Breastfeeding and your new baby

The midwives caring for you will provide you with education and support to help you establish and maintain breastfeeding. Please do not hesitate to ask your midwife for advice, at any time.

The risks of not breastfeeding

How you feed your baby is one of the most important decisions you will make. Mater Mothers’ Hospital staff will provide you with support and guidance with feeding your baby, whatever your decision.

According to the World Health Organization (WHO) and current research, there are risks associated with not breastfeeding your baby and it is important that you are aware of this information.

- For babies, not being breastfed is associated with an increased incidence of infections, such as ear infections, gastroenteritis, and pneumonia. There is also an elevated risk of childhood obesity, type 1 and type 2 diabetes, leukaemia, and sudden infant death syndrome (SIDS).

- For premature babies, not receiving breast milk is associated with an increased risk of necrotising enterocolitis (NEC), a condition where the intestines become infected and can begin to die. This usually requires surgery.

- For mothers, not breastfeeding is associated with an increased incidence of pre-menopausal breast cancer, ovarian cancer, type 2 diabetes and retained pregnancy weight gain.

These differences in health outcomes can be explained by the specific and innate immune factors present in human milk. In other words, every mother makes milk specifically for her own baby's needs with immune protection designed just for them.

Therefore, the National Health and Medical Research Council (NHMRC) and the Australian National Breastfeeding Strategy 2010–15 recommend that all babies be exclusively breastfed for six months and continue at least until the baby's first birthday. Mother and baby can then continue to breastfeed for as long as they both wish to do so. The World Health Organization recommends at least two years of breastfeeding for all babies.

How breastfeeding works

Breastfeeding works on supply and demand. Every time your baby feeds, your body starts to make the next feed. The more your baby feeds, the more milk you make. You do not have to wait a specific amount of time for your breasts to fill up before feeding your baby again.

The benefits of breastfeeding

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Rooming-in

Mater Mothers’ Hospitals practise rooming-in, allowing you and your baby to remain together 24-hours a day. This means you are able to respond to your baby when feeding cues are displayed, helping you establish a good milk flow by promoting milk let-down. Rooming-in also helps you to bond with your baby and gain confidence caring for them. Current research indicates that mothers and babies who room-in together actually sleep more effectively.

Feeding cues—how to know when your baby is ready to feed

Look for, and respond to, early feeding cues that your baby displays to indicate they are ready to feed. These feeding cues include:

- rapid eye movement
- clicking or tongue sucking
- rooting—opening their mouth and searching to suck on contact
- hand movements to their mouth and sucking on hands
- moving other extremities
- general increased alertness or activity.

Crying is a late sign of hunger. Avoid waiting for this sign as a crying baby can be more difficult to attach.

The first breastfeed

The first step towards successful breastfeeding is early skin-to-skin contact—if possible, allow uninterrupted skin-to-skin contact with your baby following their birth (although skin-to-skin contact is beneficial at any time). This encourages licking, nuzzling, touching, sniffing and eventual feeding when your baby is ready, which is normally within the first after hour birth. Bathing and weighing should wait until after the first breastfeed.

Correct attachment and positioning of your baby to your breast is also important. Please ask your midwife to provide guidance when attaching your baby, until you feel confident managing this independently.
Baby led attachment

Babies have natural instincts which enable them to find their mother’s breast, from birth, with little, or no, help from anyone. These behaviours are seen as early as one to two hours after birth and continue for at least three months.

They include:

- poking their tongue out
- turning their head from side to side (rooting)
- wriggling
- finding and grasping the nipple
- attaching onto the breast
- sucking.

The following information will guide you to help your baby to attach to your breast:

- Get to know your baby’s hunger cues
- A calm baby—your baby will be able to follow through with their instincts if they are calm rather than upset
- Begin with skin-to-skin contact
- Position your baby in any way that feels right, such as upright on your chest between your breasts. You may also like to semi-recline as this position makes it easier for your baby to make their own way to your breast
- When your baby is ready to feed they will lift and ‘bob’ their head or glide towards the nipple, using their cheek and chin to manoeuvre them in that direction
- As your baby moves closer to your breast they will nuzzle at your nipple. Do not hurry your baby; they will do this in their own time
- When your baby finds the breast, they will bring their tongue forward and may lick at the nipple. They may press on your breast with their fist or rub your tummy with their feet. This helps to stimulate the secretion of oxytocin, which is the hormone required to release your breast milk
- When your baby finds the nipple, they will dig their chin into the breast, reach up with an open mouth, attach to your breast and start sucking
- Tuck your baby’s bottom in firmly against you and provide support to their neck and shoulders while avoiding putting any pressure on their head. Babies need to have their head free in order to position themselves correctly to attach to your breast

Some small, preterm or very sleepy babies may need some hands-on assistance to attach to the breast.

الإمساك بالثدي بمبادرة من الطفل

للرضع غرائز طبيعية تمكنهم من إيجاد ثدي أمهاتهم منذ الولادة دون المساعدة من أحد أو بأقل القليل منها، وهي سلوكيات تضمن مكرا خلاصة ساعة أو الساعتين الأولين بعد الولادة وتستمر لفترة ثلاثة أشهر على الأقل، وهي تشمل:

- إخراج اللسان من الفم
- تدوير الرأس من جانب إلى آخر (اللقم)
- الإمساك بالثدي والإمساك بها
- الاتصال بالثدي
- النص

سترشدك المعلومات أدناه إلى مساعدة طفلك على الإمساك بالثدي:

- تعرف على العلامات التي تشير إلى أن طفلك جائع
- طفل هادئ - يتبع غرائزه بشكل أفضل إذا كان هادئًا وليس مضطربًا.
- يبدئ بمساحة جلد طفلك لجلدك.

وضع الطفل في الموضع الذي يشعر بأنه صحيح، مما يتساوى عل صدرك ما بين تهيؤك، وقد تريح أيضاً في شبه الاستعداد لأن هذا الوضع يسهل على طفلك إيجاد طريقه إلى الثدي.

عندما يصبح طفلك جاهزاً للرضاعة سيرفع رأسه ويزدهر على صدرك وينزلق نحو الحلمة، مستعملًا خده وذقنه للمناورة في الاتجاه المطلوب.

مع اقتراب الرضيع من ثدي سمير أنفه في حلمكت، لا تجعلي طفلك، سوف يقوم بما يجب عليه.

عندما يجد الرضيع الثدي، سيخرج لسانه وقد بدأ في لف العلامة، وقد يضع على ثديك بقعة من طبلك بأقدامه، إن هذا يحفز إفراز الأوكسيتسين، وهو الهرمون المطلوب لإدرار الحليب من الثدي.

عندما يجد طفلك الحلمة، سيدفع بذقنه في الثدي ويمد فمه المفتوح لبماسك الحلمة ثم يبدأ في المصد.

إحضري ملعقة رضيعك بابته تحوك وادعى عقنه وأكثري الضغط تمامًا على رأسه، فالإمساك يحتاج إلى حريزة الحركة لرأسه حتى يجد الوضع الصحيح للإمساك بالثدي.

قد يحتاج بعض الأطفال الخفيف أو صغيري الحجم أو شديدي النعاس إلى بعض المساعدة العملية للإمساك بالثدي.
Signs of correct attachment

- Comfortable for mother, i.e. no pain or stinging.
- Deep slow rhythmic sucking pattern. The slower the suck, the more milk that is drawn into your baby’s mouth.
- Your baby appears relaxed.
- Your breasts soften with the feed.

Sore or damaged nipples

A certain amount of nipple sensitivity in the early days of breastfeeding is normal. However, damaged or grazed nipples are not normal and usually mean your baby has not attached properly. If you have grazed or cracked nipples, ask your midwife to guide you when you are attaching your baby to the breast.

The nipple area produces its own natural oils, and nipple creams can block openings from the ducts on your nipples, increasing the possibility of mastitis. Breast milk contains special skin healing properties so expressed breast milk is the ideal treatment for sore nipples. Gently rub expressed breast milk onto the nipple after feeds and allow the milk to dry before replacing your bra. To prevent infection always wash your hands before you handle your breasts.

Demand feeding

Breastfed babies feed according to hunger. Allow your baby to continue feeding until they have had enough, fall asleep or come off your breast. You may notice that your baby wishes to suck more often in the early days until your milk comes in, which is usually on the second or third day following birth. This is normal infant behaviour and should be encouraged.

Feed your baby whenever they exhibit hunger cues. Sucking time may vary from feed to feed. Allow your baby to feed on the first breast until their rhythmic, or nutritive, sucking stops. They may then flutter suck at the end of the feed. This is normal and helps your baby to have the fat-rich milk which is available towards the end of the feed. Babies settle for longer periods and gain more weight when allowed to flutter suck at the end of a feed.

Babies will generally feed between eight to 12 times each day. If they have a longer break between feeds they will often have several feeds close together (cluster feeding). Some babies may not display hunger cues so if you are having difficulty waking and feeding your baby please speak to your midwife.
How do I know if my baby is getting enough breast milk?

Breast milk contains all the nutrients and fluid that your baby needs in the first six months of life. **No other fluids are needed.** You can be confident in knowing that your baby is receiving enough breast milk if your baby:

- has five to six wet disposable nappies per day (or six to eight wet cloth nappies) and their urine is pale in colour
- has two to three loose bowel movements per day that are yellow, or mustard, in colour. After six weeks of age your baby’s bowel motions may decrease in frequency, but this is not a concern if weight gain and the number of wet nappies are adequate. Breastfed babies are rarely constipated
- settles following most feeds
- looks alert when awake
- has a moist mouth.

Complementary feeds

Mater does not routinely give infant formula or boiled water to breastfed babies, (unless medically indicated) for the following reasons:

- any infant formula given to your baby in the newborn period will interfere with the protection against infection that breast milk is creating in your baby’s gut
- both soy and cows’ milk formula can cause allergies
- your breasts make less milk if breastfeeds are missed or replaced by a formula feed
- your breasts may become overfull and painful (engorged) if the milk in your breasts is not removed regularly
- a baby has a completely different sucking action for breastfeeding compared to sucking on a teat. A breastfed baby can become confused between the two and may then have difficulty attaching correctly to the breast.

Dummies/pacifiers

The early use of pacifiers can interfere with the natural process of breastfeeding. Pacifiers can contribute to slow weight gain, early weaning and thrust infections of your baby’s mouth and your nipples. The routine use of pacifiers for breastfed babies is not recommended. If you choose to use a pacifier they must be washed regularly with hot soapy water, rinsed thoroughly and allowed to air dry. Clean pacifiers should be stored in an airtight container.

كيف أتأكد من أن طفلي يحصل على ما يكفي من الحليب الطبيعي؟

يحتوي الحليب على كل المغذيات والسوائل التي يحتاجها طفلك في الشهور الأستثنائية من عمره. لا يتعين علىك في إضافة أي سوائل أخرى. يمكنك الثقة في أن طفلك يحصل على ما يكفي من الحليب الطبيعي إذا:

- يلبس خمس إلى ست حفاضات أحادية الاستعمال (أو 6 إلى 8 حفاضات فامان) خلال اليوم، وكان لون بوله باهتًا.
- يحتوي على خواص لونه أصفر أو خضري.
- يعطر على منظر وطفله، حتَّى بعد الأسبوع السادس من عمره، إلا أن هذا لا يعني مشكلة إذا صاحب أرتفاع في الوزن وعدد كاف من الحفاضات المبللة. نادرا ما يصاب الأطفال الذين يرضعون حليبًا طبيعيًا بالإمساك.

- يهدأ بعد معظم الرضعات
- يكون مستيقظًا عندما يكون مستيقظًا
- لديه رطب في فمه.

الإرضاع المكمل

لا تعطي مسحوقات أرضاع حليبًا اصطناعيا أو ماء معقم للأطفال الذين يتم إرضاعهم بالحليب الطبيعي (لم يكن من ذلك ضروريًا) وذلك للأسباب التالية:

- سوف يتعارض أي حليب اصطناعي مع بعض نفطك في الفترة اللاحقة من ممارسة نبض أو كلامها الصغير بحماية الحليب الطبيعي في أماله ضد الديد.

- يجوز أن تكون الصعوبة والألم أن يكون مناسبًا (حساسة).

- يجب ألا يجمد كي يكون متوقفًا ويستبقي من الحليب.

- يجب أن يفسد ليلاً للحليب إذا أردت تركيًا أو استبدالها بالحليب.

- وجب أن يستخدم ليلاً للحليب إذا قمت بتقديم رضعة أو استبدالها بالحليب.

- يجب أن يمثل نفطك بالحليب طبيعيًا للجميع.

- يجب أن يكتسب الطفل من الدرك لم تختلف تماماً عن طريقة طفلك من حملة القنينة، ويجوز أن يحظى الطفل بين الاثنين مما يؤدي إلى مواجهة صعوبة في الإسقاط بحملة الثدي.

الهيازات

يجوز أن يكون استخدام الحليب المكي للهيازات العملية الطبيعية للرضاعة من الممكن. كما يجوز أن يساهم استخدامها في الدعم، وال에서는، والنظم المحلية وإعداد الطفل، ودبلح البائع. لا يوجد استخدام للهيازات باستثناء الطفلك الذين يتم إرضاعهم طبيعياً إذا قررت استخدام الهيازات على نفس طفلك، سنستخدمها في الاهتمام بالطفل الذي يتم إرضاعه طبيعياً.

للواجع، يجب حفظ الهيازات النظيفة في وعاء مкрыт في الأفق.
Nipple shields

Nipple shields are made of soft silicone and may be used to help mothers with flat or inverted nipples to continue breastfeeding. However, it is imperative that a nipple shield not be used until your milk comes in (usually around day three), and then with assistance from a midwife.

Follow up with a lactation consultant or child health nurse is recommended if you are discharged home using a nipple shield. You will be able to stop using the nipple shield when it feels right for both of you.

To clean your nipple shield rinse in cold water, wash in hot soapy water to remove any milky residue, rinse thoroughly and allow to air dry (or pat dry with clean paper towel). Store in a clean, dry airtight container, which should also be washed daily using the same technique.

Continuing breastfeeding following discharge from hospital

During the early stages of breastfeeding, your baby’s feeding pattern will vary significantly. Remember, the amount of breast milk you produce depends on the amount of sucking stimulation your breasts receive so continue to feed as often as your baby wishes.

It is normal for your baby to have some unsettled periods throughout the day. The most common time is in the late afternoon and early evening when your baby’s feeds may be close together, which is called cluster feeding. This is normal infant behaviour and should be encouraged.

Growth spurts

As your baby grows there may be times when they will want to feed more often. Growth spurts, or periods of increased breastfeeds, commonly occur at around three and six weeks and three months of age. More frequent feeding is your baby’s way of increasing your milk supply to meet their growing needs. Continue to feed on demand and your baby’s feeding patterns should return to normal after two to three days. This is also normal infant behaviour.
Breastfeeding helps you lose weight after your baby is born but now is not the time to diet. You may become hungrier when you are breastfeeding and it is best to satisfy your hunger with nutritious foods. Eat a generous amount of fruits and vegetables, wholegrain breads and cereals, calcium and protein rich foods – do not skip meals. No one food has been proven to upset babies or cause wind. The best advice is to eat all foods in moderation, unless there is a family history of food allergies or intolerance. The natural variation in your diet will change the flavour of your breastmilk for your baby, which may better prepare your baby for the introduction of solid foods after six months of age. Breastfeeding mothers need enough fluids to stay hydrated. Drink to satisfy your thirst only. Increasing the amount of fluid you drink does little to increase your milk supply.

Alcohol

The current Australian guidelines recommend that, for women who are breastfeeding, not drinking alcohol is the safest option. For further information, see Mater’s Alcohol during pregnancy and breastfeeding brochure accessible via http://brochures.mater.org.au

Caffeine

The younger your baby is, the longer it will take any caffeine to be metabolised in their body. Excessive caffeine intake may make your baby wakeful and fussy. Remember caffeine can be found in tea, coffee, soft drinks, energy drinks, some medications, herbal preparations, as well as foods containing coffee or chocolate.

Engorgement

Full, painful, hard or shiny breasts, commonly referred to as engorgement, will rarely occur if your baby is able to breastfeed at any time of the day or night. Correct positioning and attachment will also help to prevent engorgement.

If your breasts do become overfull and uncomfortable:

• continue to feed your baby when they are hungry
• remove your bra when your baby is feeding
• hand express a little milk before a feed. This softens the areola to assist your baby to attach
• continue allowing your baby to soften one breast first before offering the second breast. Express the second breast for comfort, only
• wear a supportive bra between feeds but make sure that it is not too tight
• apply covered cold packs for 10 to 15 minutes after feeds for comfort (only while your breasts are engorged).
Mastitis

It is a good idea to check your breasts regularly, and note any lumps and flushed or tender areas as quick treatment of a blocked duct can actually prevent mastitis.

Mastitis is a hot, red, painful inflammation of the breast tissue, accompanied by flu-like symptoms such as fever, tiredness, aching joints, back pain and nausea and vomiting.

Factors which can lead to mastitis include:
- sudden, strict timing of breastfeeds
- sudden changes in feeding patterns
- nipple damage including cracks or grazes
- poor attachment resulting in the breast not draining well
- untreated engorgement
- being overtired, skipping meals and not looking after yourself.

To treat both blocked ducts and mastitis it is extremely important to empty the sore, tender breast as often as possible and feeding your baby is the best way to do this—this is not the time to wean. Apply moist heat, such as a warm face washer, to the affected area before you feed. When attaching your baby to the breast, point their chin towards the flushed area for better drainage.

Start feeding on the affected side for two feeds and do not limit the sucking time on this breast. Gently massage the affected area with the pads of your fingers while feeding or expressing. You may need to express the other breast for comfort. If you cannot feed your baby, express your breast milk.

You also need to get plenty of rest and maintain a healthy diet. You should seek medical advice if symptoms continue for 12 to 24 hours; you have a temperature above 37.5 degrees Celsius or feel unwell. Your doctor will prescribe antibiotics, which treat mastitis and does not harm your baby. Ensure you take the entire course of the antibiotic tablets (you may need two courses of antibiotics) to effectively treat mastitis and prevent it recurring.

You should seek medical advice if symptoms continue for 12 to 24 hours; you have a temperature above 37.5 degrees Celsius or feel unwell. Your doctor will prescribe antibiotics, which treat mastitis and does not harm your baby. Ensure you take the entire course of the antibiotic tablets (you may need two courses of antibiotics) to effectively treat mastitis and prevent it recurring.

الالتهاب الثدي

من التعقل فحص ثديك بانتظام، وملاحظة أي تكتلات أو مناطق متورطة أو مؤلمة للمس، لأن العلاج السريع لفتاة منددة يمكنه بالفعل الوقاية من الإصابة بالتهاب الثدي.

التهاب الثدي عبارة عن أي تهاب مؤلم لأنسجة الثدي، يجعله ساخنا محمر اللون، وتصاحبة أعراض شبيهة بالأنفلونزا (الإنفلونزا) مثل الحمى والشعور بالإرهاق وألم المفاصل والظهر، والقيء والغثيان.

من العوامل المؤدية لالتهاب الثدي:
- التوقيت المفرط لصرف الثدي
- تغيير مفاجئ يطرأ على نمط الإرضاع
- ضرر في الجسم البشري بما في ذلك الشفق والخدش
- الإسقاط السيء للطفل بالحلمة مما ينتج عنه عدم التصريف الثدي
- جيدا

احتقان لم يعالج للثدي

الإرضاع المفرط، تحت وجوه الطعام، وعدم العناية بنفسك.

لمعالجة كل من انسداد القنوات والتهاب الثدي، من الأهمية بمكان أن تفسري الثدي المؤلم كما أمرنا، وإرضاع طفلك هو الطريقة الأفضل لذلك - هذا ليس الوقت المناسب للطفل. ضع كمادات دافئة رطبة، كفوط الوجه مثلًا، على المنطقة المصابة قبل الإرضاع، وعند إلقاء الثدي لطفلك وجهي ذقت إلى المنطقة المتلتهة لتحسن تصرفها.

ابدأ إرضاع الطفل بالجهة المصابة للاسترخاء ولا تحد قدرة الرضاعة عليها، وذلك المنطقة المصابة برفق بأصابع أثناء الإرضاع أو الاستحلاب. وقد يعطرك الأمر إلى استحلال الثدي الآخر لإراحته. إذا استحل إرضاع طفلك، قوم بإستحلاب حليب ثديك.

كما أنك ستحتاج إلى الكثير من الراحة والحفاظ على حمية صحية.

عليك بالعسيل على الماء المشروة الباردة أي إذا استمرت الأعراض لفترة 12 إلى 24 ساعة، أو ارتخى إزالة حبالك عن ١٤٠ اليوهوم أو شعت بانتظار، سوف يصف لك طبيبك مضادات الحيوية التي تعالج التهاب الثدي ولا تسبب الآذى لرضعك. تأكد من تناول الهرمون المقدر من مضادات الحيوية بالكامل (قد تحتاج إلى جرعة منها) لضمان علاج التهاب الثدي بشكل فعال والوقاية من معاودته لك.
Expressing breast milk

When will I need to express milk for my baby?

There may be times when you need to express breast milk for your baby, e.g. if you are going out or returning to work. If your baby is preterm or unwell and is unable to suck at the breast it is important to commence expressing as soon as possible after the birth to provide colostrum for your baby.

Midwives are able to assist you to hand express or use an electric breast pump to express your colostrum. Do not expect a large quantity of colostrum as it is very concentrated, and has a small volume initially. Regular expressing acts as breast stimulation to assist the breasts as they build milk volume over the next few days.

You should express each breast for 10 minutes, at least eight times per day, with no longer than a five hour break at any one time (usually overnight). Prolactin levels (the hormone responsible for milk production) are higher overnight so expressing at least once during the night is encouraged.

How do I express?

You can express by hand, or use a breast pump.

- Always wash your hands before handling your breasts.
- A warm face washer on the breasts may help the milk to let-down. Gentle massage of the breast towards the nipple is also helpful.
- Use a clean container to collect the breast milk. In the first few days colostrum may be hand expressed and the droplets drawn into a syringe. This may require some assistance from your midwife.
- If possible, it is best to feed your baby before expressing. This way you can express at the end of a feed taking advantage of the flow of milk your baby has started. Remember not to aim to express large amounts at once (unless your baby is not going to the breast at all). Express small amounts at one sitting several times over the day.
- Your midwife can assist you to work out how much breast milk you will need to express for your baby.
How do I hand express?

- Position your thumb and first two fingers about 2.5–4 cm behind the nipple. Place your thumb pad above the nipple and the finger pads below the nipple forming the letter “C” with the hand as shown below.
- Push straight into chest wall.
- Press thumb and fingers together gently (to meet) and then release. Repeat step two and three to establish milk flow.
- Repeat rhythmically to drain the breast. Position, push, roll, position, push, roll…
- Rotate your thumb and finger position to milk the other ducts.
- Any handling of your breast should be gentle and non-painful. If discomfort occurs, move your fingers further behind the areola which should increase comfort as well as milk flow. Ask your midwife to assist you if difficulties occur.

Avoid:

- squeezing the breast—this may cause bruising
- pulling out the nipple—this can cause tissue damage
- sliding on the breast—this can cause skin burns.

كيف أقوم بالاستحلاب يدويا؟

ضع إبهامك والإصبعين الأولين على مسافة 2.5 إلى 4 سم خلف الحلمة. ضع باطن الإبهام أعلى الحلمة وإبطان الإصبعين تحتها مشكلة حرك حرف “C” هكذا هو أدنى. ادفعه مباشرة داخل جدار صدرك.
- ضع الإبهام والإصبعين برفق معا حتى يلتقيا ثم ارفعهما، كري الخطوة الثانية والثالثة حتى يبدأ الحليب في الجريان.
- كري بشكل إيقاعي إلى أن يفرغ الثدي. ضعي، ادفعي، إلوي، ضعي، ادفعي، إلوي…
- غير مكان الإبهام والأصابع لاستحلاب الفنوات.

يفجب أن يكون أي تعامل مع ثديك رقيقا وˇغير مؤلم. إذا شعرت بالألم، أبعدي أصابعك أكثر عن الحالة المحيطة بالحلمة مما يفترض أن يزيد من إزالة الحليب. أطلي من القابلة أن تساعدك إذا واجهت صعوبات.

تفادي التالي:

- عصر الثدي - هذا من شأنه أن يسبب الكدمات
- سحب الحلمة - هذا من شأنه أن يضر بالأنسجة
- الاتزان على الصدر - هذا من شأنه أن يسبب حروق بالبشرة.
### Storing expressed breast milk safely

<table>
<thead>
<tr>
<th>Breast milk</th>
<th>Room temperature</th>
<th>Refrigerator</th>
<th>Freezer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshly expressed into closed container</td>
<td>Six to eight hours at less than 26 degrees Celsius.</td>
<td>Three days at four degrees Celsius.</td>
<td>Two weeks in freezer compartment inside a refrigerator.</td>
</tr>
<tr>
<td></td>
<td>If refrigeration is available, store milk in back of the refrigerator where it is coldest.</td>
<td>Store in back of refrigerator where it is coldest.</td>
<td>Three months in freezer section of refrigerator with separate door.</td>
</tr>
<tr>
<td>Previously frozen and thawed in refrigerator but not warmed</td>
<td>Four hours or less i.e. next feed.</td>
<td>Store in refrigerator 24 hours— if milk has not been warmed</td>
<td>Do not re-freeze.</td>
</tr>
<tr>
<td>Thawed outside refrigerator in warm water</td>
<td>For completion of feed.</td>
<td>Hold for four hours or until next feed.</td>
<td>Do not re-freeze.</td>
</tr>
<tr>
<td>Infant has began feeding</td>
<td>Only for completion of feed, then discard.</td>
<td>Discard.</td>
<td>Do not re-freeze.</td>
</tr>
</tbody>
</table>

Never use a microwave to warm breast milk— it heats unevenly (the resulting hot spots can burn your baby’s mouth) and destroys some of the important properties present in breast milk.

المتخزين السليم للحليب المستحلب

<table>
<thead>
<tr>
<th>الحليب الأم المستحلب للنور في وعاء مغلق.</th>
<th>درجة حرارة الغرفة</th>
<th>الثلاجة</th>
<th>الفريزر</th>
</tr>
</thead>
<tbody>
<tr>
<td>فجرت إلى سبعة أيام في درجة حرارة أقل من 21 درجة مئوية.</td>
<td>ثلاثة أيام في درجة حرارة أربع درجات مئوية.</td>
<td>احفظه في ظهر الثلاجة لنكون السوق.</td>
<td>لائحة أسبوعين في الفريزر داخل الثلاجة.</td>
</tr>
<tr>
<td>إذا كان البريد متاحًا، قومي بحفظ الحليب في مؤخرة الثلاجة حيث تكون درجة الحرارة في أدنىها.</td>
<td>أفحميه في صحن الثلاجة ليكون الساق.</td>
<td>كن الأنسلاخ من الجرب.</td>
<td>ثلاثة أشهر في فريزر جزء الفريزر الذي له أبواب منفصلة عن باقي الثلاجة.</td>
</tr>
<tr>
<td>لا تستخدمي المايكروويف أبدا في تخزين الحليب الطبيعي - فهو يفسخه بشكل غير متساو (والاجزاء الساخنة منه يمكنها أن تحرق فم الرضيع).</td>
<td>لا تستخدمي المايكروويف أبدا في تخزين الحليب الطبيعي - فهو يفسخه بشكل غير متساو (والاجزاء الساخنة منه يمكنها أن تحرق فم الرضيع).</td>
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</tr>
</tbody>
</table>

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Cleaning expressing equipment

It is important to wash your hands before handling clean expressing or feeding equipment.

General cleaning

- Rinse all equipment in cold water immediately after use.
- Wash all equipment in hot water and detergent.
- Rinse all equipment with clean hot water so that no soap remains.
- Drain any water from the equipment and air dry on a clean paper towel.
- Seal bottles and storage containers.
- Store in a clean container in the fridge for 24 hours.
- If not used in 24 hours repeat cleaning.

Note: It is important that equipment is dry before sealing bottles and storing in the container.

If someone who lives in your home is unwell general cleaning as well as boiling or steam sterilising is recommended.

Boiling

- Put all equipment into a large saucepan and cover with water making sure that all air bubbles are removed from the equipment.
- Place a lid on the saucepan and bring to the boil.
- Boil for five minutes.
- Allow the equipment to cool in the saucepan, with the lid on, until it is just hand-hot before removing it.
- Drain any water from the equipment and air dry on a clean paper towel.
- Seal bottles and storage containers.
- Store in a clean container in the fridge for 24 hours.
- If not used within 24 hours repeat cleaning.

Steam

When using a steam steriliser at home, always follow the manufacturer's instructions, carefully, and then follow the steps for drying and storing, as above.
Returning to work and breastfeeding

Breastfeed when you are not at work. Express after breastfeeds when you are at home if you require more expressed milk for when you are at work. While you are at work express milk for each feed you will miss. If extra milk is required express when your supply is greatest; this is usually first thing in the morning, so express after feeding your baby and prior to leaving for work. When you are on days off breastfeed your baby and express only if you require a stock of breast milk for work days.

العودة إلى العمل والرضاعة الطبيعية

الإرضاع عندما لا تكونين في العمل. استحلبي بعد الرضعات أثناء تواجدك في المنزل إذا احتاجت للزيادة من الحليب المستحلب أثناء تواجدك في العمل. وأثناء عملك قومي بالاستحلاب لكل رضعة لن تقمي بها. إذا احتاجت لحليب إضافي قومي بالاستحلاب عندما يكون لديك أكثر قدر من الحليب؟ أي عادة عندنما تستيقظين في الصباح بعد إرضاع طفلك وقبل مغادرتك إلى العمل. في أيام العطلات أرضعي طفلك طبيعيًا ولا تستحلبي إلا إذا كنت تحتاجين إلى تخزين الحليب الطبيعي لأيام الدوام في العمل.