



Newborn Nurslings

Emerging and growing evidence that genetics, prenatal environments, delivery modes and early postnatal environments, including feeding method, can affect the infant microbiome, with significant implications for the infant immune system and both short- and long-term health outcomes.



Problems and Solutions

Mother requires suturing

Partner feels left out

Belief that baby could get cold

Mother can cuddle baby while being sutured

This should be discussed before delivery

Education
(Mother's core temp)

Problems and Solutions

The baby needs to be weighed

The baby needs to be checked

They need to be transferred to another ward

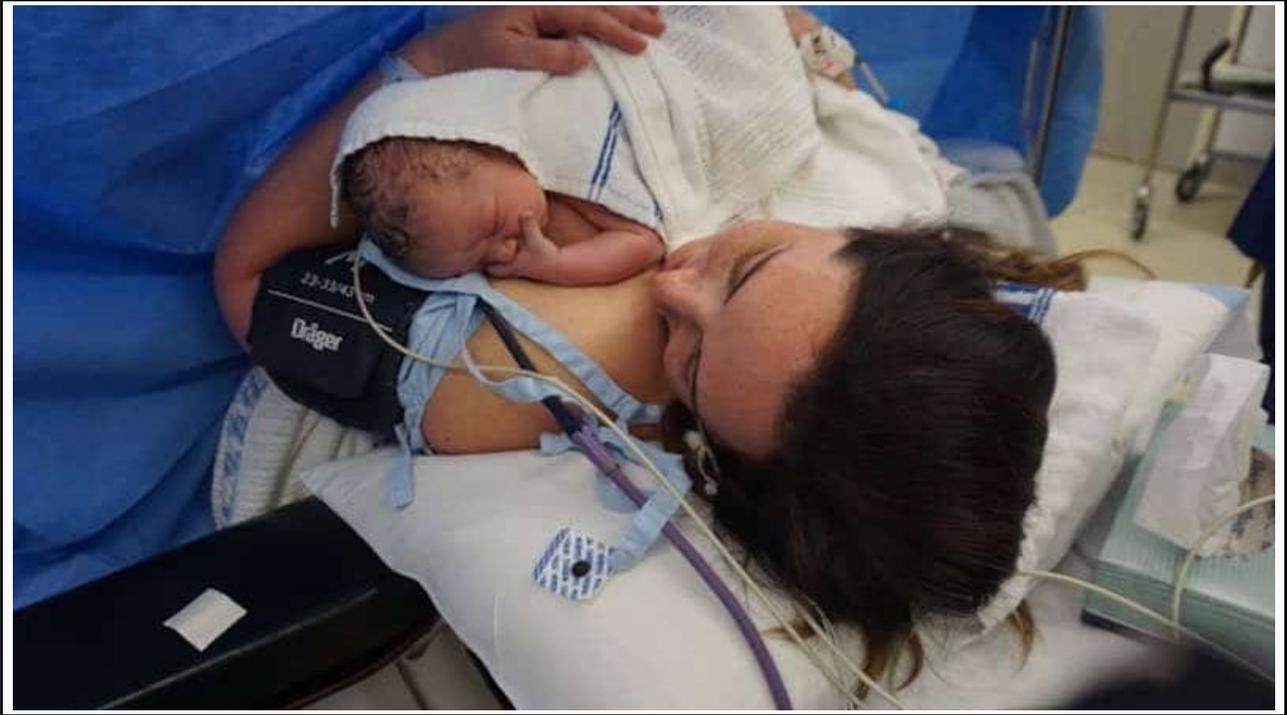
Weighing should happen early, or late

This can take place whilst the baby is skin-to-skin

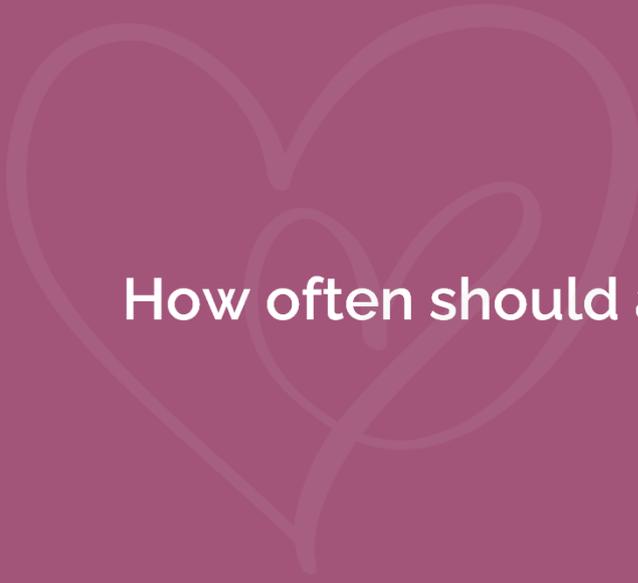
Mother and baby can be transferred together



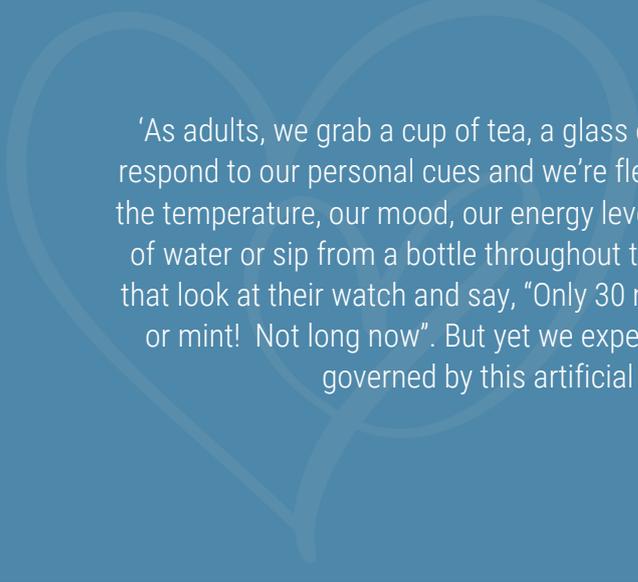








How often should a baby feed?



'As adults, we grab a cup of tea, a glass of water, a sweet, a snack. We respond to our personal cues and we're flexible depending on time of day, the temperature, our mood, our energy levels. Many go to bed with a glass of water or sip from a bottle throughout the day. I don't know any adults that look at their watch and say, "Only 30 minutes till my next sip of water or mint! Not long now". But yet we expect teeny growing babies to be governed by this artificial notion of time.'

<https://www.unicef.org/babyfriendly/breastfeeding-the-dangerous-obsession-with-the-infant-feeding-interval/>



Feeding cues

- ♥ Stirring
- ♥ Mouth opening
- ♥ Turning head – seeking and opening mouth
- ♥ Stretching
- ♥ Increasing physical movement
- ♥ Hand to mouth
- ♥ Crying
- ♥ Agitated body movements

Early cues “I’m hungry”



Stirring



Mouth opening



Turning head
Seeking/rooting

Mid cues “I’m really hungry”



Stretching



Increasing physical
movement



Hand to mouth

Late cues “Calm me, then feed me”



Crying



Agitated body
movements

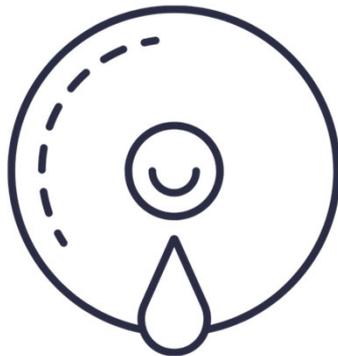


Colour turning red

A word about dummy's



Effective milk transfer





Create a birth plan
that supports breastfeeding

Erika Dannmayr - Key messages new parents need to understand about milk production

Changes in hormones start to prime the breast for milk production from 12-18 weeks into pregnancy, however, production is suppressed until the delivery of the placenta, when the milk supply will come in between day 2 and 4 after birth.

Oxytocin is the hormone that delivers the milk and is stimulated by close contact, suckling and interaction with the baby. It can be temporarily suppressed by stress. Therefore, being close to baby, skin to skin and being able to relax will help with let down of milk.

Prolactin is responsible for milk production and this is stimulated by suckling. So early and frequent feeding is essential to stimulate milk supply in the long term. Milk production is an ongoing 24 hour a day process and fluctuates according to demand.

As more and more milk is stored in the breast, an enzyme FIL, will inhibit prolactin and milk production, so frequent emptying of the breast is required for continued milk production.

Being close to the baby and recognising and responding to feeding cues, such as rooting, sucking hands, wriggling and making noises will result in feeding baby when they want and for as long as they want. Avoiding supplementing feeds which reduce baby's appetite and use of dummies that mask cues for feeding can help with the frequent feeding required for good milk production.