

# THE FIRST 1,000 DAYS: A CRITICAL WINDOW FOR LIFELONG HEALTH



PRECONCEPTION



PREGNANCY



BIRTH - 6 MONTHS



6-12 MONTHS



1-3 YEARS

The first 1,000 days in the life of your little one is a uniquely special time that has a very real influence on their future. The rate of growth and development is far greater than at any other stage in life – it's when the foundations for their future health are being laid.

## EARLY LIFE NUTRITION (ELN)

Nutrition from preconception to pregnancy and during the first years of a child's life provides the essential building blocks for brain development, healthy growth and a strong immune system. In fact, a growing body of scientific evidence shows that the foundations of a person's lifelong health — including their vulnerability to diseases such as obesity and allergy — are largely set during this 1,000 day window.

## BREAST FEEDING

Breast milk contains all the nutrients a healthy term infant needs. The World Health Organization recommends exclusive breastfeeding for the first 6 months, with breastfeeding continuing alongside complementary foods up to 2 years of age or beyond. Breast feeding provides both immediate and long term health benefits for your baby, including protection against gastrointestinal infections and allergy, and is associated with lower incidences of obesity and diabetes. This guide aims to support you through this critical window of opportunity.

# BREAST FEEDING

## A LEARNED SKILL FOR MUM AND BABY

Because the benefits of breast feeding are so great and long-lasting, mums are encouraged to try to breast feed whenever necessary for baby, and for as long as they're able to. Even if it's just one breast feed per day, its important to persist.

Did you know that whilst it's totally natural, breast feeding is also a learned skill for both mum and baby. There is no one right way – but some positions are a little easier in the beginning.

This is a step-by-step guide, taking you through the common “transitional” hold for first-time breast feeding mums.

What works well for one mum and baby might not work for another. Always seek advice from your health care professional for individual guidance on what's best for you and your baby.

## WHY IS GOOD ATTACHMENT SO IMPORTANT?

When your baby attaches ('latches') well to the breast it can prevent a lot of problems. It will be comfortable, and the breast can drain easily, helping to ensure a good milk supply so your baby grows well. Good, frequent attachment helps prevent mastitis and nipple damage.



## TRANSITIONAL/CROSS CRADLE HOLD POSITION: STEP BY STEP

This is one of the easier learning positions. Your baby needs to have their head free so they can latch on.



1. Find a comfortable upright chair – preferably so your back is straight and feet are flat on the floor. Have a side table with some water handy, you might be here for a while!



2. Position baby 'tummy to tummy' with you (baby's head should not be sideways). Have the palm of your hand between baby's shoulder blades, and your thumb and first or middle finger holding the bones behind baby's ears. This allows your baby's head to tilt back. Ensure you're not actually holding your baby's head.



7. Allow your baby to take at least 10 good sucks before you relax the hand you're holding your breast with. Some babies need you to keep holding on, to keep their nose free, so don't be in a rush to change position.

8. Breathe deeply, relax, and drop your shoulders – your baby is latched! Check there is a gap between baby's nose and your breast.

**It can take many repetitions of steps 4 to 7 before your baby is well attached. Remember they're learning as well – it takes time and patience.**



3. Hold your breast with the other hand so your thumb and first fingers are in a 'U' shape under the breast, behind the areola (the dark area around your nipple). Apply gentle pressure with your thumb to angle the nipple back, up towards your baby's nose. Your nipple should be in line with baby's nose.



4. Move your baby's chin up against your breast, making sure it is well below the nipple.

### FOOTBALL HOLD

This is an alternative feeding position, good for mums with larger breasts or twins. The same steps apply. Ensure you support your baby behind their shoulders and allow head to tilt back. Baby's bottom and chest should be tucked in close to your body.



5. Tease your baby's nose with your nipple and wait for a wide mouth.



6. As your baby opens their mouth, roll your thumb forward – so the nipple brushes your baby's nose first, then their top lip, then goes into your baby's mouth. Your baby will need to tilt their head back to make this happen. Don't let go of your breast.



## SIGNS OF A GOOD LATCH

1.



Baby's lips are wide and spread open

2.



Their nose will be clear (or only just touching the breast)

3.



Baby's chin is indenting the breast

4.



Baby is settled and relaxed – not pushing or pulling and agitated

5.



Nipple shape remains the same after the feed

6.

It feels comfortable, like a strong tugging (and not pinching or painful).

**Tip: if your breasts are very full, expressing some milk to soften the areola may help your baby latch more easily.**

## LATCHING ISSUES TO WATCH OUT FOR

1.



Baby is nipple feeding – not deep enough†

2.



Baby twisted away – not close enough†

3.



Lips turned inward

4.



Nose blocked†

5.

Baby comes off easily



†These may cause nipple damage and pain.

## RECOGNISING WHEN YOUR BABY IS HUNGRY

It's always best to start with a calm baby, and this means recognising baby's early hunger signs! Watch for these cues to recognise when your baby is hungry.

### EARLY CUES – THE BEST TIME TO FEED

- Turning head side to side
- Rooting – hands to mouth, sticking their tongue out, sucking sounds, any mouth movements
- Wriggling around and moving arms and legs

### DELAYED CUES – HARDER TO FEED

- Fussing – arching back, agitated
- Crying – might be on and off

### LATE CUES – BABY WILL NEED CALMING BEFORE FEEDING

- Crying – constant and intense
- Tense – red face, stiff body
- Arms moving rapidly

**Note:** It will be more difficult to latch at this stage. The baby may be too tired to feed if they have spent all their energy crying. Try resting them, skin to skin, between your breasts – this is a great way to calm a baby.



## WHAT IF IT DOESN'T FEEL RIGHT?

If the attachment ('latch') doesn't feel right, take your baby off and start again. It's better to do this than put up with the pain and possible damage. (Nipples can crack and bleed if they're not far enough back in your baby's mouth, and are being squashed up against their hard palate.)

To take your baby off the breast:

1. Insert a clean finger into the corner of their mouth between the gum and cheek.
2. Wait until you hear and/or feel the suction release, and move your baby backwards to take the nipple out.

## HOW DO YOU KNOW WHEN YOUR BABY'S FINISHED ON THAT SIDE?

- During a feed, the first breast milk to come out (foremilk) is different to the milk that comes out later (hindmilk). For example, the hindmilk contains more fat. A baby needs all of the milk components, so ensure you feed completely from one breast before moving on to the other.
- Your baby will usually come off the breast without much effort – almost falling off.
- They will stop actively sucking and swallowing, and may fall asleep.
- At this point it's best to burp and change the baby, then offer the other breast.
- Your baby may only take a small feed off the second breast or nothing at all.

## BURPING AFTER FEEDING

When you've finished feeding from one breast, you may want to burp your baby before swapping to the other breast. Sit them up or hold them to your shoulder, and gently rub or pat their back.



## TIPS FOR MUMS

- Keep some water on a side table so you can sip it during feeding times. Staying hydrated helps with milk production.
- If needed, use a firm pillow to support your baby's weight, so they don't slip off during a feed.
- Remember to hold your breast in a 'C' shape, so you can turn it towards your baby's mouth. You may need to rotate your hand depending on where your baby's mouth is facing.

## ABOUT DANONE NUTRICIA

This guide is brought to you by Danone Nutricia Early Life Nutrition. Our mission is to stand by mums to nurture new lives, particularly by encouraging healthy, balanced nutrition for mothers, babies and toddlers.

Good nutrition and breast feeding have a long-lasting positive influence during the first 1,000 days from preconception through to toddlerhood. Our aim is to help parents and carers be aware of the importance of good nutrition in early life and make the right nutrition choices for themselves and their babies, to help establish the foundations for their child's future health.



## SUPPORT AND INFORMATION

Information in this guide is adapted from the following sources:

- Royal New Zealand Plunket Society – [www.plunket.org.nz](http://www.plunket.org.nz)
- Australian Breastfeeding Association – [www.breastfeeding.asn.au/breastfeeding-helpline](http://www.breastfeeding.asn.au/breastfeeding-helpline)
- Mama Aroha Cards – [www.mamaaroha.co.nz/product/3rd-edition-international-toolkit/](http://www.mamaaroha.co.nz/product/3rd-edition-international-toolkit/)

Learn more about the first 1,000 days at [www.earlylifefood.org](http://www.earlylifefood.org)

If you wish to speak to someone about breast feeding call our Care-line free on: **1800 060 057** (Australia) or **0800 688 742** (New Zealand)

**BREAST MILK IS BEST FOR BABIES:** Professional advice should be followed before using an infant formula. Introducing partial bottle feeding could negatively affect breast feeding. Good maternal nutrition is important for breast feeding and reversing a decision not to breast feed may be difficult. Infant formula should be used as directed. Proper use of an infant formula is important to the health of the infant. Social and financial implications should be considered when selecting a method of feeding.