



When Breastfeeding is getting off to a slow start: Information for Parents

This guidance leaflet is for parents whose baby is getting off to a slow start with breastfeeding. When this happens it is often not what you have expected and you may find it worrying and frustrating. A slow start to breastfeeding is not uncommon and in most cases you and your baby will soon get the hang of breastfeeding but it can take a few days or occasionally even a few weeks.

When breastfeeding is getting off to a slow start there are four important things:

- Making sure your baby gets enough milk
- Making sure that your breasts get plenty of signals to make milk
- Giving your baby lots of opportunity to get familiar with the your breasts and learn to breastfeed in a calm, unhurried atmosphere
- Keeping calm, positive and find time to enjoy your baby

The slow start pathway

You and your baby will have been put on to the 'slow start' pathway if your baby has not had a first feed within two hours from birth or had a second feed within six hours of birth. This is not because we are worried about you or your baby but because there are some simple things that you can do now, to make life easier for you later. It might be that your baby wakes up and feeds well and frequently very soon, in which case you won't need to follow the pathway and instead can follow your baby's lead [feeding responsively].

Making sure your baby gets enough milk

Healthy babies who are born around the time they were due manage well with just three to five feeds in the first 24 hours. When baby's feed less than this we want to make sure your milk supply is stimulated and your baby's' digestive system is stimulated by having some expressed milk. Midwifery staff will be keeping an eye on your baby to make sure they are well. You can help with this too, your baby will be warm, pink, have good tone (not be floppy), and will wake up when you ask them to, such as when you change their nappy.

Help for your milk supply

To have the best possible chance to make enough milk for your baby your breasts need to receive lots of signals to make milk. Normally this happens when your baby



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feeds. If your baby is not feeding you need to give these signals directly to your breast by **hand expressing**, massaging your breasts and gently touching your nipples. This stimulates your body to produce **prolactin** the milk making hormone.

You need to express your milk 10-12 times in 24 hours. It does not need to be at two hourly intervals, you can do it every hour for a few hours and then have a longer break if you need some sleep. Your body makes more of the milk producing hormone (prolactin) at night, so make sure you express at least once during the night time.

The most efficient way to express your milk in the first two days is to **hand express**. Your midwife will teach you this. Make sure that you massage your breasts and twiddle your nipples first. It may be that you do not see any colostrum (that's the name we give to the first breast milk) or only a few drops, that's not a problem. Your baby is fine without milk and the reason you are doing this is to tell your breast to make milk. Over the next few expressing sessions you should start to see more colostrum. Hand expressing is a bit of a knack, you need to find the right place on your breast to compress your milk ducts. Ask staff for help if you need to, but **we do not recommend that they do it for you**.

If you do not want to hand express or after a few tries do not get on with hand expressing you could try the breast pump. Make sure you do breast massage and nipple twiddling before you pump to get plenty of breastfeeding hormones flowing.

How much colostrum to give your baby?

Give your baby as much colostrum as you have, it is a very concentrated form of nourishment and full of things that help protect your baby from infection. Give all you have and keep expressing to ask your body to make more. If your baby is still not feeding at the breast at 24 to 48 hours old you should be getting off larger volumes of colostrum than on the first day. The more colostrum you are able to give to your baby the better, so express as much as you can manage.

How to give the colostrum

When there are small amounts, a few drops up to 5mls, we will teach you how to do this using a syringe. It is important to give the milk drop by drop into the side of your baby's cheek and not squirt it in, as your baby could choke.

When you have more than 5 mls to give at one time then you can move onto giving your baby colostrum by a cup. If you are giving your baby volumes of more than 20 mls then you have two options:

- Continue cup feed
- Giving your baby your milk by bottle



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Some people worry that if their baby gets used to a bottle it may make it difficult to breastfeed later. This might be true, but there does not seem to be any evidence for this. You can decide what suits you and your baby best.

How to tell if your baby is getting enough milk

You can tell that your baby is getting enough milk by looking in their nappies and by their weight: Here is a chart from Unicef UK BFI to give you an idea of what to expect over the coming days and weeks.

Nappies:

The contents of your baby's nappies will change during the first week. These changes will help you know if feeding is going well. Speak to your midwife if you have any concerns		
Baby's age		
1-2 days old	1-2 or more per day urates may be present*	1 or more dark green/black 'tar like' called meconium
3-4 days old	3 or more per day nappies feel heavier	At least 2, changing in colour and consistency – brown/green/yellow, becoming looser ('changing stool')
5 days old	5 or more Heavy wet**	At least 2, yellow; may be quite watery
6 days old and onwards	6 or more heavy wet	At least 2, at least the size of a £2 coin yellow and watery, 'seedy' appearance

*Urates are a dark pink/red substance that many babies pass in the first couple of days. At this age they are not a problem, however if they go beyond the first couple of days you should tell your midwife as that may be a sign that your baby is not getting enough milk.

** With new disposable nappies it is often hard to tell if they are wet,so to get an idea if there is enough urine, take a nappy and add two to four tablespoons of water. This will give you an idea of what to look/feel for.

Weight: We weigh all babies on or around day three after birth; some weight loss is normal, but depending on the amount of weight loss we may make another feeding plan.



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Learning to breastfeed

Both mums and babies have instincts to help them to breastfeed. To make the most of these, mums and baby's need lots of time in a relaxed environment in skin contact. Think of your baby in skin contact, all warm and cosy feeling safe and secure between mums breasts, it might be like being in a warm cosy kitchen, smelling what's for dinner.

There are lots of positions for breastfeeding and midwifery staff will show you these and you can work out what you and your baby seems to like best. For babies who are slow to learn to breastfeed, laid-back type positions are good because they stimulate lots of feeding instincts and involve less handling of your baby which can be helpful. (Ref 1 and 2)

When to go home

It is usually not a good idea to go home from hospital before your baby has had a good breastfeed; we like to be on hand to help you when your baby starts to show interest in feeding. You may decide you are happier and more relaxed at home. If this is the case and you are still expressing and giving your baby expressed breastmilk it is best if you have a good hospital grade breast pump to give you the best possible chance of stimulating a really good milk supply. Breast pumps are sometimes loaned out by The Specialist Feeding Midwives in the Great Western Hospital, please discuss with your midwife before you leave hospital if you would like to loan a pump.

On-going support for difficulties that do not resolve

Most babies who have a slow start make up for lost time and quickly become good feeders. If this is not happening and you feel the need for extra support please ask your midwife.

Breastfeeding support

There are breastfeeding support groups across Swindon and Wiltshire. These are groups that are led by peer supporters who are breastfeeding mums just like you. They have special training to support you with breastfeeding. For more information either ask your midwife or go to breastmates or public health pregnancy breastfeeding. (Ref 3 or 4)

There is also a Facebook group facilitated by local peer supporters, but not monitored by health professionals: <https://www.facebook.com/swindonbreastmates> If you live in a different area ask your midwife about groups local to you.

For national support call:

The National Breastfeeding Helpline on 0300 100 0212 (open 09.30am-21.30pm)

NCT Breastfeeding Helpline on 0300 330 0771 (open 08.00am-Midnight)

La Leche League Helpline on 0845 120 2918 (open 08.00am- 23.00pm)



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References

Really great information on the basics of learning to breastfed is available at:

- 1 <https://www.unicef.org.uk/babyfriendly/resources>
- 2 <https://www.parentclub.scot/articles/feedgood>
- 3 <https://www.swindon.gov.uk/breastmates>
- 4 <http://www.wiltshire.gov.uk/public-health-pregnancy-breastfeeding>

From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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