

# Breast Feeding and Diabetes

Patient information Leaflet

August 2018

**Breastfeeding has many benefits for mums and babies. Here are a few:**

In the mother: breastfeeding reduces the risk of breast cancer, ovarian cancer and osteoporosis.

In the baby: breastfeeding reduces the risk of infections, allergies, sudden infant death syndrome, child-hood leukaemia and insulin dependent diabetes.

In mother and baby: breastfeeding releases hormones that reduce stress levels. It can reduce the risk of cardiovascular disease and obesity.

For further information see [www.unicef.org.uk/BabyFriendly/Research](http://www.unicef.org.uk/BabyFriendly/Research)

The World Health Organisation and the Department of Health recommend that babies are exclusively breastfed for six months and then continue to breastfeed after the introduction of solids for two years and beyond. Breastfeeding has so many benefits to mum and baby, every single day counts!

**Can I breastfeed with gestational, type 2 or type 1 diabetes?**

Yes! In fact, many mums with diabetes do.

If you are taking medication to manage your condition, insulin and metformin are compatible with breastfeeding (ask your diabetic team if you take another diabetic medication).

Your diabetic team will help you to manage your condition. Diabetes can increase the risk of certain problems during pregnancy, birth and in the post-natal period such as: premature birth, caesarean birth, jaundice and neonatal hypoglycaemia (low blood sugar).

All of these issues can affect baby's feeding. Babies born to mothers with diabetes are more prone to hypoglycaemia because the extra insulin they produce can make their blood glucose levels fall. Babies are more prone to this if the mother's glucose was high in pregnancy, although it can occur even if her blood glucose levels were well controlled.

**Antenatal expression of colostrum**

Colostrum is a concentrated, thick yellow fluid produced from the breasts, it is rich in antibodies and is important in priming and protecting baby's gut. It is easily digested and helps baby to pass meconium (the first stool).

From 36-37 weeks of pregnancy, you will be given a pack and can hand express and store colostrum for your baby to have when he or she is born. Expressed colostrum is particularly useful if baby is slow to feed or needs extra feeds, especially if the baby has hypoglycaemia.

Hand expressing around 37 weeks gestation can help you produce more colostrum when baby is born. It releases a hormone called oxytocin, which can help your cervix become more ready for labour and may even help initiate contractions.

**Monitoring of baby's blood glucose after birth**

Your baby's blood glucose will be tested 4 hours after birth. The blood is taken by a "heel prick". It is not a test for diabetes, but is a way of testing if baby's blood glucose is within normal limits. If this and a second test taken before the next feed is normal, the blood sugar testing can stop. If it is low, baby will need extra milk; this can be breastmilk or artificial formula if there is no breastmilk available, or a larger amount is required. Blood glucose monitoring will continue until baby's levels are stable.

Some babies will need to be fed by a nasogastric tube if they are unable to feed by breast, cup or bottle and some babies may even need intravenous glucose if it is difficult to correct hypoglycaemia. If you are giving your baby breastmilk, it is important to keep expressing for baby to keep your supply flowing. You will receive help with this.

### **How to get breastfeeding off to a good start**

Skin to skin contact at birth is when baby is quickly towel dried and laid directly on the mother's chest, both of them covered with a blanket. Skin to skin contact is very important because it reduces cortisol (the "stress" hormone) after birth in mum and baby. It can also boost milk supply, keep baby warm and help regulate baby's blood glucose levels, heart rate and oxygen levels. Skin to skin contact protects against infection by introducing baby's skin, mouth and gut to your "good bacteria". Holding your baby in skin to skin contact will help him or her initiate breast feeding and help you be responsive to feeding cues.

Skin to skin contact can take place any time after birth too.

You may have already practiced the skill of hand expression antenatally and can offer expressed breastmilk to baby to encourage him or her to feed. Once you get larger amounts you will be able to use a hospital grade pump, if you prefer. Hand expression can help increase your milk supply. Your midwife or other maternity staff caring for you can help you to express your breastmilk.

An early breastfeed should take place 30 mins to 1 hour after birth and feeding should then be in response to baby's feeding cues but no longer than 3 hours apart. Breastfeeds should be 8-12 times in 24 hours.

Keep baby close baby will stay with you whilst you are in hospital. If baby needs to be cared for on the Neonatal Intensive Care Unit (NICU) you can see baby as often as you wish (except at times when the medical teams are reviewing babies- for confidentiality reasons). The NICU nurse will help you with breastfeeding, expression and skin to skin contact.

### **Looking after yourself**

You will become used to managing your own health whilst caring for your baby and you may need an extra 400 calories a day when breastfeeding. The sugar in breastmilk (lactose) leaves your body when baby feeds, making you more prone to hypos, so it is a good idea to keep snacks handy in places where you feed your baby. You will need to closely monitor your blood glucose levels until they are stable. Your diabetic team will continue to support you to adjust your medication and diet. If you are able to, ask other family members to help around the home whilst you concentrate on caring for yourself and baby.

Home start breastfeeding support can help you with positioning and attaching your baby at the breast. They run many breastfeeding support groups around Tameside.

<p><b>Infant feeding team:</b> <u>Lyndsey Lythe</u> (infant feeding coordinator) 0161 922 4005 infant feeding midwives: <u>Hayley Coulson</u> and <u>Jane Woollam</u>) 0161 922 4395 <b>Tameside &amp; Glossop Integrated Care NHS Foundation Trust</b> <b>Ashton Under Lyne OL6 9RW</b></p>	<p><b>Diabetic midwife:</b> <u>Helga Drury</u> 0161 922 4891  <b>Tameside &amp; Glossop Integrated Care NHS Foundation Trust</b> <b>Ashton Under Lyne OL6 9RW</b></p>
--	---

### National Organisations

Association of breastfeeding mothers [www.abm.me.uk](http://www.abm.me.uk)

Diabetes UK [www.diabetes.org.uk](http://www.diabetes.org.uk)

Home start breastfeeding support (0161) 344 0699/ 07802 883947

La Leche League [www.laleche.org.uk](http://www.laleche.org.uk)

National Breastfeeding Helpline [www.breastfeeding.nhs.uk](http://www.breastfeeding.nhs.uk)  
08451202918

National Childbirth Trust [www.nct.org.uk](http://www.nct.org.uk)

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

اگر یہ معلومات پڑھ نہیں سکتے ہیں یا آپ کو اس کی سمجھ نہیں آتی ہے تو براہ مہربانی آئٹھنک ہیلتھ ٹیم کے ساتھ ٹیلی فون نمبر 0161 331 5149/5150 پر رابطہ کریں تو وہ آپ کی مدد کر سکیں گے۔

آپنی یہی اہی تہا پڑتے ہا بھتے نا پائےن، تاہلے انورہے کرے ا تھنیک ہلٹھ ٹیمےر ساہے ٹےلیفونے ہوگاہوگا کارن 0161 331 5149/5150 اہی ناہارے، تھن تارا آپناکے ساہاہا کرےتے پارہے۔

آپو آہا آہ اہاٹھتی پانہی ڈ ناہلے ہاڈو لٹھ تو ہڑا ہڑی، اہتہلیڈ ڈےتہ ڈیٹو 0161 331 5149/5150 لٹھر ہر ہاٹھ ناہو تےآ آہاڈے ہڑر ہڈے ہڑہی۔

**Author:** Hayley Coulson  
**Division/Department:** Maternity  
**Date Created:** January 2012  
**Date reviewed:** August 2018  
**Reference Number:** OBS 021  
**Version:** 4.0