

Information for patients

Breastfeeding for mothers with diabetes



This leaflet has been written to help answer some of the questions mothers ask about how their diabetes may affect the breastfeeding of their baby. Because we understand your concerns, we make sure that every diabetic mother has a chance to talk to their Midwife about feeding their baby. This will usually take place before you are 32 weeks pregnant.

However, you do not have to make any decisions about how to feed your baby at that time. During your discussions on feeding, your Midwife will go through a baby-feeding plan with you in your hand held records. This is a good opportunity to ask any questions you may have.

Can I breastfeed if I have diabetes?

Having diabetes should not stop you from breastfeeding your baby. However, there are a few points worth thinking about if you are going to make sure that you combine good blood sugar control whilst coping with the demands of a new baby.

How can breastfeeding help my baby and me?

Breastfeeding is known to have many health benefits for you and your baby. It is best to exclusively breastfeed for at least the first 6 months. Breastfeeding alone provides all the food and drink a baby needs at this time. Breastfed babies are less likely to get:

- Tummy upsets
- Ear infections
- Chest infections
- Urine infections
- Eczema
- Asthma
- Diabetes

Research shows that breast-fed babies are less likely to develop diabetes in childhood. It is possible that this is because the cows' milk protein in artificial milk triggers the development of diabetes in children who are susceptible to it.

Mothers who breastfeed find that:

- They tend to lose the weight gained in pregnancy more quickly than mothers who do not breast-feed
- Their uterus (womb) shrinks back to a normal size more quickly
- There is a lower risk of pre-menopausal breast cancer and some forms of ovarian cancer
- They may need less insulin

Preparing for breastfeeding your new baby - expressing colostrum

When you meet with the diabetic clinic midwife to talk about feeding your baby they will also talk to you about hand-expressing colostrum before the birth. If you agree, you can start hand-expressing colostrum from around the 36th week of your pregnancy. Colostrum collected before the birth of your baby can be stored in the freezer quite safely.

Your midwife will give you sterilised bottles to take home with you. Use these bottles to store your colostrum. Collect the colostrum then label the bottle with your name the date and time the colostrum was expressed and put the bottle in the freezer.

What is colostrum?

Colostrum is the first yellow coloured milk that mothers produce for their baby's first feeds after birth.

Some mothers find that they leak colostrum whilst they are pregnant, others don't. If you haven't noticed any such leakage whilst you are pregnant, don't worry, it doesn't mean that you will not be able to produce enough milk for your baby once he or she is born.

Is it safe to hand-express colostrum before my baby is born?

There is currently no evidence to suggest that there are any dangers associated with hand-expressing colostrum before your baby is born.

How often should I express colostrum?

Express as often as you want to. A good time is when you are warm and relaxed in the bath. The amount of colostrum you express varies from mother to mother and can be as little as a few drops to a teaspoonful. Collect it all as every drop counts.

Remember to bring any expressed colostrum with you when you come into hospital for the birth. We will store it and if necessary, will defrost it for use after your baby is born.

What happens once my baby is born?

It is very important that your baby has skin-to-skin contact with you as soon as possible after they are born. The closeness of skin-to-skin contact helps your baby to keep warm and feed early after birth.

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

Because of your increased blood sugar levels during pregnancy, your baby may have a temporary lowering of its blood sugar levels. This is because your increased blood sugar levels during pregnancy may have triggered your baby's pancreas to make higher levels of insulin. This means that it is especially important that your baby has a feed soon after he/she is born. This regular feeding helps to stabilise and maintain his/her blood sugar levels. It is also very important that your baby is kept warm.

How often should I feed my baby?

During the first few days, babies of mothers with diabetes usually need feeding every 3 hours unless the baby wakes to be fed earlier.

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

Don't worry, not every baby is interested in feeding right after birth. To help babies who don't want to feed we can give them your colostrum by cup or pipette instead.

What if my baby is born early and I didn't have a chance to express any colostrum?

If your baby decides to be born a little sooner than expected and you have not had time to express any colostrum, talk to your midwife about collecting your colostrum in the early stages of labour.

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

Whenever a mother with diabetes gives birth we take a blood sample from the baby to check its blood sugar levels. This is done shortly after your baby is born.

For the next 24 hours, we will continue to measure your baby's blood sugar levels regularly. If your baby's blood sugar levels are below 2.0 mmol before it feeds we will need to take another measurement after he/she has fed to make sure the levels have risen again. If the baby's blood sugar levels stay below 2.0 mmol after a breastfeed, we may need to give your baby your expressed breast milk and artificial milk from a cup or pipette. This is usually a temporary measure.

Once your baby's blood sugar levels have stabilised we will stop measuring them. It is important to continue to feed your baby regularly until he/she starts demanding its own frequent breastfeeds. This usually happens at about 2-4 days of age.

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

Occasionally some babies will have problems stabilising their blood sugars despite being fed regularly with breastmilk and/or artificial milk. These babies will need to be looked after in the Neonatal Unit. If your baby needs this extra care you will be encouraged to visit as often as you wish and you will be encouraged to express breast milk frequently (including during the night), so that it can be fed to your baby.

Suggestions for combining successful breastfeeding and diabetic control

- Eat before you feed your baby. This will stop your blood sugar levels dropping. This is especially important if you will be alone when you feed your baby.
- You are more likely to have hypoglycaemic episodes if you start breastfeeding whilst you have a low blood sugar or if the breastfeeds go on for a long time. Long breastfeeds are quite 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 as they could be. If you think this is the case please ask for help from your Midwife, Health Visitor, National Childbirth Trust Breastfeeding Counsellor or the Hospital's Baby feeding Advisors (see useful numbers section at the end of this leaflet).
- Always have a snack handy when you are out with your baby.
- On average, mothers lose about 50 grams of carbohydrates each time she feeds her baby. This means that you will need extra carbohydrates. How much will differ for each mother so you should work this out with your diabetic team.
- Spreading these extra carbohydrates equally over the day may help, but remember to increase your supper snack to cover your baby's night-time feed.
- Many mothers feel naturally thirsty whilst they are feeding their babies. This is not necessarily a sign of a high blood sugar. By monitoring your blood sugar levels you will be able to tell whether what you are feeling is a natural thirst or one caused by a hyperglycaemic attack.
- 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 growth spurt. 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. However, remember that soft cheeses and raw or soft eggs will still pose an infection risk for you, as they will for any new mother.
- Avoid dieting whilst you are breastfeeding as your body needs calories for energy. After a few weeks or months, most women notice natural weight loss during breastfeeding anyway.
- Do not turn down offers of help from partners, family or Friends
- Ask your Health Visitor about Mother and Baby Groups in your area
- 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 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 they occur:

Thrush

For you, the symptoms of thrush are:

- Having intense pain in your nipples or breasts that starts from the birth of your baby. It does not improve if you change the positioning and/or attachment of your baby at your breast
- Pain in your nipples or breasts after several days/weeks of pain-free breastfeeding
- Itching and sensitive nipples and/or shooting pains in your breast
- Your nipple or areola (the coloured area of skin surrounding the nipple) changing or losing colour
- Sore nipples that do not heal

Your baby may also develop thrush. However, remember that although babies with thrush can have some symptoms which we describe below they may have no signs of having the infection.

For your baby, the symptoms of thrush are:

- Creamy white patches inside your baby's mouth or on their tongue
- 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
- Use Daktarin cream on your nipple

- If your breast pain is deep, the suggested treatment is BFN Nystatin tablets or Fluconazole capsules
- Nystatin drops for your baby's mouth or Daktarin oral gel if your baby is over 3 months old.

Mastitis

If you experience the following, then you may have mastitis:

- Hard, tender, red areas on your breast which may be painful to touch
- Flu-like symptoms (aching, increased temperature, shivering, feeling tearful and tired) N.B. you may not have all of the above signs during mastitis

What is the treatment for mastitis?

If you have any of these symptoms then you should:

- 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 your breast and in a good position (If you are unsure about this talk to your midwife, health visitor, breastfeeding peer supporter or the infant-feeding co-ordinator)
- 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 milk away using hand-expressing and/or a breast pump

However, if the symptoms of mastitis do not go away after trying these, your GP may prescribe antibiotics for you. Although antibiotics can lead to thrush, it is important for you to treat breast infections. If they are left untreated they will quickly increase your blood sugar levels and could lead to a breast abscess.

Useful numbers for information and guidance about feeding your baby will be given in your discharge envelope

Useful leaflets available from the Breastfeeding Network

www.breastfeedingnetwork.org.uk

1 Thrush and Breastfeeding

2 Mastitis and Breastfeeding

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