

Baby led feeding. It is important to feed your baby whenever he or she feels hungry, for as long as they want. Crying is a last resort to start a feed and this can be avoided by looking for feeding cues such as rooting, tongue movements, rapid eye movements and the baby sucking his or her fist.

Skin-to-skin contact. Spending some time quietly holding him or her in skin-to-skin contact (baby naked against your bare chest) straight after the birth is very important because: it helps to calm your baby; keeps him or her warm; steadies your baby's breathing; and gives you time to bond. It also helps to get breastfeeding off to a good start. Provided you are both well, you will be able to hold your baby straight away. A blanket over both of you will help keep your baby warm. If you have had a caesarean delivery, or have been separated from your baby for a while after the birth, you will both still benefit from skin-to-skin contact as soon as you are able.

Rooming-in. Even whilst in hospital babies are encouraged to sleep next to you in a cot, 24 hours a day. That way you will get to know them well and will quickly know when they need feeding. This is especially important at night when you can feed your baby as soon as he or she is ready without either of you being disturbed too much. When you go home it is recommended that your baby shares a room with you, particularly at night, for at least the first six months, as this helps protect against cot death (see page 20).

Sleeping position. Your baby should be placed in the cot, on his or her back with their feet against the foot of the cot. This is to ensure that your baby's head does not become covered by bedding, leading to overheating. This is commonly referred to as the 'feet to foot' position.

Dangers of sleeping with your baby. The safest place for your baby to sleep for the first 6 months is in a cot in your room. Once a feed or cuddle is finished, it is safest to put your baby back in the cot before you go to sleep. This is because of the risk that you might roll over in your sleep and suffocate your baby, or that your baby could get caught between the wall and the bed, or could roll out of an adult bed and be injured. You are advised never to sleep on a sofa or armchair with your baby, or sleep with your baby in your bed if you or your partner are smokers or have recently drunk alcohol, or are excessively tired, because of the link with cot death. Use of a dummy should not be stopped suddenly.

Ways to wake a sleepy baby. If there are concerns about how long your baby has slept, gently rouse your baby by providing tactile stimulation such as: changing the nappy, massaging hands and feet, rubbing the back or walking your fingers up and down his or her spine. Your baby can also be placed in skin-to-skin contact (see kangaroo care).

Kangaroo care. Dressed only in a nappy, the baby is held against your chest between your breasts, snug inside your clothing, often for hours. Partners can do this too. Advantages include: more stable breathing, heart rate and temperature; less crying; better weight gain; and increased milk supply.

Ways to settle a crying baby

- Offer a feed
- Holding and comforting
- If possible lie down with the baby in skin-to-skin contact (see kangaroo care)
- Check to see if the nappy needs changing
- Wrap in a blanket so your baby feels warm and secure
- Play calm music and walk with your baby in your arms to the rhythm of the music
- Your baby may respond to being cuddled and stroked in a warm bath
- Babies like to be with their mother and often cry when separated, carrying your baby in a sling close to you may be soothing

Taking your baby out safely Your baby is ready to go out as soon as you feel fit enough to go out yourself. Walking is good for both of you. It may be easiest to take a tiny baby in a sling. If you use a buggy, make sure your baby can lie flat on his or her back.

In a car. It is illegal for anyone to hold a baby while sitting in the back or front seat of a car. The only safe way for your baby to travel in a car is in a properly secured, backward-facing, baby seat, or in a carry cot (not a Moses basket) with the cover on and secured with special straps. If you have a car with air bags in the front your baby should not travel in the front seat (even facing backwards) because of the danger of suffocation if the bag inflates. Some areas have special loan schemes to enable you to borrow a suitable baby seat when you and your baby first return from hospital. Ask your midwife or health visitor for details.

In cold weather. Make sure your baby is wrapped up warm in cold weather because babies chill very easily. Take the extra clothing off when you get into a warm place, including the car, so that your baby does not overheat, even if he or she is asleep.

In hot weather. Babies and children are particularly vulnerable to the effects of the sun, as their skin is thinner and they may not be able to produce enough pigment called melanin to protect them from sunburn. The amount of sun your child is exposed to may increase his or her risk of skin cancer in later life. Keep babies under six months old out of the sun altogether, by making the most of the shade such as trees or using a sunshade attached to the pram, and dressing them in loose baggy clothing. Let your child wear a floppy hat with a wide brim or a 'legionnaire's hat' that shades the face and neck. During summer, cover exposed parts of skin with a sunscreen, even on cloudy or overcast days. Use one with a sun protection factor (SPF) 30 or above and which is effective against UVA and UVB. Re-apply often.

Safety in the home. Children most at risk of a home accident are in the 0-4 age group. Speak to your health visitor for information on practical issues such as fitting smoke detectors and how to keep your baby safe generally. More information on preventing accidents relating to: choking, suffocation, burns and scalds, poisons and emergency first aid is available in chapter 6 of the 'Birth to five' book.

Benefits of breastfeeding

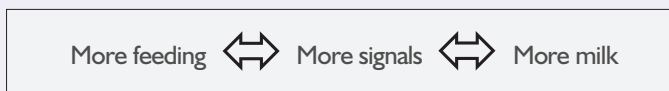
Baby. Breast milk is the only food naturally designed for your baby, with all the nutrients in the right proportions. It contains antibodies and other protective factors, which are transferred from you to your baby to help him or her fight infections and build up long-term resistance. Breast milk is easily digested and absorbed and helps to avoid constipation in your baby. It also contains growth factors and other substances which help your baby's growth and development. Some studies have found that children who are breastfed have better dental health and eyesight. Very tiny premature babies who are given breast milk have less risk of serious complications while they are gaining their strength. Breastfed babies may be easier to wean because they have already tasted, through your breast milk, traces of what you have eaten and drunk.

Mother. The extra fat laid down by your body during pregnancy is used up when breast milk is made. This can help you get your shape back sooner – and it is important not to cut down on food, but maintain a healthy, well-balanced diet when breastfeeding. Breastfeeding helps your womb to contract and return to its usual size more quickly and if continued for three months or more may reduce the risk of developing breast or ovarian cancer later. The Food Standards Agency recommends that whilst breastfeeding, you should take supplements containing 10 micrograms of vitamin D each day.

Benefits for mother	Benefits for baby
Lower risk of breast cancer	Protection against ear infections
Lower risk of ovarian cancer	Protection against diarrhoea, gastro-enteritis and tummy upsets
Faster return to pre-pregnancy figure	Less smelly nappies
Stronger bones in later life	Protection against chest infections and wheezing
No cost of preparation and lower risk of contamination	Lower risk of diabetes
Milk always available at the right temperature	Less allergies

Getting breastfeeding off to a good start

As soon as possible after the birth your midwife will show you how to hold your baby for feeding and how to make sure that he or she attaches properly to the breast. This is very important as it will help you to breastfeed successfully – most of the problems experienced by breastfeeding mothers in the first few weeks (sore nipples, for example) happen because the baby is not attached to the breast in the best way. It is important to feed your baby whenever he or she seems hungry. This will make sure you produce plenty of milk to meet his or her needs. That is because each time he or she feeds, messages are sent to your brain, which then sends signals to your breast to produce more milk. You may find it helps to breastfeed in bed at night, however your baby should be returned to the cot after the feed.



Breast milk contains all the food and water your baby needs. Giving other food or drink could be harmful and may also make him or her less interested in breastfeeding. If you give your baby a bottle:

- He or she may be at greater risk of infection
- He or she will be at greater risk of developing allergies if you have a family history of allergies
- You may produce less milk for future needs
- Sucking on a teat (or dummy) may make it more difficult for your baby to latch on to your breast properly.

Expressing, winding and weaning

Expressing breast milk. Your midwife or health visitor will be able to show you how to express your breast milk once breastfeeding is established. In the early days, it can be used to stimulate a baby to feed or to produce colostrum or milk if you are separated from your baby. There are 3 main methods of expressing breast milk: by hand, hand pump and electric pump. The milk can be expressed into a sterilised bottle (see page 15), covered securely and kept in the back of the fridge, at 4 degrees or lower, for up to 5 days. You can freeze breast milk for up to 2 weeks in the freezer compartment of the fridge or up to 6 months in a freezer. Thaw frozen milk in a fridge or by placing the container in luke-warm water. When it is thawed, use straight away. *Never refreeze.*

Wind and possetting. Swallowing air whilst feeding can lead to trapped wind. If you think your baby has wind after a feed, it may help to hold your baby upright against your shoulder or propped forward on your lap. Then gently rubbing your baby's back should release any trapped air to find its way up and out easily. Some babies are never troubled by wind, but others seem to have discomfort after every feed. Many babies sick up a mouthful of milk during or just after a feed. This is called possetting or regurgitation and is not unusual. If you need further advice or information - ask your midwife.

Weaning. Exclusive breastfeeding is recommended for the first 6 months of an infant's life, as it provides all the nutrients a baby needs. Six months is the recommended age for introducing solids. When weaning your baby, carry on breastfeeding beyond the first six months.