

## When the return of the mother is imminent

---

If the baby becomes unsettled, try rocking and talking to her. A small amount of EBM offered from a clean bottle, small cup or with a spoon may also help keep the baby calm until the mother arrives. When the mother returns, she will probably want to feed her baby as soon as practical for various reasons — her own comfort, contact with her baby and to stimulate her milk supply.

## What to do if you are running out of EBM

---

As a last resort, some cooled, boiled water could be offered to the baby, separately from the EBM. Obviously, this is only a temporary measure. Tell the mother and she will leave more EBM with you next time. A mother should be consulted before any other liquids are offered to her baby.

If the baby is eating solids, you may be able to offer something that has been tolerated before. However please check this with the mother first.

## Your relationship with the baby's mother

---

You can be an enormous help to the baby's mother in supporting her efforts to express breastmilk. For some mothers it is really easy, for others it takes quite a lot of effort but because it is very important to them, they want to continue. Your encouragement and support can make all the difference, especially if the mother arranges to come to your home or centre to feed her baby. The baby will settle more quickly too.

There are times when a baby may go through a fussy period and temporarily appear to need more milk. This often occurs at about the ages of six weeks, three months and six months. If you let the mother know, she can then express more milk. These fussy periods should settle down again in a few days. If the mother knows you support her efforts to give breastmilk to her baby, you will be contributing in a very positive way to help her continue to breastfeed her baby.

### ***BREASTMILK IS THE NORMAL FOOD FOR BABIES.***

Your encouragement and support are very important.

## If you need further help

---

The Australian Breastfeeding Association has breastfeeding counsellors available throughout Australia who are able to assist mothers and caregivers with any queries.

### **Telephone Helplines:**

ACT/Sthn NSW	(02) 6258 8928	South Australia	(08) 8411 0050
New South Wales	(02) 8853 4999	Tasmania (south)	(03) 6223 2609
Northern Territory	(08) 8411 0301	Tasmania (north)	(03) 6331 2799
Queensland	(07) 3844 8977	Victoria	(03) 9885 0653
	(07) 3844 8166	Western Australia	(08) 9340 1200
Queensland (Townsville)	(07) 4723 5566		



australian  
breastfeeding  
association

# A Caregiver's Guide to the Breastfed Baby

---

This leaflet is intended for the use of the caregiver of a breastfed baby, so she/he can better understand how to care for the baby and the expressed breastmilk left for the baby's use.

The Australian Breastfeeding Association already has two booklets to help a mother in this situation — *Expressing and Storing Breastmilk* and *Breastfeeding, Women and Work*, and also a laminated fridge magnet with guidelines for storage and handling of expressed breastmilk.

There may be times when for a variety of reasons, breastfeeding mothers need or want to leave their breastfed babies with a caregiver. This may be a 'once only' event or a regular arrangement.

## General information

---

Expressed breastmilk (EBM) is a different colour and consistency to cows' milk or infant formula. It is not homogenised or pasteurised, so will separate when refrigerated. After warming, gently shake the milk to mix it again. Several batches of EBM expressed at different times may be mixed and/or stored together to make enough EBM for one feed.

A mother's EBM should only be used for her baby. For health reasons, milk from different mothers should not be pooled.

## Preparation of EBM

---

Usually the mother will leave refrigerated EBM ready in bottles. To warm refrigerated EBM stand the bottle in a jug or saucepan of hot water (not boiling) until the EBM reaches body temperature. Test the temperature by dropping a little onto your wrist. It is body temperature when it feels comfortably warm. Do not overheat or boil EBM as this can destroy valuable nutrients in breastmilk. It is not recommended to use a microwave oven to thaw or heat EBM.

Frozen EBM can be warmed quickly, but not in boiling water, or thawed slowly in the refrigerator, eg overnight. Do not leave frozen EBM standing at room temperature. To thaw quickly, hold the container of frozen EBM under cool running water and gradually add warmer water until the EBM becomes liquid. Transfer to a clean feeding container. Because thawing can take some time, ask the mother when the baby is likely to need a feed and thaw the EBM before this time. Store in the refrigerator for no more than four hours and heat as for chilled EBM.

EBM is susceptible to contamination by bacteria, particularly after freezing and thawing. Bottles, teats, spoons, cups or other feeding equipment needs to be thoroughly washed in hot, soapy water and rinsed well (and air-dried or dried with new paper towel if not being used immediately). Personal hygiene rules also are important. Wash your hands thoroughly before you start to prepare a feed.

Breastmilk should not be frozen or heated more than once. Offer small amounts of EBM at a time to the baby. If baby is not hungry you will not then have to throw out large quantities of EBM. If the baby needs more, prepare another small amount.

## Encouraging baby to feed

---

Many breastfed babies are reluctant to take a bottle at first — a hard rubber teat feels and tastes very different to soft skin. Babies may refuse to take a bottle from their mother as they associate her with breastfeeding. Most babies adjust more easily if they get to know their caregiver gradually, so it may be helpful to suggest a programme of visits and short stays (that include a feed time) before baby is left for longer periods. If the caregiver is the only person to offer a bottle, baby will learn to associate bottles with him or her and will accept them more readily.

If the baby will not take a bottle, try offering EBM in a small cup, spoon or take the teat off, and use the bottle as a cup.

Sometimes, if baby is still unsettled and refusing the EBM, gentle rocking and/or walking around may help settle him enough to feed. If the baby is having difficulty taking feeds in the beginning, the mother may be able to provide you with an article of clothing that smells of her. If the baby cuddles into this while feeding, it may well encourage her to accept the EBM from the bottle.

## Pacing bottle-feeds

---

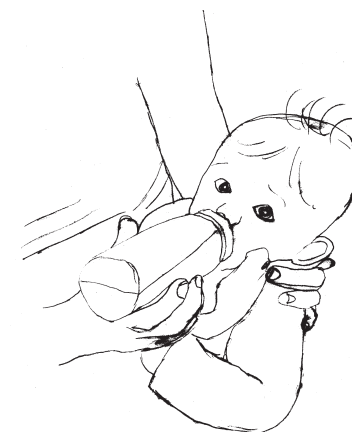
Breastfed babies are used to being able to control the flow of milk as they feed and may find bottle-feeding from a fast-flowing teat quite stressful. It may appear that the baby is very hungry and gulping the milk down when in fact he might be doing all he can to swallow fast enough to not choke. One way to avoid this is to pace the feeds.

Advantages of giving babies control of the pace of feeds:

- It allows the baby to drink the amount he wants rather than the carer overfeeding him by effectively pouring the milk in.
- By not overfeeding a baby during the time he is away from his mother, it encourages him to breastfeed when mother and baby are together. This will help to maintain the mother's milk supply.
- By avoiding overfeeding, the mother does not need to spend as much time expressing just to keep up with the amount of milk the baby is guzzling.

*How to pace feeds*

- Watch for hunger cues so that the baby is fed when he is hungry rather than to a time schedule. Try to avoid using feeding to calm an unsettled baby as a first option. Perhaps there is another cause of unhappiness that could be resolved by cuddling, carrying or more attention. Obviously if these do not work, then a feed could be offered.
- Hold the baby in an upright position, supporting the baby's head and neck with your hand rather than with the crook of your arm.
- Use a slow-flow teat.
- Gently brush the teat down the middle of the baby's lips, particularly the bottom lip. This will encourage the baby to open his mouth wide, allowing you to pop the entire teat into his mouth, mimicking breastfeeding. Do not push the teat into the baby's mouth.
- Tip the bottom of the bottle up just far enough that there is no air in the teat. As the feed progresses, you will need to allow the baby to gradually lean backwards, keeping the baby's head and neck in alignment, and the bottle will become almost vertical.
- Frequent pauses mimic a breastfeed and discourage the baby from guzzling the feed.
- Allow the baby to decide when to finish the feed rather than encouraging the baby to finish the bottle.



## Settling baby

---

Many breastfed babies are accustomed to being nursed and/or rocked to sleep. If the baby is used to being carried in a baby sling, such as a Meh Tai or clip-on baby sling, the mother may leave the sling with you. Rapid, gentle back patting combined with a rhythmic side-to-side movement usually soothes a baby. The baby should be held high in the sling, close enough that you could easily kiss the baby's head.