The essential guide to feeding your baby

Please keep this with your maternity notes
Welcome to this guide

Congratulations on your pregnancy!

Becoming a parent can be one of the most wonderful but challenging experiences in life. Many parents-to-be have lots of questions including “what is the healthiest way to feed my baby?” We hope this guide will provide you with useful information to help you feed your baby successfully including the support available locally if and when you need it.

Please remember you can always contact your health professional if you need any help or advice.

Contents

3 While you are pregnant
4 Why is breastfeeding so important?
5 Building a happy baby
6 The importance of skin-to-skin contact
7 Early days
8 How will I know what my baby needs?
10 Breastfeeding positions
12 Good attachment
13 How do I know if my baby is attached properly?
14 Baby’s nappies - what’s normal?
15 Caring for your baby at night
16 Sharing a bed with your baby
17 How can I increase my breast milk supply?
18 Hand expressing
19 Physical challenges
20 Special circumstances
22 How dads and partners can support breastfeeding
23 Local help and support
26 Myths and misconceptions
27 Bottle feeding
28 Returning to work or study
29 No rush to mush
30 The County Durham Breastfeeding Friendly Scheme
31 Further support and information

While you are pregnant

Deciding on how you are going to feed your baby is an important decision. Before you give birth, it’s good to find out as much as you can about the options available. Having your questions answered and knowing what to expect, should help you feel as confident as possible whichever way you decide to feed your baby.

Infant feeding choices

While you are pregnant you will be invited to attend an infant feeding choices session. This session is available to help you make an informed decision on how you will feed your baby. Your partner, and/or relatives are also welcome to attend the friendly session which covers a range of topics.

- The importance of skin-to-skin and keeping your baby close.
- Recognising the signs that your baby is ready to feed.
- Values of breastfeeding for mum and baby.
- Why some mums choose bottle feeding.
- Helping your baby to feed.
- How to get support.

Please remember to bring along a doll or teddy to the session.

Sessions are available at a number of venues. You can find out more by asking your midwife.

First time mum Sally Walker, attended an infant feeding choices session.

“When I was seven months pregnant with my first child I attended an infant feeding choices session with my aunty. I always said that I wanted to breastfeed my baby and attending this session provided me with the information that I needed.

At the session I was able to learn how to express milk and how to know if my baby is getting enough milk. It helped me to learn how to latch my baby correctly onto the breast and it made me feel confident in knowing that I was providing my baby with the best start in life and the nutrition that they require.

At first I struggled to breastfeed my son Matthew, but with the support from my health visitor I managed to successfully feed him myself.

I have since had my second child and managed to breastfeed successfully with the support that I received from my health visitor and children’s centre.

I am now a breastfeeding peer supporter attending the weekly Breastfeeding Café. I am able to support other mothers who struggle to breastfeed their baby by sharing my experiences with them.

I would recommend breastfeeding your baby because it’s cheap, easy and such a wonderful experience, it makes you feel closer to your baby.”
Breastfeeding is the healthiest way to feed your baby. Exclusive breastfeeding (giving your baby breast milk only) is recommended for around the first six months of your baby’s life. After that, giving your baby breast milk alongside other food will help them continue to grow and develop.

**Breastfed babies have**

- Less chance of diarrhoea and vomiting.
- Fewer chest and ear infections and having to go to hospital as a result.
- Less likelihood of becoming obese and therefore developing type 2 diabetes and other illnesses later in life.
- Less chance of developing eczema and asthma.

Any amount of breastfeeding has a positive effect. The longer you breastfeed, the longer the protection lasts and the greater the benefits.

**Infant formula doesn’t give your baby the same ingredients or provide the same protection. Breast milk adapts to meet your baby’s changing needs.**

**Why breastfeed?**

- Breast milk is the only natural food designed for your baby.
- Breastfeeding protects your baby from infections and diseases.
- Breast milk provides health benefits for your baby.
- Breastfeeding provides health benefits for mum.
- It’s free.
- It’s available whenever and wherever your baby needs a feed.
- It’s the right temperature.
- It can build a strong physical and emotional bond between mum and baby.
- It can give you a great sense of achievement.

Breastfeeding doesn’t only benefit your baby. It benefits your health too. Breastfeeding is good for mums as it

- Lowers your risk of getting breast and ovarian cancer.
- Naturally uses up to 500 calories a day.

Breastfeeding also saves you money - infant formula, the sterilising equipment and feeding equipment can be expensive.

If you decide not to breastfeed your baby, your midwife or health visitor can provide you with the correct information about preparing and feeding formula milk safely.

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**Getting started**

During pregnancy, your baby’s brain is growing very quickly and you can help this growth by taking some time out to relax and talk to him/her, to stroke your bump and maybe play some music to him/her. Encourage other close family members to do the same.

The above information has been taken from the Unicef UK, “Building a happy baby - a guide for parents”.

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**Why is breastfeeding so important?**

Breastfeeding is the healthiest way to feed your baby. Exclusive breastfeeding (giving your baby breast milk only) is recommended for around the first six months of your baby’s life. After that, giving your baby breast milk alongside other food will help them continue to grow and develop.
The importance of skin-to-skin contact

After you have given birth, skin-to-skin contact is a lovely way to welcome your baby into the world. Holding your baby skin-to-skin on your chest at this special time, will keep them close, warm and calm and steady their breathing.

It’s also a great time to start your first breastfeed if you chose to do so, because your baby will be alert and keen to feed. If you need any help, your midwife will offer support with positioning and attachment.

Your baby will be happier if you keep them near you and feed them whenever they’re hungry. This will remind your body to produce plenty of milk. You can enjoy skin-to-skin contact at any time and as often as you want with your baby over the first few days and weeks as you get to know each other. Skin-to-skin is also a lovely way for dad to feel close to baby.

Skin-to-skin after a caesarean

If your baby is born by caesarean section, you should still be able to have skin-to-skin contact with your baby straight after the birth. Some births involve complications that mean skin-to-skin may be delayed. Your midwife will help you have skin-to-skin contact with your baby as soon as it’s possible.

Preterm and ill babies

If your baby is in a neonatal unit after birth you will be encouraged to have kangaroo care whenever possible. This means that when your baby is ready, you can hold your baby against your skin regularly, usually under your clothes. This skin-to-skin contact helps you to bond with your preterm baby, and it increases your milk supply.

Skin-to-skin contact
- Stabilizes your baby’s heart rate, breathing and blood sugar.
- Keeps your baby warm through your body heat.
- Promotes bonding and getting to know your baby.
- Helps your baby to be calm and cry less.
- Helps you to be more confident and relaxed.
- Helps your milk flow and may improve your milk supply.
- Promotes a good latch which means that you are less likely to develop sore nipples and your baby will get more milk.

Finding your rhythm

Having a new baby can be challenging. However, as time goes by you will start to understand what your baby needs. This will help you settle into a rhythm that is right for you both. Responding to your baby’s needs for food and comfort will help him/her feel secure, so they will cry less, which helps make your life easier too.

Holding your baby when he/she is crying helps them to feel loved and secure, even if they don’t stop crying straight away. Research shows that babies who are responded to in this way grow into more confident toddlers who are better able to deal with being away from their parents temporarily, rather than becoming clingy and spoilt. This again can help make life less stressful for you.

New babies have a strong need to be close to their parents, as this helps them to feel secure and loved. When babies feel secure they release a hormone called oxytocin, which helps their brains to grow and helps them to be happy babies and more confident children and adults. Holding, smiling and talking to your baby also releases oxytocin in you, which helps you to feel calm and happy.

Keep your baby close to you so that you start to recognise the signals he/she makes to tell you they are hungry or want a cuddle. Responding to these signals will make your baby feel safe. Cuddling your baby next to your skin allows him/her to smell you and hear your heartbeat, which will comfort and calm them. This will also help you to feel calm and relaxed and will help with breastfeeding.

Early days

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The essential guide to feeding your baby
How often will my baby breastfeed?

All babies are different, and it may depend on the type of birth you’ve had. Your baby should feed within the first hour after birth to get off to a good start.

Milk for your baby at birth

Your baby has a tiny stomach, about the size of a marble. This is because the first milk that you make (colostrum) comes in very small quantities and your baby needs to take small and frequent feeds. The amount your baby takes at each feed gradually increases over the first few days. Colostrum is thick and concentrated and contains precious antibodies. Giving your baby the first feed acts as a first immunisation helping to protect your baby from infections. Colostrum also has a strong laxative effect which baby needs to clear its gut of meconium (baby’s first poo which is black and sticky in texture).

Because your baby’s digestive system is made to process breast milk, giving no breast milk at all may lead to health problems. Even if you don’t want to fully breastfeed, any breast milk at all will benefit your baby.

How will I know what my baby needs?

Your baby needs you to respond to their feeding cues. Whenever you feed your baby, hold them close and give them eye contact.

For successful breastfeeding you need to offer a breastfeed whenever your baby is showing signs known as feeding cues. This is called responsive feeding. Let your baby decide when they have had enough.

If you are bottle feeding it is still important to offer a feed when your baby shows feeding cues, and remember this should be little and often as large volumes of formula will stretch your baby’s stomach and may cause vomiting.

Building up your milk supply

Day 2/3 Your baby feeds keenly and appears very hungry. Baby is sending signals to your breasts to make more milk. You may think that you haven’t made enough milk for your baby. In fact there is no need to panic - as long as your baby is fed when and for as long as he/she wants, the right amount of milk will be made. Giving formula milk will interfere with this process and less breast milk will be made.

Day 3/4 Your milk starts to ‘come in’, your breasts often feel heavy and there is also a hormone surge at this stage. You can often feel highly emotional and may associate this with breastfeeding. This is all normal and begins to settle down within 24-48 hours. If you continue to feed your baby whenever they ask, for as long as they want, your body will know how much milk is needed.

Day 5 Your baby may lose a little weight - this is very normal for all babies, provided that the weight loss is less than 10% of baby’s birth weight. If the weight loss is close to or greater than 10%, your midwife will discuss this with you and help you make a plan to increase the effectiveness of feeding. Either way it’s important that your baby continues to feed responsively (at least 8 times in 24 hours), so your breasts make plenty of milk and your baby soon regains the weight.

What about “foremilk and hindmilk”?

For all mums, breast milk production changes throughout each feed. At the start of a feed, there is a large volume of milk, flowing quickly, and there are lots of carbohydrates and proteins in the milk, but relatively less fat, the so-called ‘foremilk’. This is very valuable and essential for your baby. As the feed goes on, the volume of the milk slowly decreases but the fat content increases, so it becomes thick and rich, the so-called ‘hindmilk’. This small volume of rich fatty milk is also very important, helping your baby feel full and satisfied.

Breast milk production also varies throughout the day and night. Night-time breastfeeds make more milk, so in the morning, your breasts feel full, and when your baby feeds, he/she gets a large volume of milk. As the day goes on, smaller volumes of milk are made. Most babies feed much more often in the evenings, ‘cluster feeding’, getting small volumes of rich fatty milk each time and finally settling to sleep, so that the whole cycle can start again when you go to sleep too.

The let-down reflex

Your baby’s sucking causes milk stored in your breasts to be squeezed down ducts towards your nipples. This is called the let-down reflex. Some women get a tingly feeling, which can be quite strong. Others feel nothing at all. You’ll see your baby respond, and their quick sucks will change to deep rhythmic swallows as the milk begins to flow. Babies often pause after the initial quick sucks while they wait for more milk to be delivered. If your baby seems to fall asleep before the deep swallowing stage check they are effectively attached. Sometimes you will notice your milk flowing in response to your baby crying or when you have a warm bath or shower.

The essential guide to feeding your baby

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Day 1
5 - 7 mls
size cherry

Day 3
22 - 27 mls
size walnut

Day 7
45 - 60 mls
size apricot

One month
80 - 150 mls
size large egg

The size of your baby’s stomach

Day 1
5 - 7 mls
size cherry

Day 3
22 - 27 mls
size walnut

Day 7
45 - 60 mls
size apricot

One month
80 - 150 mls
size large egg

Feedings cues

Early cues
- Stirling, moving arms
- Mouth opening, yawning or licking
- Hand to mouth movements
- Turning head from side to side
- Rooting, seeking to reach things with his/her mouth

Mid cues
- Stretching
- Moving more and more
- Hand to mouth movements
- Sucking, cooing or sighing sounds

Late cues
- Crying
- Agitated body movements
- Colour turning red

If your baby is becoming agitated or crying you may need to calm them before offering a feed. You can do this by
- Cuddling
- Skin-to-skin holding
- Talking or singing
- Stroking or rocking
Breastfeeding is a skill that you and your baby learn together, and it can take time and practice to get the hang of.

There are lots of different positions for breastfeeding but they all have things in common and it’s important to check:

C.H.I.N.S.*
The 5 principles for positioning

**Close** - cuddle your baby in close.

**Head** - your baby’s head should be free to tilt. As his/her head tilts back, the chin leads and indents the breast so they can swallow easily.

**In line** - your baby’s head and body need to be in line so he/she does not need to twist their neck which makes swallowing and sucking difficult.

**Nose to nipple** - your baby needs to get a big mouthful of breast from beneath the nipple. Placing your baby with their nose level with your nipple will allow them to reach up and attach to the breast well which prevents soreness.

**Sustainable position** - make sure you and your baby are comfortable for the length of the feed (from about 5-40 minutes).

If you are in a chair or sitting up in bed, you will probably find it more comfortable to lean back onto pillows or cushions, so that your back is well-supported.

* Provided by Lynette Hartland, Senior Lecturer, Teesside University

Useful if you have:
- a small or preterm baby, a caesarean section, large breasts or inverted nipples.

**Cradle**
The position most mums use instinctively

Your hand needs to be supporting your baby’s shoulders and make sure he/she is free to tilt their head back out over your wrist.

I love using the cradle hold so that you can cuddle up, they don’t stay cuddly for long - make the most of it!  
Karen, mum of Joel

**Cross Cradle**
Useful when you are just learning

1. Use your fingers under your baby’s neck, so the weight of their head is supported, but make sure his/her head is free to tilt back between your thumb and finger.
2. The palm of your hand supports your baby’s shoulders and you can press on their shoulders to bring them into the breast when ready.
3. Your forearm can tuck the rest of your baby’s body close to you while he/she feeds.

It took me a bit of practice, but we got better and better at it and now it’s easy. She just snuggles into my tummy and away we go!  
Liz, mum of Jo

**Underarm**
Useful if you have:
- painful stitches or haemorrhoids or a caesarean section. Also helpful if you are tired and need to feed and rest, but make sure it is safe for your baby if you were to fall asleep while feeding.

1. Your baby is usually held on a pillow, just under breast height, turned slightly towards you.
2. It is very important that your baby is held very close to your side but is not able to touch anything (eg the back of your chair or your cushions) with their feet, otherwise they will push with their legs and will come too far forward.
3. Support your baby’s neck and the weight of their head in the same way as in the cross cradle hold - so his/her head is free to tilt back.

**Lying Down**
Useful if you have:
- a small or preterm baby, a caesarean section, large breasts or inverted nipples.

1. You need to lie on your side with your head on the pillows and your shoulders on the mattress.
2. Bend your legs slightly but not enough for baby’s legs to touch your thighs.
3. Your baby should be on their side facing towards you with his/her nose opposite your nipple. Make sure none of your arm is pressing on the back or top of their head. His/her head must be free to tilt back.
4. You need to press on your baby’s shoulders with your upper hand (or sometimes the fingertips of your lower hand) to bring him/her to the breast when they are ready.

The “Laid Back” Approach

Another way to enable your baby to access the breast is to place them on your body and allow him/her to self attach. You need to be reclining so that baby feels secure. You may need to support your baby and/or your breast. Positioning you and your baby in this way can help to gently encourage skin-to-skin and body contact, and to enjoy closeness without either feeling any pressure to ‘get on with’ feeding.

Instead, this position encourages your baby to use natural reflex behaviour to help them find the breast and feed effectively when ready. Enjoying time together in this way helps you and your baby to have eye contact while feeding and for both of you to relax and make the most of these special times.

For further details visit www.biologicalnurturing.com

If breastfeeding feels a bit awkward at first, don’t worry. You and your baby may just need a little more practice. Never be afraid to ask for help if you need it.
Good attachment really is the key to successful breastfeeding. Use this guide to get it right from the start, but if you find you are still struggling - ask for help!

**Before you start** - Make sure baby’s head, neck and body are in a straight line - your baby cannot suckle or swallow easily if their neck is twisted. Good attachment is difficult for a baby to maintain if their body is twisted at the waist. Your baby should be held so that the back of their shoulders is supported, and their head is free to tilt back. Please see pages 10 and 11 for tips on positioning baby so that he/she can attach effectively to the breast. If you are at all unsure about the attachment of your baby, seek help from your midwifery or health visiting team. You can also visit your local Breastfeeding Café. Someone observing how your baby feeds can really help to get it right.

1. Your baby should face the breast with nose to nipple - this allows the baby to tilt his/her head back so that the nipple is aimed at the roof of the mouth.

2. When baby gapes wide open, press on the back of their shoulders to bring him/her in quickly - and you will need to move quickly!

3. Chin and tongue leading, head tilted back, the nipple goes into the back of roof of mouth as baby is brought towards the breast.

4. Attachment shouldn’t be painful, baby should keep suckling and should let go on his/her own at the end of the feed. The nipple should look the same shape as before the feed.

For more information on how to make sure your baby is attaching well at the breast please see the Best Beginnings website (www.bestbeginnings.org.uk).

**How do I know if my baby is attached properly?**

- Your baby should have a large mouthful of breast.
- Your baby’s chin should be pressed into the breast.
- Your baby’s cheeks should be full and rounded.
- If any areola is visible, there should be more above their top lip than below their bottom lip.
- Your baby’s suckling pattern should change from rapid sucks to slow rhythmic suckling, and swallowing may be heard.
- Your baby may pause from time to time, and will start suckling again without coming off or having to reattach.
- Your baby should be relaxed and contented throughout the feed and should come off your breast on their own when he/she is finished.
- Your nipple should look the same shape as when the feed started.
- The feed should be pain-free and comfortable for you, although the first few sucks may feel quite strong.
- Initial attachment may be uncomfortable for 10-20 seconds if your nipple is already damaged but the rest of the feed should be pain-free.

If you are not sure, don’t hesitate to ask for help. I found it a bit difficult at the beginning, but now feeding is completely comfortable. I love watching my baby feeding - I can almost see her growing!

Mary, mum of Fiona

**How can I make sure breastfeeding goes well?**

- Feed your baby at least 8-10 times in every 24 hours.
- Feed your baby at least once every night - night-time breastfeeds make more milk!
- Offer the second breast if required.
- Watch your baby’s suckling pattern - you should see deep slow rhythmical sucks and swallowing, with short pauses, throughout the feed.
- Keep your baby calm by talking to and stroking him/her, keeping eye contact. If your baby appears sleepy, try tickling their feet.
- If you think your baby is not feeding effectively, ask for help from your midwife or health visiting team. In the meantime, keep breastfeeding and it may be helpful to hand express and give your baby the expressed milk as well.

Even if you do give your baby some formula, for whatever reason, don’t stop breastfeeding/expressing! Ask for help and keep going with mixed feeding while you are working on the problem.

See page 14 for information about how to tell whether feeding is going well by looking at your baby’s wet and dirty nappies!
Baby’s nappies - what’s normal?

Days 1-2: The meconium nappies
Your baby’s first poos will be black/dark green or brown/black and very sticky. Babies are born with meconium already in their bowel and it is very normal. Your baby will also be having 2 or more wees a day.

Days 3-4: Wetter nappies and greener poos
Nappies at this stage are known as “changing stools”, the poo will be turning a more green colour and this is a sign that your baby is taking in more milk and digesting it. A baby of this age should have at least 2 poos a day. Your baby will also be having three or more wees a day and wet nappies will feel heavier.

Days 5-6: Yellow poos
Your baby has cleared all the meconium (see days 1-2) from his/her bowels and all babies of this age should be having at least 2 yellow, soft/runny poos, each of a size to cover a £2 coin, per day. This is a minimum - many babies will poo far more than this! This is nothing to worry about and is a good sign that baby is getting plenty of breast milk. Your baby should also be having at least 6 heavy wet nappies per day.

Older breastfed baby “mustard” poos
As your baby gets older, the poos get yellower and are sometimes described as resembling mustard. They should stay soft or runny, and may look “seedy”, this is fine and perfectly normal. Until baby is at least 4 weeks old, you should continue to see at least 2 poos a day as described above. After this, some exclusively breastfed babies may go several days between poos. This is normal as long as your baby is feeding enthusiastically, having plenty of wet nappies and gaining weight.

Top tip
It is sometimes difficult to tell how wet a disposable nappy is due to it feeling dry. A wet disposable nappy generally feels heavier than when it is new and if you are really unsure try pouring three tablespoons of water into a new nappy to see what difference it makes.

The safest place for your baby to sleep at night is in a cot or a crib beside your bed for the first six months.

Your baby needs you to care for them at night. It is normal and beneficial for young babies to wake for feeding and attention during the night.

Reduce the risk of cot death
✓ Place your baby on their back to sleep, in a cot in a room with you.
✓ Keep your baby’s head uncovered.
✓ Place your baby in the “feet to foot” position.
✓ Do not smoke in pregnancy or let anyone smoke in the same room as your baby.
✓ Do not share a bed with your baby if you have been drinking alcohol, if you take drugs or if you are a smoker.
✓ Never sleep with your baby on a sofa or armchair.
✓ Do not let your baby get too hot.

Night-time feeds are especially important for your milk supply.
You can make night-time feeds easier by
✓ Sleeping your baby in the same room as you for at least the first six months.
✓ Learning to breastfeed on your side (always returning your baby back to the cot after their feed).

Night-time feeds can be really lovely, just me and my baby, warm, snuggly and safe.
Catherine, mum of Dominic

For more information on safer sleep visit www.lullabytrust.org.uk or call 0808 802 6869.
The safest place for your baby to sleep at night is in a cot or a crib beside your bed for the first six months.

Bringing your baby into your bed means that you can breastfeed in comfort. However, it is easy to fall asleep while breastfeeding, so there are important points to consider before taking your baby into bed with you.

If you decide to share a bed with your baby

- The mattress on which you sleep should be reasonably firm.
- Keep your baby away from the pillows.
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall.
- Make sure your baby cannot get tangled in blind cords, dressing gown belt etc.
- Make sure the bedclothes cannot cover your baby’s face or head.
- Don’t leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position.
- It is not safe to bed share in the early months if your baby was born very small or preterm.

Bed sharing is not appropriate if you or your partner

- are smokers (no matter where or when you smoke and even if you never smoke in bed).
- have recently drunk alcohol.
- have taken medication or drugs that make you sleep more heavily.
- feel very tired.
- are overweight.
- formula feed your baby.
- share the bed with older children or pets.
- NEVER sleep with your baby on a sofa or armchair.

How can I increase my breast milk supply?

Firstly, think about whether or not you need to increase your supply! Mums often worry about this needlessly. There is no set amount of breast milk that your baby needs at any stage of development. Breast milk intake varies, and changes according to your baby’s changing needs.

If there really is an issue with the amount of milk you are making, there are some simple self-help measures you can take, while you also seek some help from a health professional or a local Breastfeeding Café.

- Ensure your baby is attached at the breast as well as possible.
- Feed your baby at least 8-10 times in every 24 hours, including at least once at night. This is important to maintain your milk supply.
- Offer the other breast at every feed.
- Make sure your breasts are as soft and comfy as possible after each feed.
- If you feel there is still plenty of milk in your breasts after feeds, for example in the mornings, you could express to stimulate more milk to be made. Any expressed milk could be given to your baby as well as breastfeeds, or could be stored for future use.
- Remember you can’t increase your supply by eating or drinking more, or by eating special foods! Breast milk is made on a supply and demand system, it needs to be effectively taken by your baby or by expressing in order to increase supply. However, it is important for you as a mum to eat a balanced diet.
Hand Expressing

Why express by hand?
✓ It can be used to help your baby attach to the breast.
✓ It can help to prevent or relieve engorgement.
✓ It is particularly useful for milk in very small quantities, e.g. colostrum.
✓ It can be used to help clear blocked ducts.
✓ It can be more effective than a pump.
✓ It’s free - no equipment needed!

For healthy term babies it can be stored at:
✓ Room temperature for up to 6 hours.
✓ At the back of the fridge (not the door) for 5 days at 4°C or lower. If your fridge is above 4°C then only keep for up to 3 days.
✓ In the freezer at -18°C for up to six months.
✓ For preterm or vulnerable babies, check with your local neonatal unit for guidance as storage is likely to be more cautious.

Storing expressed breast milk
Breast milk should be expressed into a sterile container if your baby is under six months old.

Before expressing milk, gently massage your breast with downward strokes for a few minutes. If possible with your baby in skin-to-skin as this helps release the hormones for milk production.

Make a C shape with your thumb and fingers. Find the right spot - this is about 2-3cms back from the nipple and can be felt as a change in the texture of your breast tissue.

Squeeze gently and get a rhythm going.

The milk will start in small drops and then progress to squirts.

As flow subsides - rotate around the breast and move the other breast if more milk needed.

Practice makes perfect!
If you are doing this when your milk supply is not yet established, you may need to repeat these actions a few times to get the colostrum to flow and you may get 1-10mls (up to 2 teaspoons full). You can keep moving your finger and thumb around or use the other hand to take milk from all around the breast, but the technique should remain the same each time. If your milk supply is established, the milk may spray out in several different directions.

It’s free - no equipment needed!

Not enough milk?
First, check your positioning and attachment at the breast with a professional or at a support group. A poorly-attached baby can sometimes limit the milk flow.

How often are you feeding your baby?
Feeding your baby as often as they ask is the very best way to ensure that your body knows how much milk to make. Your baby should be asking to feed at least 8-10 times in every 24 hours, including at least once at night. See also page 13.

Full breasts - difficult to attach
✓ Try hand expressing some milk before attaching baby, to relieve the pressure.
✓ Try different positions.
✓ Keep feeding responsively so breasts do not become so full between feeds.
✓ Is your baby sleeping too long between feeds? Try waking baby to feed at shorter intervals.

Too much milk?
Milk supply usually tailors itself to baby’s needs within 6-8 weeks.

✓ Try leaning back once baby is attached so milk comes out slower.
✓ Try feeding from the same side at two consecutive feeds.
✓ Try different positions.

Expressing extra milk for the freezer may help but be careful not to overdo it as you can end up making even more milk.

Anxious about milk supply?
Are baby’s wet and dirty nappies as expected for his/her age? See page 14.
Can you hear baby gulping and swallowing? Do you feel full before a feed, softer afterwards?
Is baby settling between feeds? Is baby gaining weight?

It is common to feel anxious because you can’t actually see how much milk is being made. If your answer to all five of the above questions is yes, then rest assured your baby is getting enough milk. If not, seek support.

Blocked ducts / mastitis
Seek help as soon as possible.
Symptoms of mastitis are usually redness and tenderness of the breast, flu-like feelings (fever, shivers). Again these are often caused by poor attachment which doesn’t allow the milk to flow freely and can cause blockages.

If this occurs try:
✓ Feeding baby as often as possible, if too sore then hand express. It is important to keep the milk flowing.
✓ Ibuprofen to help reduce inflammation.
✓ Paracetamol to reduce high temperature.
✓ Hot shower/bath/flannels to help milk flow.
✓ Savoy cabbage leaves wrapped around the breast to relieve pain and throbbing. If all the above are not working within 24 hours, then antibiotics may be needed, maybe sooner if the nipple is damaged.

Try to look after yourself as much as possible during recovery; relax, rest and eat well.

Cracked / sore nipples
Cracked and sore nipples are nearly always caused by your baby being wrongly attached at the breast.

✓ Try to get to a support group or ask a health professional to look at how your baby attaches and feeds.
✓ If your nipples are chapped, try applying a little breast milk to keep them moisturised.
✓ If your nipples are too painful to feed, try expressing for 12-24 hours to rest them and try again with help to get the positioning and attachment right.
✓ Blood might sometimes pass into the milk, this is not at all harmful to your baby and is not a reason to stop.

Tongue tie
Tongue tie is where the strip of skin connecting the baby’s tongue to the floor of their mouth is shorter than usual. In some babies, it can restrict the tongue’s movement, making it harder to breastfeed. Your health professional will be able to advise you and make a referral for an assessment if needed.
Collecting colostrum during pregnancy
Did you know that you can collect colostrum for your baby from 36 weeks of pregnancy?
There are a number of reasons why you might think about this.
If you have diabetes, high blood pressure or on medication; or if you are having an elective caesarean section, a multiple pregnancy or any other high risk pregnancy, your baby may have low blood sugar and need a little extra milk. You will be encouraged to give your baby frequent feeds to help prevent this. It would be helpful if you have already expressed some of your breast milk, so that if your baby does need extra milk, this can be given to them instead of formula milk. The ideal time to express is before your baby is born. Please discuss with your midwife on how to safely store your expressed breast milk.

Breastfeeding twins or other multiples
Breastfeeding twins or other multiples (triplets or more) is challenging but also very important in keeping the babies healthy and providing opportunities to bond with each baby. It is even more important if the babies are preterm, very small or need special care for any reason. As with any baby, it is important to get a breast milk supply established, preferably by feeding the babies at the breast soon after birth and at least 8-10 times each in every 24 hours or expressing milk at least this often if any baby is unable to feed directly at the breast. It is very useful to have help in positioning the babies in the early days so as to be able to feed two simultaneously and save time on feeding. Ask your health professional for support and advice.

Breastfeeding a preterm or ill baby
Breast milk is even more important for a preterm or ill baby. Such a baby is particularly vulnerable to infections and needs the milk which is specifically designed for a human baby, whatever stage of development they are at. If your baby is not able to breastfeed directly, you need to express your milk at least 8-10 times in every 24 hour period including once at night, until your baby is mature enough or well enough to be taking effective breastfeeds. You may need to give supplements or medicines as well as breast milk, but in all but a few very unusual illnesses, your milk is the best thing for your baby to help him/her grow or recover.

Breastfeeding after a caesarean
Skin-to-skin in theatre is a great way to greet your baby and calm you both after the stress of the caesarean birth. Your baby can be dried and laid across your chest and covered, and may feed in theatre or in the recovery room.
Use positions that avoid your scar. Laid back breastfeeding with baby lying across your chest above your tummy can be comfortable, and feeding in the underarm position when you sit in an armchair can also work well.
Don’t be afraid to ask for and take the pain relief you need, it is very difficult to breastfeed effectively if you are tense and in pain.

Breastfeeding while pregnant
If you are breastfeeding when you become pregnant with another baby, it is absolutely fine to continue to breastfeed the older child throughout your pregnancy for all but a very few women.
It may help you to keep your toddler calm and contented when you feel tired or unwell, and your toddler will continue to benefit from your milk and from the comfort and closeness he/she gets from breastfeeding. Many toddlers wean themselves off breastfeeding while mum is pregnant, because the milk supply does decrease, but some toddlers and some mums like to continue throughout the pregnancy, right up to the birth of the new baby. When breastfeeding of an older child continues following the birth of a new baby, it is important to ensure that the new baby is fed first and is fed according to their demands.

Special circumstances
How dads and partners can support breastfeeding

As a dad you might feel that there isn’t much you can do to help your partner with breastfeeding. But a dad or partner’s role can make all the difference.

Women are much more likely to breastfeed for longer when they have their partner’s support. This leads to a greater sense of achievement for mum, and health benefits for both mum and baby. It can be a bonding experience for the whole family.

Practical ways partners can help with breastfeeding

Go along to an antenatal or infant feeding choices session. Ask your midwife, or at your local children’s centre, for further details. Learning the same information as your partner and discussing it together can be really helpful, especially in the early days when everything is very new and sometimes feels overwhelming.

Give emotional and practical support. It can be a really hard time in the early days when babies and children take up all of your energy. But it doesn’t last forever. Try to make time for each other when you can. It’s the little things that make a big difference. For example, bring her dinner if the baby wants to feed at the same time.

Provide some stress-relief. If you already have young children, take the stress away from mum by keeping them entertained while she feeds the baby. Do your bit around the house, and give your partner some time to relax and regain her energy.

Get involved in your baby’s care. Giving your baby their bath, changing nappies and being part of getting ready for bed are great ways of becoming close to your baby. Remember skin-to-skin is also a lovely way for you to feel close to your baby. Please see page 6 for more information.

Life with a new baby is often full of surprises and most mums have questions or concerns. As well as midwives and health visitors, there is lots of help and support available locally if and when you need it.

Maternity care assistants

Maternity care assistants are based in the hospital and throughout the community helping midwives in their day to day work, but are also on hand to provide you with support and advice on a number of topics. They are all experienced in infant feeding, and have plenty of tips for successful breastfeeding! They can also provide you with advice on other aspects of health promotion, including information on classes that are running in your local area.

Once you have had your baby and you leave hospital, a maternity care assistant can visit you at home along with your community midwife, to continue to support you as your confidence grows while you and your baby find your own routine.

Early support

If you decide to breastfeed your baby, once you are discharged from hospital you will receive daily support phone calls from the midwifery team until day 10 and then by the health visiting team. They will continue to offer support with breastfeeding with at least weekly contacts until 8 weeks. This can be either by phone, at the clinic, at a Breastfeeding Café or during a home visit.

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The BABi Group

The BABi Group is ran by the Maternity Services Liaison Committee. The aim of the group is to find out what local women need from maternity services including breastfeeding support and information and can influence change when appropriate. The group includes representatives from mums who use the services as well as professionals such as midwives, health visitors and other practitioners. The group meets regularly throughout the year so come along and have your say. For more details please call 0191 333 2111.

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Breastfeeding peer supporters

Local mum-to-mum support
Breastfeeding peer supporters are volunteer local mums that are currently breastfeeding or have breastfed their own baby and would like to support other mums and babies to enjoy breastfeeding.

In County Durham these mums have also completed a recognised training programme which means that they have learnt about breastfeeding, how it works and how to recognise and overcome potential barriers to successful breastfeeding. Peer supporters can offer breastfeeding information and support in a variety of settings, such as antenatal sessions, on postnatal wards, at clinics and at Breastfeeding Cafés. They will be easily recognisable as they will be wearing a purple peer supporter polo shirt with the Breastfeeding County Durham and Darlington logo on.

Peer supporters are not trained to treat medical conditions in either you or your baby; but are able to direct you to the best source of support and help from a health professional. As mums themselves they all appreciate the challenges of being a new parent, particularly in the early days with a baby! They are great listeners and are skilled at supporting you to enjoy your breastfeeding experience, whether this is your first baby or not. They all give their free time willingly to provide support.

They can offer you reassurance and confidence to breastfeeding for as long as you wish. If you would like to be put in touch with a peer supporter please ask your health professional who will be able to provide you with further details.

My story
There were a number of reasons why I enrolled on the peer supporter course. Firstly I’m still breastfeeding my youngest son who’s two and a half. I felt like I was in the minority and wanted to find out why people stopped feeding earlier. I also breastfed my daughter and had a fairly straightforward and easy breastfeeding journey with both of my children.

A lot of new mums would tell me “I don’t know how you could do it” or “it’s not for me” and I felt unable to fully inform them of all of the benefits - so it seemed like the training would be ideal. I wanted to find out what problems others may encounter hoping I may be able to offer support. I’m also very interested in views about feeding in public. I’m very comfortable with it now, but struggled initially.

Before the training started I wasn’t sure how I would feel about attending the weekly classes, I ended up loving them. The trainer was fantastic. She really put the class at ease and I was amazed at how much I learnt about breastfeeding and how much wrong information I’d been given about it in the past.

I think the role of peer support could be the missing link between new mum and health professional. Someone who’s breastfed themselves and can support a new mum, listen to any barriers she may encounter and offer suggestions and support. I am hoping to use my training to help at my local Breastfeeding Café and I have also applied to volunteer at the hospital to support new breastfeeding mums.

Breastfeeding Cafés

Breastfeeding Cafés welcome all expectant mums and mums who are exclusively or partially breastfeeding.

Cafés can be great for information, moral support, for company from like-minded mums and to borrow resources. Older children are also welcome, with toys and books often being available to help keep them entertained.

No appointment needed
All pregnant or breastfeeding mums are welcome to drop in at any time during opening hours. Cafés are generally open once a week and locations vary across the county.

Run by trained staff
All cafes are run by health professionals, such as health visitors, midwives, early years workers and peer supporters, all of whom have received extra breastfeeding training to offer good support.

My local Breastfeeding Café is very informal and I don’t feel as though I’m being judged.

Help with every aspect of breastfeeding
Help is available on all aspects of breastfeeding and its impact on daily life - from starting to stopping and everything in between.

In a relaxed, informal atmosphere you can:

- Chat to other mums and build your confidence.
- Get one-to-one help from specially trained staff.
- Look at books and leaflets.

Please note that some cafés run term time only or alternate weeks so please ring and check before attending for the first time.

For an up-to-date list please visit www.breastmilk.co.uk or ask your health professional.
Myths and misconceptions

Ten minutes on each side
This is now known to be wrong advice. The latest advice is to feed as often and for as long as baby wants (“responsive feeding”) and to allow baby to finish feeding on one side and then offer the other breast if required.

Big babies need top-ups
If a baby is allowed to feed as frequently and for as long as they want then you will make as much milk as is needed. Artificial “top-up” feeds can and will interfere with this natural process.

Mastitis means stop feeding
It used to be thought that having mastitis meant you must stop feeding from the affected breast. It has since been found that a mastitis affected breast should be fed from as often as possible to allow the milk to flow and for the best chance of shifting the inflammation. In fact, if a breast with mastitis isn’t fed from then the mastitis will more than likely get worse. See page 19 for more about mastitis.

Breastfeeding when pregnant is dangerous
Breastfeeding during pregnancy is safe for the majority of mothers. It can help maintain a close relationship with the older child and between siblings when the baby is born. See ‘Breastfeeding in special circumstances’, page 21.

You can’t breastfeed more than one baby
It is perfectly possible to breastfeed more than one baby, either multiples (twins or more) or baby and an older child (tandem feeding). There are lots of health and practical reasons why this may be a good idea. See ‘Breastfeeding in special circumstances’, page 20.

You won’t have enough milk!
Often growth spurts are seen as signs of insufficient milk supply. At key stages a suddenly hungry baby is actually letting you know it’s time to make more milk. If you feed responsively through this and avoid artificially “topping up” then your supply will respond.

Breastfeeding an older baby or child is pointless and wrong
The health effects of breastfeeding don’t disappear when a baby gets older, they continue, for mum and baby for as long as the breastfeeding continues. It is not possible to force a baby or child to breastfeed and continuing to breastfeed for as long as you and baby wish is a perfectly normal and normal aspect of parenting.

Breastfeeding will make my breasts saggy
Breastfeeding doesn’t cause your breasts to sag, but the ageing process and losing or putting on weight can all have an effect.

Infant formula is basically the same as breast milk
Infant formula isn’t the same as breast milk. It’s not a living product so it doesn’t have the antibodies, living cells, enzymes or hormones that protect your baby from infections and diseases later in life.

A step-by-step guide to preparing a powdered-formula feed

1. Fill the kettle with at least 1 litre of fresh tap water from the cold tap (don’t use water that has been boiled before).
2. Boil the water. Then leave the water to cool in the kettle for no more than 30 minutes so that it remains at a temperature of at least 70°C.
3. Clean and disinfect the surface you are going to use.
4. It’s really important that you WASH YOUR HANDS.
5. If you are using a cold-water steriliser, shake off any excess solution from the bottle and the teat, or rinse the bottle with cooled boiled water from the kettle (not the tap).
6. Stand the bottle on a clean surface.
7. Keep the teat and cap on the upturned lid of the steriliser. Avoid putting them on the work surface.
8. Follow the manufacturer’s instructions and pour the correct amount of water into the bottle. Double check that the water level is correct.
9. Loosely fill the scoop with formula - according to the manufacturer’s instructions - and level it off using either the flat edge of a clean, dry knife or the leveller provided.

Responsive bottle feeding
- Hold baby close
- Encourage rooting
- Invite him/her to take the teat
- Pace the feed
- Never force a full feed
- Limit who gives the feeds.

Different types of formula come with different scoops. Make sure that you use only the scoop that comes with the powdered infant formula that you are using. Making up a feed with too much powder can make your baby ill (for example they can become constipated) and may cause dehydration. Too little powder will not provide your baby with enough nourishment. By using the scoop provided you are adding the correct amount of powdered formula.

10. Holding the edge of the teat, put it on the bottle. Then screw the retaining ring onto the bottle.
11. Cover the teat with the cap and shake the bottle until the powder is dissolved.
12. It is important to cool the formula so it is not too hot to drink. Do this by holding the bottom half of the bottle under cold running water. Move the bottle about under the tap to ensure even cooling. Make sure that the water does not touch the cap covering the teat.
13. Test the temperature of the infant formula on the inside of your wrist before giving it to your baby. It should be body temperature, which means it should feel warm or cool, but not hot.
14. If there is any made-up infant formula left after a feed, throw it away.

Remember to let the feed cool before you give it to your baby. You can cool the bottle by placing it in cold water.

Do not add anything else (including sugar, cereals or chocolate powder) to the feed in the bottle. Never warm up infant formula in a microwave as it can heat the feed unevenly (causing ‘hot spots’) and may burn your baby’s mouth.

If you want to give a bottle of expressed breast milk or introduce some formula, please see information below.

Unless your doctor or health visitor gives you different advice, first infant formula is the only type of formula your baby needs until they are one year old.

Bottle feeding

A lot of the things you may hear people say or suggest about breastfeeding can be out-dated or just plain wrong!
Returning to work or study

With a little forward planning, it is perfectly possible to combine breastfeeding with work or study.

Going back to study or work may be the first time you are separated from your baby for long periods. Continuing to breastfeed helps to keep the close relationship you’ve built up providing your baby with extra comfort and security for as long as you want. Mums often find that continuing to breastfeed makes it easier to cope with being separated from their baby during the day.

Here are some ways it could work for you

- Breastfeed at home and express milk (by hand or electric pump) so that your baby’s carer can feed your baby while you are at work.
- Combine breastfeeding and formula feeding so your baby’s carer can give your baby infant formula while you are at work.
- When you write to your employer to let them know that you are returning to work, you also need to let them know you are breastfeeding and want to express milk. This is so they can make plans to support you.

Expressing milk at work

You can express by hand or by using a manual or an electric pump. Ask at your local Breastfeeding Café for help with a plan for returning to work. It is a good idea to start a few weeks before returning to study or work to see what works for you. Some babies seem to take less milk when you are away from them and catch up when you are back together.

Useful tips

- Label and date expressed milk before putting in the fridge/freezer.
- A few weeks before have a trial run to ensure that your baby can feed from your chosen method e.g. cup/bottle.
- Defrost frozen milk overnight in the fridge for baby’s carer to give to your baby.
- If you are using milk within 5 days of expressing it, it is better to store it in the fridge than in the freezer. This means that milk expressed on a Friday can be used the following Monday without the need to freeze it.

What can you expect from your employer?

Employers should have a policy to support you to carry on breastfeeding. The policy may include:

- Flexible breaks to enable you to express.
- Providing a clean warm and private space for expressing (not the toilets!).
- Where possible access to a fridge to store expressed breast milk or space for your own cool bag and ice packs.
- Flexible working hours.

For further information visit www.hse.gov.uk/mothers

Fitting in expressing at work was much easier than I thought it would be. It doesn’t take long and it’s really worthwhile.

Sasha, mum of Zac

No rush to mush

Every baby is an individual, but there are 3 signs which, together, show it’s time to start solids alongside mum’s milk or infant formula.

Your baby is ready if they can:

1. Stay in a sitting position and hold their head steady.
2. Co-ordinate their eyes, hand and mouth and look at food. They can pick up food and put it in their mouth all by themselves.
3. Swallow food. Babies who are not ready will push their food back out, so they get more round their face than they do in their mouths!

It’s rare for these signs to appear together before six months.

Why it’s best not to give your baby solid food until they are ready

It takes around six months for a baby’s digestive system to work properly and cope well with solid food. If you feed them breast milk up to and beyond six months it gives them even more protection against infection.

Even if the label on the baby food says from four months, the latest research shows that your baby’s digestive system isn’t ready for solids until around six months.

For more information search Start4Life.

Remember you may be eligible for free vitamins and help with the cost of food until your baby’s 4th birthday. Ask your health visitor about the Healthy Start Scheme.
What is the scheme?
The Durham County Council Breastfeeding Friendly Scheme supports breastfeeding families throughout the county. By taking part in this scheme, cafés, restaurants, leisure centres and community venues show that they are committed to ensuring their staff and premises are welcoming and supportive of breastfeeding mothers.

How can I find breastfeeding friendly venues?
You should never feel uncomfortable about breastfeeding in public.
The Equality Act 2010 has made it illegal for anyone to ask a breastfeeding woman to leave a public place. Don’t be afraid to ask if there is a private area in which to breastfeed - this should never be the toilets.

What County Durham mums think of the scheme:
Julie, mum to Amelia, Ashton and Adam:
A lot of women don’t have the confidence to breastfeed in public. Knowing that some venues openly welcome them can boost their confidence.

Emma, mum to Jack and Joshua:
I think it is important to have breastfeeding friendly venues because some mums are self-conscious about feeding in public. It’s good to be able to feed in a friendly environment where no one is going to comment or make you feel self-conscious.

Participating venues display the breastfeeding friendly window sticker so families can recognise them as being part of the scheme. Staff in these venues have attended a breastfeeding awareness session and support the scheme.

How do I find out more?
If you would like to find out more about the County Durham Breastfeeding Friendly Scheme and details of participating venues visit: www.durham.gov.uk/breastfeedingfriendly

County Durham and Darlington NHS Foundation Trust
Local breastfeeding support and information.

The Breastfeeding Network
www.breastfeedingnetwork.org.uk
The Breastfeeding Network aims to be an independent source of support and information for breastfeeding women and others.

The National Breastfeeding Helpline
Tel: 0300 100 0212
The National Breastfeeding Helpline is run in association with the Breastfeeding Network and the Association of Breastfeeding Mothers. The helpline is open from 9.30am until 9.30pm every day of the year.

Thanks to the Real Baby Milk Company for their assistance with the production of this guide.

Further support and information

County Durham
Children’s Centres
Offering support to you and your family
Children’s centres offer support and advice for parents and carers, right from when you find out you are pregnant until your little one is ready for school.

If you have not yet visited, why not call into your nearest children’s centre and have a chat with the team, they are always around to help.

To find your nearest children’s centre contact: 03000 261 111

Start4Life
www.nhs.uk/start4life
Healthy tips and advice for pregnant women, new mums, dads-to-be, friends & family.

NCT
Tel: 0300 330 0700
www.nct.org.uk
The UK’s leading charity for parents, NCT supports thousands of people through the life changing experience of pregnancy, birth and early parenthood.

UNICEF Baby Friendly Initiative
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The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF. Find out more about its work, breastfeeding in the UK and see which hospitals in your area are Baby Friendly accredited.

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