

GETTING BREASTFEEDING OFF TO A GOOD START

These brief education refresher sheets are designed for staff as a teaching aid during the coronavirus outbreak. Staff may include return to practice midwives or health visitors, students who have been fast-tracked to practice or health care assistants who have been redeployed into postnatal care within hospital or community settings. This information is an interim measure to help staff provide support and does not replace training. The links and information provided can be used by staff and shared with parents.

PREPARING MILK PRODUCTION: DURING PREGNANCY

During pregnancy, a woman's breasts prepare for the birth of the baby by growing larger as the milk-producing system develops. Blood supply to the breasts increases to provide the nutrients from which milk is made.

INITIATING AND MAINTAINING MILK SUPPLY

After birth, the hormones responsible for lactation (**prolactin** and **oxytocin**) increase and milk is produced whether or not a woman chooses to breastfeed. In order to maintain milk supply, however, frequent removal of milk is needed by means of breastfeeding or expressing if breastfeeding is not possible. This will activate the milk-producing cells. Touching and nuzzling at the breast will also stimulate the milk producing and mothering hormones prolactin and oxytocin.

If milk is not removed frequently and effectively from a mother's breasts, a **feedback mechanism** kicks in to slow down and eventually stop ongoing production. It is therefore extremely important that a mother is encouraged to keep her baby close and feed frequently (at least 8-10 times in 24 hrs) or express the same number of times if her baby is separated and unable to feed.

Prolactin and oxytocin also have a psychological effect on the mother and baby. Working together, they produce feelings of calmness in both. They are also the hormones that help a mother fall in love with her baby and want to hold, stroke and protect him, which is crucially important for a baby's future wellbeing.



THE IMPORTANCE OF SKIN-TO-SKIN CONTACT

Immediately after birth when all is well, the baby should be placed in skin-to-skin contact with his mother and left there until after a first feed. This helps to:

- encourage and increase milk making and mothering hormones
- calm both mother and baby and help get breastfeeding off to a good start
- help baby feel calm and safe after the trauma of being born thanks to the warmth of mother's body and the familiar sound of her heartbeat and voice.

This special time after birth lays the foundation for strong mother-baby relationships and should be encouraged regardless of how a mother intends to feed her baby. If a mother has made the decision to bottle feed, skin-to-skin contact should still be encouraged and the first feed should be given by her in skin-to-skin.

Skin-to-skin contact at any time during the early weeks and months after birth will continue to boost hormonal responses, provide comfort and mood enhancers for both mother and baby and support instinctive feeding behaviours. It is a very useful tool and always worth placing baby in skin-to-skin as a first measure when supporting breastfeeding.

USEFUL RESOURCES

For more information on skin-to-skin contact, see the below resources:

- Unicef UK Baby Friendly Initiative skin-to-skin guidance and safety: [unicef.org/uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/](https://www.unicef.org/uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/)
- Unicef UK Baby Friendly Initiative Meeting Baby for the First Time (video): [unicef.org/uk/babyfriendly-meeting-baby](https://www.unicef.org/uk/babyfriendly-meeting-baby)
- Unicef UK Baby Friendly Initiative research on supporting breastfeeding and skin-to-skin: [unicef.org/uk/babyfriendly-skin-to-skin-research](https://www.unicef.org/uk/babyfriendly-skin-to-skin-research)