

Calvary Maternity Unit

Bottlefeeding your baby



Calvary

Lenah Valley Hospital

Continuing the Mission of the Sisters of the Little Company of Mary



Contents

Types of formula	2
Giving bottle feeds	5
Why is my baby crying?	9
Care of your breasts	11
Support groups	13
Resources for further information	13

Types of formula

This booklet contains information that will help with formula feeding your baby.

While it is strongly recommended that women breastfeed their babies, for a variety of reasons some mothers may choose not to, or may be unable to breastfeed. When breastfeeding is not an option the only acceptable alternative to breastmilk is formula.

Cows milk formulas

- Most babies start bottle feeding with an infant formula based on cows' milk.
- Many types of milk have been given to babies in the past but we now know a lot of these are not suitable for babies and can cause serious problems.
- Infant formulas are designed to imitate the content and performance of breast milk as much as scientifically possible; however, there are no formulas that are perfectly identical to breast milk.
- As we find out more about how special breast milk is for babies, it is even more important that substitute milks should be as close as possible to breast milk. They will never be as good as breast milk, because they do not contain all the substances that protect the baby from infection.
- But, infant formula is a safe and nutritious alternative to breast milk that is easily digested and contains necessary vitamins and nutrients for growth and development. All infant formulas sold in Australia

are suitable for babies (in the age group written on the container) and they all meet the Australian Food Standards.

- The formulas listed here are based on cows milk but the amount and type of protein, fat, carbohydrates and minerals have been changed to closer resemble those in breast milk. They contain the vitamins and iron babies need. They are all made up to have the same amount of energy (calories). As your baby grows you give more milk, not stronger milk.
- There is not a lot of difference between brands.
- Always follow the directions on the container to know how much water to mix with the formula.

Whey based cows' milk formulas

These may be easier to digest and more suitable for younger babies.

Examples (in alphabetical order) include:

- Amcal Infant Formula
- Guardian Infant formula
- Heinz Nuture Starter and Heinz Nuture Gold Starter with Long Chain Polyunsaturated Fatty Acids (LCP's)
- Karicare Infant Formula and Karicare First Formula with (LCP's)
- Nan1
- S26 and S26 Gold (with LCP's).

Casein based cows' milk formulas

These are a little less modified but still good. Examples include:

- Lactogen
- SMA.

Note: 'Whey' and 'Casein' refer to the different types of proteins in the milk. Breast milk has more whey than casein and cows' milk has more casein than whey.

Follow on formulas (for babies over 6 months)

- The formulas listed above are all fine to use for 12 months or more. However, most formula companies also make a 'follow on' formula.
- Follow on formulas can be used after 6 months but should not be used for younger babies.
- They are more like cows' milk and less like breast milk than the formulas for younger babies.
- There is no need to change formulas at 6 months unless you want to (breast milk doesn't change).
- Follow on formulas contain a little more protein – but babies do not really need the extra protein at this age.
- They have the same number of calories as the other infant formulas, but some hungry babies find them more satisfying because of the extra protein.
- Check the directions on the container to see how to prepare them.

- Some babies can be constipated for a few days when starting follow on formulas.

Thickened formulas

- Formulas labelled 'AR' are 'anti-regurgitation' formulas eg:
 - Karicare AR
 - S26 AR.
- These formulas contain a thickener and may mean the baby is less likely to bring up milk after a feed.

Changing formulas

- Cows' milk infant formulas are all very similar, so babies are unlikely to do better on one than the other.
- You should check with your doctor before trying soy or other special formulas.
- You may wish to change from one brand of formula to another because of cost or because one is easier to get. It is OK to do this, but make sure to check the amount of powder and water to add from the directions on the container. It may be different from the one you were using.
- It is better for you and your baby not to change the formula unless you really need to.
- If you do change the formula, the bowel movements may also change – in colour, thickness and smell. This is normal and usually does not last.

Special formulas

- Occasionally a baby will have a health problem that needs a special formula. This may be because the baby is allergic or intolerant to parts of milk such as cows' milk protein or lactose.
- Soy formulas have no cows' milk protein or lactose and may be used for various health problems.
They include:
 - Infasoy
 - Karicare Soya
 - Prosobee.
- There are several other special formulas used for different reasons, some of these are available on a doctor's prescription.
- Special formulas should only be used if your doctor recommends them.

Premature formulas

- Prem babies have special nutritional needs while they are very small and still in hospital.
- A special premature formula is likely to be used.
- When the baby is mature enough to leave hospital and go home, this will be changed to normal infant formula.
- Prems are sometimes given extra vitamins and iron for a few weeks or months after they leave hospital.

Cows' milk

- Ordinary cows' milk is not a suitable drink for babies in the first year. This includes whole milk, skim, evaporated or powdered milk, sweetened condensed milk, pasteurised milk and UHT. Research shows that cow's milk irritates the intestines of a small baby causing them to lose some blood in their stools.
- Whole cows' milk can be used in foods such as custard and on cereal after 6 months, but it is best not to give it as a drink until about 12 months, when the baby is eating a lot of different foods.
- Cow's milk has insufficient iron for a young baby and it is poorly absorbed. This could lead to iron deficiency anaemia.

Skim milk

- Reduced fat or low fat milks should not be used for children under 5 years.
- They do not have the correct balance of protein, fat and carbohydrates for normal growth.
- Milk fats are important for growth, brain development and to help with digesting some vitamins.



Giving bottle feeds

Equipment for bottle feeding

You will need:

- plastic bottles with caps and discs – at least 2. Plain shapes are easier to clean
- teats – 2 to 6. See ‘Choosing teats’
- sterilising equipment – an electric or microwave steam sterilising unit, or just a large saucepan for boiling
- knife (to level off milk powder). Plastic is easier to sterilise than metal.

Choosing teats

- Different teats suit different babies. Both the shape and the rate of milk flow (how fast the milk comes out) can vary and can also be changed by tightening or loosening the bottle cap.
- It has been shown that ‘orthodontic’ teats are not any better than others for mouth development. They are not at all like the shape of the breast in the baby’s mouth.
- Teats are made from latex (rubber) or silicone. There is no proof that latex teats cause problems.
- Some types of bottles and teats are claimed to be ‘anti-colic’. There is no proof that this is so.

Cleaning bottles and teats

- Wash your hands. Rinse bottle and teat inside and outside with cold running water straight after feeding. Wash bottle and teat well with hot water and detergent.
- Use a bottlebrush to clean inside the bottle thoroughly. Turn teat inside out to clean off bits of milk and squirt water through the holes. Rinse bottle and teat well in clear hot water.
- You can wash bottles (but not teats) in a dishwasher if you have one.

Sterilising

- Bottles, teats and any containers used to store milk need to be sterilised.
- Whether sterilising or not, it is vital that all bottles, teats etc are cleaned very well. Sterilising only works if the equipment is really clean.
- There are several ways to sterilise. You can choose whichever one suits you.

How to sterilise by boiling

- Put bottles, teats and other equipment in a large saucepan and cover with water.
- Put lid on, bring to the boil and boil for 5 minutes. Leave to cool.
- Wash hands before removing bottles, etc.

How to sterilise with a steam steriliser

- Steam sterilising kits are now available. Some of these plug in and make steam as an electric kettle does, and other are made to be used in a microwave oven.
- There are different brands and it is important to follow the instructions closely. They usually have places to put bottles, caps, teats etc and then a measured amount of tap water is added and the top put on.
- Use the amount of water specified in the instructions and turn on or put in the microwave for the time given.
- Bottles can only be sterilised in the microwave by using one of these sterilisers.

Making up the formula

- Wash your hands before making up the formula.
- Bring the water to the boil and cool for 30 minutes. (If water used is not clean it may need to be boiled longer – if you are unsure check with your doctor or community health nurse).
- Always follow the instructions listed on the container very carefully. It is most important that the formula is made up to the right strength.
- Measure the right amount of cooled, boiled water into the bottle. Make sure you put in the water first, then the powder.
- Add the right number of scoops of formula, using a knife to level off the scoop. Do not pack down the formula into the scoop.
- Seal the bottle with cap and disc, and shake to mix.
- It is recommended to mix the formula at the time of the feed and not in advance. You can have the cooled boiled water ready in the bottle. You will just need to add the powder formula at feed time.
- Throw out any formula you haven't used after 24 hours.

Warming bottles

- Some babies will drink milk cold, but most seem to like warm milk. Do not overheat. Let a little milk drop onto the inside of your wrist to check the temperature.

- The usual way to warm the bottle is to stand it in a container of hot water for a few minutes (no more than 10 minutes). Make sure you keep any hot water out of the reach of toddlers.
- If you are taking bottles to use when you are out, it is safest to take the formula powder and the water separately and mix them at the last moment. Made up formula needs to be very cold and carried in an insulated pack.
- Do not use microwave to heat milk.

Feeding baby

- Before feeding, check how hot the milk is and how fast it comes out. The milk flow depends on the number and size of holes in the teat, and the tightness of the bottle cap. If you loosen the cap, the milk will come out quicker.
- Hold the baby while feeding. It is not safe to prop the bottle because the baby could choke on the milk. Infants need to be held while feeding so they can look at and communicate with the person giving the feed.



- It is a good idea to alternate the arm in which the baby is held. This encourages eye and head movement in both directions.
- Sit comfortably, hold your baby with her head in the crook of your elbow and hold the bottle with your other hand. Hold the bottle at an angle so that the teat and neck of the bottle contain milk - so the baby does not suck air.
- Touch the baby's lips with the teat - this will usually start her sucking.
- Try for a 'burp' about halfway through the bottle but don't keep trying if the baby is upset. Some babies like to drink the whole bottle at once.
- Some babies bring up a little milk with wind - this is normal.
- The amount of milk suggested on the container is only a guide. Some babies take more and some less.
- A useful guide to work out the amount of milk required is: 150 mls per kilogram per day for the first 2 weeks of life, 200 mls per kilogram per day from then onwards eg. a baby weighing 3 kilograms at 2 weeks and having about 6 feeds per day is calculated as 200×3 divided by 6 = 100 mls per feed.

Slow or fussy feeders

- Learning to bottle feed takes time, so be patient.
- Make sure the baby is awake and hungry but not too upset. Older babies (over 2 or 3 months) may feed better when they are sleepy.
- The baby may need less milk than you expect. Don't force her to take the whole bottle.
- Try different shaped teats and try having the milk come out faster or slower. Loosen or tighten the cap to control the flow.
- Stroke the baby's cheeks and lips to start her sucking.
- If the baby does not start sucking well on the teat get baby sucking on a finger or a dummy, then remove it quickly and replace it with the bottle.
- Try gentle pressure of your finger under the baby's chin - in time with the sucking.
- Try gentle cheek pressure.
- If your baby is restless during a feed, rock and pat him or walk around while feeding.
- Get him to look at something such as a mobile or a tree through the window.
- Try feeding in a quiet dark room.
- If the baby stops sucking or gets fussy after taking only part of the feed give a break mid-feed. Play with the baby for 10-15 minutes then try again.

Snack feeders

- Some babies get into the habit of only taking a little milk at a time and demanding food very frequently. This is not a problem if you are happy with it. However, if you are finding it hard, you can change things.
- Check that your baby is gaining weight so that you know that the total milk intake is correct.
- Encourage your baby to take as much milk as possible within about an hour. If she only takes a little at first, try again after a break of 15 minutes. Don't force her to feed.
- Help your baby wait a while before feeding again, aiming to space feeds to about 3 or 4 hours from the beginning of the last feed.
- A feed-play-sleep pattern can help.
- As your baby gets used to going longer between feeds, she will gradually take more milk each time.

Why is my baby crying?

The crying of a young baby can be very worrying, but it is his way of telling his parents that he needs something. Picking up and cuddling or nursing your baby will not start 'bad habits' or spoil him.

If he cries more than a few minutes, he needs you.

Some things for you to check:

- Is this your first few days at home from the hospital? Your baby may be unsettled because of the change in surroundings and routine.
- Is your baby hungry? Watch the baby, not the clock. If he wakes 1 or 2 hours after a feed, he may be hungry. If your baby is unsettled immediately after a feed, there is probably another cause. Periods of increase in appetite can occur when your baby will want to feed more. This usually happens at 10 days, 6 weeks, 3 months and 6 months.
- Is your baby unsettled in the evenings? During the first weeks, many cry in the late afternoon and evening.
- Is he lonely? A small baby needs to feel the warm reassurance of your presence.
- Does he cry during the night? This is not a 'bad habit'. Most young babies need a feed during the night. Many mothers with 'colicky babies' find that many of the usual ways of comforting a baby do not work.

The causes are not fully understood but are usually thought to be something in the baby and will occur if the baby is breast or bottle-fed. This type of crying can last for 3 - 4 months, but will eventually get better!

Some things to try

- These suggestions may not work all the time - keep trying different things.
- Soothe your baby. Leaving him to cry could make it worse.
- Try cuddling, holding, patting, massaging or carrying your baby in a sling.
- Try walking, rocking or taking him for a ride in a pram or a car.
- Extra sucking on a pacifier.
- Warmth. Try cuddling him against your body or giving him a deep warm bath.
- Lay the baby on his stomach on your lap or chest, over your shoulder or along your arm.
- Music. Try singing or making rhythmical noises.
- Raise the head of your baby's cot.
- Try different ways to burp your baby eg:
 - sit him upright on your knee with his back straight and rub his back
 - let him kick without a nappy, to help expel wind
 - hold him over your shoulder and rub his back.

Care of your breasts

- Even if you have not breastfed your baby, your breasts will fill with milk. This happens because of the hormones circulating in your blood stream, which are released once the placenta is delivered.
- Wear a well fitting bra.
- Do not restrict your fluid intake, but drink only when thirsty.
- Take paracetamol for discomfort.
- Use ice packs or rinsed cabbage leaves inside your bra to make your breasts feel more comfortable.
- Massage any hard lumpy areas (eg under arms, or the top part of your breasts) under a warm shower.
- Sometimes medication may be prescribed to dry up the milk, but this is not usually necessary and can have unpleasant side effects.

Weaning

- If you started out breastfeeding but have decided to wean, it is preferable to do this gradually. This will allow you, your breasts and your baby to become used to the change.
- Replace one breastfeed a day with a bottle to start with, then two, some hours apart, and gradually increase the number of bottle feeds as your breasts settle down. This can be done over a week or two.
- If you need to wean suddenly, your breasts may become overfull and very uncomfortable after missing a couple of feeds.

- You will need to express. Try to take off enough milk to be comfortable – 3 – 4 times a day at first, then gradually express less often and remove less milk each time. Do this over about one week.

Overfull breasts

- Breasts can become very hard full and uncomfortable when weaning.
- Express enough milk for comfort. It does not matter if it takes a little longer to dry up, it is better for your breasts if you do it slowly.
- Wear a firm bra to give support.
- Take paracetamol for discomfort.
- Use cold packs or rinsed cabbage leaves to make your breasts feel more comfortable and change when they become warm.
- Watch for lumps and try to gently massage away when next expressing.
- A tender area, with redness may mean a blocked duct. This should be cleared to prevent mastitis.
- Put a hot washer or hot pack on this area before massaging and expressing. Then the icepacks after.
- A persistent lumpy area that becomes very red and sore may mean you have mastitis, especially if you have a high temperature and feel unwell. As well as the above treatment you may need to see your doctor for antibiotics.



After weaning

- Leaking is common in the early stages of weaning, but usually stops once your breasts settle down.
- Milk left in the breasts will be reabsorbed. Do not keep trying to express it.
- If you weaned because of nipple trauma, continue to treat your nipples until healed (ie using a recommended cream, or using breast shells to stop them sticking on your bra).
- As a result of pregnancy, the shape and size of your breasts have changed. It is unlikely they will return to their pre-pregnancy state whether you breastfeed or not.

Support groups

Calvary Lenah Valley Maternity Unit

49 Augusta Road, Lenah Valley 7008
Telephone enquiries welcome at any time. Phone: 03 6278 5328

Family and Child Health Services

Southern Tasmania
Phone: 03 6222 7641

Northern Tasmania
Phone: 03 6336 2130

For advice on your nearest Family and Child Health Clinic.

Parenting Centre

Southern Tasmania
Phone: 03 6233 2700 or 1800 808 178

Northern Tasmania
Phone: 03 6326 6188

For advice on information and support programs.

Centacare Family Services

Southern Tasmania
Phone: 03 6278 1660

Northern Tasmania
Phone: 03 6332 0600

For advice on information and support programs.

Southern Tasmanian Multiple Birth Association

www.tasmba.org.au for advice on information and support programs.

Parent Information Telephone Assistance Service (PITAS)

1800 808 178 for advice and support for any stressful parenting issues that need immediate attention. This is a free service and available 24 hours, 7 days a week.

Resources for further information

- Lactation Consultants or Midwives - Calvary Maternity Unit
Contact: 03 6278 5328
or www.calvarycare.org.au
- 'Breastfeeding your baby' Calvary Maternity Unit Booklet

References

National Health and Medical Research Council.

Infant Feeding Guidelines for Health Workers: Commonwealth of Australia 2003.

South Australia Department of Human Services www.cyh.sa.gov.au

Contact

49 Augusta Road
Lenah Valley TASMANIA 7008

Phone: 03 6278 5328 **Fax:** 03 6278 5541

Email: maternity@calvarycare.org.au

www.calvarylenahvalley.org.au

Hospitality | Healing | Stewardship | Respect

About Calvary

Calvary is a Catholic, charitable organisation with more than 12,000 staff and volunteers operating public and private hospitals, retirement communities and a national network of community care services across Australia. We are a leading provider of palliative and end of life care, continuing the Mission of the Sisters of the Little Company of Mary.



Calvary

Lenah Valley Hospital