



Breastfeeding Your Baby

Important Information For New Mothers



NEW MOWASAT HOSPITAL
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Introduction

This booklet is for mothers who are starting to breastfeed. In it you will find information on how to get started and how to avoid common problems. There is also a separate section on expressing your breast milk. We have referred to the baby as “he” in order to avoid confusion.



Once established, breastfeeding is easy and for most mothers and babies a very enjoyable experience. However, in the first few days you both need to learn what to do. You will therefore need to practice and, if necessary, get help and advice from your midwife. (If you have started to bottle feed your baby and want to switch to breastfeeding, this is still possible but it is not always easy – you should talk to your midwife or a breastfeeding supporter).

Remember:

YOUR breast milk is perfect for YOUR baby and adapts to meet your baby’s changing needs. Most babies will need no other food or drink until they are about six months old.

Why is breastfeeding so special?

Breast milk contains antibodies to protect your baby from infection. Sickness and diarrhea (gastroenteritis, which may

be very serious), chest infections, ear infections and urine infections are all more likely in bottle – fed babies.

Breastfeeding will continue to benefit your baby as he grows. Research suggests that breastfed babies have better mental development. Children who were bottle fed as babies are at greater risk of eczema and diabetes and tend to have higher blood pressure than those who were breastfed.

Breastfeeding is also good for mother. It helps you lose the weight gained during pregnancy. It can help protect you from breast and ovarian cancer and give you stronger bones in later life.

The following information will help you to get off to a good start.

Putting your baby to the breast

Your Position

It is important that you find a comfortable position.

If you are sitting down to feed, try to make sure that:

- Your back is straight and supported.
- Your lap is almost flat.
- Your feet are flat (you may need a footstool or a thick book).
- You have extra pillows to support your back and arms or to help raise your baby if needed.



Breastfeeding lying down can be very comfortable. It is especially good for night needs as you can rest while your baby feeds.

Try to lie fairly flat with a pillow under your head and your shoulder on the bed.

Lie well over on your side. A pillow supporting your back and another between your legs can help this.



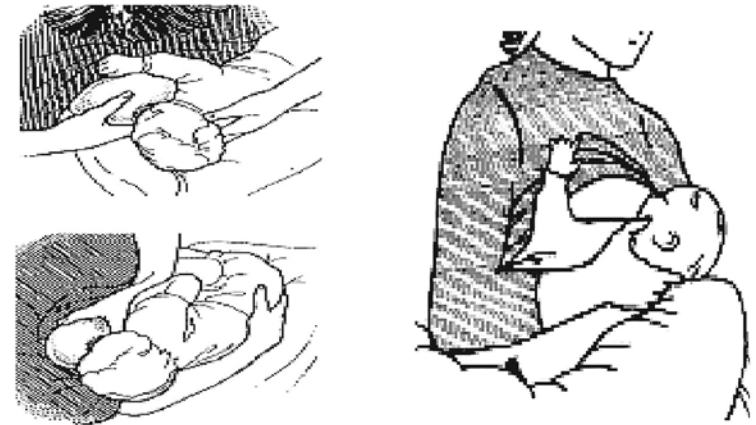
(Once your baby is feeding well, you will be able to feed him comfortably anywhere without needing pillows).

Your Baby's Position

There are various ways that you can hold your baby for breastfeeding.

Whichever way you choose here are a few guidelines to help make sure that your baby is able to feed well:

1. Your baby should be held close to you.
2. He should be facing the breast, with head, shoulders and body in straight line.
3. His nose or top lip should be opposite the nipple.
4. He should be able to reach the breast easily, without having to stretch or twist.
5. Remember always to move your baby towards the breast rather than your breast towards the baby.



So:

- **Tummy to Mummy.**
- **Nipple to nose.**
- **Baby to breast, not breast to baby.**

Attaching your baby to the breast

It is important to make sure that your baby latches on to the breast properly, otherwise he may not get enough milk during the feed and your nipples could become sore.

Position your baby as described on page 5, with his nose or top lip opposite your nipple.

Wait until he opens his mouth really wide (you can gently brush his lips with your nipple to encourage him to do this).

Quickly move him to your breast, so that this bottom lip touches the breast as far away as possible from the base of the nipple. This way, your nipple will be pointing towards the roof of his mouth.

When your baby is properly attached to your breast you will notice that:

- His mouth is wide open and he has a big mouthful of breast.
- His chin is touching the breast.
- His bottom lip is curled back.
- If you can see any of the of the areola (the brown skin around the nipple), more is visible above his top lip than below his bottom one.
- His sucking pattern changes from short sucks to long deep sucks with pauses.

Feeding should not be painful. However, while you and your baby are learning to breastfeed you may feel some pain or discomfort when the baby first attaches to the breast. This sensation should fade quickly and then the feed will not be painful. If it continues to hurt, this probably means that your baby is not attached properly. In this case, take him off by gently pressing your breast away from the corner of his mouth so that the suction is broken and then help him to re-attach. If the pain continues, ask a midwife for help.

Tips for successful breastfeeding

- Try to keep your baby near you, particularly at first. That way you will get to know him well and will quickly know when he needs feeding. This is especially important at night. If you have your baby next to you, you can easily lift him for feeding without either of you being disturbed too much. You can then both return to sleep more quickly.
- Breastmilk contains all the food and water your baby needs. Giving other food or drink could be harmful and

may also make him less interested in breastfeeding. If he does not breastfeed often enough, you may not make enough milk to meet his future needs. Therefore, whenever he seems hungry, just put him to the breast.

- Most of the problems commonly experienced by breastfeeding mothers in the first few weeks (for example, sore nipples, engorgement, mastitis) occur either because the baby is not attached to the breast in the best way or because he is not being put to the breast often enough. Ask for help if you are unsure. There is information about how to get help on the back of this leaflet.

Patterns of breastfeeding

Babies feeding patterns vary enormously. For example, some babies will not want many feeds in the first day or two. However, the feeds may then become very frequent, particularly in the first few weeks. This is quite normal. If you just feed your baby whenever he seems hungry, you will produce plenty of milk to meet his needs. This is because each time he needs, messages are sent to your brain, which then sends signals to your breast to produce more milk. Therefore:

More Feeding = More signals = More milk



Each time your baby feeds, the milk supply is being built up. While he is learning, his feeds may also be quite long. Many mothers worry that frequent feeding means that they haven't got enough milk to feed their baby. Providing that the baby is properly attached to the breast, this is very

unlikely to be the case. Ask your midwife or health visitor for advice if you are unsure.

Once you and your baby are used to breastfeeding, it is usually very easy. The milk is always available at just the right temperature. In fact, there is really no need to think about it at all. Your baby will let you know when it is time for the next feed.

You don't have to eat special foods while breastfeeding but, just like everyone else, try to eat a balanced diet. Similarly, it is not usually necessary to avoid particular foods.

Continuing to breastfeed

Breastfeeding need not stop you and your baby going out enjoying life. You can breastfeed almost anywhere. If you wear fairly loose clothing you can feed without worrying that you are showing your breast. You may feel a little uncomfortable at first but will soon find you get more confident. Most people won't even notice you are breastfeeding – try practicing in front of a mirror at home.

Your baby may have hungry days when he needs to feed more often for a day or two to build up your supply. Feeding your baby whenever he is hungry will allow your supply to catch up with his needs quickly. Again, remember:



More Feeding = More signals = More milk

You may want to go out sometimes without your baby, or you may be returning to work before you want to stop breastfeeding. It is possible to express milk for your baby so that someone else can feed him. There is

information on expressing in this booklet (page).

Don't be tempted to introduce your baby to solid foods before he is ready. All babies are different. At some time around six months, your baby will probably begin to reach out and grasp things and put them in his mouth. This is a sign that he is beginning to be ready for solids.

Breastfeeding alone provides all the food and drink a baby needs for the first six months and it protects against a range of illness. Many mothers breastfeed for much longer than this, some well into the second year and beyond. Breastfeeding will benefit you and your baby for as long as you both wish to continue.

Expressing Your Breastmilk

Why you may want to express your milk

- If you need to help your baby attach to a full breast.
- If your breast feel full and uncomfortable.
- If your baby is too small or sick to breastfeed.
- If you need to be away from your baby for more than an hour or two, e.g. for a social function.
- If you are going back to work.

Methods of expressing your milk

There are three main methods of expressing breastmilk

- By hand.
- A hand pump.
- An electric pump.

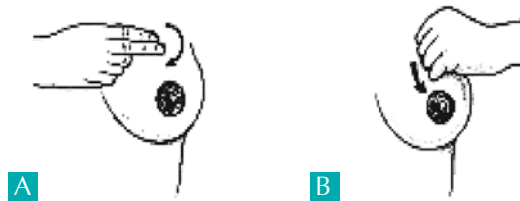
Which ever method you choose it is important that your

wash your hands thoroughly before you start. All containers, bottles and pump pieces must be washed in hot soapy water and sterilized before use.

To encourage your milk to flow:

- Try to be as comfortable and relaxed as possible. Sitting in a quiet room with a warm drink may help.
- Have your baby close by. If this is not possible, have a photograph of your baby to look at instead.
- Have a warm bath or shower prior to expressing, or apply warm flannels to your breast.

Gently massage your breast. This can be done with your finger tips (A) or by rolling your closed fist over your breast towards the nipple (B). Work around the whole breast, including underneath. Do not slide your fingers along your breast as this can damage the skin.



- After massaging your breast gently roll your nipple between your first finger and thumb. This encourages the release of hormones which stimulate your breast to produce and release the milk.

As you get used to expressing your milk, you will find that you do not need to prepare so carefully. Just like breastfeeding, it gets easier with practice.

Whichever method you choose, milk can be continuously expressed from one breast only for a few minutes before the supply slows down or appears to stop. Milk should then be expressed from your other breast. Then go back to the first breast and start again. Keep changing breast until the milk stops or drips very slowly.

Hand Expressing

This is a cheap and convenient way of expressing milk and is particularly useful if you need to relieve an uncomfortable breast. These instructions are a guide but the best way to learn is to practice (perhaps in the bath) so that you find what works for you.



Underneath the areola (the dark skin around the nipple), usually towards the edges, there are small reservoirs of milk.

These can often be felt as small pea-like structures underneath the skin. The milk collects in these reservoirs and it is from here that you express the milk.

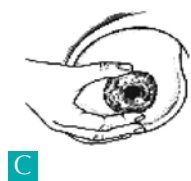
Each breast is divided into around 15 sections (lobes), each with its own reservoir of milk.

- You should not squeeze the nipples as this will not be effective and could be painful.
- Be careful not to slide your fingers along the breast as this can damage the delicate breast tissue.
- The milk may take a minute or two to flow.
- It is important that you rotate your fingers around the breast to ensure that milk is expressed from all the lobes.

- You will need to collect the milk in a sterile, large mouthed container a measuring jug is ideal.
- With practice it is possible to express from both breast at the same time.

Technique for hand expressing

1. Place your first finger under the breast, towards the edge of the areola, and your thumb on top of the breast opposite the first finger. (You may be able to feel the milk reservoir under the skin). If you have a large areola, you may need to bring the fingers in slightly from the edge (if your areola is small, you may need to move them out slightly). Your other fingers can be used to support the breast. (C).
2. Keeping your fingers and thumb in the same places on your skin, gently press backwards.
3. Maintaining this gentle backwards pressure, press your thumb and first finger together and forwards, so eating the milk out of the reservoirs and towards the nipple (D).
4. Release the pressure to allow the reservoirs to refill and then repeat steps 2 and 3.

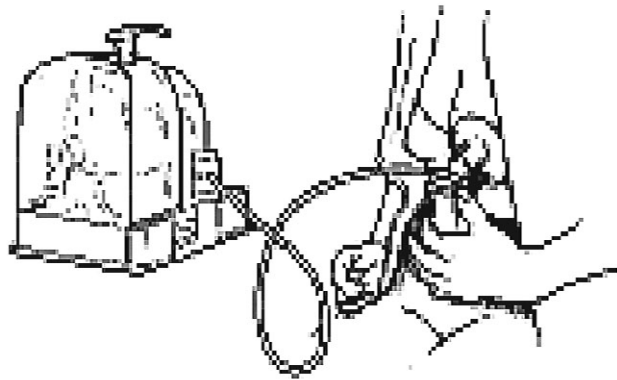


Once you have the 'knack', steps 2 to 4 will take no more than a few seconds. You will then be able to build up a steady rhythm. This will result in the milk dripping and perhaps spurting from the breast.

Hand Pumps

Hand pumps are easier to use when your breast are full than when they are soft. There are number of different designs, all of which work, in slightly different ways. Some are operated by hand and some by battery. They all have a funnel which fits over the nipple and areola. Different pumps suit different women – it is therefore best, if all possible, to try out a pump before buying.





Electric Pumps

These are fast and easy because they work automatically. They are particularly good if you need to express for an extended period, eg. If your baby is on the Special Care Baby Unit. If this is the case, then you should try to express a minimum of 6-8 times in 24 hours (including once during the night) to maintain your supply.

It is possible to express both breasts at the same time using an electric pump. This is quicker than other methods and may help you to produce more milk. You will require a dual pumping beaker set or two single beaker and a T connector.

Follow the manufacturer's instructions very carefully if you use a hand or electric pump.

Storing Breast milk at home

Breastmilk can be stored in a refrigerator at a temperature of 2-4°C for between 3 and 5 days. If you do not have a refrigerator thermometer, it is probably safest to freeze any Breastmilk that you do not intend to use within 24 hours. Breastmilk can be stored for one week in the ice compartment of the refrigerator or up to three months in the freezer.

When freezing breast milk for occasional use at home, any plastic container can be used providing it has airtight seal and can be sterilized. Remember to date and label each container and use the m in rotation. If you are freezing breastmilk because your baby is premature or ill, ask the staffs who are caring for him for advice. If you have a self-defrosting freezer, store the milk as far as possible from the defrosting element.

Frozen breastmilk should be thawed slowly in a refrigerator or at room temperature. Thawed breastmilk can be stored in a refrigerator and used for up to 24 hours. Once it has warmed to room temperature, it should be used or thrown away. Breastmilk should be never be frozen.

Breast milk should not be defrosted in a microwave because this may cause the milk to become an uneven temperature which may burn the baby's mouth.

Breastfeeding benefits

How many can you point to?



Who to Ask for more information:

Your midwife or health visitor will be able to help if you need more information about feeding your baby.

You can contact her on:

telephone Number : 1-82-6666 Ext.: 1251

Mobile Number: 6665-9575

Or the Nursing Supervisor on Duty:

Mobile Number: 9984-1892



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