

Breastfeeding

Information for new mothers



Patients information

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1 Introduction

This booklet is for mothers that are admitted to our maternity ward and whom would like to breastfeed their baby. In this booklet we give you information on how to breastfeed your baby, so you know what to expect the first few days.

2 Breastfeeding vision

Our policy is that all newborns are optimally fed and at the same time we promote bonding between mother and child. We find that breastfeeding is the first choice of nourishment for your baby and we actively promote and support breastfeeding. You are allowed to stay on our ward for a maximum of five days after your delivery, if medically indicated. During this time we will support you with breastfeeding.

3 Benefits of breastfeeding for the baby:

- Breastfeeding contains all the nutrients your baby needs during the first six months of his¹ life
- Breastfeeding adjusts itself to the needs of your baby. This is especially convenient when your baby is born premature because your baby has special needs then.
- The first milk (colostrum) gives a protective layer on the lining of the intestine.
- Colostrum is a laxative which causes secretion of the first faeces (meconium) which can prevent jaundice. Faeces of breastfed babies are always soft.
- Colostrum contains many antibodies and therefore protects your baby against infections. In the womb the placenta has a protective function. When your baby is born this function disappears and it will take some months until your baby can protect himself against infections. Breast milk will bridge this period and protect your baby against infections. Examples of infections are: upper respiratory tract infections, gastro-intestinal tract infections, ear infections.
- Breastfeeding protects your baby against allergies when given for six months or longer

¹ We talk about the baby in masculine (he) but it can also be feminine (she)

- Breastfeeding also protects against chronic illnesses like diabetes, juvenile rheumatism and obesity.
- Fatty acids in the breast milk promote a better neurological development.
- Breastfeeding promotes the relationship between mother and child.

4 Benefits of breastfeeding for the mother:

- Breastfeeding releases the hormone oxytocin. This causes the uterus to contract and decrease the amount of blood loss.
- Oxytocin also makes you feel relaxed and sleepy which causes you to fall asleep more quick after.
- Breastfeeding uses the extra added fat stored during pregnancy, causing you to return to your normal weight quicker.
- Breastfeeding protects you against certain breast cancer (before menopause), ovarian cancer and osteoporosis.

5 Skin to skin contact

Your baby is born and if the condition of mother and child allow it we apply skin to skin contact directly after birth. This is the first step towards breastfeeding.

Skin to skin contact means a naked dry baby on the mother's bare dry chest. If the mother's condition does not allow this, the father can apply skin to skin contact.

The baby will start to make noises, lick its lips and/or the nipple. Most babies will find their way to the nipple and start to drink on the breast.

Skin to skin contact has many benefits:

- Oxytocin is released which causes the mother to warm up and therefore to keep her baby warm
- Skin to skin contact causes the heart rate, breathing and blood sugars of the baby to stabilize. The baby has less stress and will cry less.
- Most babies latch on to the breast by themselves increasing the production of breastmilk.
- By licking and suckling on the breast your baby will colonize himself with your bacteria and built up antibodies.

- Oxytocin will cause your uterus to contract so that the placenta will be delivered quicker and therefore causes less blood loss.

6 Breastfeeding

The release of breast milk starts when hormones are released after the placenta is born. Stimulation of the nipple sends a signal to the brain to release more hormones. It is important to stimulate the hormones to a maximum in the first eight days after birth as the hormones are at their highest level then. After those eight days milk production will continue by letting the baby empty the breasts.

After your first baby it will take an average of three to four days before you reach optimal milk production. With every subsequent baby it can be a day earlier. The first days your baby will drink small amounts each time as their stomach is small and they do not need as much milk yet. Those small amounts are full with antibodies to protect your baby against infections.

The first days after birth it is important to:

- Feed your baby when he wants. This can be eight to twelve times a day. This way your baby stimulates the breast enough and he will get small amounts of milk frequently. That will prevent engorgement of your breasts. The breasts are still pliant enough and this will aid latching on.
- Put your baby to the breast whenever he asks for it. You will recognize this by hunger signals your baby sends you: hands to his mouth, smacking with his lips, becoming restless. Do not wait until your baby is crying, you are too late then and latching on won't work. You will have to comfort your baby first and then try again.
- If your baby does not wake up by himself for a feed, you must wake him up after three hours and try to feed him. Especially the first week this is necessary to stimulate the breasts sufficient.
- If breastfeeding does not hurt, your baby can drink for as long as he wants. Efficient drinking means that your baby is taking long swallows and has his eyes open. When your baby appears to fall asleep or starts to suckle than he is not interested anymore and you must take him off the

breast. Sometimes your baby will let go of the breast himself. You can take your baby off the breast by putting your little finger in the corner of his mouth to break the vacuum in his mouth.

- **Attention: drinking at the breast may not be painful,** only a slight uncomfortable feeling when your baby starts to suck. This is the stretching of the nipple. If it continues to be painful you must take your baby off the breast and try again or change the baby's position
- Always let your baby drink both breasts during a feed so as to stimulate milk production to a maximum. The first days your baby will not always do this, but try it.
- Your baby can drink as often and as long as he wants. There is no limit or time schedule with breastfeeding. Feeding on demand means you feed your baby when he wants to. Try not to have more than three hours between feeds.
- We advise you not to use a pacifier because your baby will suck on the pacifier and will not give any hunger signals.

7 Rooming- in

We apply rooming-in on our ward. This means that your baby is with you in your room 24 hours a day. This way you can recognize the hunger signals of your baby quickly and you can breastfeed on demand. It also reduces the risk of sudden infant death syndrome.

Of course you can always ask for help with breastfeeding.

8 Positions to feed in

There are different positions in which to feed your baby. Find the position you like best. The nurse can help you with it.

Important points:

- Make sure your baby has his stomach against your body
- The nose of your baby is at the level of your nipple. Stroke with your nipple over the lips of your baby. Your baby will open his mouth wide and then you bring your baby towards the breast so he can take a big mouth full.
- Your baby must have the nipple and most of the areola in his mouth
- The chin of your baby is on your breast and his nose is (partially) free from the breast

- Both lips of your baby are turned outside
- Your baby is sucking with round cheeks
- You do not hear any noises while your baby is drinking

9 Night feeds

At night the hormone that is responsible for making milk (prolactin) is at its highest. That is why it is so important to feed at night too. Your baby cannot do without a feed all-night and the high hormone level will optimally stimulate the milk production. It also prevents engorgement.

10 Engorgement

Engorgement is a full heavy feeling in the breasts. It can be present from the third or fourth day after birth and it is a sign of the onset of copious milk.

You can prevent engorgement by having the breasts emptied as often as possible, thus letting your baby drink whenever he wants and for as long as he wants to.

If you do get engorged breasts then you can massage the breasts or apply warmth to the breasts before a feed. This will let the milk flow easier. You might feel a bit feverish when you have engorged breasts.

Engorgement will subside by itself after a few days. This does not mean that there is no more milk!

11 Cracked nipples

You can prevent cracked nipples by making sure your baby has latched on properly. Make sure your baby opens his mouth wide as if eating a hamburger and that the whole nipple and most of the areola is in his mouth. If your baby has not latched on properly or you experience pain breastfeeding, remove your baby from the breast and try again or change the baby's position.

Your baby has latched on properly if both his lips are turned outwards, his chin is against your breast, his nose is free and he is drinking with puffy cheeks and without a noise.

If you happen to have cracked nipples, you can massage the breast with your hands first to get the milk to start to flow.

That way your baby will not have to suck so hard. Feed your baby on the breast that is less painful.

The cracks can heal if your baby is latched on properly. After feeding your baby you can apply some breast milk on your nipple to dry. Breast milk is antiseptic and will heal the nipple. You can use a lanolin creme.

12 Additional feeding

Sometimes there is a (medical) reason to give your baby additional feeding. We give this to your baby using a small tube while your baby is drinking on your breast. This way your baby will learn that drinking at your breast will feed him. He will be rewarded for drinking at your breast.

If your baby does not want to drink on your breast, then you can give the additional feeding by fingerfeeding. This means that your baby is sucking on your finger with a small tube attached to your finger. We prefer not to use a bottle when giving additional feeding, because this may cause nipple confusion. Without any medical reason your baby does not need any additional feeding because it will disturb the supply and demand principle.

If your baby gets additional feeding, you must always express your milk afterwards. The reason for expressing is because we prefer to give only breast milk to your baby and by expressing you will stimulate the milk production to a maximum so your baby soon won't need additional feedings.

For more information about expressing your milk see the leaflet: Expressing breast milk.

13 Steps to latch on

Step 1:

- To make sure your uterus can contract properly , make sure to go to the toilet before breast feeding
- Wash your hands after visiting the toilet
- Change the diaper of your baby
- Make sure you have privacy (close the curtains around the bed)
- Make sure you are in a comfortable position, if need be use pillows for support

Step 2:

- Make sure your baby is lying with his stomach against you. His head and body are in one straight line and his nose at the height of your nipple.
- Your baby will search for your breast or you may stroke your nipple over your baby's mouth
- You can support your breast with your hand if necessary.
- When your baby opens his mouth wide, you bring your baby to your breast so he can latch on. Never push his head into your breast.

Make sure your baby has your nipple and most of the areola in his mouth. Support the breast until your baby is drinking quietly and then release your breast.

- In the beginning your baby will drink quickly and after a while he will take slow deep sucks. Your baby will keep his head a bit backwards so his nose is free to breathe through.
- Breastfeeding shouldn't be painful! Your baby has puffy cheeks and will make no smacking noises
Both his lips are turned outwards.
- Latching on can feel a bit uncomfortable. If the pain continues than you must take your baby of your breast and try again or change the baby's position
- You will get a let-down reflex. You will feel a warm tingling feeling in your breast. You will feel the milk coming and you can hear your baby swallow.
- To take your baby of the breast, you must break the vacuum your baby has created. You can do this by putting your little finger in the corner of your baby's mouth.
- Your baby has a nose especially made to breathe while drinking. So you do not have to press you breast to keep his nose free. If you do press your breast, you will occlude the milk ducts which can cause mastitis. Also it can cause irritation of the nipple as your nipple will change position in your baby's mouth and will rub against his palate.
- When your baby has finished he will let go of the breast himself. We advise you to offer your baby the other breast for as long as he wants. That way you will stimulate both breasts.

Often your baby will drink the first breast longer than the second breast.

- With the next feed you will start feeding on the breast you ended with the last time.

Step 3:

- Smear some drops of breast milk on your nipple and let it dry. Breast milk is antiseptic and will keep the nipple in good condition.
- If you need nursing pads make sure you change them after each feed

14 Last but not least

Breastfeeding requires some practice because mother and baby need to get to know each other and built their own rhythm. It is important to be patient and to have confidence in yourself. You can be assured that your baby gets enough breast milk if he puts on 150 – 200 grams per week and he has six wet diapers per day and a minimum of one dirty diaper per day. Also he has to be alert and content after breastfeeding.

For more information you can contact:

- The nurse who is looking after you or ask for the lactation consultant:
Nicolette de Jager 06-48139903
Greet Heerlien 06-20429459
Azita Javadi 06-20248137
- Vereniging Borstvoeding Natuurlijk
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