

# birthmatters

AT THE START OF FAMILY LIFE



## LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

### Why breastfeed?

*In health terms breastfeeding is incomparably the best, both for you baby, and you*

#### TONING YOUR BODY

- \*Breastfeeding helps your body recover quickly from giving birth. Hormones released when your baby sucks contract your uterus a bit more each time you feed. The same hormones help to tone your muscles again.
- \*You may find that you lose weight more quickly if you breastfeed, as breastfeeding uses up the fat stores you laid down in pregnancy. In one study women who breastfed for at least 6 months lost an average of 2 kgs more than non-breastfeeders during the first year of the baby's life . The greatest loss was in the three - to - six month period. Some women only lose weight once they have finished breastfeeding .
- \*breast feeding helps you to relax and feel calm- once the milk starts to flow, your hormones help you to relax and enjoy it.

#### REWARDING AND PLEASURABLE

- \*Breastfeeding brings you close to your baby. It can feel good; warm and comforting, to you as well as your baby. Many women feel intense pleasure when the baby suckles.Others feel a great sense of pride in seeing their baby growing strong and healthy on their milk alone.
- \*You never have to keep your baby waiting with breastfeeding. There is always milk in your breasts, and it is always instantly available.

#### PROTECTING YOU NATURALLY

- \*Breastfeeding helps to protect you in several ways. Studies show that breastfeeding your baby for three months gives protection from breast cancer before menopause – the risk is reduced by half. It also helps to protect you from ovarian cancer.
- \*Exclusive breastfeeding –that is, giving nothing but breast milk – also helps to protect from you becoming pregnant again.
- \*If you breastfeed, you are less at risk of osteoporosis than if you do not. Although the levels of calcium in your bones do fall while you are breastfeeding , your bone mineralisation is improved and by six months after weaning , your calcium levels are higher than they would be if you had not breastfed at all.
- \*This protection also extends to hip fractures. One study has found that women who had never breastfed had twice the risk of hip fractures than women who had breastfed.

# birthmatters

AT THE START OF FAMILY LIFE



## LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

The longer you breastfeed, the greater the protection ; breastfeeding for longer than nine months for each child can reduce your risk to one quarter of that of non-breastfeeder.

### IDEAL FOOD FOR YOUR BABY

- \*Your body has fed and protected your baby for the last nine months . Breastfeeding is designed to do the same for the next nine months.
- \*Breast milk is the very best food your baby will ever have, it contains every nutrient your baby needs to grow and develop to her full potential. It even changes as your baby grows to meet her/him changing needs. Your baby needs nothing else for the first four to six months.

### BEST FOR YOUR BABY'S GROWTH

- \*Formula milk can copy some of the basic nutrients in breast milk , but there are properties in breast milk which just cannot be copied.
- \*Breast milk is uniquely designed to make sure that your baby's brain and central nervous system develop to their full potential.
- \*Studies have shown that breast milk is important for the correct development of babies' eyesight, especially if they are born prematurely.

### IMPORTANT FOR HEALTH

- \*Because your milk contains antibodies, breastfeeding is very important in helping your baby to stay healthy. Most importantly , breastfeeding protects your baby from dangerous stomach bugs , which cause diarrhoea. Formula-fed babies are five to ten times more likely to develop gastro-enteritis than breastfed babies.
- \*Breastfeeding also protects against breathing problems and chest infections which cause wheezing, such as bronchitis, bronchiolitis and pneumonia. Studies have found that this protection can last for several years after breastfeeding has ended.
- \*Babies who are breastfed exclusively, that is with no additional formula, until at least four months of age, have been shown to suffer from half the number of ear infections than those who are never breastfed.
- \*Babies who are not exclusively breastfed for at least two months double their risk of developing insulin –dependent diabetes.

### ALLERGIES

- \*Breastfeeding can help to protect your baby from allergies like eczema and asthma. It can also help to reduce the severity of these allergies if they do develop in your baby.

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AT THE START OF FAMILY LIFE



## LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

\*Many experts recommend that babies from families with allergies are breastfed without any supplements for at least six months, if possible.

### HOW BREASTFEEDING WORKS

There are around 15-20 milk producing glands in the breast. Milk is made in these glands from substances from the bloodstream and stored in the milk ducts.

#### MAKING MILK

Milk will be made in the breasts whether or not you breastfeed. Once the placenta is delivered, the pregnancy hormones give way to the milk making hormone, prolactin. This hormone triggers the breast to make milk, and also has a calming and relaxing effect on you.

The removal of milk from the breast is a critical factor in its continued production. There is a chemical in the milk, which is designed to stop milk being produced if it is not used. If the milk which is made stays in the breast for too long, this chemical will begin to reduce the quantity of milk produced. Babies need to feed frequently in the early week in order to prevent levels of this chemical suppresser building up.

Once the baby starts to suckle, the hormone oxytocin is released into the bloodstream.

It reaches the breast and contracts the cells around the milk cells, forcing them to contract and pushing out the milk into the ducts. This is what some women feel as the "let down" reflex, often a warm, tingling feeding feeling. Not all women feel this reflex, though, and absence of the sensation is not an indicator that the reflex is not working.

#### FOREMILK AND HINDMILK

The milk which the baby takes in a feed changes during the feed. When he first begins to suck, the baby will receive foremilk. This milk is watery to look at and is low in fat and calories, but high in the milk sugar, lactose. As the feed progresses, the hindmilk is released. This milk is higher in fat and calories. Fat is very sticky. It sticks to the walls of the milk-producing cells. As the let down squeezes the milk cells, the foremilk is released first. As the feed goes on, more of the fat is forced into the ducts. As the amount of milk in the breast goes down, so the fat content goes up. At the end of the feed, the fat content is very high and it is probably this which enables the baby to decide that he has had enough.



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Baby-led feeding, that is letting the baby decide when to feed, how often and for how long, ensures that he gets enough calories at each feed. If he is taken off the breast before he is ready, he may not have received enough of this high-fat, high calorie milk.

If he is swapped to the other breast too soon, he will have to take all the low-fat foremilk in that breast before he gets to the calorie-rich hindmilk again. His stomach will probably get too full before he gets enough calories. If the baby receives too much low fat foremilk he may get very uncomfortable and “windy”. The foremilk is very sugary and too much of it results in the breast milk passing through the baby’s intestines more rapidly than usual. This means that the enzymes of the gut do not completely break down the breast milk. Consequently all the valuable food substances are not available to be absorbed. His nappies maybe filled frequently with green and frothy motions and he seems fretful and always hungry. It may help to let the baby feed for as long as he wants from one breast, then if he want to go back to the breast soon after he has finished, encourage him to feed from the same breast again. The high-fat hindmilk will help to slow down his gut and help him to feel full.

### POSITIONING

Breastfeeding is a natural process. It is also a skill, which needs to be learned. Correct positioning from the beginning will prevent many problems later on.

\*Find a comfortable place to feed.

\*Have a drink and perhaps a snack to hand as many women find that they feel thirsty when the baby begins to feed.

\*The baby should be facing you. Her head should not have to turn to reach the nipple.

\*Her nose should be in line with the nipple, with her body tucked in close to yours. (tummy to tummy, nose to breast).

\*This ensures that the baby takes more of the breast tissue into her mouth from below the nipple. This is where most of the action of the baby’s jaw and tongue works to strip the breast.

### LATCHING ON

It is important to wait for the baby’s mouth to open wide so that he can take a large mouthful of breast, with his tongue down, not on the roof of his mouth. When the mouth is wide open, the baby can be moved swiftly towards your breast and allowed to latch on. Be patient, she will get there. It is not necessary to force the whole areola into her mouth. The baby will begin to suck strongly. At first, her sucking pattern will be regular, even, short sucks. Once the milk has let down, the pattern changes to a few rapid sucks, a pause, then slower, longer, drawing sucks and a swallow. Pauses are a natural part of the feed, and not usually a sign that she has had enough.



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It is important to let the baby decide for herself how long she wants to stay on the first breast. Once she has had enough and has let go of the nipple, she may be moved over to the other breast. She may only want to “top up” at this breast. It is a good idea to start with this breast first the next time she wants to feed, to avoid getting lopsided.

### **CHECKLIST**

#### **POSITIONING – HAVE I GOT IT RIGHT?**

- \*A relaxed and happy baby.
  - \*Chest to chest – tucked in close to you
  - \*Chin to breast – head back and chin forward
  - \*a wide open mouth, with bottom lip turned out, not sucked in.
  - \*More breast in baby’s mouth below nipple than above
  - \*Face and jaw muscles working – may see wiggling ears.
- YOU SHOULD NOT SEE**
- \*Pinched, prissy lips and baby’s cheeks being sucked in
- YOU WILL HEAR**
- \*sounds of milk being swallowed – a change from quick, small sucks to deeper, satisfied gulps as the milk is released from the breast.
- YOU WILL NOT HEAR**
- \*clicking noises or lip smacking
- YOU MAY FEEL**
- \*Your let down reflex working – a tingling warm feeling and feeling of pleasure and enjoyment
- YOU SHOULD NOT FEEL**
- \*Pain which continues throughout the feed

### ***BLOCKED MILK DUCTS***

#### **RECOGNISING A BLOCKAGE**

- \*Lumps you can see or feel.
  - \*Tender area.
- \*Milk solids may be seen emerging from the nipple as a small white spot, or you may see a white blister appear on the nipple.

#### **SELF-HELP**

- \*Feed the baby first from the “lumpy” side.
- \*Feed with the baby’s chin nearest to the lump, so his lower jaw can strip the lump



## LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

more effectively.

\*Use gravity to help the milk to flow – lay the baby on his back and hang the affected breast over him.

\*Massage the breast gently.

\*Using a wide-toothed comb lubricated with soap or baby oil, and with firm but gentle pressure, stroke the breast over the lump towards the nipple.

\*express milk after a feed if the breast still feels lumpy.

### EFFECTIVENESS

\*Lump should gradually reduce in size and tenderness.

\*May take a few days to disappear.

### WHEN TO SEEK MEDICAL HELP

\* If the lump does not respond to any of the above treatment within a few days.

### AVOIDING RECURRENCE

\*Check bra and clothing to make sure they are not too tight and putting pressure on the breast tissue.

\*Check baby's position at the breast.

\*Check that fingers are not pressing into breast tissue when feeding.

\*Change feeding positions regularly.

\*Avoid wearing a bra in bed.

### *MASTITIS*

Inflammation not necessarily infection. Milk from a blocked duct may have leaked into the breast tissue. The body thinks this is an infection and reacts in the same way, by



## LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

increasing the blood supply, producing the inflammation and redness.

### **RECOGNISING MASTITIS**

- \*Red inflamed area on the breast (or whole breast)
- \*Breast feels sore.
- \*You feel “fluey” – aching, shivery, high temperature, tired and weepy.

### **SELF-HELP METHODS**

- \*Carry on with breastfeeding, even if advised to stop-this can make things worse.
- \*feed the baby more frequently, and use a breast pump if the baby is not taking all the milk available.
  - \*feed from the side which is sore first.
  - \*Use the suggestions for treating blocked ducts.
  - \*Arm-swinging exercises will help to stimulate the circulation.
  - \*Rest if feeling unwell.
- \*Alternate warmth and cold – warm flannels or warm water splashed on breast, or a warm shower or bath, especially before a feed, cold compresses after a feed will help to reduce the inflammation.

### **EFFECTIVENESS**

- \*Self-help techniques should work in 12-24 hours.
- \*Fluey feeling should subside and inflammation reduce.

### **WHEN TO SEEK MEDICAL HELP**

- \*If self-help techniques produce no improvement in 12-24 hours or earlier if you are worried.
  - \*If mastitis keeps recurring.

### **AVOIDING RECURRENCE**

- \*Check baby’s positioning during feeds.
  - \*Change feeding position regularly.
- \*Cutting down on saturated fats and avoiding caffeine may help.
- \*Avoid sprays and creams applied to the nipples, which may affect the skin’s natural barriers.
- \*if mastitis recurs more than twice, ask GP to take a swab from the baby’s nose and throat – the baby have an infection which is re-infecting you.

DEBRA JONCKERS-JAN 1999

REFERENCE: BREASTFEEDING YOUR BABY BY JANE MOODY, JANE BRITTEN AND KAREN HOGG

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