

“Should I do anything now to prepare my breasts?”

Don’t believe the old wives’ tales about scrubbing your nipples to toughen them up. “That is nonsense!” says Meredith. “Just wash as you normally do and keep creams away to allow the natural oils to ready your breasts as nature intended.” Meredith recommends downloading the ABA’s breastfeeding plan at www.breastfeeding.asn.au to get ready and also says that “it’s a good idea to practise handling your breasts and to have a look at which way your nipples point now, as this can affect the position you attach bub.” ★

The National Health and Medical Research Council recommends babies be exclusively breastfed until around six months of age and that breastfeeding is continued until 12 months of age and beyond, for as long as mum and child desire. While breastfeeding is the ideal way to nourish your baby, we recognise not all mums are able to do so. If you have any concerns about your breastfed or bottle-fed baby, make an appointment with your child health nurse or GP.