

Breastfeeding and diabetes

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

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, Type 2 or genetic diabetes). Either way, you can certainly breastfeed and breastfeeding brings extra benefits to your baby and you, in addition to the goodness and protection it provides to all mothers and babies.

Benefits of breastfeeding:

- lowers the risk of developing type 2 diabetes later 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

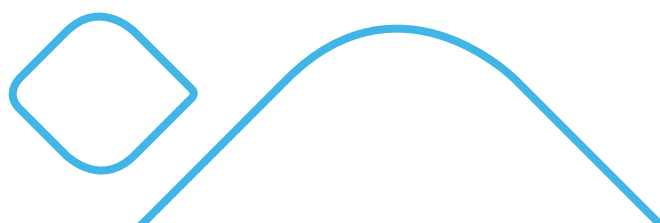
Before the birth – getting ready for breastfeeding:

By taking good care of yourself and eating healthy food during pregnancy you can help your baby to be healthy too. The antenatal diabetes team 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 insulin doses, calorie needs and snacks before each breastfeed. Breastfeeding requires additional energy and this can reduce your need for insulin, but is different for each person. 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 for any reason.

After the birth – keeping baby's blood glucose stable:

Keep your baby in skin to skin contact as much as you feel able!

Breastfeeding your baby frequently with hours of close contact in the early days will help to increase your milk supply quickly. A great way to get to know your 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 glucose 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 glucose level can sometimes fall. To help prevent this, 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 glucose level needs to be checked before every feed. Usually your baby will be safest and happiest close to you, but occasionally, if your baby needs extra support to maintain safe blood glucose levels, they may need to be cared for in the Neonatal Unit for a while. Learning how to recognise when your baby is well attached at the breast is essential, maternity staff know this and are more than happy to support you with early breastfeeds as much as you need. Don't be afraid to ask for help!

Express & save colostrum before the birth:

Babies can often be very sleepy in the first couple of days after birth. Just in case it takes a while to get feeding going, you can give your colostrum if you manage to express some ahead of the birth. Doing this before the birth means you may be able to build up a supply and freeze it, ready to bring to hospital. Not everyone can produce colostrum before the birth, but learning to hand express is a useful skill to know in advance; it can help to prepare your hormone receptors, and can also help you feel more confident about breastfeeding. 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 formula milk:

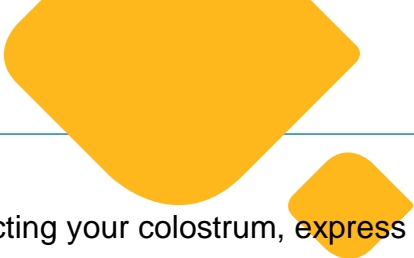
Having colostrum available in case your baby needs a top up feed will help avoid the need to give any formula milk. Feeding your baby entirely with your own milk, either by breastfeeding or expressing, will help you to establish a good milk supply and ensure the baby has enough to eat.

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 of colostrum 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
- 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.

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- 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. You can add to the same syringe for up to 48 hours, **but mark the syringe with the date you first started.**
 - 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 degrees 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

Taking care of yourself:

Your blood sugar may fluctuate while you breastfeed, and this can be unpredictable. It is important that you are stable and feeling well before you attend to your baby. Try to take the time to ensure you have everything you need before settling down to feed.

If you live with Type 1 diabetes, the diabetes team will advise you regarding your insulin dose. This may change by as much as 20%.

- 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 during a feed.
- Talk to the diabetic team about how much extra you should eat while you are breastfeeding
- If you use an insulin pump, talk the diabetes team about adjustments you can make when 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
- If you had Gestational Diabetes you may now be able to eat foods which you avoided in pregnancy.

The Diabetes Team can be reached via: ruh-tr.diabetesanc@nhs.net

Further information, resources and support (all helplines are able to support with bottle feeding and combination feeding as well as breastfeeding, and all welcome calls from Partners):

National Breastfeeding Helpline 0300 100 0212 (24 hours 7 days a week) including Welsh and Polish language support Breastfeeding Network Bengali/Sylheti Helpline 0300 456 2421 Or via web chat at <http://www.nationalbreastfeedinghelpline.org.uk> and via <https://www.facebook.com/NationalBreastfeedingHelpline>

Association of Breastfeeding Mothers 0300 330 5453 (9.30am - 10.30pm, 7 days)

La Leche League 0345 120 2918 (8am-11pm 7 days a week)

NCT Infant Feeding Line 0300 330 0700 (8am - midnight, 7 days a week)

Maternity Voices Partnership BANES, Swindon & Wiltshire Infant Feeding Resources Padlet. This link contains a wealth of video and written resources that cover all aspects of feeding from birth onwards:



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Please contact the Patient Support and Complaints Team (PSCT) if you require this leaflet in a different format or would like to feedback your experience of the hospital.

Email ruh-tr.psct@nhs.net or telephone 01225 825656.

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