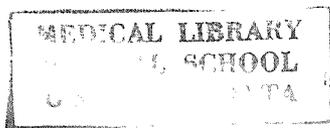


BREAST-FEEDING  
IS BEST



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## 1. WHY IS BREAST MILK UNIQUE?

### 1.1. The Contents of Breast milk

Modern science confirms this. Breast milk provides babies with proteins, calories, mineral and vitamins in the perfect balance needed to support growth in their early most-vulnerable months of life. Breast milk, contains immunological and anti-infective agents which protect against the common infections of infancy. Breast milk is constantly changing, adapting to the specific immunological and nutritional needs of the rapidly growing baby, and because breast milk supply is regulated by demand, fully breast-fed babies are seldom obese.

Breast-feeding provides more than milk to the baby: the psychological interaction between the nursing mother and the child facilitates a close relationship and promotes harmonious development of the baby.

Breast milk requires neither equipment nor preparation, is always sterile, is always available and costs little.

Breast-feeding increases the interval between births to the benefit of the mother and all her children. No wonder breast milk has been called 'the original convenience food'. Nothing in a tin or jar can ever match milk from the breast. Breast milk contains protein carbohydrate and fat. The proportions of each varies from that of cows' milk. Breast milk contains more than double the amount of protein making it more digestible. Fat content is similar to cows' milk but the size of the fat droplets is considerably smaller in breast milk than in cows' milk and this helps the baby's digestive system. Breast milk also contains a big proportion of carbohydrate in the form of lactose and has the correct balance of vitamins and minerals.

Lastly, cows' milk completely lacks the important antibodies found in breast milk thus offering no protection to the young baby.

### 1.2. Can every woman breast-feed?

At least 98 out of every 100 women can breast-feed successfully **if** they want to and **if** they receive some basic support and information about the process.

The number of women physiologically unable to nurse is very small, no more than 2 per cent of all mothers. Lactation failure in traditional societies, i.e. when there are no alternatives, is virtually unknown.

Breast-feeding is, however, a delicate psychophysiological process that can be upset or inhibited by fear, stress, lack of confidence and belief that the

milk will be lacking in quality or amount. Reports of these anxieties and accompanying lactation failure, appear to accompany the spread of modern values, medical practice and the commercial availability of breast milk substitutes.

### 1.3. **Is breast-feeding good for the mother?**

Yes, and in many ways. Contrary to the old wives' tale that nursing makes 'breast sag' (**age and gravity do that**), breast-feeding actually helps women to get their bodies back in shape after childbirth. It helps the uterus return to its pre-pregnancy condition and facilitates loss of excess weight gained during pregnancy. It promotes a deep feeling of warmth and attachment between mother and baby, and many women report the physical sensation of breast-feeding is pleasurable. Although infant formulas are promoted as convenience, breast milk has rightly been called the 'original convenience food', because it is always ready, at the right temperature, sterile, and needs no purchase, preparation, sterilization or storage.

The convenience of breast-feeding can be best appreciated by mothers who get up in the middle of the night to prepare a feeding bottle, or who have struggled with artificial feeding while travelling or who simply have to adjust the family budget.

### 1.4. **What about the old wives' tale that breast-feeding women do not get pregnant.**

Breast-feeding, especially when unsupplemented and practiced on demand, is a remarkably effective contraceptive.

The action of the baby sucking at the breast stimulates the secretion of hormones that inhibit ovulation. The more frequent and intense the sucking, the greater the contraceptive protection.

However, breast-feeding does not prevent pregnancy, it only delays it. Once ovulation resumes, there is no protection, and other contraceptive methods should be used if desired. Women should also remember that ovulation precedes menstruation so a small percentage of women will conceive before menstrual bleeding signals the return of ovulation, unless other precautions are taken.

Hormonal contraceptives, such as the pill, should not be given to nursing women because we do not know the effects of such chemical when passed on to the baby through the mother's milk. Other contraceptive methods should be offered.

## **2. PREPARING FOR BREAST-FEEDING**

The decision to breast-feed must be made before the baby's birth, so that you are well prepared. From the medical point of view there are very few reasons for advising against breast-feeding. Severe heart or kidney diseases or active tuberculosis are examples where a doctor may advise against breast-feeding. As far as the baby is concerned even the smallest and most immature will benefit from breast milk. In case where the baby is unable to suck, milk can be expressed from the breast manually and given in other ways.

On your first visit to the antenatal clinic the doctor will examine your breasts. Tell him that you are thinking of breast-feeding and ask for advice.

During pregnancy is the best time to discuss and talk things over with your husband. Gain his support and encouragement, it will give you confidence. Find out where you can buy any special clothing you might need. A support bra is essential to prevent permanent sagging of your breast and a nightie with easy access to the breast is an advantage. Being well prepared and confident makes breast-feeding easy to cope with when the baby arrives.

## **3. FIRST CONTACT**

As soon as your baby is born ask that he be given to you to hold. Try putting him to the breast if you want to, but do not worry if he does not want to feed straight away. Always hold him close so that you can see his chin touching your breast. The all important first contact with your baby makes him one of the family. Feel satisfied that as you breast-feed you will see your baby flourish and grow. Many mothers are sad when the time comes to give up breast-feeding because they recognise that the quiet times together provide a bond which is sheer delight to experience. When you feed your baby you are giving him much more than just food - you are giving him love and security and you are getting to know one another.

## **4. MILK PRODUCTION**

4.1. During pregnancy the breasts enlarge and may become a little tender and the areola (the area around the nipple) darkens. Towards the end of pregnancy a yellowish sticky fluid is produced by the breasts called colostrum. It has everything the baby needs until the full milk is produced. Colostrum plus milk provides a coating for the baby's stomach and intestines protecting it against harmful infections.

## 4.2. **Trigger Response**

Feeding triggers off a response which keeps the milk producing and flowing. The amount of milk produced depends on the individual baby's needs and response to its sucking. Sucking causes a release of hormone called 'Prolactin' into the blood which acts directly on the milk secreting cells to produce milk.

Sucking also causes the release of another hormone 'Oxytocin' into the blood. 'Oxytocin' makes the milk ducts contract and this squeezes out the milk from the nipple to keep a constant flow. 'Oxytocin' also causes the uterus to contract to its pre-pregnancy state within a few days after breast-feeding starts

## 5. **SUCCESSFUL BREAST-FEEDING**

### 5.1. **Feeding Positions**

A full term baby can be put to the breast immediately after birth. This increases the success and duration of breast-feeding. All that is necessary in the first few feeds is to get the baby to take the nipple properly and suck a few times.

You should be as comfortable and relaxed as possible

(a) In a chair without arms which fits your back and is low enough to make a good lap for the baby to rest on. Sit slightly leaning forward with a cushion for your back. Make sure both your hands are free.

(b) Lying with your baby beside you, turn onto your side. Hold your baby with one arm (hand near his bottom) his head being free to move but resting on your arm.

As you feed look down to make sure the baby's chin is right up against your breast so that his jaws can squeeze the soft tissue behind the nipple. Then he will not have to suck so strongly because as he opens his mouth the nipple will go in along its roof. If the chin is touching all through the feed there is little need to worry about his nose getting covered. Put your fingers across his cheek or brush your nipple against his face as you pick him up to feed and press on his chin to make him let go if you want to change breasts.

### 5.2. **When to feed and for how long?**

Initially, the more frequent the feeds the better the start for your baby. Probably every two hours and as you settle a routine every 4 hours making 6 feeds in a day. Let the baby suck until it releases the breast spontaneously. Use both breast making sure the baby latches on properly. The baby will cry when he needs to be fed. A compromise between feeding on demand and what fits in

with the rest of the family routine is the best approach. Most babies are satisfied with 10 mins. at each breast but we advise you to look out for individual variation and the natural rhythms of the baby itself. Sometimes the baby will only feed from one breast. Try beginning with the less favourable one when he is most hungry. The baby itself will let you know when he had had enough, usually by releasing the nipple.

Supplementary foods need to be added to the baby's diet at four to six months of age. But, while such foods are being added, breast milk continues to be an important source of economical, high quality protein. Processed foods lack the value of the natural product because such nutrients are lost during their processing. Weaning should take place preferably onto foods of local origin that are generally cheaper and culturally accepted.

As early as 3 months of age, the baby may be given vitamin A, D and C drops. Mothers' milk is generally considered an insufficient source of vitamin D. Children suffering from Vitamin D deficiency may develop rickets.

### **5.3. How long do women breast-feed?**

Most women could, and some do, continue to breast-feed for several years: Usually, however, breast-feeding is terminated much earlier — if it is initiated at all.

Unfortunately, especially in the urban areas of developing countries, this is often during the first few months when breast-feeding may be critical for survival and when it can provide the greatest benefits. Breast-feeding is often continued during the weaning period when complementary foods should be introduced at four to six months of age with gradual transition to the family diet by 1<sup>1</sup>/<sub>2</sub> to 2<sup>1</sup>/<sub>2</sub> years. The breast-milk provides important contribution of nutrients during this period.

### **5.4. Peace and Quiet**

Visitors can be sympathetically interested but if you feel unhappy with them watching you, find another place where you can relax. Success means having confidence that you can do it. The husband should play a supporting role making sure that you have no problems and nothing to worry about. Although you may feel uncertain and anxious there are solutions to most breast-feeding problems. The next section is designed to highlight many of the questions you might want to ask and to reinforce as many of the positive points as possible about breast-feeding.

## 6. PROBLEMS AND WORRIES ABOUT BREAST-FEEDING

### 6.1. **How can I relax when I am breast-feeding?**

By using the breathing exercises you learned in the parent-craft classes you can relax and concentrate on giving your baby priority. Choose surroundings which create an atmosphere which helps you to relax. Some mothers prefer to be alone, others with family and friends around them.

### 6.2. **Can Breast-feeding help me slim?**

Fat is stored in the body during pregnancy in preparation for the nursing period. Provided you increase your calorie intake by no more than a quarter you will return to your pre-pregnancy weight.

### 6.3. **What is the best type of bra to wear?**

Firstly it should be made of material which allow air to pass through. Front fastening bras are the most practical. Make sure you have plenty of support and that there is room for a pad to fit if your breasts leak.

### 6.4. **How should I look after my breasts?**

Care of your breasts is very important. Use lukewarm water only for washing. Let the breasts dry naturally after you have fed the baby without washing them. Breast-milk will not dry out your skin. A little lanolin cream or vaseline applied to the nipple area will help keep it soft and supple. Wash your hands regularly while you are taking care of the baby.

### 6.5. **Will my breasts lose their shape while I am breast-feeding?**

During pregnancy the breasts enlarge considerably. Avoid letting your breasts become overfilled with milk. Always wear a well fitting bra giving good support. The shape of the breasts should not alter any more than they already have done through pregnancy. While you are still producing milk the breasts will be larger but as soon as you stop the breasts will return to their former size.

### 6.6. **Can I avoid cracked nipples?**

Yes by taking good care of your breasts. Don't let your baby suck too long on the first feeds. Change breasts and make sure the baby is latched onto the breast properly. The nipple and part of the areola should be inside the mouth. Let both nipples dry between feeds.

### **6.7. Help for cracked nipples**

Frequent short nursing, offering the breast which is least painful when the baby is at its hungriest. Change position frequently and apply a thin coating of edible oil between feeds. If feeding becomes too sore express milk by hand and feed it to the baby by cup and spoon. Do not revert to bottle feeding because the technique is totally different and once the nipples are healed you may find the baby will refuse the breast. You must empty your breast in order to keep the milk production flowing.

### **6.8. Flat or Inverted nipples, what can I do?**

When you visit your antenatal clinic and the doctor examines your breasts tell him you want to breast-feed. It is best to begin treatment for nipples during pregnancy. A simple exercise that will help your nipples to stand out, is to pull out your nipples with your fingers as much as possible without hurting them, in the morning and at night. Severely inverted nipples can usually be cured by wearing a plastic shield in the latter months of pregnancy and during breast-feeding. It fits over the nipples and part of areola pressing into the soft tissue of the breast, making the nipple stick out.

### **6.9. My breasts always seem full, what can I do?**

In order to maintain a good supply of milk the breasts should be completely emptied at the end of each feed. There is often a time around the 3rd – 4th day when the breasts feel tight and can easily bruise. The best prevention is to get the baby to be a practised and eager feeder right from the start. Feeding during the night also helps. If you are still producing more milk than the baby will take, try expressing some immediately before or after a feed. Be comforted in knowing that it will soon pass, once milk production is regulated to the individual baby's needs. The amount of milk produced is related to the baby's needs in response to sucking. Some swelling and engorgement is normal until you and your baby settle into a feeding schedule.

### **6.10. How do I express excess milk?**

According to the volume of milk required to be expressed you can use your hand or an electrical pump.

**Hand Expressing:** First wash your hands and then hold a clean cup or glass under your breast. Gently twist and knead the nipple to stimulate milk flow. Then take your breast in your hand, holding your thumb and index finger on the areola on either side of the nipple. Press your

fingers straight in towards your body and then towards each other. Move your fingers round the nipple as the milk ducts are emptied.

Change over to the other breast after a few minutes. You can safely store breast-milk in a fridge for 24 hours. There are also mechanical and electrical pumps to help you in this procedure.

Sterilization is necessary not only to protect babies from contaminated milk but also to protect the mother from infection which could enter through a cracked nipple into an engorged breast. Learning to express milk is best done while still pregnant. It is a useful skill to master. If in doubt, ask your doctor or midwife, or ring your area Polyclinic for help:

Mosta Polyclinic	.....	Tel. 496563
Paola polyclinic	.....	Tel. 622103
Floriana Plyclinic	.....	Tel. 603314
Gozo Craig Hospital	.....	Tel. 556851

#### 6.11. After pains — what causes them?

Two or three days after the birth of your baby hormones are released which affect the ability of your breast to squeeze milk out and also cause your uterus to contract back to its pre-pregnancy state. Often these contractions feel like the beginning of labour pains all over again. Breathing in through the nose and slowly out through the mouth can help you to relax and ease the pain. Avoid taking any pain relieving drugs while you are breast-feeding.

#### 6.12. What can I do if my breasts leak?

The same hormone which causes the uterus to contract also produces a reflex action which squeezes milk out of the breast. This action applies to both breasts and is triggered when you pick up your hungry baby for a feed. Milk rushes into both breasts and is felt as a prickling sensation just beneath the nipple. Often milk will escape from one breast as the baby feeds from the other. Pressing a finger against the nipple for a short while may help to stop a flow. Alternatively you can collect the milk in a special sterile glass or you can put soft wadding in your bra to absorb the milk.

#### 6.13. What is Mastitis?

Mastitis means inflammation of the breast tissue. The part of the breast affected turns red and hard and is swollen and painful. Go to bed and rest for 24 hours. Offer the breast more frequently than usual. Keep the area warm and well covered. Contact your doctor if the symptoms persist. A breast abscess

may develop and the doctor will wish to prescribe antibiotics. Breastfeeding can continue after treatment.

**6.14. Should I eat and drink more?**

A mother who is breast-feeding need only eat about 1/4 more than she usually eats. Food in the form of milk, low fat cheese, wholemeal bread, fruit and vegetables are the best to supplement the diet. As for drinking more fluids — its only myth, although it is entirely up to each mother and how she feels. Water is clearly the best fluid to drink. Try to avoid sweetened juices and soft drinks. Low fat skimmed milk or unsweetened tea can add variety as well as natural fruit juice.

**6.15. When is milk produced and how does it ‘come-in’ to the breast?**

Small amounts of colostrum are present in the breast as early as the third month of pregnancy. However its release is controlled by hormones which only become active after the birth to stimulate milk production. The child sucking on the nipple produces a reflex called ‘The milk ejection reflex’, which drives milk out of the breast into his mouth.

**6.16. Why is there no milk as such for the first few days?**

Colostrum which continues to be formed in the first few days after birth is a special substance providing a protective coating for the stomach and intestines. It also contains the important antibodies which guard against infection. A baby has no need for anything but colostrum in the first few days of life.

**6.17. My milk is very thin, will it be sufficient?**

Breast milk in fact is usually watery and slightly bluish in colour. However its quality will always be good and therefore sufficient for the baby’s needs. If your baby is gaining weight slowly but steadily, is contented and developing well, you can be sure that your milk is adequate.

**6.18. I seem to have dried up**

When milk production stops, it is usually something connected with the milk ejection reflex that is causing the problem. The simple answer is to allow the baby to suck more frequently and above all, relax yourself. The milk ejection reflex can easily be unbalanced if you are upset about something or tense or hurried. Talk things over with your midwife and look for encouragement and support from your husband. Cuddle and talk to your baby. All this will help you to regain your confidence and with that, improve your milk

supply. Occasionally when you would normally be having a period you may only produce small quantities of milk — feed the baby more often. Avoid giving the baby supplements or your breast milk will automatically diminish. Persevere, breast-feeding takes patience and care, don't give up right away.

**6.19. What is meant by intensive breast-feeding?**

This is a term used to describe very frequent feeds. You feed the baby as often as every hour only giving the breasts for short periods. It can be used as a method of increasing the milk supply and also for babies who seem to need little but often feeds or if they cry all the time. Intensive breast-feeding is difficult because it requires that the mother gives herself fully to the baby. Housework, cooking and cleaning seem to crowd your thoughts. You may seem depressed or uncertain. Ask your family to help and try to relax yourself and be comfortable, otherwise you will add to the risk of disturbing your ejection reflex.

**6.20. Surplus milk — what should I do with it?**

Nursing mothers willing and able to express surplus milk can get in touch with the Special Care Baby Unit of Karen Grech's Hospital, tel: 621251, and offer to give them a supply which can be used for mothers who for some reason cannot breast-feed on their own.

Alternatively you can keep breast milk in the fridge for a maximum of 24 hours.

**6.21. Can the size of my breast affect my milk supply?**

No, milk supply is controlled by the amount of sucking and the milk ejection reflex. In the early days there may be 'too little or too much' milk because the baby and mother are not yet in balance. The ability to breast-feed successfully does not depend on the size of the breasts. The quality of the milk no matter how little or much you produce will always be good.

**6.22. Is it alright to upset a feeding routine?**

Working out a feeding routine means coming to a compromise. If the child takes long breaks between meals during the day and short ones at night you should, for your own sake, try waking the baby during the day and offer it the breast. If possible the child itself should decide the times it wants to be fed but obviously a routine which fits into family life is better than exhausting yourself. A period of 2 — 5 hours, between meals is usually satisfactory. Most new born babies like a meal at night.

### **6.23. Is my baby getting enough to eat?**

As a general rule if your baby seems happy and contented after a feed and is offered the breast when he awakens or cries, you should see a slow but steady weight gain. It is very difficult to gauge exactly how much milk the baby consumed at each meal. Every newborn baby loses weight to start with as the water, glycogen and fat is lost from its stores. However if your baby continues to lose weight see your doctor for advice.

### **6.24. My baby prefers one breast to another?**

Some times a baby will only feed from one breast. Try changing positions and offer the least favoured breast to start with as the child is hungry. If this does not work you can express milk from the breast which is not used and feed it by spoon. It is perfectly possible to breast-feed from one breast only. Lactation has a tendency to fall off unless both breasts are stimulated frequently and so it is necessary to express milk at every feed from the other breast so that your milk production remains adequate. Since the baby will be sucking more from one breast it is especially important to take good care of your nipple area in order to prevent soreness or cracking.

### **6.25. When has the baby had enough to eat?**

Usually the baby has had enough when he releases the breast in his own time. Usually, 10 mins on each breast is sufficient. The individual baby may take longer or shorter.

### **6.26. How do I release the nipple to change breasts?**

When you want to release the breast work a finger into the corner of the baby's mouth and press gently on your breast so that you break the airtight seal. The baby's grip will be loosened and removing the breast will be easy. Just pulling your breast away from the baby's mouth may hurt and your nipple could crack.

### **6.27. How should I waken the baby?**

By brushing your nipple against the corner of the baby's mouth or cheek the baby will open its mouth in a so called 'Rooting Reflex' and to turn its head towards the source of its feed. You can change the baby's nappy to wake the baby up.

**6.28. What can I do if the baby vomits?**

Perhaps the milk supply is coming out too quickly and the baby is not used to it yet. Take rest, express some milk and try again after a little while. Sometimes the baby needs to break wind and if milk is constantly being forced into his mouth, he just cannot get a chance. In between feeds or when he is resting against your shoulder, hold him upright and lightly pat or rub his back.

**6.29. How do I know when to feed my baby when we are in hospital?**

Most newborn babies are preferably put straight to the breast and if you want to be successful it is best to feed within an hour of delivery. The hospital staff are usually very cooperative. Make your own feeding arrangements when you are admitted to the post-natal ward.

**6.30. What supplements are necessary in addition to breast-milk?**

No supplement is necessary until the baby is about 3 months old. After that alternative foods should be introduced while continuing breast-feeding.

**6.31. Can a child being breast-fed be affected by alcohol?**

Alcohol is passed on to the baby through the mother's milk. In excess it can do harm.

**6.32. Can I smoke?**

You are strongly advised not to smoke during pregnancy or for the period of breast-feeding. Nicotine passed in the mother's milk can affect the baby. Consider the period of pregnancy as a stimulus for you to stop smoking, both you and your baby will feel better for it.

**6.33. Can I take the pill while I am breast-feeding?**

Hormonal contraceptives, such as the pill, should not be given to nursing women because we do not know the affects of such chemicals when passed onto the baby through the mother's milk. Other contraceptives methods should be offered. Where hormonal contraceptives are the only alternatives, their introduction should be delayed as long as possible.

**REMEMBER: BREAST-FEEDING IS BEST.**

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