

Infant feeding support and resources for parents during COVID-19 (Coronavirus)

Dear Families



This is a very worrying time for everyone and especially for new parents. We want you to know that at Brighton and Sussex University Hospitals we are doing everything we can to care for you and your baby at this important time.

Breastfeeding/chestfeeding takes time and practice and can be a real challenge for so many women/people in the early days. One thing this coronavirus is forcing us to do is stay indoors and avoid close contact with others. This is a great opportunity for you to get to know your baby and begin to learn how to breastfeed/chestfeed together. This is a new skill and takes time. We are here for you.

Human milk offers valuable immune protection for your baby. Every single drop contains millions of living cells and antibodies.

However you feed your baby, this is a significant time for infant brain development. Comforting and cuddling your baby will contribute to optimal brain development. Babies can never be spoiled by too many cuddles!

Please look on the Trust website My Pregnancy Matters (<https://www.bsuh.nhs.uk/maternity/you-and-your-baby/support-at-home/newborn-feeding/>) feeding pages for information and also check out our Twitter feed and Facebook page, BSUH Maternity. In addition to this we have put together in this booklet, some other useful video links and resources. These resources will help you in the coming days as you start to get to know your baby.

If you have any worries or concerns around feeding and caring for your baby do not hesitate getting in touch with us. The Community Midwives telephone number is on the front of your notes.

BSUH - Attend Anywhere - drop-in virtual feeding support clinic

Open 4 days a week Mon, Weds, Fri and Sat, 9am - 5.30pm

https://nhs.vc/BSUH_specialist-infant-feeding-support

Along with telephone support, we have a dedicated video feeding support service, **Attend Anywhere**. This is run by experienced Midwives dedicated to supporting you with your feeding journey and helping you achieve your feeding goals. This is an NHS England video consulting programme. It is secure and private and easy to use.

Put the above URL into your web browser (Chrome or Safari) from a smartphone, tablet or laptop. You will then be taken to a page where you put in your details and join our virtual waiting room. It takes just a couple of minutes to join. We are waiting to support you. Come and give it a try!



We also have a dedicated feeding support telephone helpline.

Please call 01444 441 881 Ext. 8349. Mon, Weds, Fri & Sat, 9am-5.30pm

Breastfeeding and Coronavirus (COVID 19)

Will I be able to stay with my baby and have skin to skin contact if I have suspected or confirmed COVID-19?

Yes, provided your baby is well and doesn't require care in the neonatal unit, you will be kept together and supported in skin to skin contact after you have given birth.

Can I breastfeed if I have covid-19?

At the moment there is no evidence that the virus can be carried in breastmilk. The benefits of breastfeeding your baby outweigh any potential risks of giving your baby COVID-19 through breastmilk.

Breastmilk is the best source of nutrition for infants and provides protection against many illnesses. Breastfeeding is particularly effective against infectious diseases because it transfers antibodies and other important immune factors to the baby. If you were thinking of giving up breastfeeding, perhaps continue until this pandemic ends.

What are the main risks of breastfeeding if I have COVID-19?

The main risk of breastfeeding is close contact between you and your baby, as you may share infective airborne droplets. This could lead to the infection of your baby after birth.

If you have confirmed COVID-19 or have symptoms you should take all possible precautions to avoid spreading the virus to your baby.

- Try to avoid coughing or sneezing on your baby while breastfeeding
- Consider wearing a face mask, if available, while breastfeeding
- Wash your hands regularly and always before touching your baby
- Wash your hands after changing their nappy.

What if I am too unwell to breastfeed?

If you are too unwell to breastfeed you may still be able to express breastmilk for your baby. Someone else who is well could give this expressed milk to your baby in a bottle.

If you choose to feed your baby with formula or expressed milk it is recommended that you follow the sterilisation guidelines carefully. If you are expressing breastmilk in hospital, a dedicated breast pump should be used.

We will keep looking at the evidence about breastfeeding and COVID-19 as it develops. Please look at the guidance from the Royal College of Obstetricians and Gynaecologists on their website here: <https://www.rcog.org.uk/coronavirus-pregnancy>

Useful Resources

<p>Lullaby Trust: Safe sleeping</p>	<p>https://www.lullabytrust.org.uk/safer-sleep-advice/</p>
<p>Dr Amy Brown, Swansea University</p>	<p>https://www.youtube.com/playlist?list=PLoflLgxNjBdyr7i2Zx-ArwTEU2PwXWgf4</p>
<p>The Breastfeeding Companion</p>	<p>https://thebreastfeedingcompanion.com/ Some of the videos we recommend for ALL MOTHERS: Skin to skin, Normal feeding patterns, Foremilk and hindmilk, Comfortable breastfeeding, Breastfeeding positions, One breast or two, My baby won't latch, Sleepy babies, Breastfeeding with flat or inverted nipples, Hand expressing, How to boost milk supply, Sore nipples, How breastfeeding works, Exclusive pumping, Bottle feeding a baby (paced feeding), Handling and storing breastmilk, Expressing milk by pump, Breastpumps, Engorgement, Reverse pressure softening, Mastitis, Breast abscess, Breast engorgement, Breast compressions, Tongue-tie, Blocked milk duct, Thrush, Induced lactation.</p>
<p>Unicef Baby Friendly: Best beginnings</p>	<p>https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/best-beginnings-videos/ Includes effective ineffective attachment and hand expressing</p>
<p>Global Health Media: attaching your baby to the breast</p>	<p>https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/</p>
<p>Kelly Mom</p>	<p>www.kellymom.com</p>
<p>Low Milk Supply</p>	<p>www.lowmilksupply.org</p>

NHS UK	www.nhs.uk/conditions/pregnancy-and-baby
The GP Infant Feeding Network	https://gpifn.org.uk/breastfeeding/
Breastfeeding Support	https://breastfeeding.support/
Breastfeeding Network	www.breastfeedingnetwork.org.uk
Association of Breastfeeding Mothers	www.abm.me.uk
National Childbirth Trust	https://www.nct.org.uk/baby-toddler/feeding
La Leche League	https://www.laleche.org.uk/
Unicef: bottle feeding	https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life_guide_to_bottle_feeding.pdf

Specialist Team Support – Infant Feeding

Helping your breastfed baby to get all the milk they need: what should I do if I need to increase my milk supply?

A mother's milk supply is established and increased by regular and effective milk removal.

If you need to increase your milk supply:

- 1. Be sure your baby is latched on well** Good attachment at the breast is key to good effective milk removal. Signs of good attachment include: mouth open wide, chin indenting the breast, head slightly tipped back. Feeding is more effective when your baby is positioned facing the breast with its head, neck and body in line, is in close contact with mum and well supported. Feeding should be comfortable. If it is uncomfortable, ask for help.

2. **Be sure that baby is actively swallowing** and you should be able to hear or see this. Look for deep, rhythmical, jaw dropping movements, with pauses, that are **sustained** for a period of time.
3. **Nurse frequently** Your baby will usually feed 8 – 12 times in twenty four hours. The more often the breasts are stimulated, and milk removed, the more milk they will make. Follow baby's **feeding cues**, which include tongue darting, lip smacking, head bobbing. Try not to schedule feedings. Crying is a late hunger cue.
4. **Offer both breasts at each feed** this will ensure that your baby gets all the milk available and that both breasts are stimulated frequently. Allow your baby to indicate they are finished on the first breast, and then offer the other breast.

Some babies are sensitive to milk flow, and can lose interest in feeding when the flow slows, but before they have had enough milk. Breast compression and Switch feeding can help your baby to get more milk at the breast and can increase milk supply.

5. **Breast compression** helps to keep your baby interested in nursing and increase fat consumption. Squeeze the breast firmly with your thumb on one side and fingers on the other to increase milk flow. Hold the pressure and keep squeezing until your baby is no longer actively sucking, then release. Rotate fingers around the breast and squeeze again. Squeeze firmly but be careful not to cause injury to your breast tissue.
6. **Switch feeding** can help your baby actively feed for longer by taking advantage of the first stronger milk ejection. As your baby's jaw dropping movement slows, and before they go into a deep sleep, switch to the second breast for as long as they actively feed, and then return to the first again. The baby can nurse at each breast several times during one feed.

7. **Sucking needs to be at the breast** where your baby will be getting food and stimulating your breasts to make milk. Try and avoid using a dummy in the first six weeks as it could result in missed feeding cues and feeding opportunities.
8. **Skin-to-skin is always valuable and helps support breastfeeding** It stimulates your baby's neonatal feeding reflexes. It increases your oxytocin and is an opportunity for you and your baby to connect. It is your baby's natural habitat.
9. **Keep your baby close.** Your baby will have easy access to the smell, taste and feel of your body and milk. This can help you be responsive to your baby's feeding cues so they may feed better. Some baby carriers, slings or wraps are a great 'hands free' way to keep your baby close.
10. **Expressing.** Frequent effective milk removal (8 times in 24 hours) is key to increasing and maintaining a full milk supply. If a baby is not able to do this well enough or weight gain has not been at the expected rate, expressing milk can be an effective way to increase milk supply. It also provides additional milk if you need to supplement.

How will my baby's weight change?

Your baby may lose weight during the first three or four days and from **day five you should expect steady weight gain.** Your baby should regain their birth weight by the time they are 21 days old or sooner. After that, most breastfed babies gain an average 170 grams (6 ounces) per week.

How will I know if my baby is feeding enough?

By day five your baby will be feeding 8 -12 times in 24 hours. You can expect **5 – 6 really wet nappies per day plus a minimum of two**

bowel movements of at least as big as a £2 coin. The stool should be runny, yellow and no longer black or green. At around six weeks old they may poo less often and still gain weight well but until then their poo is a good way to check how much milk is going through.

Your baby's behaviour will tell you that he is satisfied and full. They will come off the breast spontaneously and will seem contented.

Information from B & H Breastfeeding Team; Deborah Robertson, IBCLC and West, D&Marasco, L. The Breastfeeding Mother's Guide to Making More milk; McGraw-Hill, 2008. Updated March 2020.

What if my baby has been diagnosed with a tongue-tie?

Many babies can breastfeed without any problems with a tongue-tie and some will struggle. If your baby is having problems they will refer you to the tongue-tie clinic. Please use our video or telephone consultation service. We are here to help.

Here are some resources to help you if your baby is struggling to take the milk they need. Remember, milk supply works on demand and supply: milk needs to be removed to be made. If milk isn't removed from your body frequently, your body's production will gradually slow down. Protect your precious supply!

Unicef breast feeding advice:

Maximising your breastmilk

<https://www.youtube.com/watch?v=i0tqQfTpVDc>

Increasing the amount of milk your baby gets at the breast whilst feeding, if their tongue is restricting the amount of milk that can be transferred:

<p>Unicef UK Baby Friendly Initiative: Positioning and attachment</p>	<p>https://www.youtube.com/watch?v=3nbTEG1fOrE&feature=emb_title</p>
<p>Breast Compression Teaching Video</p>	<p>https://www.youtube.com/watch?v=wBrLYhABUIM</p>
<p>Switch nursing (for a sleepy or jaundiced or smaller baby)</p>	<p>https://breastfeeding.support/one-breast-or-two-per-feed/ https://breastfeeding.support/how-to-make-more-breast-milk/</p>
<p>Supplementing your baby with extra breastmilk after a breastfeed. Try collecting your milk by whatever works for you:</p>	
<p>Unicef UK: hand expression video</p>	<p>https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/hand-expression-video/</p>
<p>NHS UK: Pumping, expressing and storing breast milk</p>	<p>https://www.nhs.uk/conditions/pregnancy-and-baby/expressing-storing-breast-milk/</p>
<p>Breastfeeding support: supplementing a breastfed baby with a bottle of breastmilk</p>	<p>https://breastfeeding.support/supplementing-an-underweight-baby/ https://breastfeeding.support/tips-to-bottle-feed-a-breastfed-baby/ https://breastfeeding.support/best-bottle-breastfed-baby/ Donor milk or formula milk: https://breastfeeding.support/supplementing-with-formula/</p>
<p>First Steps Nutrition Trust: independent advice on formula milks</p>	<p>https://www.firststepsnutrition.org</p>

<p>If your baby is slipping on and off the breast and/or 'clicking', try nipple shields as they can help with this. See our simple info sheet also.</p>	<p>https://breastfeeding.support/nipple-shields-good-or-bad/</p>
<p>The 'flipple' or exaggerated attachment technique can help a baby get a deeper latch at the breast.</p>	<p>https://www.youtube.com/watch?v=41fC0fQs1P8 https://www.youtube.com/watch?v=n6bNJYBz70Y https://www.youtube.com/watch?v=M8iYdNE-ShY</p>

What is the best way to express milk (pump)?

- Make sure you are relaxed, warm, hydrated and not hungry before you sit down to pump.
- Skin-to-skin with baby before pumping is key to increasing your output.
- Check the size of your flange. This is the plastic piece on the breast pump that fits over your nipple. There is no standard nipple. A flange that is too small or too big will affect greatly your output and supply. For further information, look at <https://www.ardomedical.co.uk/the-right-breast-shell.html> or https://images-na.ssl-images-amazon.com/images/I/711QmPtRlAL._SX466_.jpg
- Sterilize pump parts once a day and wash with soap and hot water in between pumping sessions.
- Whether using a double or single pump, do it for around 20 minutes to mimic a full feed. Pumping for less time might miss the end of the feed/fatty milk. Another suggestion is to pump until the flow of milk is minimal and then pump for a further minute.

- When pumping after a feed do it for just 10 min. This can help empty the breast when baby struggles to do it themselves.
- Use the highest setting that feels comfortable. It should not be painful.
- Pump at least eight times in 24 hours. Do not exceed five hours between pump sessions.
- Pump at least once between 1am - 5 am, this is when the milk hormones are highest.
- Add what you pump in the same bottle and collect throughout the day.
- Expressed breastmilk can stay out of the fridge up to six hours, at the back of the fridge up to five days and in the freezer up to six months (guideline below).
- When feeding baby your expressed breastmilk, use the PACED method. Please see this video for more information:
<https://www.youtube.com/watch?v=KY8ct80VqaE>
- Research shows that ending a pumping session with hand expressing and/or doing breast compressions while pumping make a significant difference in output and supply. Watch the next video for how to maximise your supply when pumping:
<http://med.stanford.edu/newborns/professional-education/breast-feeding/maximizing-milk-production.html>
- When pumping to increase supply, whilst also putting baby on the breast consider POWER PUMPING (mimics cluster feeding, essential to increase supply) and/or PARALLEL PUMPING (pump from one breast for 20 minutes while the baby feeds from the other).

Safe Storage of breastmilk in the home

This table aims to provide a guide to how long you can store breastmilk for a full term baby with no additional health concerns.

MILK	PLACE	MAXIMUM TIME
Fresh breastmilk including colostrum	Normal room temperature	6 hours
	Fridge: 5 to 10°C	3 days
	Fridge: 4°C or lower	5 days*
(*if temperature rises above 4°C after 3 days, use within 6 hours or throw away)		
Frozen breastmilk	Freezer: -18°C or lower	6 months
Defrosting breastmilk	When defrosting in fridge	Usually takes 12 hours to defrost, then use as soon as fully defrosted
	When defrosting milk outside fridge	Use as soon as fully defrosted
Milk can be transported within the safe storage times, provided storage temperatures are maintained. Note previously frozen milk must be used immediately when fully defrosted. Fresh milk can be transported within 24 hours, provided fridge temperatures are maintained using an insulated box & deep frozen ice-packs, and total storage & transportation times do not exceed the recommended storage times. If no ice-packs are used when transporting, use within 4 hours.		

What kind of breast pump should I use?

We recommend double electric pumps where possible. They save precious time.

ARDO are offering a £10 discount at this time for BSUH women/people on their hospital grade hire pumps. This reduces the price of the standard pump hire from £47 to £37. Enter code **AGENTSNECT** at checkout:

<https://www.ardobreastpumps.co.uk/shop/products/rent-a-breastpump/>

Other pumps can be bought online. We sell the ARDO double Calypso £125 for purchase while in hospital.

Who can I contact for further information and advice?

Specialist Team Support:

Infant Feeding, Brighton and Sussex University Hospitals Trust

NHS - Attend Anywhere – drop-in virtual video appointments

Four days a week, Monday, Wednesday, Friday and Saturday 9am-5:30pm

Managed by experienced BSUH midwives. Log in

using URL: https://nhs.vc/BSUH_specialist-infant-feeding-support

Feeding support telephone line: **01444 441 881 Ext. 8349**

Monday, Wednesday, Friday and Saturday 9am-5:30pm.

Email for referral to specialist feeding service (**for professionals**)

bsuh.specialistbreastfeedingbsuh@nhs.net

Anouk Lloyd (Infant feeding lead) **07900 716090**

Royal Sussex County Hospital 01273 696 955 Ext. 4794

(community midwives office)

Princess Royal Hospital 01444 441 881 Ext. 8414

(community midwives office).

Sussex Community NHS Trust – helpline for mothers

01273 666485

Facebook: <https://www.facebook.com/sctbreastfeeding/>

Email for professional referral

sc-tr.breastfeedingteambrightonandhove@nhs.net

West Sussex Community Trust

Infant Feeding **Parent** Line is open to any West Sussex mums needing infant feeding support: **01273 242015**.

Telephone **for Health professional referrals only** for mums/babies with more complex feeding problems **01903 858158**

sc-tr.infantfeedingteamwestsussex@nhs.net

Helplines

National Childbirth Trust telephone breastfeeding support/local support **0300 330 0700** (8am-midnight) <https://www.nct.org.uk/baby-toddler/feeding/early-days/breastfeeding-support-nct>

La Leche league – Telephone support/local support (8am -11pm) **0345 120 2918** <https://www.laleche.org.uk/get-support/>

National Breastfeeding Helpline – Telephone: **0300 100 0212**
Open 9.30am-9.30pm, every day of the year.

This line also includes an option for Welsh and Polish language support.

Breastfeeding Network Bengali/Sylheti Helpline **0300 456 2421**

The National Breastfeeding Helpline also provides support via web chat at www.nationalbreastfeedinghelpline.org.uk and via Facebook messenger www.facebook.com/nationalbreastfeedinghelpline

Association of breast feeding mothers

– Helpline: **0300 330 5453**

www.abm.me.uk

The Breastfeeding Network's Drugs in Breastmilk

Information service offers evidence based info on the safety of medications and treatments during breastfeeding. A series of fact sheets covering a wide range of issues and medications can be found at: www.breastfeedingnetwork.org.uk/drugs-factsheets

Or you can message the BfN Drugs in Breastmilk Information page on Facebook at www.facebook.com/BfNDrugsinBreastmilkinformation

Or email: druginformation@breastfeedingnetwork.org.uk

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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