A guide to essentials when supporting breastfeeding mothers

This is general guidance and is not intended to be medical advice for individual cases

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<th>1. Developing Confidence</th>
<th>2. Perinatal Mental Health</th>
<th>3. Combining Breastfeeding and Medications</th>
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<tr>
<td>Mothers commonly cite “insufficient milk” as a reason for the cessation of breastfeeding.</td>
<td>Not breastfeeding increases the risk of postnatal depression.</td>
<td>The Drugs in Breastmilk Helpline, 0844 412 4665, and the Breastfeeding Network factsheets are reliable sources and include information on the use of antidepressants alongside breastfeeding.</td>
<td>If a baby appears to be gaining insufficient weight, good practice is to:</td>
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<td>However, the issue is often either perceptions of low milk supply based on a lack of understanding of what is normal or low milk supply as a result of issues with breastfeeding management.</td>
<td>Mothers who plan to but are unable to breastfeed their babies and mothers who experience breastfeeding problems are at higher risk.</td>
<td></td>
<td>• Assess breastfeeding management e.g. assessing baby’s positioning and attachment and frequency of feeds.</td>
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<td>Parents’ confidence improves when they understand the following:</td>
<td>Access to feeding support has implications for both the baby and the mother’s health.</td>
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<td>• A mother may choose to use a breast pump to stimulate her supply further and a GP may advise that the expressed milk is used to supplement normal breastfeeding.</td>
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<td>• Milk supply is connected to milk removal so frequent effective emptying is the best way to meet baby’s needs. Babies may have several days when they feed more frequently and may often cluster feed for several hours at a time.</td>
<td><a href="http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx">http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx</a></td>
<td></td>
<td>• Parents that give formula milk benefit from understanding how this may decrease milk supply and how bottle feeding may negatively impact on a newborn baby’s breastfeeding technique.</td>
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<td>• Regular waking remains the norm for the first few months of life (and less regular waking after that) and may not be connected to feeding. Parents may benefit from information on guidelines for bed-sharing practices.</td>
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<td>• Output from a breast pump, feelings of breast fullness, a baby’s desire for contact and feed length are not reliable indicators of a mother’s milk supply.</td>
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See the GPIFN website for references and evidence supporting this factsheet
5. Breast and Nipple Pain

A baby’s positioning and attachment at the breast is the most common cause for nipple pain, damage and deeper breast pain.


Less commonly, a mother may be dealing with a thrush infection or a bacterial infection. Both mother and baby (even in the absence of symptoms) will need treatment if it is suspected that either is infected with thrush.


6. Tongue Tie

Approximately 1 in 10 babies have ankyloglossia (tongue tie) which will sometimes cause nipple and breast pain and affect milk transfer. NICE guidelines state evidence is adequate to support the use of tongue tie division to improve breastfeeding outcomes.

http://www.nhs.uk/conditions/tongue-tie/pages/introduction.aspx

7. Mastitis

Non-infective mastitis is caused by blocked ducts which can often be resolved without the need for antibiotic treatment.

If symptoms do not improve with drainage of the breast or worsen over a period of 12-24 hours this is suggestive of infective mastitis and antibiotics are indicated. Mastitis associated with an infected nipple fissure should also be treated with antibiotics. It is imperative that the mother continues to feed on the affected breast throughout the course of treatment in ordinary circumstances.

A breast abscess should be considered if there is no improvement by 48 hours. If, alongside mastitis, there are symptoms suggestive of sepsis then the mother should be assessed urgently.

The clinical protocol from the Academy of Breastfeeding Medicine:


8. Signposting

The local health visiting team will have resources on local breastfeeding support which may include drop-in groups, clinics run by breastfeeding specialists such as IBCLCs (International Board Certified Lactation Consultants) and access to peer supporters.

There are several breastfeeding helplines in the UK run by breastfeeding support groups such as the NCT, Association of Breastfeeding Mothers, Breastfeeding Network and La Leche League:


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