

# Breastfeeding Successfully



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**Health Promotion & Disease  
Prevention Directorate**

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# Introduction

*Breastmilk is the optimal milk for a baby.*

*Nutritionally, it is a complete*



*food for a baby for the first 6 months of life and continues to provide all the milk-based nutrients for much longer with solid foods providing the extra needs for an older baby. Breastmilk is still considered a source of nourishment for children into the second year of life.*

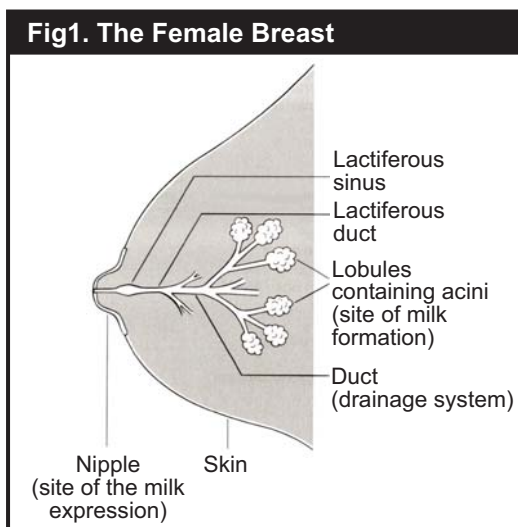


# The Breast

Understanding the breast and how it works helps you to breastfeed. The breast is a gland that is divided into 15-25 separate segments which have a network of ducts and ductules (similar to pipe work). Each segment contains alveoli which are balloon-like clusters of milk-making cells. Ducts lead from individual milk cells to connect with larger ducts creating a network that ends at the nipple pore which is the opening in the nipple to the outside.

The size of the breast has no relevance in milk production. The functional breast tissue can be as plentiful in small breast as in large breast. Fatty tissue decides the size of the breast which has no role in milk production.

It is extremely rare for a woman not to be able to produce enough milk for her baby's needs. Mothers need to acknowledge that babies suck both for comfort and hunger.



# Milk Production

Hormones are responsible for both the production and release of breastmilk. These hormones are made in response to the stimulation of the breast by the baby's suckling. The actual removal of milk from the breast further encourages production of milk. The demand is the major factor for the supply, the more the baby sucks the more milk is produced. When sucking is reduced breastmilk production is also reduced. Restricting the number of feeds or the length of time of feeding tends to result in a reduction of milk supply which leads to the baby having less milk available. Milk release is the result of the hormone oxytocin that causes constriction of the milk cells which squeezes milk out, the 'letdown' reflex.

Oxytocin is released in response to the baby sucking but in some women this can take up to 15 minutes. Restricting the time a baby spends on the breast may result in this not being achieved so the baby does not receive the larger quantity of fatty, hind milk, which comes with this reflex.

Prolactin is the hormone released that causes the cells to produce milk. This hormone continues to be released for around 30 minutes after your baby stops feeding, filling the breast to be ready for the next feed. Breast milk changes throughout the day and even during a feed. The supply tends to be higher during the morning and although there is less milk in the evening the fat content is much higher. During an actual feed the milk changes too. If your baby is born premature, your milk will have different nutrients and be very high in factors that prevent infections. At the beginning of the feed, breast milk is watery, known as foremilk which quenches thirst, then becomes much richer in fat known as hindmilk.



# Baby-Led Feeding

Unless there is a medical reason to use a feeding regime you should feed your baby whenever he/she wants for as long as he/she wants. Babies are individuals, and each develops a unique feeding pattern according to his/her needs. Demand feeding often means there is no routine especially in the early days. On some days the baby may feed 10-12 times, whilst on other days he/she only feeds 6 times.

Breastmilk is more easily digested than formula milk, so it is common for breastfed babies to feed more often. Babies do wake up to feed at night, in whatever way they are fed. Understanding this behaviour makes it much easier to help you cope during the night. At night keep your baby close to you. This makes it easier to reach for him/her easily to breastfeed with minimal disturbances. It is very comfortable to breastfeed the baby in your bed as this allows you to rest a little during the feed. Once the baby has fallen asleep he/she can be returned to his/her own bed.

Let your baby feed from your breast until he/she seems satisfied. Try not to watch the clock it is the quality of a feed rather than the quantity. Learn signs that your baby is sucking effectively and listen for the sound of swallowing. Once the baby lets go of your breast pat your baby's back to see if he needs to bring up any wind, although not all breastfed babies will need to do this. Offer the second breast, some babies enjoy both whilst others are happy with one.



Alternate the breast at each feed and if your baby uses both breasts use the second breast first at the next feed. Some babies favour one breast which is not a problem, even if the baby starts to refuse the less favourite one. One breast can produce enough milk for a baby, many women successfully breastfed twins.

Every so often your baby will have a growth spurt when he/she will feed much more for several days. This will increase the amount of milk you produce so that the baby will be able to have a larger volume of milk available at each feed. These growth spurts can cause you to doubt, especially as the breast become very soft. This is because the baby will totally empty the breast whereas normally there is always some left.

# Breastfeeding

Good positioning of your baby at your breast is the main factor to successful breastfeeding. Your baby must be close to you to be able to take a good mouthful of breast tissue which includes the nipple and some of the areola. If your baby is too far away from your breast he/she may only be able to reach the nipple which causes friction and damages the skin. Positioning your baby away from the breast is the main cause of cracked nipples. It is normal for your nipples to become sore and irritated, in the early days of breastfeeding which passes as the skin becomes used to breast feeding. Cracks and bleeding are a sign that something is not right. It can be helpful to seek professional help if you feel breastfeeding is becoming very painful.



# Positioning and Latching

1. **Make yourself comfortable.** If you are sitting support your back and shoulders. If lying, lie on your side using just one pillow.
2. **Your baby needs to be facing your breast.** Hold him/her tummy-to-mummy making sure that he/she does not need to turn his/her head to reach the breast.
3. **Hold your baby close to you with his bottom tucked into your side and his head and body facing the same way.**
4. **Support your baby's neck and shoulders but not the back of his head.** This is important because the baby needs to be able to tilt his/her head back to breathe.
5. **Some mothers find it helpful to support their breast.** Placing your fingers flat against your rib cage underneath your breast with your thumb on top shapes the breast perfectly for the baby's mouth. Make sure fingers and thumb are well away from the areola (darker area around the nipple) so that they are not in the baby's way.
6. **Position your baby with his nose exactly facing your nipple.**
7. **Encourage your baby to open his/her mouth wide by rubbing your nipple against his/her upper lip.** Do not attempt to latch until he/she opens his/her mouth wide.
8. **When your baby's mouth is wide open bring him/her to your breast in a swift movement allowing his bottom lip or chin to make contact with the breast first (not the nose).** It is very important to always bring your baby to your breast, do not take your breast to your baby.

See pictures overleaf.







## Signs of Good Attachment

1. Your baby's chin is close and touching your breast.
2. Your baby's mouth is wide open and his/her lips are turned outward.
3. You may not be able to see the areola (darker area around the nipple) but if you can there should be more showing above the baby's top lip than the bottom lip.
4. Your baby's cheeks are round and full, not sucked in or dimpled.
5. No smacking or slurping sounds are heard.
6. At first your baby sucks fast then slower and longer.



# Signs that Your Baby is Not Well-Attached

1. Feeding is very painful.
2. There is no change in your baby's sucking pattern or sucking is short, flutter sucks
3. Cheeks are drawn-in or dimpled.
4. Your baby is restless and keeps coming off the breast.

## Getting Started

The first breastfeed should occur as soon as your baby shows he/she is ready after birth. Ideally your baby should be placed skin-to-skin as soon as possible with breastfeeding started when your baby shows signs. Breastfeeding is more successful when a baby feeds within the first hour of birth before mother or baby are washed and dressed.



There is no need to clean your nipples before a breastfeed; you should wash as you normally would do avoiding using soap directly on the nipple. This may dry the skin and cause soreness. Your breasts look after themselves by a natural oil secreted onto the nipple and areola that stops the growth of bacteria. The breast milk itself is very effective at killing any unwanted organisms.



## Good Nutrition

Eating a well balanced diet and drinking plenty of fluids will help you cope well with breastfeeding. Your body will find the nutrients needed for the baby. If you tend to skip meals, you will become depleted making you tired and irritable. Dieting is not encouraged whilst breastfeeding but a well-balanced diet with an extra allowance of 500 calories for breastfeeding can be followed. Fad diets that exclude any food groups should definitely not be used. It is very important to drink whenever you feel thirsty which you will notice is quite often. This replaces the fluid your body uses for milk.



## Expressing and Storage of Breastmilk

Expressing your breast milk can allow you to provide your milk whilst away from your baby. This may be especially helpful if you need to return to work. Expressing milk can be quite a chore and you need to be relaxed and unhurried. Never express to assess how much milk you are producing as no pump is as effective as a baby.



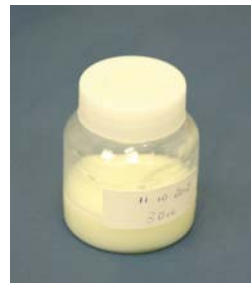
Some women find they need several weeks of practice to express milk easily. Ideally you need to establish breastfeeding before you introduce any expressed milk unless for some reason your baby is unable to breastfeed directly. Try to avoid using any feeding bottles for the first three weeks of life as the baby may develop a preference for the easier action of bottle feeding.

- **Hand Expressing** - this can be as effective as using a breast pump once mastered. Make a C-shape with your hand and place your thumb and index finger on either side of the areola, ideally towards the edge far back from the nipple. Gently press your finger and thumb together slightly rolling them without moving in a downward movement. Relax your fingers away from each other and gently press backwards towards the chest. Once milk flows slows down move around the areola and repeat this action.



- **Pumping** - if you prefer you can use a breast pump for expressing your milk. Make sure you know how to use the pump properly by following the manufacturer's instructions or being shown by a health professional.

- **Storage of Breast milk** - Glass is the best material for storing milk. Label milk with the date and time of the first milk expressed into that container. You can add to breast milk expressed earlier that day. In Malta recommended storage time is 3 days in the fridge and 3 months if in a freezer. After removing from the freezer use within 12-24 hours.



# Successful Breastfeeding

Breastfeeding is a learned behaviour so you have to accept that you will feel unsure of yourself and in need of support during the early days. Preparation helps to make things smoother but it is not until you actually start practising that you learn the skills. Give yourself 2-3 weeks of learning time. It is very likely that you will often feel discouraged during this period but try to persevere through it. Breastfeeding becomes easier and more enjoyable as time goes by. Constant support from your partner is highly recommended. Help and support is available to you, do not hesitate to ask for it.



## For help or further information contact:

|   |                        |
|---|------------------------|
| Breastfeeding Walk-in-Clinic _____                      | 2545 4445<br>2545 4447 |
| Parentcraft Services _____                              | 2545 5124              |
| Obstetric Ward 1: _____                                 | 2545 5140/5141         |
| Obstetric Ward 2: _____                                 | 2545 5162/5153         |
| Obstetric Ward 3: _____                                 | 2545 5100/5101         |
| Health Promotion & Disease Prevention Directorate _____ | 2326 6000              |

### Reference

<sup>1</sup> J.C.E Underwood (MD FRCPATH) Second Edition General and Systematic Pathology. Churchill Linigstone 1996 page 524

# YOUR HEALTH

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