



8 The feeding question

'It was so easy. I suppose it took me about a couple of weeks to get used to it, and from then on I just didn't have to think. It was the one thing that wasn't any effort at all.'

It's never too early to start thinking about how you're going to feed your baby. Once your baby is born there will be lots to occupy you! You'll need to discuss it with other people, the baby's father, your midwife, health visitor or other mothers.

Breastfeeding gives your baby the best possible start in life. Almost all women can breastfeed successfully and find it an easy and enjoyable experience. Breast milk is the best form of nutrition for babies as it provides all the nutrients a baby needs. Most babies need no other food or drink until they are six months old.

Breastfed babies do not need water between feeds as they get a drink when they first start to feed. Even in very hot countries no water is needed. If you are bottle feeding you can offer cooled boiled water if you think your baby is thirsty. If your baby cries sooner than you would expect to feed him or her, but there doesn't seem to be any other problem, offer another feed. It is important to feed on demand since babies often don't conform to routine. This is particularly important for breastfed babies because they increase the milk supply by increasing the frequency of feeds.

Your baby doesn't need anything other than breast milk for the first six months. Carry on breastfeeding while giving appropriate weaning foods after six months of age, until your baby is at least a year old.

Breastfeeding has lots of benefits for both mother and baby. These are explained in more detail later in this chapter.

If you're HIV positive, you will be advised not to breastfeed because of the risk of passing the virus on to your baby through the milk. It is a good idea to discuss this with your midwife or doctor.

Currently there is no proven link between breastfeeding and passing hepatitis C to your baby. So there is no reason why you should not breastfeed your baby if you have hepatitis C as long as there is no obvious bleeding from the nipples.



If you decide not to breastfeed, it's important to know that it's very difficult to change from bottle to breastfeeding. If you like, you can breastfeed your baby for a year or more, but you may decide to breastfeed for a shorter time, if for example you are returning to work, and then change to bottle feeding.

Whatever method of feeding you choose, your midwife, health visitor, or breastfeeding counsellor can explain how to do it.

The following information should help you decide what's best for you and your baby.

BREASTFEEDING

WHY BREAST IS BEST FOR BABIES

- Breast milk is the only food naturally designed for your baby. It contains the nutrients your baby needs in the right amounts, and they are in a form that is very easily absorbed. Its composition even changes as your baby grows.
- Breastfeeding helps to protect your baby from infection because antibodies are passed into the milk. Your baby will be less vulnerable to coughs and colds and other infections than bottle-fed babies. If you breastfeed for the first three to four months, this protection can last for up to a year.
- Breast milk is easily digested and absorbed and is less likely to cause stomach upsets or diarrhoea. It will also help to avoid constipation in your baby.
- Breastfed babies are less likely to get allergies like eczema, for example.

- Breast milk contains growth factors and hormones to assist your baby's development.

WHY BREAST IS BEST FOR MOTHERS

As one mother said, 'It was feeling close, and being together, that was what I liked,' but there are other benefits too.

- Breast milk costs nothing.
- There's no need to prepare feeds or wash and sterilise bottles, and your baby isn't kept waiting.
- Breastfeeding helps your womb return to its normal size more quickly and, because it uses up calories, it will help you to lose some of the weight gained in pregnancy.
- It's so much easier and more practical in the middle of the night.
- Breastfeeding reduces the risk of pre-menopausal breast cancer.

'I didn't want to breastfeed. It was as simple as that. The whole idea of it put me off and I just couldn't have done it.'

'I had quite a few problems at first with sore nipples and one thing and another. It made it difficult. I think I'd have given up if it hadn't been for the midwife. She was ever so good. And after a while it all sorted out and now I'm glad I did it.'



NURSING BRAS

A nursing bra will give you support so that you feel more comfortable. Ask for a proper fitting when choosing a bra. Choose adjustable bras because the size of your breasts will change (see page 88). Some women feel more comfortable wearing a nursing bra at night as well.

SOME OF YOUR QUESTIONS ANSWERED



Can all women breastfeed?

Almost every woman can breastfeed, but it can sometimes take a little while to get it right. Be patient and ask your midwife or health visitor for help if you need it.

Does breast size matter?

No. All shapes and sizes make milk.

Can flat or inverted nipples be a problem?

Most women with flat or inverted nipples should be able to breastfeed. However, you may need a little extra help in learning to position your baby (see page 70).

Do I need to prepare my breasts for breastfeeding?

Your breasts will prepare themselves naturally, although it's a good idea to try to keep your skin soft and supple, so avoid soaps and sprays that have a drying effect.

If my baby is born prematurely, will it have the energy to suckle at the breast?

Maybe not at first, but small babies will benefit if they get some mother's milk as it is exactly right for them. You can express your milk and you can give it by bottle, tube or cup, if your baby can't take it directly from your breast.

How can I make sure my partner feels involved?

Breastfeeding is only one way to be close to a baby. Your partner can cuddle and bathe the baby and perhaps give bottles of expressed milk later on.

Can I go out without the baby?

Yes, you can express some of your milk and leave it for someone else to give your baby (see page 72).

Is it worth breastfeeding if I am going back to work soon?

Yes. The early weeks, while you are at home, are the time when breast milk does the most good. After that you can express your breast milk or use infant formula milk for your baby while you are at work and continue to breastfeed at other times.

What about feeding my baby in front of friends or in public?

You may be quite happy about feeding in front of others. If you feel uneasy, you could feed the baby discreetly under a loose top, T-shirt or half-unbuttoned blouse. Don't be embarrassed to ask if there's a mother and baby room when you're out.

Should I give my baby any other drinks?

Breastfed babies do not need any other drinks, including infant fruit juices, herb teas or boiled water, providing you feed them whenever they ask. You yourself may be more thirsty during breastfeeding, so don't forget to get yourself a drink before you sit down to feed your baby.

How long should I breastfeed for?

You can go on as long as you want to. Breastfeeding for at least the first six months gives your baby the best start in life. If you can, continue to give some breastfeeds at least until your baby's first birthday. After that, he or she can have whole cow's milk as a drink. If you switch to formula feeds, you can still breastfeed your baby once or twice a day. This way your baby will continue to benefit from your breast milk.

Breastfeeding a baby can be a great pleasure. Even if it doesn't go well for you at the start, it's still worth working at. Although problems with breastfeeding, even fairly small problems, can be quite upsetting, they can almost always be overcome.

'I didn't realise that bottle feeding would be so much trouble.

It was really hard to find time to sterilise and make up the bottles. My new baby took up all my time.'

'I really enjoy the closeness of breastfeeding, and my partner says it makes him feel so proud, watching us together.'

'I wasn't sure if I'd be able to breastfeed. My mum bottle fed me, so she couldn't help. Once I got going, though, it was so easy. I can't think now why I was so unsure at first.'

You can get help from:

- your midwife or health visitor;
- a breastfeeding counsellor or support group (contact your local branch of the National Childbirth Trust, La Lèche League, Breastfeeding Network or the Association of Breastfeeding Mothers (see pages 147 and 148 – these organisations give help and support through other mothers who have experience of breastfeeding).

Don't worry if other mothers seem to be doing things differently. It is important to have confidence in yourself and your baby so that together you can work out what is best for both of you.

THE FIRST FEW DAYS

In the beginning, it can seem that you are doing nothing but feeding, but gradually your baby will settle into a pattern of feeding. Try to relax into it and take each day as it comes.

For the first few days after birth your breasts produce a special food called **colostrum**, which looks like rich creamy milk and is sometimes quite yellow in colour. This contains all the food your baby needs, as well as antibodies which pass your own resistance to certain infections on to your baby.

After about three days your breasts will begin to produce milk which will look quite thin compared with colostrum. The milk now varies according to the needs of your baby. The **fore milk**, which your baby takes first, is thirst-quenching and means your baby gets a drink at the start of every feed. A breastfed baby doesn't need any other drinks (including infant teas or juices), even in hot weather, as long as you feed whenever the baby asks. The fore milk is then

followed by the richer **hind milk**.

This is the food part of the feed and contains the calories your baby needs. This is why you shouldn't restrict the length of feeds or swap breasts after too short a time.

Your breasts may become very large and heavy for a while and may feel uncomfortable, or even painful, at first.

Milk may leak from your nipples and you may feel more comfortable wearing breast pads. Change them frequently. Avoid plastic backs. Or you can use clean cotton hankies, and at night you could put a clean towel under you instead of wearing pads.

Gradually the amount of milk you produce will settle down and your breasts will begin to feel normal again. If you are very uncomfortable, ask your midwife, health visitor or breastfeeding counsellor for help.

HOW BREASTFEEDING WORKS

Your milk supply

Your breasts produce milk in response to your baby feeding at your breast. The more your baby feeds, the more your body makes milk, provided that your baby is attached correctly. If you reduce feeding, you will make less milk.

The 'let-down' reflex

Your baby's suckling causes milk to gather behind the nipple, ready for feeding. This is called the 'let-down' reflex; some mothers feel it as a tingling sensation. You will see quick sucks change to deep swallows as the milk begins to flow. Babies often pause while they wait for more milk to be 'delivered'. Anxiety or tiredness can stop the 'let-down' reflex, so try to rest and relax as much as you can while you are breastfeeding.

*If you receive Income Support, income-based Jobseeker's Allowance or Child Tax Credit without Working Tax Credit and have a family income of £14,155 or less (2006/07 figures), you can get **either**:*

- four litres or seven pints of cow's milk per week (or 900g of infant formula for children under 1 year old) from the Welfare Food Scheme; **or**
- cow's milk, fresh fruit and vegetables, or infant formula worth £2.80 per week (£5.60 for children under 1 year old) from Healthy Start.

For further information, see page 10, or visit www.healthystart.nhs.uk



HOW TO BREASTFEED



1 Get comfortable. Sit so that your back is straight and your lap is flat. You can use a pillow to support your baby.



2 Turn your baby's body towards your tummy. Tuck your baby's bottom under your elbow, or support your baby by using a pillow. Hold your baby behind the neck and shoulders.



3 Start with your baby's nose opposite your nipple.



4 Allow your baby's head to tilt back. Move your baby's mouth gently across your nipple until your baby's mouth opens really wide.



5 Bring your baby towards your breast quickly. Your baby's bottom lip and chin should touch your breast first.



6 Your baby's chin is in close contact with your breast. Your baby is able to breathe easily. You can feel your baby has a big mouthful of breast. You may need to support your breast.



7 Babies love to breastfeed, but they usually come off by themselves when they have had enough.

You will know when breastfeeding is right: it will feel comfortable; your baby will be relaxed; you will hear a soft swallowing.

If it does not feel right ... start again. Slide one of your fingers into your baby's mouth, gently break the suction and try again.

IT IS OKAY TO ASK FOR HELP.

HOW OFTEN AND HOW MUCH

It's best to feed when your baby wants to be fed. This might be very often at first, though feeds will become more spaced out as your baby gets older. Some babies settle into their own pattern quite quickly, others take longer.

From time to time, your baby will have a growth spurt – usually around 10 days, 6 weeks and 12 weeks. When this happens, your baby needs more milk and you may find that feeds are longer and more frequent. Don't panic and feel you need to offer bottles of infant formula milk. You'll make more milk in response to your baby's demands, but this may take a day or two, so be patient. The frequency and length of feeds will then settle.

The suckling process releases milk to satisfy your baby and stimulates the production of more. When your baby is full up, he or she will stop feeding. Plenty of wet nappies is a good sign that your baby is getting enough fluid. If you're worried, talk to your midwife, health visitor or breastfeeding counsellor.

HOW TO OVERCOME COMMON DIFFICULTIES

The quicker you sort out any difficulties in breastfeeding, the better for you and your baby, so don't hesitate to ask for help immediately. Many women are surprised to find that most problems are quite easily overcome by a slight change to their baby's position when feeding or by feeding their baby more often.

Feeding restlessly

If your baby is restless at the breast and doesn't seem satisfied by feeds, it may be that he or she is sucking on the nipple alone and so not getting enough milk. Ask for help in making sure your baby feeds in the right position.



YOUR DIET WHEN BREASTFEEDING

It is important to look after yourself, so try to eat well at meal times, with plenty of pasta, potatoes, bread and rice, and have healthy snacks in between (see page 11). Don't forget to drink when you feel thirsty, especially in hot weather, and keep your intake of alcohol low. Don't go on a crash course to lose weight. Your milk will be affected, and you will probably feel more tired. Breastfeeding and healthy eating should help you to lose any surplus pounds naturally and gradually.

It can be difficult to make sure you get enough vitamin D; it is present in only a few foods, such as fortified margarines, oily fish, eggs and milk. But it's also made by the skin when it is exposed to 'gentle' summer sunlight between April and September (remember to apply a high-factor sunscreen). If you have dark skin or always cover your skin when outside, you need to take a vitamin D supplement. Ask your doctor or health visitor where to get these.

SHOULD I AVOID ANYTHING?

Breastfeeding should be an enjoyable time for you and your baby. But if you, your baby's father or any previous children have a history of hayfever, asthma, eczema or other allergies, you may wish to avoid eating peanuts and foods containing peanut products (e.g. peanut butter, peanut oil and some snacks, etc.). Read food labels carefully, and if you are still in doubt about the contents, these foods should be avoided. You should also avoid eating shark, marlin and swordfish and limit the amount of tuna you eat (see page 12). Some mothers say that certain foods they eat (e.g. onions, garlic, citrus fruits and grapes) seem to upset their baby. However, it's important to check with a health professional before you omit foods from your diet because it is possible to become deficient in certain minerals or vitamins by doing this.

Small amounts of alcohol pass into the breast milk, making it smell different to your baby, and may affect his or her feeding, sleeping or digestion. So keep your intake of alcohol low, and avoid drinking alcohol shortly before feeding your baby. Medicines (prescribed or over the counter) and illegal drugs may also pass into breast milk, so check first with your GP to be quite sure. Always tell your doctor, dentist or pharmacist that you are breastfeeding.

EXPRESSING MILK

Sometimes you may wish to express your breast milk and leave it in a bottle for someone else to give your baby if, for example, you want to go out for the evening. Your midwife, health visitor or breastfeeding counsellor will show you how to do it. You can do it by hand or use a breast pump. There are different types of breast pump, so ask advice on which to choose. If you use a pump, make sure you sterilise it before and after use.

Store the expressed milk in a sterilised bottle with the top screwed on and in the fridge. Never keep for longer than 24 hours. You can also deep freeze expressed milk, but ask for advice on how to store and defrost it safely first.

'Knowing that my baby was growing and putting on weight because of milk from me made me feel really proud.'



Engorged breasts

A few days after the birth, your breasts may become very swollen (engorged) and uncomfortable. The answer is to breastfeed. If feeding is difficult for any reason, ask your midwife for help or make sure you have the telephone number of a breastfeeding counsellor. A good supporting bra will help too, but make sure it isn't too tight.

Sore or cracked nipples

If your nipples hurt, take your baby off the breast and start again. If you continue to breastfeed when it hurts, your nipples will become sore. Please refer to the photographs on page 70 and make sure your baby is taking enough breast into his or her mouth, so that your nipple is at the back of your baby's mouth. If your nipples are cracked, ask for advice from your midwife, health visitor or breastfeeding counsellor. The following suggestions may also help:

- keep your nipples dry and expose them to the air as much as you can – try sleeping topless if it's warm enough, with a towel under you if you're leaking milk;
- change your breast pads frequently (use pads without plastic);
- avoid soap as it dries the skin;
- wear a cotton bra which allows air to circulate;

- try squeezing out a drop or two of your milk at the end of a feed and gently rubbing it into your skin.

If you suddenly get sore and pink nipples after any first soreness has passed, you might have an infection known as thrush. Go to your GP. You and your baby will need treatment.

Lumpy tender breasts

Milk can build up in the ducts for a variety of reasons. There are a number of things you can do to help:

- let your baby feed on the tender breast first or, if he or she doesn't want to feed, try expressing some milk;
- while your baby is feeding, gently stroke the lumpy area with your fingertips, smoothing the milk towards your nipple;
- try leaning over your baby as you feed.

It's important to deal with a blocked duct as soon as possible to make sure that it doesn't lead to mastitis (infection in your breast).

Mastitis

If you have mastitis, your breasts will feel hot and tender, and you may feel as though you have flu. If this occurs, continue to breastfeed but get a midwife or health visitor to check your position. Try the suggestions above for lumpy, tender breasts and get lots of rest. Go to bed if you can. See your GP if there is no improvement within six to eight hours as you may need antibiotics to clear the infection. Your doctor can prescribe one which is safe to take whilst breastfeeding.

BOTTLE FEEDING

Infant formula milk can be used as an alternative to breast milk, but there is a greater risk of your baby developing infections if you choose to bottle feed.

INFANT FORMULA MILK

Infant formula milk usually comes in powder form. It is mostly cow's milk that has been specially treated so that babies can digest it. And it has the right balance of vitamins and minerals for a young baby. Infant formula powders are not sterile, so it is important to follow the cleaning and sterilising instructions on page 76.

Ordinary cow's milk, condensed milk, evaporated milk, dried milk, goat's milk, or any other type of milk should never be given to a baby. They are not suitable. If you have any worries about the infant formula milk you are giving your baby, ask advice from your midwife, health visitor or GP.

There are a number of different brands of infant formula milk available in the shops. 'Ready-to-feed' infant formula milks in cartons are also available in some places. This is generally more expensive than powdered milk but may be useful in an emergency or if you're away from home. Once opened, the carton should be stored in the fridge and thrown away after 24 hours.

Although formula milk contains vitamins, you may be advised to give your baby vitamin drops from the age of six months onwards, or earlier in some special cases. You can buy these at the Child Health Clinic or any pharmacy.

OTHER FORMULAE

If you have chosen to bottle feed, but your baby is allergic to infant formula, your GP can prescribe a formula containing extensively hydrolysed protein. Only use soya-based formula on the advice of your GP.

Babies can grow out of allergies, so it may be possible to introduce cow's milk into your baby's diet as he or she gets older. Do not make any changes to your baby's diet without first seeking advice from your GP or health visitor.

OTHER MILKS

Baby milks and follow-on milks based on goat's milk protein are not suitable for babies and have not been approved for use in Europe. If you are currently using goat's milk formula, seek advice from your GP or health visitor.

Other milks based on rice, oats, almonds, etc are not suitable and should not be used.

'Because Ellen was bottle-fed we both fed her. I used to do it in the evenings and most of the feeds at weekends.

We started to do it to give Karen a rest, but in the end I wanted to do it. It brought the baby closer. She's very close to me now.'

(A FATHER)

'When I saw women breastfeeding at my postnatal group, I felt that we'd missed out by using bottles. I'll give breastfeeding a try next time.'



Remember that breast milk is the best form of nutrition for babies.

BOTTLES AND TEATS

Feeding is a time for getting to know your baby and feeling close. But remember, even when your baby is a little older, he or she should never be left alone to feed with a propped-up bottle in case of choking.

USING BOTTLED WATER

Some natural mineral waters' mineral content is not suitable for babies. Only use bottled waters that state 'suitable for infant feeding' on their labels. Remember that bottled water is not sterile, so, like tap water, make sure to boil it before using it to make a feed.



You'll need about six bottles and teats. This is to make sure that you always have at least one or two bottles clean, sterilised and ready for use. Ask your midwife, health visitor or other mothers if you want advice on what kind to buy.

You should always buy new teats and it's best if you can buy new bottles too. Check regularly to make sure the bottles are in good condition. If they're badly scratched, you won't be able to sterilise them properly. If in doubt, ask your midwife or health visitor for advice.

MAKING UP THE FEED

When you're preparing formula milk, **always follow the instructions on the tin exactly.** Infant formula milk powder is not sterile, so it is important to use boiled water that has been left to cool for up to half an hour. **Make up each feed as required and do not store feeds once made.** Remember to put the boiled water into the bottle first. The milk powder has been very carefully balanced for your baby, so don't be tempted to add extra powder to make a 'stronger feed' as this could be harmful to your baby. Never use less or more than instructed, and don't add any other ingredients, such as sugar, honey, rusks or baby rice.

If you're worried, your midwife or health visitor will advise you how much milk your baby is likely to need. **If you make up more than your baby wants, throw away what is left at the end of the feed.**

If you are going out for the day, take the boiled water in a flask and make up the feed just before feeding. Alternatively, use ready-to-feed liquid formula.

FEEDING

Your baby will gradually settle into a routine. Babies vary in how often they want to feed and how much they want to take. Some may be content with feeds every three to four hours and others may want smaller quantities more often. Respond to your baby's needs and feed when he or she is hungry, just as you would if you were breastfeeding. In the same way, don't try to force your baby to finish a bottle. He or she may have had enough for the time being or simply want a rest.

The temperature of the milk

Before you start to feed your baby, always check that the milk is not too hot by dripping some on the inside of your wrist. To cool the milk, cover the teat with a cap and hold the bottle under cold running water. Some babies don't mind cold milk. Others prefer it warm. If you want to warm the milk a little, place the bottle upright in some hot water, keeping the teat out of the water. Don't keep the milk warm for more than 20 minutes before the feed as germs can breed in the warmth. Never warm the milk in a microwave oven as this is unsafe. The milk continues to heat for a time after you take it out of the microwave, even though the outside of the bottle may feel cold. The milk inside may be very hot and could scald your baby's mouth.

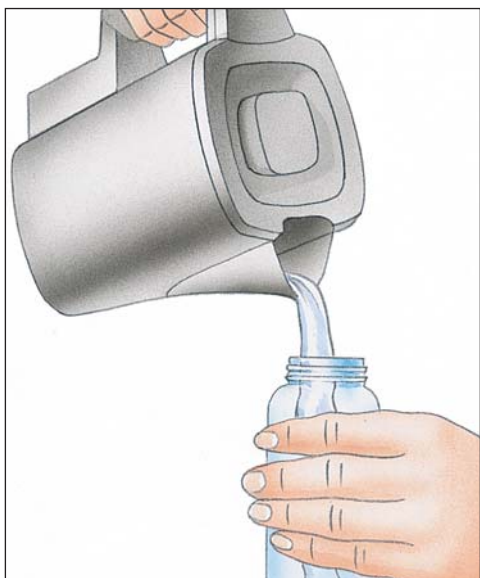
A comfortable position

Have everything you need ready before you start feeding.

Find a comfortable position in which you can hold your baby while you are feeding. Give your baby time. Some babies take some milk, pause for a nap and then wake up for more. So be patient.

The teat

As you feed, keep the bottle tilted so that the teat is always full of milk. Otherwise your baby will be taking in air. If the teat becomes flattened while you are feeding, pull gently on the bottle to release the vacuum. If the teat becomes blocked, replace it with another sterile teat. Teats do come in different shapes and with different hole sizes. You may have to try several before you find the one that suits your baby. If the hole is too small, your baby will not get enough milk. If it's too big it will come too fast. Check that the teat is not torn or damaged.

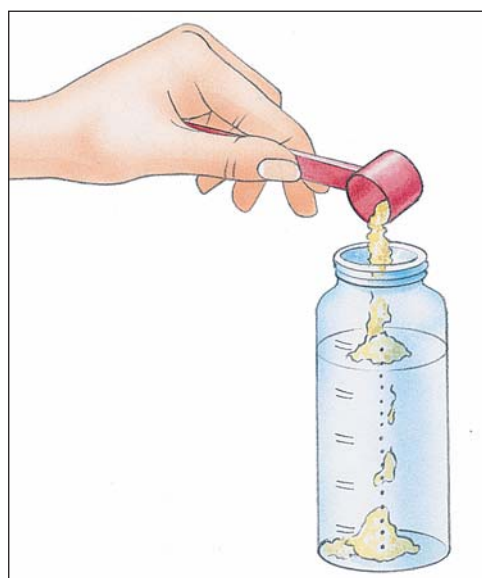
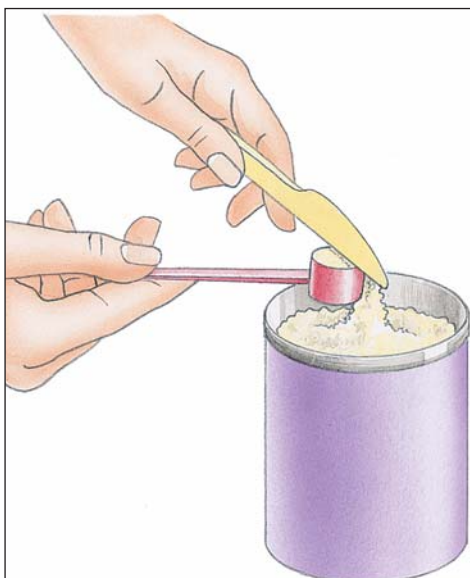


After the feed

Gently rub or pat your baby's back for a while to see whether there is any wind to come up. There's no need to overdo this. Wind is not such a problem as many people think. But your baby will probably enjoy the rubbing and closeness to you after the feed.

Don't forget to throw away unused milk in the bottle.

Your midwife or health visitor will chat to you about feeding when they call at your home, or you could telephone them or see them at your Child Health Clinic. Talk to them about any worries or problems you may have.



GOING ABROAD ON HOLIDAY

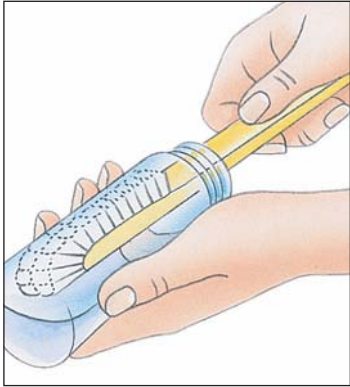
If you have to use bottled water, check that it is suitable for babies. Some bottled mineral waters are not suitable because they are too high in salt. Always boil the bottled water and allow to cool for no more than half an hour before making up the feed in a sterilised bottle.

PREPARING A FEED

- 1 *Make sure your hands are absolutely clean.*
- 2 *Boil some water in the kettle and let it cool for up to half an hour.*
- 3 *Take a sterilised bottle and teat.*
- 4 *Take the boiled water and fill the bottle to the right place using the measuring marks.*
- 5 *Measure the exact amount of powder using the special scoop provided with the milk. Level off the powder in the scoop using a clean dry knife. Don't press down the powder at all.*
- 6 *Add the powder to the water in the bottle.*
- 7 *Screw on the cap and shake well until the powder has dissolved.*
- 8 *Make up each feed as required and do not store feeds once made.*

CLEANING AND STERILISING

It's important to keep bottles and teats, and other equipment used in feeding, absolutely clean to reduce the risk of your baby getting an infection. This means sterilising as well as washing. There are a number of different ways to do this. You can use:



- **a chemical steriliser** – there are several different brands in the shops, and they consist of a sterilising tank to which you add cold water and a sterilising tablet or liquid;
- **a steam steriliser** – this is a very quick and efficient method of sterilising;
- **a microwave bottle steriliser unit** – follow the manufacturer's instructions. Just putting bottles into a microwave oven is not enough to sterilise the bottles without this equipment.



Ask your midwife, health visitor or other mothers about the different methods and which might be most appropriate for you. If you buy equipment, make sure you follow the manufacturer's instructions.



Chemical sterilisation

- 1 Wash the bottles, teats and other equipment thoroughly in hot water using washing-up liquid. Get rid of every trace of milk using a bottle brush for the inside of the bottles. You may have been advised to use salt to clean the teats, but this is no longer recommended. Squirt water through the teats. This will make sure the holes are clear.
- 2 Rinse thoroughly in clean running water.
- 3 To make up the solution, follow the instructions that come with the sterilising tablets or liquid. Put the bottles and teats and other equipment (but nothing metal) in the solution and leave for the time given in the instructions. The tank will have a floating lid that keeps everything under the water, or you can use a large plate to keep the bottles immersed. Make sure there are no air bubbles inside the bottles. Put the teats and caps in upside down to prevent air being trapped. Once the equipment is sterilised you should not add new items or the whole solution will be contaminated.
- 4 Make sure your hands are absolutely clean when you take out the bottles and teats to make up the feeds. When you take out the bottles, shake off the water. It is not necessary to rinse the bottles but, if you do, use cooled boiled water. Do not use tap water as this will make them unsterile again.



From Conception to Your New Baby - Healthy the Natural Way

During both the conception process and throughout pregnancy it is important that hopeful moms maintain their physical wellbeing and as well as their psychological health.

This broad field of women's health includes psychological issues surrounding [mood](#), [stress and relaxation](#), as well as physical areas such as [infertility](#), nutrition, [morning sickness](#), [labor and delivery](#) and more.

After a baby is delivered, it is important that new moms maintain their physical and psychological health, as well as that of their newborn.

Addressing the health of mothers includes psychological issues surrounding mood, stress and relaxation, as well as physical areas such as [healing](#), [breast-feeding](#) and [energy levels](#). Baby's health issues include [sleep and relaxation](#), [cradle-cap](#), [teething](#) and much more.

At [Native Remedies](#) you will find a comprehensive set of herbal remedies to help you manage and optimize your body and weight health – naturally and safely.

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- [Infant Comfort & Health Aids](#)
- [Post-Partum Support](#)

Two Important Differences in Native Remedies Products

We use the **Full Spectrum Method** of extraction to create our products. Many *so-called natural remedies* are manufactured using standardized extractions which – although often cited as being more scientific method – is not approved by the manufacturers of holistic medicines.

To us, it makes little sense for companies to go the natural route, while being unable to guarantee that their product is free of contamination with chemicals known to be harmful to health! Using the Full Spectrum Method helps us to maintain the integrity, balance and therapeutic effect of herbs with the least risk of side effects or harm to your health!

Read more about the our [*Manufacturing & Full Spectrum Approach*](#) »

We utilize a unique **dual-modality approach** to complete holistic wellness because we know that natural medicine works best in combination (herbal, homeopathic, flower essences and tissue salts) for fast relief and long-term care. Our approach provides a complete solution by offering OTC homeopathic remedies for relief of symptoms as well as compound herbal remedies for complete support of your physical, emotional and mental well-being.

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