

# Breastfeeding Summary



*Breastfeeding is the way of feeding the young babies. However, it needs proper knowledge and skill of feeding techniques for a successful journey of breastfeeding. Lactation (making of breastmilk in the mother's breasts) is dependent on a basic principle of "Demand and Supply", i.e. the mother's body corresponds to the baby's sucking thereby initiating lactation and increasing the milk supply based on their growth needs from day-1 to over months. Key is to stay relaxed and positive, and to keep directly breastfeeding the baby from day-1.*

## When to initiate breastfeeding?

Begin to breastfeed just within an hour after delivery or as soon as the mother comes to consciousness. Early initiation of breastfeeding, within one hour of birth, helps stimulate the production of breastmilk and protects the newborn against infections. Loaded with immunity building anti-bodies, the first milk/colostrum, is an important source of nutrition and immune protection for the newborn. It facilitates emotional bonding of the mother and the baby and positively impacts the duration of exclusive breastfeeding.

## How frequently and for how long?

Have the baby on both breasts for about 20 to 30 minutes every time the baby cues for milk or every 2-3 hours if the baby is too sleepy. Also make sure the baby is actively nursing throughout the feeding duration; keep him/her actively involved in feeding by gently rubbing the feet or ears or any such gentle actions. This helps prevent the baby from getting dehydrated and reduces the risk of jaundice.

## Position and Attachment

One of the most important aspects of breastfeeding is correct latchment and position; most of the complications that may arise in breastfeeding are as a result of incorrect attachment and positioning. Basic rules to follow while breastfeeding are:

- Baby goes to the breast; mother should not bend to breastfeed. A breastfeeding pillow around the tummy or any soft pillow placed under the mother's elbow area will help achieve this.
- Mother sits with a good back support. Her entire back should be well rested to the back support of the chair.

- It's important that the baby opens the mouth wide and latches upon the areola and not just the nipple..
- Ear-shoulder-hip of the baby should be in a straight line and there should be tummy-to-tummy contact between mother and baby.
- A small stool under the mother's feet supports good positioning and makes breastfeeding comfortable.

**Note:** Avoid dresses that have zippers over the breasts; rather choose dresses with an opening over the center of the chest. This helps the mother to clearly watch the baby nursing, and avoids the baby's face getting rubbed against the rough zippers.

## Ways of Positioning

### Some of the common breastfeeding positions are:

**Side-lying position:** This can be done on the day of delivery (when mother cannot move much). Hold the baby from behind getting her/him close to the breast and support the breast with the other hand like a 'C' as shown in the image.



**Cross-cradle hold:** This position works well to feed pre-term babies with lower weight and weak neck. Hold the baby's neck from behind with the opposite hand guiding the baby's mouth to the breast. Other hand should support the breast. Refer to the picture below.

**Cradle hold:** This position suits well for a term baby, and for mothers who had a normal delivery, or for mothers after a week of cesarean section (c-section). Baby should be held with the hand holding the lower side of the baby's bottom and her/his face well rested on the elbow fold. Ensure his/her body is facing the mother's side with tummy-to-tummy contact. Other hand should support the breast around the areola.



**Football/clutch hold:** for 'c-section' mothers who experience pain and discomfort in the abdominal region. Baby should be placed on the side of the mother's breast on a pillow with his/her body facing her side and positioned closely with the help of her forearm and hand supporting the back of the baby's neck from behind. Opposite hand should support the breast.



## How to breastfeed with flat or inverted nipples:

A mother with a flat or an inverted nipple has to work a little hard while latching the baby. Pulling out the nipple gently, using a syringe or preferably a nipple puller and offering it to the baby can be somewhat helpful. Nipple shield (an artificial nipple made of silicon material) can be recommended. She can place it on her nipple area and hold it on her breast using her fingers like a 'V' and directly feed as she would normally breastfeed.

## NICU Admission:

In case of NICU admission, the mother needs to stimulate her breasts & express milk manually or by using a good quality breast pump.

It is important that consistent demand is put on the breasts at regular intervals of 2-3 hours, either manually expressing or pumping for 25-30 minutes to create demand that signals her body to produce milk even if the mother has not started making any milk. She may visit NICU every 2-3 hours depending upon her health condition to express milk for her baby but cannot directly breastfeed the baby until and unless instructed by the concerned doctor. Once she starts producing enough milk, the expressed breast milk (EBM) can be collected in a sterile bottle or a container and sent to the baby as soon as it is extracted. Get a lactation consultation for more details on continuation of breastmilk maintenance after getting discharged from hospital while the baby is in NICU for some more days.

## Breastcare and Milk Maintenance:

- Do not apply soap on the nipple, as soap tends to take away the moisture and makes the skin dry, just rinsing with warm water is enough.
- Make sure that you wear brassieres at least during the day to avoid loss of muscle tone. Wear the right size that correctly fits you, not tight or loose. Choose soft cottony fabric as it helps good air flow and prevents retention of sweat.
- After you are done feeding, squeeze out a little milk from your breast, apply it on the nipple and the areola and let it air-dry for 3-4 min. It works like a protective coating.
- In case of engorgement (lumpiness or heaviness or) in the breast, apply warm compresses on the breast before feeding as it melts the lumps and allows free flow of milk.
- WHO recommends 6 months of exclusive breastfeeding and continued breastfeeding until 1-2 years. Solid foods and water can be introduced after 6 months. Water content in breastmilk is enough to meet the baby's water requirement even during summer for the first 6 months.

## Keys to know if baby's got enough and things are going right:

- Assess the baby for a proper latch. A good latch should be firmly felt on the areola, but should not hurt.
- Look for rhythmic and active sucking and gulping movements with pause in jaw excursions. Don't allow the baby to stop nursing and falling asleep during the feed; keep the baby awake and active.
- Baby should fall away from the breast, sleepy and satisfied after about a good 20-30 minutes feed. Also, baby should wake up with cues of hunger around every 2 hours. Even if the baby fails to latch after 2 to 2-1/2 hours, it is necessary to give expressed breast milk with a spoon to prevent dehydration and too much weight loss. However, care must be taken to see that the baby doesn't get used to having expressed milk continuously.
- Reduced urine count or dry skin can be a sign of dehydration. Keeping a count of no of urine the baby passes is important. For the first day (24 hours), the baby should pass at least one urine, on day 2-2 urines, day 3-3 urines, day 4- 4 urines, day 5-5 urines and from the 6th day on, 6 – 10 urine output should be noted.

- Dehydration can be avoided if the baby is fed on demand i.e. a minimum of half hour gap or maximum of two and half hour gap.

## Diet

### Some of the foods that mothers can include in their diet are:

- Fenugreek (either in the form of soaked seeds or leaves, cooked)
- Fennel seeds 1-2 teaspoons
- Cumin seeds 1-2 teaspoons
- Garlic 5-6 per day
- Include lot of vegetables, especially gourds like bottle gourd, ridge gourd, cucumber, etc
- Oats and corn (in limited quantity)
- Soaked almonds, 6-8 per day
- Dals or any non-vegetarian sources of protein, especially fish protein, especially fish



**Get in touch with lactation consultant for any breastfeeding related issues with a prior appointment.**

KPHB | Banjara Hills | AS Rao Nagar | Boduppal | Madinaguda | Balanagar  
Attapur | Kompally | LB Nagar | Khammam | Tirupati | Vijayawada



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