

Handy guide to Infant Feeding



Antenatal Visit

An opportunity for a discussion with the mother about her feelings about becoming a mother and ways she can connect with the unborn baby to help develop a loving relationship, (e.g. by thinking about baby, talking to baby, noticing movements and involving family members). Encourage loving relationships to optimise brain development, discuss the value of skin to skin contact, promote closeness and encourage responsive feeding, nurturing and comfort for baby and explain that it is not possible to ‘spoil’ a baby. Inform the mother about the support available to help her.

Find out what the mother knows about breastfeeding and offer relevant information, including some benefits of breastfeeding and how to get breastfeeding off to a good start. Remind the mother about the benefit of taking a Vitamin D supplement.

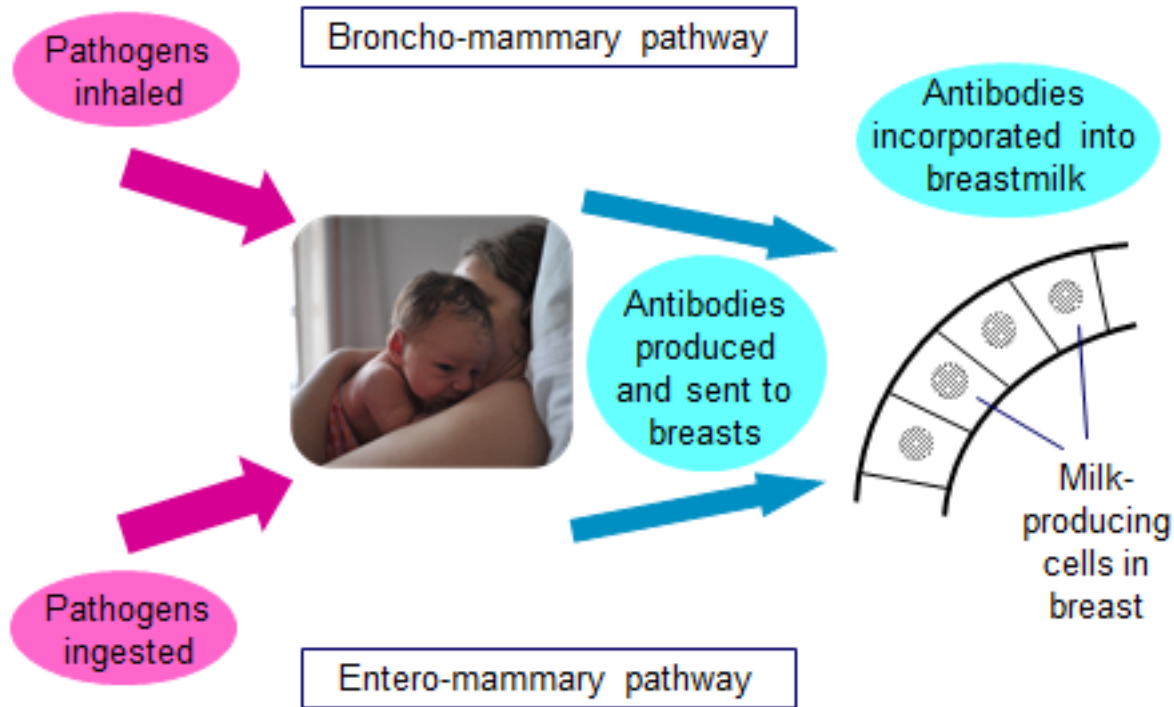
Encourage the mother to think about responsive feeding according to baby’s feeding cues, and how being held close and fed responsively helps to meet a baby’s needs for food, comfort and nurturing. Do not ask a mother her feeding intention; she can decide this when baby is born.

Breastfeeding reduces the risk of:

- ▶ Chest infections
- ▶ Gastroenteritis
- ▶ Ear infections
- ▶ Urinary infections
- ▶ Diabetes
- ▶ Allergies
- ▶ SIDS
- ▶ Childhood cancers
- ▶ Heart disease



'Instant' protection from infection



Oxytocin and Cortisol



Oxytocin - fertiliser for
the brain



Cortisol – prunes
back brain growth



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Closeness and comfort helps baby feel secure and is good for brain development

Breast fed

- Closeness: skin contact, respond to feeding cues, keep baby in the same room at night
- Responsiveness: do not leave baby to cry, talk to baby, eye contact, cuddle and comfort baby, hold baby close, it is not possible to spoil baby

Formula fed

- Closeness: skin contact, respond to feeding cues, keep baby in the same room at night, **hold baby close when feeding, limit number of people who feed baby**
- Responsiveness: do not leave baby to cry, talk to baby, eye contact, cuddle and comfort baby, hold baby close, it is not possible to spoil baby

Effective and ineffective attachment

Internal view



Position and attachment

Positioning

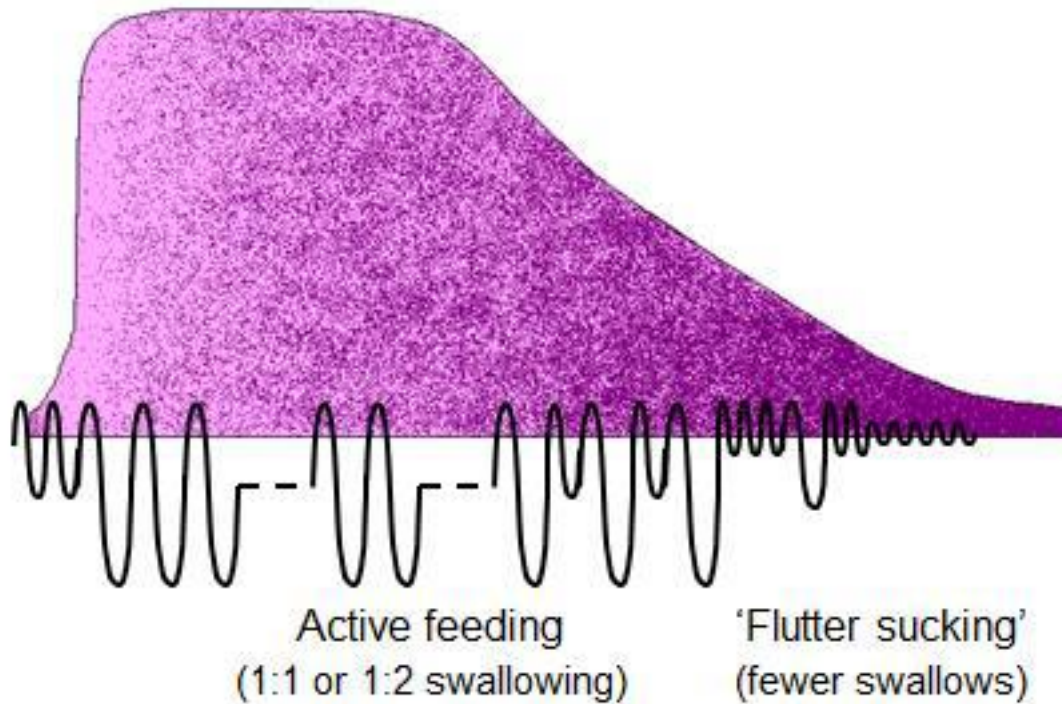
- Close
- Head free
- In line
- Nose to nipple



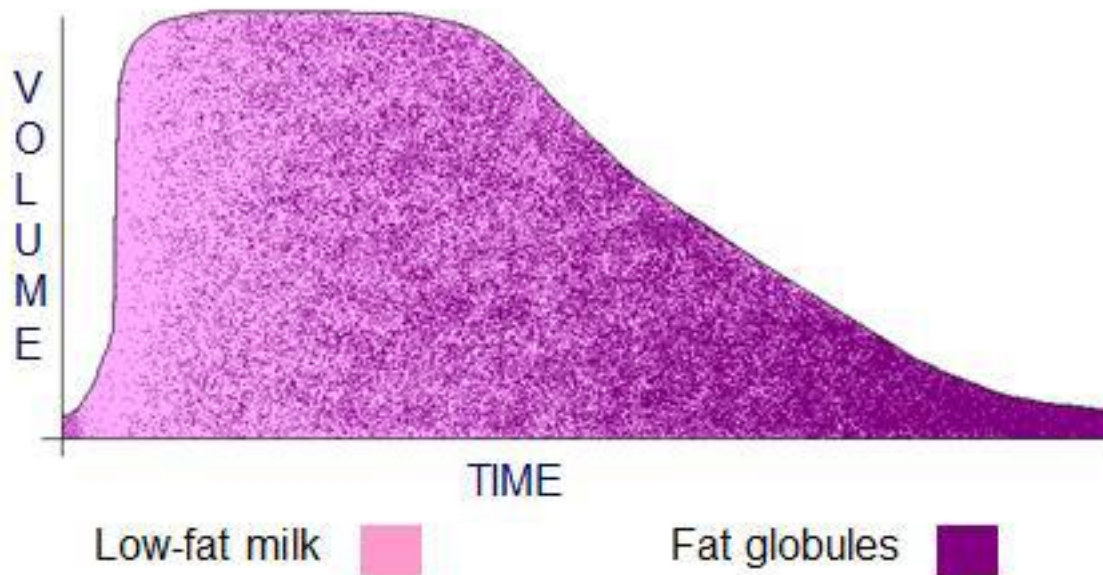
Attachment

- Mouth wide open, lower lip curled outwards
- Chin indents breast (so can't always see lip)
- Cheeks full and rounded
- If seen more areola visible above top lip
- Rapid sucks change to rhythmic slower suck/swallow pattern with pauses
- Baby content at breast, not pulling away
- Feeding is pain-free

'Seeing' what the baby is getting



The fat content of a breastfeed



Further information please visit the following:

<https://www.glos-care.nhs.uk/>

www.bliss.org.uk

<https://www.nhs.uk/start4life/first-foods>

<http://www.nhs.uk/Change4Life/Pages/food-labels.aspx>

<https://www.nhs.uk/change4life-beta/be-food-smart>

<https://www.nhs.uk/start4life/first-foods>

<http://www.nhs.uk/Change4Life/Pages/meal-planner-recipe-finder.aspx>

<http://www.redcross.org.uk/What-we-do/First-aid/Mobile-app>

<http://www.nhs.uk/choking-baby>

<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/baby-safety-tips.aspx#choking>

<http://www.nhs.uk/Livewell/Vegetarianhealth/Pages/Vegetarianhealthhome.aspx>

<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/vegetarian-vegan-children.aspx>

<http://lifib.org.uk/>