

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

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Division of Women, Children & Sexual Health Services

How can I help to reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place.

Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the main entrance of the hospital and at the entrance to every ward before coming into and after leaving the ward or hospital. In some situations hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk

If you require an interpretation of this leaflet please contact your community midwife

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**Buckinghamshire
 Healthcare**
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Breastfeeding for mothers with pre-existing diabetes

Patient information leaflet

If you require a translation or alternative format of this leaflet please call your Community Midwife

Safe & compassionate care,

every time

Breastfeeding is the normal and natural way to feed and nurture your baby. If you have diabetes you may have questions about how diabetes may affect breastfeeding your baby.

All mothers experience metabolic and hormonal changes after giving birth. Breastfeeding will help a diabetic mother reduce the impact of these changes making diabetes easier to manage in the days after birth. When your baby is older, gradual weaning helps maintain diabetic control.

This leaflet has been written to help answer some of the questions mothers ask about how their diabetes may affect breastfeeding their baby. You may like to talk to your Midwife, the Diabetes Specialist Midwife (DSM) and/or one of our Breastfeeding Specialist Midwives ideally before you are 34 weeks pregnant. You do not, however, need to make a decision about how you would like to feed your baby until after s/he is born.

How can breastfeeding help my baby and me?

Breastfeeding is known to have many health benefits for all mothers and babies. Breastfeeding alone provides all the food and drink a baby needs until s/he is 6 months old.

Breastfed babies are less likely to get:

- tummy upsets
- ear infections
- chest infections
- eczema
- asthma
- allergies
- diabetes in later life

Breastfeeding help lines:

National breastfeeding helpline:	0300 100 0212
The Breastfeeding Network Support Line www.breastfeedingnetwork.org.uk/chat	0300 100 0210 online chat
Bengali / Sylheti	0300 456 2421
Tamil, Telugu, Hindi	0300 330 5469
National Childbirth Trust	0300 330 0700
Association of Breastfeeding Mothers	0300 330 5453
La Leche League:	0845 120 2918
Diabetes UK: https://www.diabetes.org.uk/	0345 123 2399

Please Note:

This leaflet explains some of the most common problems that some mothers may experience. However, it is not comprehensive. If you experience other problems and want to ask anything else related to your treatment please speak to your Midwife, GP or Health Visitor.

What is the treatment for mastitis?

- breastfeed on the affected breast. Continuing to breastfeed is the quickest way to get better and will not hurt your baby
- move your baby to a feeding position that means their chin points to the reddened area of the breast
- check that your baby is well attached to the breast (talk to your Midwife, Health Visitor or visit a breastfeeding clinic / local breastfeeding support group)
- massage the affected area before and during feeds
- Paracetamol relieves pain and reduces temperature
- Ibuprofen can be used to reduce any inflammation in your breast and help with the pain
- rest as much as possible
- if the breast is too painful to feed from, express your breast using hand-expressing and/or a mechanical breast pump.

If the symptoms of mastitis do not go away after trying these, your GP may prescribe antibiotics for you. It is important for you to treat breast infections. If they are left untreated they will quickly increase your blood sugar levels.

Useful numbers for information and guidance about feeding your baby

Your Community Midwife	The number will be in your handheld or postnatal notes.
Aylesbury Breastfeeding Clinic	01296 315799
Wycombe Breastfeeding Clinic	07798520830

The reason to breastfeed your baby

Research shows that breastfed babies of diabetic mothers are less likely to develop diabetes in childhood than those who are formula fed. It is thought that this is because the cow's milk protein in formula milk can trigger the development of diabetes in children who are susceptible to it (those babies with a mother or father with Type 1 diabetes). It has been found that exclusively breastfeeding for at least 4 months reduces this risk.

Benefits of breastfeeding for you:

- Your uterus (womb) shrinks back to a normal size more quickly
- there is a lower incidence of postnatal depression
- there is a lower risk of breast and ovarian cancer
- denser bones later in life (less osteoporosis).

If you breastfeed as a diabetic mother you are more likely to:

- find it is easier to control your blood glucose levels as your body adjusts after the birth of your baby
- need less insulin whilst breastfeeding
- lose your pregnancy weight gain more quickly than mothers who do not breastfeed (up to 2kg per month) despite the weight loss challenges that diabetes can bring
- experience a surge of the hormones oxytocin and prolactin when you breastfeed your baby giving you a feeling of well-being, relaxation and calmness (stress can aggravate glucose control)
- improve your long term health
- lessen the risk of developing type 2 diabetes if you have gestational diabetes in pregnancy.

Will I need to change my medication?

Type 1 diabetes: Insulin does not pass into your breast milk and is therefore compatible with breastfeeding.

It is best that you check your blood sugar before every feed.

Your Diabetes Specialist Nurse will discuss your blood sugar levels with you and adjust your insulin type and dosage accordingly (your insulin requirements may be less).

Once your baby is fully weaned you will probably return to your pre-pregnancy insulin dose.

What will happen once my baby is born?

It is very important that your baby has skin-to-skin contact with you as soon as possible after s/he is born. The closeness of skin-to-skin contact is wonderful, it helps keep your baby warm and encourages him/her to feed soon after birth.

Skin-to-skin contact also helps you to get to know your baby and recognise the signs s/he gives when ready to feed.

Why is it so important for my baby to have skin-to-skin contact and an early feed after birth?

If you have experienced increased blood sugar levels during pregnancy your baby may have responded by producing extra insulin. This may have a temporary lowering effect of his/her blood sugars after birth (hypoglycaemia).

Skin-to-skin contact and early, frequent breastfeeding will help avoid this. Your first milk (colostrum) helps your baby to stabilize his/her blood sugar levels.

How often should I feed my baby?

Ideally, your baby should breastfeed within the first 30mins, but always within the first hour after birth and then s/he will need to feed at least every 2-3 hours for the first few days. Frequent feeds will also help to get your milk supply off to a good start.

Thrush

For you the symptoms of thrush are:

- pain (burning) in both your nipples or breasts after several days/weeks of pain-free breastfeeding
- itching and extra-sensitive nipples and/or shooting pains in your breast
- sore nipples that do not heal.

Your baby may also develop thrush. Babies with thrush can have some of the symptoms which we describe below but they may have no signs of having the infection. Both you and your baby should be treated regardless.

For your baby, the symptoms are:

- creamy white patches inside your baby's mouth (usually inside the lower and/or upper lips or cheeks)
- windy, fretful baby who pulls off or away from your breast whilst feeding
- nappy rash (usually red spots or soreness which is difficult to heal).

What is the treatment for thrush?

If you or your baby do get thrush you should:

- continue to breastfeed
- consult your GP.

Mastitis

If you have mastitis you may experience all or some of the following signs:

- hard, tender, red areas on your breast which may be painful to touch
- flu-like symptoms (aching, increased temperature, shivering, feeling tearful and tired).

- Always have a snack handy when you are breastfeeding, and remember to increase your supper snack to cover your baby's night time feed. You may find it helpful to discuss your diet and snack ideas with your diabetic team.
- Many mothers feel naturally thirsty whilst they are breastfeeding their babies. This is not necessarily a sign of high blood sugar. By monitoring your blood sugar you will be able to tell whether what you are feeling is a natural thirst or one caused by a hyperglycaemic episode.
- Try to sleep when your baby sleeps.
- Avoid dozing whilst you are feeding your baby (particularly at night) as you could miss the early warning signs of a hypoglycaemic episode.
- Babies often feed more frequently when they are going through a development phase. Continue to monitor your blood sugar levels regularly and seek advice from your diabetic team if your insulin regime needs adjusting.
- You can now eat those foods that you avoided eating in pregnancy.
- Avoid dieting whilst you are breastfeeding as your body needs calories for energy. After a few weeks or months most women notice a natural weight loss during breastfeeding anyway.
- Consider offers of help from partners, family or friends.
- Relax and enjoy breastfeeding your baby.

Can diabetes increase the risk of developing thrush or mastitis?

Some women with diabetes have an increased risk of developing thrush and/or mastitis (a painful and inflamed breast) during breastfeeding. This is even more likely to happen if their blood sugar levels are poorly controlled. If you are aware that this may happen you can help yourself by looking out for the following symptoms so that they can be dealt with as soon as possible.

If your baby is sleepy it may be helpful to take his/her clothes off, change their nappy etc. to help rouse him/her. Laying back comfortably with your baby in an upright position on your chest may also help to increase his/her feeding reflexes. He/she may even latch onto your breast on his/her own!

It is important that you call for help from a nursery nurse, maternity care assistant or Midwife when your baby is ready to feed so that she can help you position yourself and your baby ready for breastfeeding. She will show you how to latch your baby to your breast so that s/he is able to feed effectively. You will be shown how to recognise the signs that your baby is feeding well.

What happens if my baby does not want to feed right away?

Don't worry, not every baby wants to feed immediately after birth. To help these babies we will show you how to hand express small amounts of colostrum and give to your baby via an oral syringe or cup.

You will be encouraged to repeat this process every couple of hours until your baby is ready to feed directly from your breast.

How will I know if my baby has a low blood sugar level?

Whenever a mother with diabetes gives birth we take a small blood sample from the baby's heel to check his/her blood sugar levels. This is initially done about 3 hours after the baby is born, before s/he feeds for the second time. We will continue to measure your baby's blood sugar levels in this way before every feed until the levels are stable.

Remember that your colostrum is designed for your baby in small amounts and is the most effective milk for maintaining your baby's blood sugar levels.

If your baby's blood sugar level is low before a feed we will need to take another measurement one hour after the feed to make sure the levels have risen.

If your baby's blood sugar levels stay low after a feed, or s/he is reluctant to feed, we will recommend giving your expressed breast milk and artificial milk (with your consent) if needed. This is usually a temporary measure and will be explained to you by the Midwife responsible for you and your baby's care.

Once your baby's blood sugar levels have stabilised we will stop measuring them but it is important to continue to feed your baby regularly until s/he starts displaying feeding cues for his/her own frequent feeds. This usually happens at about 2-3 days of age.

Can I express colostrum whilst I am pregnant to give to my baby if s/he is not feeding at the breast?

It is safe for most mothers to hand express colostrum from 36 weeks pregnant. This can be stored in your freezer and brought into hospital when needed. Please contact your Community Midwife or DSM for more information. See leaflet 'Antenatal Hand Expressing'.

What happens if my baby's blood sugar levels do not stabilise?

Sometimes babies may have problems stabilising their blood sugars despite being fed regularly with breast milk and/or artificial milk. If this happens the Midwife caring for you and your baby will explain this to you and she will ask a Paediatrician to assess your baby.

If your baby's blood sugars are very low s/he may require transfer to the neonatal unit (NNU).

Being separated from your baby will be challenging but you will be supported to spend as much time as possible with your baby. You will be encouraged to touch, stroke and talk to him/her and take over some of his/her care. You can ask to give 'kangaroo care', when baby is snuggled skin-to-skin against your chest.

If s/he is unable to breastfeed you will be helped to express so that your colostrum can be given to your baby.

Will my diabetes affect my milk supply?

Some diabetic mothers find that their milk 'comes in' a little later than for non-diabetic mothers. Keeping good control of your blood glucose will help your milk production increase normally. Early and frequent feeding will also really help initiate your supply.

If you find your baby is slow to feed or s/he is on NNU it is important for you to stimulate your breast milk supply by expressing by hand or pump frequently (at least 8 times a day including once at night). See leaflet 'Expressing your Breast milk' leaflet.

What happens if my baby is born early?

Your baby may be more likely to be born early, as your labour may be induced.

If your baby is born before 35 weeks s/he will be transferred to NNU after birth for closer observation.

If s/he is born after 35 weeks, a Paediatrician will assess your baby on the labour ward and decide what is most appropriate. We will endeavour to keep your baby with you whenever possible.

How can I help to keep my blood sugars stable when I'm breastfeeding?

- Eat before you feed your baby. This will help prevent your blood sugar levels dropping. This is especially important if you will be alone when you feed your baby.
- You may find it useful to test your blood sugar (finger prick) prior to each feed as you are more likely to have a hypoglycaemic episode if you start breastfeeding whilst you have a low blood sugar or if breastfeeds go on for a long time. Long breastfeeds can be normal whilst you and your baby are learning how to feed. However, they may also happen if your baby is not as well latched to your breast. Please ask for help from your Midwife, breastfeeding clinic, breastfeeding volunteer or Health Visitor (see useful numbers at the end of this leaflet).