



This leaflet contains some useful advice on what you can do to help you breastfeed when you have diabetes

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Breastfeeding with diabetes: yes, you can

You may have recently found out that you have developed diabetes in your pregnancy (gestational diabetes), or you may have already had diabetes for a while (Type 1 or Type 2 diabetes). You can certainly breastfeed and breastfeeding brings extra benefits to your baby and to you in addition to the goodness and protection it provides to all mothers and babies.

Added benefits of breastfeeding

Breastfeeding:

- lowers the risk of gestational diabetes leading to diabetes later on in life
- lowers the risk of your baby developing diabetes in childhood
- helps you lose weight between pregnancies, preventing obesity
- can make it easier for you to control your blood glucose levels after the birth of your baby.

Before the birth – getting ready for breastfeeding

By taking good care of yourself and eating healthy food during pregnancy you can help your baby to be healthy too.

Antenatal clinic staff will talk to you about how to monitor your glucose levels when you are breastfeeding. If you have Type 1 diabetes, staff will discuss your night-time insulin doses, calorie needs and snacks before each breastfeed.

You can also learn how to express colostrum (the type of breast

milk produced in late pregnancy and the first few days after birth) in case your baby doesn't want to breastfeed straight away, or needs extra milk.

After birth, keeping baby's blood sugar level stable

Keep your baby in skin to skin contact

Breastfeeding your baby frequently with hours of close contact in the early days will help to increase your milk supply quickly.

The most natural place for your newborn baby is skin to skin on your chest. Here your baby feels safe and secure, held close in your arms, recognising your voice, your smell and your heartbeat. This calm, warm place also prevents your baby's blood sugar from dropping due to the stress of separation, getting cold or crying. With your baby close, you can recognise 'feeding cues' – signs that the baby wants to breastfeed.

'Feeding cues'

- sucking movements of mouth and tongue
- hand to mouth movements
- wriggling
- small sounds

Feed soon, feed often

An effect of your diabetes is that in the hours after birth, your baby's blood sugar level can fall. Your baby needs to feed soon after birth and then frequently, at least every 2 to 3 hours, for the first 24 hours. Your baby's blood sugar level needs to be checked before every feed. Usually your baby will be safest and happiest close to you, but occasionally, if the blood sugar level continues

to drop, your baby may need to be cared for in the Neonatal Unit for a while.

Express and save colostrum before the birth

Babies can often be very sleepy in the first couple of days after birth. Just in case you aren't able to breastfeed, you can still give your colostrum if you express some ahead of the birth. Doing this before the birth means you can build up a supply and freeze it, ready to bring to hospital. Colostrum can be given to your baby by cup or syringe. You can discuss this further at the antenatal clinic, with your midwives, or the Infant Feeding Advisors.

Avoid giving your baby formula milk

- Having colostrum available in case your baby needs a top-up feed will help avoid the need to give any formula milk.
- Feeding your baby entirely with your own milk, either by breastfeeding or expressing, will help you to establish a good milk supply and ensure the baby has enough to eat
- You are more likely to feel confident about breastfeeding.

How to hand express colostrum

Hand expressing is more effective and comfortable than pumping before the birth and in the early days when the volume is very small. If you don't manage to do this before the birth, you can start in the early stages of labour, or after the baby is born. Ask the midwives for help with this.

When to start

If you are at risk of premature labour speak to your doctor or

midwife before starting hand expression. You can start practising expressing occasionally from about 32 weeks of pregnancy. Colostrum can be saved from 36 weeks, when you can start expressing up to 3-4 times a day for 3–4 minutes each breast.

Be warm and relaxed – you will have more success if you feel safe and comfortable.

Practise in the bath or shower – when you begin collecting your colostrum, express after a warm bath or shower.

Preparation

- First, wash your hands thoroughly – use hot, soapy water, and clean between your fingers and up to your wrists
- Each time, use a fresh, clean towel to dry your hands
- Use a sterile syringe or container to collect the colostrum
- Sit somewhere comfortable, where you won't be interrupted

Breast massage first

- Massage around your breasts to stimulate the colostrum to flow, using gentle finger-tip strokes.
- Firmer massage from the outside edge of your breast down towards the nipple, and going right around your breast, can help to bring the colostrum forward

Positioning your fingers

- Make your first finger and thumb into the shape of the letter C and place them on either side of the areola (the darker part around your nipple), with the nipple centred between them
- Your finger and thumb should be about 1 ½" (3-4cms) away

from the base of the nipple (this varies a little from person to person)

- Push your finger and thumb backwards, into the breast, in the direction of your ribs
- Squeeze your finger and thumb together behind the nipple, slowly to begin with until you see a drop of colostrum coming out
- It may take a while for any colostrum to appear
- If nothing comes, massage gently and try again, perhaps after your next bath or shower
- If it is uncomfortable, or if, after a few squeezes, nothing comes out, move your fingers around your areola (as if moving them around a clock), but still keeping the nipple centred between them
- When colostrum comes out, but the flow slows down, reposition your fingers again, so you squeeze into another area of your breast
- If you have been given sterile syringes and find it difficult to collect the drops then express into a small clean container and then draw it up into the syringe
- Hold the container right against your breast, between your nipple and the finger below your breast and the colostrum will flow into this.



Storing colostrum

- At first, the amount of colostrum you will be able to express will be very small, but this should increase gradually. Even the smallest amount will be valuable.
- If you are expressing again the same day, place the sterile syringe or container in a clean sealed zip-lock bag at the back of the fridge
- When you have finished expressing for the day, label the syringe or container with your name, date of birth, and date expressed before placing in the freezer
- You can store several syringes or containers together in a sealed zip-lock bag
- You can express 3 to 4 times in the same day
- Amounts greater than a few millilitres can be put into a small bottle
- With a freezer at -18 deg C or lower, colostrum will be safe for 6 months

Transporting the colostrum to hospital

When you go to hospital for the birth, take the stored colostrum with you in a cool bag, with icepacks. Make sure each container/syringe is marked clearly with your name and date of birth. The hospital will arrange to keep the colostrum until it is needed. Make sure your birth partner knows where it is stored and that it is written in your Maternity Record.

Using frozen colostrum

If there is a possibility that you and your baby will be separated,

or that you will be unable to breastfeed immediately (for example, if you have a caesarean or your baby has to go to the neonatal unit) one of the containers can be defrosted shortly before the birth.

- First, wash your hands thoroughly
- Only defrost one at a time to avoid wasting it
- If there is time, allow frozen colostrum to defrost in the fridge
- Once defrosted, it can be stored safely in the main body of the fridge for 24 hours
- If it is needed quickly, defrost in a sealed container under cool, then warm, running water and use straightaway
- Dry off the outside of the container with clean kitchen paper
- Try using the colostrum without heating it
- Staff will show you how to give the defrosted colostrum to the baby in a syringe or cup

After you go home

Make sure your baby feeds often – diabetes can make it take a little longer for your milk to come in.

- Breastfeed every 2-3 hours each day until you notice an increase in your milk supply
- Check for at least 6 wet nappies and 3 bowel movements every 24 hours after the first 3 days
- The community staff will weigh your baby on day 3

Take care of yourself

- Your blood sugar may fluctuate while you breastfeed.

- Eat a snack with carbohydrate and protein before, or while, breastfeeding
- Keep a snack or glucose tablets in the places where you breastfeed, in case you need them
- Talk to the diabetic team about how much extra you should eat while you are breastfeeding
- Feeling very thirsty at the start of breastfeeding is normal
Keep a bottle or large glass of water near where you breastfeed your baby
- You can now eat foods which you avoided in pregnancy

Mastitis

Breastfeeding should be pleasant and comfortable. Being diabetic increases your risk of developing thrush (a yeast infection) or mastitis (sore breast). Contact your midwife straight away if you notice any of the following signs:

- Red, swollen and painful areas in your breast
- Your breast feels hot and lumpy
- Flu-like symptoms – temperature, shivering, aching.

Symptoms can often start or get worse suddenly.

What to do

Remember: 'Heat, Rest, Empty Breast'.

- Gentle heat, a soak in a warm bath is good before feeding or expressing
- Rest, if possible; put your feet up or go to bed
- Drain the breast well and often – feed baby as frequently as you can, using the affected side first. It is important to continue feeding on the sore side to ensure good drainage

- Use hand expressing or a breast pump to relieve your breast, if it is too painful to breastfeed
- Get help to check that your baby is latching on well
- Use gentle massage on lumpy areas to encourage milk to flow freely
- Unless you have asthma, have a stomach ulcer, or are allergic to aspirin, you can take ibuprofen
- Paracetamol will help the pain if you cannot take ibuprofen.

If any of the following occur, see your GP:

- You are still unwell despite trying the above for up to 24 hours.
- Temperature goes above 38°C
- Both breasts are affected
- You become increasingly unwell

Your GP will probably prescribe antibiotics. These can increase the chance of thrush developing, but it is very important to treat any breast infection. Left untreated an infection will quickly increase your blood sugar level and can lead to the infection worsening.

Thrush

Signs and symptoms of thrush in you:

- Intense burning pain in your nipples or breasts which does not improve by changing the way your baby latches on to the breast
- Pain that continues after feeding
- Shooting pains into the breast may occur, indicating that

thrush may have spread into the milk ducts. However, this can also happen if the baby is not well-latched on to the breast. Get someone knowledgeable about breastfeeding to check this for you.

- The areola and nipple may lighten in colour, and become shiny or itchy

Both nipples can become affected because thrush is very infectious. Pain can be there from the start or it may start after days/weeks of comfortable breastfeeding

Signs and symptoms of thrush in your baby:

- Creamy white patches inside baby's mouth or on his tongue
- Windy, fretful baby who seems uncomfortable while feeding
- Nappy rash which does not heal

If it is clear that your nipple/breast problems are caused by thrush, the baby needs treatment even if he/she has no symptoms

Treatment for thrush

- Continue breastfeeding and see your GP
- Go to the Breastfeeding Network website for information on diagnosis and treatment of thrush:
www.breastfeedingnetwork.org.uk

You may find that taking acidophilus tablets and eating live yoghurt can help you avoid developing thrush.

Where to get support for breastfeeding

Community midwives and maternity care assistants

When you are discharged from hospital your community midwife, along with the maternity care assistants will be able to help and support you with breastfeeding. They will give you details of local breastfeeding support groups in your neighbourhood.

Health visitors

Your health visitor will make contact with you about 10 days after your baby is born and can also help you with breastfeeding.

Breastfeeding support helplines

Help is usually provided by phone, and support is usually given from another breastfeeding mother who has been trained to be able to help.

National Breastfeeding Helpline,
operated by the Association of
Breastfeeding Mothers and
the Breastfeeding Network Tel. 0300 100 0212

La Leche League Tel. 0845 120 2918

National Childbirth Trust Tel. 0870 444 8708

The Breastfeeding Network -
breastfeeding support in
Bengali and Sylhetti Tel. 07944 879 759

Infant Feeding Coordinator Tel. 01225 825 873

Useful Resources

The Real Babymilk Essential Guide to breastfeeding
Bump to breastfeeding DVD. For a copy visit realbabymilk.org.

If you live in Wiltshire visit www.wiltshire.gov.uk/publichealth for more local information on breastfeeding and for the most up to date list of breastfeeding groups

For other areas, information about local breastfeeding groups is available at www.realbabymilk.org/breastfeeding-support-groups.

Contact telephone numbers:

- Infant Feeding Coordinator **01225 825873**

Monday-Thursday 9am-5pm and Friday 9am–1pm:

- Antenatal clinic **01225 824659**
- Antenatal reception **01225 824645**