

A GUIDE TO SUCCESSFUL BREASTFEEDING



"Caring for you and your lil' ones"

www.momslittleones.com

013-3639567 (Rita)

rita@momslittleones.com / shima@momslittleones.com



TABLE OF CONTENTS

INTRODUCTION: A Letter To Mom	2
Breastmilk vs Formula milk	3
How the breast works.....	3
What is colostrum?.....	4
Breastfeed SOON	5
Breastfeed OFTEN.....	5
Here’s what will happen with you, your baby, and your milk in the first few weeks:	6
Here’s what will happen with your baby in the first few weeks:	7
Latching on and Positioning	7
The Rooting Reflex	9
Cause of Common Breastfeeding Problems	9
Sore Nipples.....	9
Nipple Confusion.....	10
Breastfeeding vs. on the Breast	10
The Lazy Feeder	11
Burping.....	11
Lactating Mother’s Diet and Fluid Intake	11
Bottle Refusal.....	12
Temporary Separation or Suspension of Breastfeeding	12
Hand Expression.....	12
Manually operated breast pumps	13
Small electric breast pumps	13
Hospital grade breast pumps	13
How to store expressed Breastmilk.....	13
Method of Storage.....	14
Defrosting and Warming Milk	14
Misuse of Breastpumps.....	15
Pumping Tips	15
Assisting the milk ejection (let-down) reflex:	15
How to pump for a supply:.....	16
Tips for you if you’re returning to work	17
How do I know if my baby is getting enough?	17
Growth Spurts	18
When to get advice and help? (Red Flags/Warning Bells).....	19
Getting Help	19
References and Acknowledgements.....	19



A Guide to Successful Breastfeeding

INTRODUCTION: A Letter To Mom



Dear Mommy,

Thank you for bringing me into this world. I am content and happy every time I hear your voice, feel your warmth, comfort and protection. Please let me stay with you all the time so that you can breastfeed me on demand. Please don't wait until I cry because I'll be a very fussy baby by then.

Your colostrum is all I need. You can provide me warmth, security, food and drink. I do not need any pacifiers, bottles or water. There is no need for topping up or supplementing with formula milk. The more you breast-feed me, the more milk you will have, mommy.

Please be patient with me as I learn how to feed. I will try to be patient too (I know I can be a pain sometimes). I'm sorry for stressing you out! I really don't mean it. It may take a while for breastfeeding to get established. It will give me the best start in this big wide world! If you find feeding uncomfortable or challenging, please ask the nurse or lactation counselor for help to get me latched on properly. Please do not watch the clock to see whether it is time for my next feed or to see how long I feed.

As you continue to breastfeed, I will get protection against infections, heart disease, diabetes, eczema and asthma. It will help my jaw and brain develop. I really want to grow up to be strong, intelligent and healthy.

I want you to know that I appreciate all that you have done. Your breast milk is always the BEST milk for me. I love your precious "golden drops"! But most of all, I LOVE YOU, mommy!

Hugs and kisses,

Your Breastfed Baby (the above picture is my baby Alysha at 15 months - she is still a breastfed baby)



A Guide to Successful Breastfeeding

DEAR READER,

Heartiest congratulations on the birth of your precious little one!

If you are reading this, I take it that you have either decided or have been interested to breastfeed. This guide is intended to empower and hopefully assist you and your families in your decision to breastfeed.

(Note: I have used "him" and "his" to refer to your baby - my sincere apologies if your baby is a girl!)

First of all, let me tell you **WHY YOU SHOULD BREASTFEED**.

Breast milk is a physiologically produced fluid naturally intended for the human baby. Health authorities agree that breastmilk offers superior infant nutrition. Scientists are continuously discovering new properties of breastmilk. Therefore, it is arrogant for companies producing infant formula to describe their products as being "close to breastmilk", when breastmilk is a living substance about which we still have a lot to learn. The truth is, no matter how much these milk powder companies spend on their "research and development" their products are nowhere near breastmilk (how can cow's milk be likened to human milk!) - it takes simple logic to figure that one out!

Breastmilk vs Formula milk

Breastmilk contains antibodies and immunities, which are passed from you to your baby to help fight infections. In addition to its immunity-enhancing quality, breastmilk changes in composition depending on your baby's needs. Formula milk remains the same regardless of the needs of the baby. How so?

1. **Breastmilk changes with the baby's age:** breastmilk for premature babies has a particular high protein level; similarly breastmilk for an 8 month old baby is higher in calories than for a 1 month old;
2. **Breastmilk changes with the weather:** in very hot climate, breastmilk contains more water; in cold climate, breastmilk contains more fat;
3. **Breastmilk changes in taste depending on what the mother eats:** So, your baby is exposed to different tastes throughout his early months (would you like to eat exactly the same food day in day out for 6 months? I don't think so!)

How the breast works

The breast grows alveoli, which are milk-producing glands during pregnancy. The alveoli are like the leaves on a tree, growing on branch-like structures. Milk produced in the alveoli passes through ducts into the sinuses just behind the nipples.

A Guide to Successful Breastfeeding

When the baby puts pressure on the areola region where the sinuses are, the nerves send a message to the brain to secrete two hormones: oxytocin, which causes the milk to be ejected (the “let down” reflex) and prolactin, which stimulates the breast to make more milk.

It is extremely rare for a woman to be unable to breastfeed. Even women with breast surgery have been known to breastfeed successfully. Flat or inverted nipples should not cause concern if help is sought from the beginning.

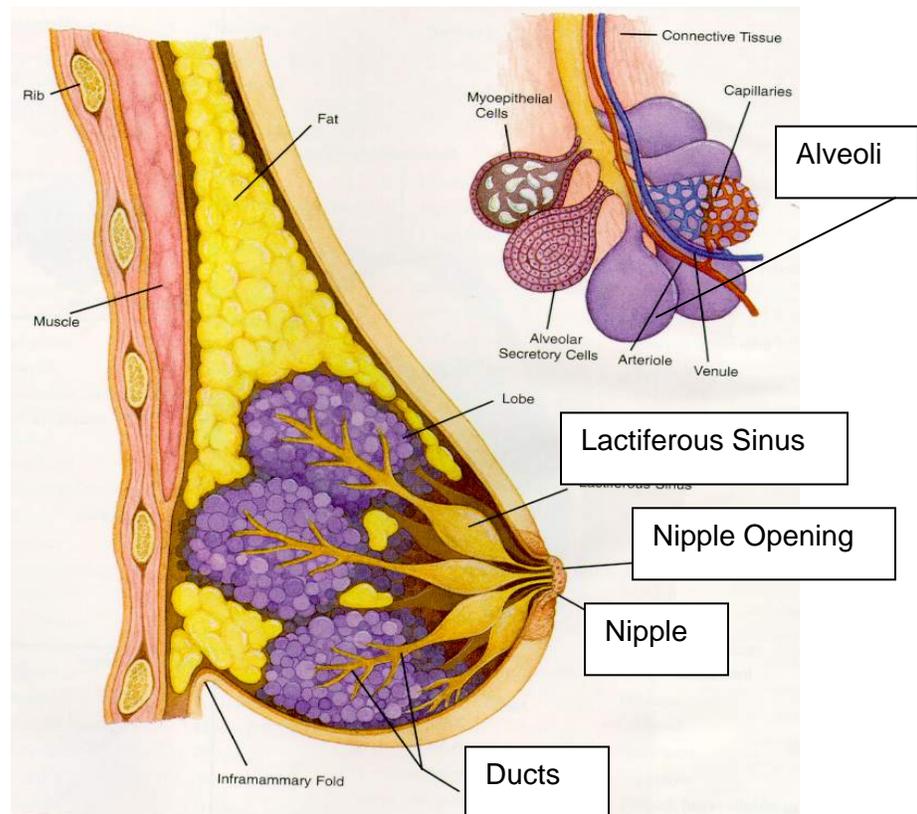


Fig.1 Anatomy of the Breast

What is colostrum?

This is the “liquid gold” that is produced for the first 10 days or so. It is very rich in proteins and antibodies. Although it is very small in quantity compared to later milk production, it is all your baby needs for his first 2-3 days.

Breastfeed SOON

Early initiation of breastfeeding has these advantages:

- The problems of breast engorgement when the milk “comes in” are reduced or eliminated;
- Through early feeding of colostrums, which has a laxative effect, **bilirubin** is eliminated in the bowel movements, reducing the incidence of jaundice;
- The baby’s sucking reflex, which is strongest 20-30 minutes after birth, is satisfied early, therefore contributing to better sucking at the breast;
- The baby receives the immunological benefits earlier;
- Bonding between mother and baby is enhanced.

Breastfeed OFTEN

There is really only one way to breastfeed - **ON DEMAND**. No clocks, no watches!

Your newborn baby’s stomach is not much bigger than a **hard boiled egg**. So, please don’t expect him to drink a whole lot and sleep for hours in the beginning, even if you have plentiful supply of milk. Offer the breast whenever he cries or wants to suck. This may be every 2 hours OR even every half an hour.

Tip: It is best not to wait until he cries, as a crying baby is an “angry” baby. He may be fretful at the breast because he’s too hungry. If the baby is calm, use your finger and touch his cheeks. If he goes for it, he wants his feed!

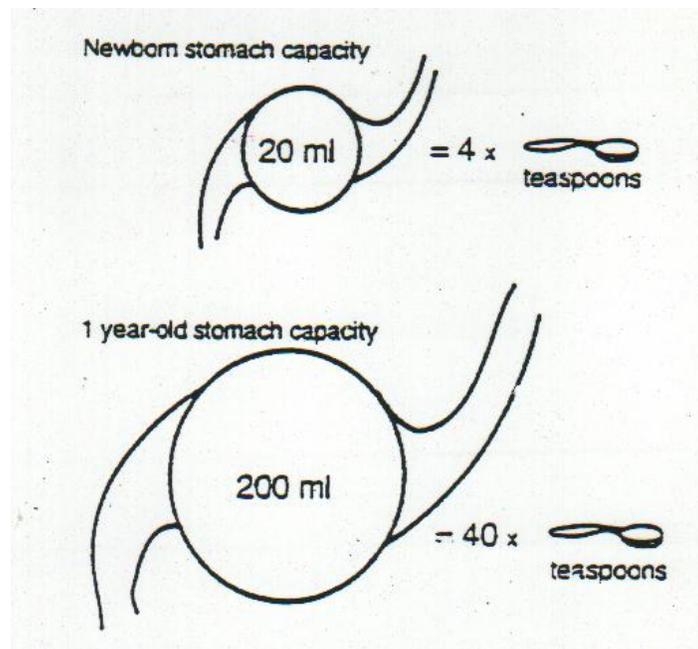


Fig. 2 Baby’s Stomach Capacity



A Guide to Successful Breastfeeding

Here's what will happen with you, your baby, and your milk in the first few weeks:

(Extracted from AAFP guide www.4woman.gov)

	Milk appearance and amount	You (the mom)
Birth	Your milk will appear yellow or golden. The amount will be small, but it gives your baby a healthy dose of protection against diseases.	You will be tired and excited. This is a good time for you to feed your baby.
First 12-24 hours	Your baby will drink about 1 teaspoon of your milk at each feeding. You may not see the milk, but it has what your baby needs and in the right amounts.	Continue resting and getting to know your baby. Your breasts may be a little tender at first. If breastfeeding hurts, ask for help from someone who has experience helping breastfeeding mothers. Breastfeeding should not hurt.
Days 2-5	Your mature milk comes in. It will look bluish white, but may still look a little yellow or golden for about 2 weeks.	Your breasts will feel full and may leak. (You may use disposable or washable pads in your bra to absorb the milk.) If your breasts become swollen and hard, remove a little milk from your breasts before feeding your baby. Between feedings, use ice packs to reduce swelling (sometimes called "engorgement"), which will go away in 1-2 days. Breastfeeding your baby helps reduce the swelling.
First 4-6 weeks	Your milk gradually starts to look bluish white at the beginning of a feeding and creamy white toward the end of a feeding. The color may vary a little from day to day. Some foods you eat can change the colour of your milk, but this won't harm your baby.	Your body gets used to breastfeeding so your breasts will be softer and the leaking will slow down. Don't worry. The milk is still there.



A Guide to Successful Breastfeeding

Here's what will happen with your baby in the first few weeks:

	The Baby
Birth	Your baby will probably be awake and alert in the first hour after birth and this is a good time for him or her to breastfeed.
First 12-24 hours	As your baby wakes up, he or she will have a strong instinct to suck and feed very often. It is normal for some babies to sleep heavily. Labor and delivery are hard work for the baby. Some babies may be too sleepy to latch on well at first. Feedings may be short and irregular. Your baby will love the taste of your milk. Many babies like to eat or lick, nuzzle, pause, savor, doze, then eat again. Ask the nurses not to give your baby any formula or water unless needed for medical reasons.
Days 2-5	Your baby will feed a lot, at least 8-12 times in 24 hours. Your baby's stomach is little, so lots of feedings are normal. Breastfed babies don't eat on a schedule. It is okay if your baby eats every 1-2 hours. Feedings will probably take about 15-20 minutes on each side, but all babies are different. Your baby might take only one side at a time or seem to like one side better. After delivery, it is normal for a baby to lose a little weight. Your baby will regain his or her birth weight by about 10 days to 2 weeks of age.
First 4-6 weeks	Feedings may take less time and be farther apart. Most breastfeeding babies like to nurse often, because it is comforting and it keeps them close to you. Your baby will be better at breastfeeding and have a larger stomach to hold more milk.

Latching on and Positioning

Most breastfeeding problems start with poor positioning and a poor latch. You should really try to watch a video on the subject before the baby is born (some hospitals have a mother's room where the video on breastfeeding is available for viewing). If you have already had the baby and you are not sure of how to position the baby for a good latch, here is some advice:

1. Support your breast with your thumb on top and four fingers underneath. Keep your fingers behind the areola (the darker skin around the nipple). You may need to support your breast during the whole feeding, especially in the early days or if your breasts are large.

2. Brush or tickle the baby's lips with your nipple to encourage the baby's mouth to open wide.
3. Hug the baby in close with his or her whole body facing yours. When the baby opens his mouth wide, quickly and smoothly push his head well onto the breast. You should always think of bringing your baby to your breast and not your breast to the baby.
4. Your baby will take a mouthful of all of the nipple and most of the areola. The baby should never be latched onto the nipple only. Remember, baby's breastfeed not nipple feed!
5. Look for both of your baby's lips to be turned/flanged out (not tucked in or under) relaxed and his mouth should cover the areola. If you can't tell if the lower lip is out, press gently on the lower chin to pull the lower lip out. The tongue should be cupped under your breast.
6. You may see your baby's jaw move back and forth and hear low-pitched swallowing noises. Your baby's nose and chin may touch against your breast.



Breastfeeding should not hurt. If it hurts, it's wrong! Take the baby off of your breast and try again. The baby may not be latched on correctly. Break your baby's suction to your breast by gently placing your little finger in the corner of his mouth. Take as many times as you need to do it right. Please be patient. **I cannot emphasize enough that a poor latch is the cause of most breastfeeding problems.**

As you get more proficient in feeding him in this position, you can try other positions. I would recommend you learn how to feed lying down, so that you can rest when you feed (also recommended for moms who have had a c-section). Whatever position you use, the baby must be latched on properly, otherwise you will have sore nipples and baby will not get enough milk.

Here are some of the various positions, which you can hold your baby while breastfeeding:

	<p>Cradle Hold: A commonly used position that is comfortable for most mothers. Hold your baby with his head on your forearm and his/her whole body facing yours.</p>
	<p>Cross Cradle or Transitional Hold: This is good for premature babies or babies who are having trouble latching on. Hold your baby along the opposite arm from the breast you are using. Support baby's head with the palm of your hand at the base of his head.</p>

	<p>Clutch or "Football" Hold: This position is good for mothers with large breasts or inverted nipples. Hold your baby at your side, lying on his back, with his head at the level of your nipple. Support baby's head with the palm of your hand at the base of his head.</p>
	<p>Side-Lying Position: This position allows mothers to rest or sleep while baby nurses. Especially good for mothers who have had cesarean births. Lie on your side with baby facing you. Pull baby close and guide his/her mouth to your nipple.</p>

If you have a problem with flat or inverted nipple, please consult a breastfeeding counselor. It is advisable to seek help earlier (before or during pregnancy) as there are devices (by Medela and Avent) available and methods that can cure this problem. The Avent Nipplette™ for example, provides a painless and permanent cure.

The Rooting Reflex

The newborn infant has a rooting reflex, which means that he will turn his head to whatever touches his cheek. Therefore, it is important that you do not stroke his face when you are feeding him. If you do, he may turn towards that side and he will not have a good latch.

Likewise, you can make use of this rooting reflex to make him turn towards you when trying to position him, by stroking the cheek closest to you.

Cause of Common Breastfeeding Problems

Most common problems are due to the following:

- Delayed initiation of breastfeeding
- Infrequent or timed feedings
- Supplementing with a bottle (whether formula, water or other fluids)
- Poor latch
- Use of a pacifier or a motorized rocker
- Missed night feedings (whether baby fed by formula or expressed breastmilk)

Sore Nipples

A sore nipple is a sign of a poor latch. When baby is feeding, his lips should be flanged out and he should take in most or all of the areola (see "**Latching-on and Positioning**" above). You can help him get a better latch by gently pulling his chin down and his upper lip up.



A Guide to Successful Breastfeeding

If you have sore nipples, avoid using waterproof bra pads. When at home, the best way to air dry the nipples are to leave the flaps of the nursing bra down. If you worry about leakage, you can tuck a small towel under each side to catch the drips. Or, you can use breastshells with holes for ventilation. Avoid using breastshells with only a small hole at the top, as these do not enable the nipples to dry properly. Expressing a little milk and wiping it onto the nipples at the end of a feed helps promote faster healing. There are also creams, which you can use to cure sore nipples.

Nipple Confusion

This normally happens to infants who have been offered bottles or pacifiers. Artificial teats are known to cause the baby to suck ineffectively at the breast. The sucking motions when breastfeeding and bottle-feeding are entirely different eg. if you put your finger in your mouth and suck and then try to suck on a half blown balloon. Many babies who have had bottle will suck on the breast the same way as a bottle. This will result in the mother having sore nipples. More importantly, the baby will not be draining the milk sinuses effectively thus giving the mother an impression that she does not have enough milk. As a result, she gives him another bottle. And this is where the problem starts....

If you have to supplement your baby, you can use a Supplementary Nursing System/Lactation Aid (Medela makes one) that allows you to feed supplements off the breast, or off a finger to avoid nipple confusion.

Alternatively, you can use a cup feeder, a small cup, spoon, feeding syringe etc to feed baby. You will be amazed how well a young baby learns how to cup feed. If you are unsure about how to go about doing this, please ask your counselor.

A study in 1985 shows that 95% of babies will become nipple confused if given an artificial teat in the first three to four weeks. Therefore, it is advisable to wait till baby is breastfeeding well or at least 4 weeks old before introducing the bottle.

Breastfeeding vs. on the Breast

I specifically want to mention this as it is a common problem among new mothers especially. Being on the breast is not the same as breastfeeding. When your baby is no longer drinking (swallowing), you can switch to the other breast. Offering the breast for indefinite suckling is not an effective way to stimulate milk production. It is far better to change breasts, and then back again rather than to let the baby suck for a long time when he is no longer swallowing. One word of caution though: DO NOT switch sides before baby "finishes"(ie. When no longer swallowing even after many sucks). Otherwise, he is only getting the "foremilk" which is low in calories and proteins and he may not be gaining weight well despite the large number of wet diapers.



A Guide to Successful Breastfeeding

If baby keeps wanting to nurse but drops off to sleep at the breast “for comfort”, he may be having an ineffective suck. You may need to reassess your **positioning and latch**.

The Lazy Feeder

If your baby is not gaining well and is dropping off to sleep on the breast, he may need a little bit of arousing. Swaddling babies generally tends to make them sleepy. So, unwrap baby and try to have skin-to-skin contact. To avoid chills, you can always put the blanket on after he goes on the breast. Massaging baby’s feet sometimes will wake sleepy babies.

Burping

It is really not necessary to always burp the baby. Some mothers are rather obsessive about burping. If the baby burps after a few attempts, fine, if not, he’s still fine!

Lactating Mother’s Diet and Fluid Intake

A lactating mother should eat a well balanced diet and eat natural foods instead of highly processed foods. Many cultures have suggestions about foods to eat or to avoid while breastfeeding. However, research shows that a mother’s milk is affected only slightly by the foods in her diet.

Generally, a breastfeeding mother needs around 300-500 calories more than she normally needs in order to maintain her weight. Women often try to improve their diets while they are pregnant. Continuing with an improved diet after your baby is born will help you stay healthy, which will help your mood and energy level. However, even if you do not always eat well, the quality of your milk will not change much. Your body adjusts to make sure your baby’s milk supply is protected. You may notice however, that you may be thirstier and have a bigger appetite while you are breastfeeding.

Increasing fluid intake can help milk production. The “drink to thirst” rule is a good one to follow. Often, a lactating mother with a newborn to care for may forget to drink when she is thirsty. This may cause her milk supply to deplete. Try to avoid caffeinated beverages while you are breastfeeding or reduce intake.

Word of advice: Please do not be obsessed about losing weight after pregnancy. Do not worry; a lactating mother normally gets back in shape faster. Never skip meals (it is bad for you). You cannot expect to care for your baby if you don’t care for yourself first!



A Guide to Successful Breastfeeding

Bottle Refusal

Most mothers start introducing the bottle (with expressed breast milk) when they have to return to work. However, some babies refuse to take the bottle. You can try some orthodontic teats, which are better suited to breastfed babies. A wide neck bottle is also recommendable. You can also try gently rocking the baby while offering the bottle or try to feed him when he is sleepy. It is better to have someone else feed her the bottle because your baby will normally recognize your smell and immediately refuse the bottle!

Word of advice: If you are returning to work, you should start training your baby and baby sitter 1 or 2 weeks earlier. This will ensure a smooth transition for you and baby.

Temporary Separation or Suspension of Breastfeeding

For whatever reasons, when you can't or won't breastfeed your baby temporarily, but need to maintain the supply (either to be fed to baby now or later), you would need to express your milk about the same number of times as your baby normally feeds. You should express until you're only getting droplets.

Hand Expression

Position the thumb above the nipple and the first two fingers under it, just away from the areola. Push straight into the chest wall. Roll thumb and fingers forward at the same time. Avoid squeezing the nipple. If you have large breasts, you may use your other hand to support your breast.

"The knack in hand expression is finding exactly where the lactiferous sinuses are, and how deep. Imagine a pea inside a thin straw, and each breast having a cluster of 10-20 straws, each with a pea inside. The sinuses are softer than peas, more like little milk-filled pillows or tiny cylindrical squirt guns. When you've located the pillow, press the milk out with your thumb on top and forefinger or middle finger underneath, starting the movement on the chest-side of the bulge and rolling across the pillow toward the nipple side. The pillows don't move inside the straw. Another way of imagining the sinuses is weak spots in a garden hose that bulge out with collected water - if you step on the bulge, it squirts. The trick is to find the bulges - they're only about 1/4" long.

Start your search with your fingers around the edge of the areola, about 1.5 inches back from the nipple tip. Go closer to the nipple or back away from it till you find them. They may be on the surface or deep in the breast, like the core of an apple. Use enough pressure to squirt out milk if it's there. Once you've found them, you'll be amazed how easy it is to press out milk. It usually sprays across the room if your fingers are in the right place". (www.bflrc.com)



A Guide to Successful Breastfeeding

Manually operated breast pumps

There are many styles available. Be sure to buy one that doesn't use your fingers or wrists, as you will tire easily with these models. Ones using arm muscles are by far the best. It is important to choose a pump that has a valve between the breast shield part and the bottle part, as ones without valves have variable negative pressures depending on the fullness of the bottle and may cause nipple damage. Many mothers become very proficient with hand pumps and are able to express large quantities of milk, although most find them adequate only for occasional use.

Small electric breast pumps

These may be battery-operated or mains and battery operated and are very convenient because of their portability. Be sure to buy one that is fully automatic (not requiring the mother to release the air suction) as incorrect cycle time by manual control can cause damage to the nipples. Again, the presence of a valve is important.

Hospital grade breast pumps

These are, without a doubt, the most efficient means of expressing milk. Use of a double-pumping kit will enable the mother to reduce pumping time by half, as well as increase milk production. Study shows that simultaneous breast stimulation increases the prolactin levels thus increasing milk production. These pumps are expensive to buy but are generally offered for home rentals.

There are professional pumps which have similar features meant for active mothers which are more affordable. Please consult your breastfeeding counselor.

How to store expressed Breastmilk

There are several containers available for storing breastmilk. These include specially designed and pre-sterilised plastic bags, plastic bottles or glass containers. There are advantages to each. Here are some general rules of thumb:

- Always store breast milk in amounts equal to what your baby will take at one feeding
- You may continue to add small amounts of milk to the same container throughout the day. Chill in refrigerator until evening and freeze in appropriate amounts.
- If you are going to freeze your milk, leave some space at the top of the container because breast milk expands as it freezes.



A Guide to Successful Breastfeeding

- You may add fresh milk to already frozen milk but you must first refrigerate all freshly expressed milk until cold and then add to already frozen milk. The newly added milk must be of a lesser amount than the already frozen milk.
- When using plastic bags, use those designed for breastmilk collection.
- Label/Mark each container with the date and time. If the container does not have measurement scales, mark the amount too (oz. or ml)

Method of Storage	Term Babies	Preterm/Sick Babies
Room Temperature	4-8 hours	2-4 hours
Refrigerator	24-48 hours	12-24 hours
Freezer	3 months	3 months
Deep Freezer (-20)	1 year	1 year

Defrosting and Warming Milk

To defrost milk:

- Place milk in refrigerator the night before you're going to use it. This usually takes 12 hours.
- Or, place the milk in a pan of warm water. DO NOT use hot water or the microwave, as they will destroy some of the milks immunological components.
- Alternatively, for working mothers, you may place several milk bottles (according to your baby's needs for the day) in container of tap water before leaving for work until it is thawed then place it into the refrigerator. When it's time for the baby's feed, take one bottle out at a time and place in container of warm water and feed.

CAUTION: NEVER microwave Breast milk! This method can change the milk's composition and has the potential to burn your baby

Point to note:

- Fat in breast milk will separate and rise to the top. By gently swirling the container, you can mix any fat that may have separated.
- Never refreeze thawed breastmilk
- The color, consistency and odor of your milk may vary depending on your diet
- Although you can freeze breast milk for 3-6 months, we recommend to use frozen breast milk on a "first in, first out" basis as the composition of the breast milk changes according to your baby's age.



A Guide to Successful Breastfeeding

Misuse of Breastpumps

Many mothers are tempted to express breast milk so that someone else can feed the baby, while they rest, go out or spend time with other siblings. This is fine provided that the expressed milk is either cup-fed, finger or spoon fed to an infant under 4 weeks old, as babies this young often can't go back to the breast effectively. Babies older than 4 weeks can generally learn to suck from both the breast and bottle, without nipple confusion. Some babies, however, won't even take a bottle by this time! In this case, you can finger, spoon or cup feed (provided that you are only doing it occasionally because babies do need to suck!)

Breastpumps should not be used exclusively, as nothing is as efficient as a baby's suck. Mothers who breastfeed infrequently often reports a gradual decrease in milk supply, even if they are pumping the same number of times and for the same duration as their babies were feeding.

Exclusive use of breast pumps with no direct breastfeeding often results in the mother's milk "drying up" after a few weeks.

Pumping Tips

Assisting the milk ejection (let-down) reflex:

If you are pumping away from your baby, audiotape of your baby's cry or photograph of baby will help! (Most mobile phones and PDAs have a recording function- it can really do wonders!) Other practical tips include:

1. Gently massage the breasts in small circles for a minute or so. Massage the milk producing cells and ducts by pressing the breast firmly with the flat of the fingers into the chest wall, beginning at the top. Move fingers in a circular motion, concentrating on one spot at a time for a few seconds before moving on to another spot. Spiral around the breast toward the areola as you massage. The motion is similar to that used in a breast examination.
2. Stroke the breast area from the top of the breast to the nipple, using a light tickle touch. Continue the stroking motion to help you relax, which in turn will stimulate the milk ejection reflex.
3. Shake the breast while leaning forward to let gravity help with the milk ejection.
4. Apply heat pad for 10 minutes before pumping (if practical)
5. Stimulate the tips of the nipples with clean fingers for 20-30 seconds before pumping; for single pumping, you may continue to do this on the other breast while pumping.
6. Drinking a glass of water before a pumping session



A Guide to Successful Breastfeeding

How to pump for a supply:

If you are breastfeeding exclusively and you need to build a surplus supply in the freezer for use when you are out with baby, you can do one or more of the following:

If baby has Irregular Feeding Schedule	OR If baby has regular Feeding Schedule
1. For the first feed in the morning (when your milk is plentiful), feed baby on one side and pump on the other. When you finish, (ie. When the baby stops swallowing and is only sucking), you can switch around and feed for another 10-15 minutes and again pump on the side which you have just fed. You may experience a second let-down and more milk will be drunk by the baby as well as collected by the pump. If you don't experience a second let down, don't worry, the extra stimulation will mean more milk later	1. Pump on both sides for 15 minutes halfway between the 1 st and expected 2 nd feeds of the day.
2. Keep the expressed breastmilk in the freezer. Baby may get hungry earlier for his next feed; feed him and DO NOT pump for this feed.	2. Keep the expressed breastmilk as stock. Feed baby as usual for his 2 nd feed. He will be hungry earlier, so feed him earlier for his third feed.
3. If you need to build up a supply quickly, you may repeat the feeding and pumping in a later feed. Otherwise, it's best to do it just once a day.	3. You may want to repeat this later in the day, but it is generally better to build your supply over a slightly longer period of time. Why? So that you and baby won't notice the diminished quantity.

NOTE: It is advisable to store the expressed breastmilk (EBM) in the amount that baby is taking per feed. You must NOT add **freshly** expressed milk to already frozen milk, as this will defrost some of the frozen milk and may contribute to bacterial contamination. However, you can chill the EBM until it is very cold and THEN add/combine with frozen milk. You may use specially designed milk bags (which are pre-sterilized), reusable milk bottles or containers for collecting EBM. Be sure to mark the **DATE** and **TIME** of expression so that you can always use the oldest milk first (first in, first out basis). For marking, I would recommend using **masking tape** as it is easily removed and does not leave marks on bottles/containers.



A Guide to Successful Breastfeeding

Helpful tip: If using disposable milk storage bags, you really don't need fancy clips and labels. Rubber bands and masking tape will do. If you do use a clip, make sure you roll the top of the bag several times before fastening it.

Tips for you if you're returning to work

1. Make preparations and planning before returning to work eg. Creating milk stock, training baby sitter etc
2. Ensure sufficient expressed breast milk
3. Try to go easy on yourself and don't forget to take more short rests
4. Eat a nutritious and balanced diet and drink plenty of fluids
5. Wake up 30 minutes earlier and feed baby even if he is still half asleep.
6. Have a good breakfast and feed baby just before you leave for work. This will ease/relieve the separation anxiety between you and baby.
7. To ensure that baby is not full when you return home, ask the babysitter to feed your baby with just a small amount of expressed breast milk. When you arrive home, your breast may be heavy with milk and you may want to feed your baby immediately.
8. Feed baby within 1 hour after arriving home. Tip: I would advice you to tend to yourself first eg, change from office attire, take a shower, eat before feeding your baby as he may "cling" to you for a while!
9. In the first week at work, you may need to express frequently. After a couple of days your breast will adjust to your new schedule and you will be more comfortable. You need only have to express twice at work (10am and 2pm or at lunch break)
10. Never go without expressing for more than 3-4 hours. This may cause engorgement. Massage gently while you express your milk and you will feel more comfortable.
11. Should your breast start to leak unexpectedly, apply firm pressure using the palm on your nipple for a minute. Folding your arms across your breasts will help to stop the leakage.
12. Wear nursing pads inside your bra to absorb any leakage.

GO BACK TO WORK & CONTINUE TO BREASTFEED FOR 6 MONTHS TO 1 YEAR

How do I know if my baby is getting enough?

For exclusively breastfed babies, you can tell by:

1. **Baby's sucking:** you may hear your baby swallow as he feeds. You can observe your baby's sucking. If he is pausing after each suck, he is drinking a mouthful of milk everytime. A few minutes of this type of suck will mean he has had a substantial feed.

2. Bowel movements:

In the 1st few days, the bowel movement is dark green and sticky. This is called meconium. From about the 3rd day, his bowel movements will become lighter and more yellow in colour, until eventually it becomes tan to mustard colour, with the consistency of a thick cream soup. Babies under 6 weeks old have at least 2 to 5 bowel movements in a 24 hour period. If the frequency is low, then the bowel movements should be more substantial. If the bowel movements are just small blobs on the diaper, then baby should have many more bowel movement.

If baby has few and significant amounts of bowel movements but is having many wet diapers (see below) and his stools are watery and greenish, he may be suffering from foremilk-hindmilk imbalance, or “oversupply syndrome”. This means that you may be switching breasts too quickly. So, your baby is only getting watery foremilk at the beginning of a feed and not the hindmilk that comes later on in a feeding. In this case, you will need to let him nurse until one breast is completely soft and when baby has stopped swallowing, before switching to the other breast. If you have a really high supply, you may even have to feed him only one breast per feeding.

Occasionally, babies older than 3 weeks may go for days without a bowel movement and without signs of constipation. If the baby is gaining well and content, this is normal.

3. Wet Diapers:

With the exception of the first few days before the milk “comes in”, when there may only be 2-3 moderately wet diapers a day, babies under 6 weeks old should have 5-6 heavy wet disposable diapers (or 7-8 cloth diapers) in a 24 hour period. If you are not sure of what a heavy wet diaper should feel like, pour 3 to 4 tablespoons of water onto a dry diaper and feel the weight. Older babies may have fewer wet diapers as their bladders mature, but these diapers will be heavier. The baby’s urine should always be light in colour and mild smelling.

4. Your baby is content for 1 to 2 hours between most feedings (this varies)
5. Your baby is gaining 120-200gm per week (this varies between babies)

Growth Spurts

Your baby will have times of rapid growth. These are usually around:

- 2 weeks, 6 weeks, 3 months and 6 months

(At these stages they tend to feed more in terms of quantity and frequency)



A Guide to Successful Breastfeeding

When to get advice and help? (Red Flags/Warning Bells)

Get help immediately if:

1. Baby has very few wet diapers after Day 3;
2. Baby has weak and shallow suck and is sleepy on the breast;
3. Baby still has dark green stools on Day 5;
4. Baby drops off to sleep on the breast without any vigorous sucking.

Getting Help

If you experience problems with breastfeeding that you cannot resolve yourself, get help before you decide to **GIVE UP**. Most problems are often very easily resolved with the correct advice. The earlier you get help, the easier it is to solve the problems that you may be facing.

I would like to strongly urge any mother encountering difficulties with breastfeeding to join and consult a local breastfeeding support group at the hospitals that you delivered your baby (public or private hospitals).

Otherwise, you may always contact me, Rita at [013-3639567](tel:013-3639567) (rita@momslittleones.com) or Shima (shima@momslittleones.com). We will try our level best to help. If we can't, we promise to find someone who can. We will also refer to the experts. Please know that you are **NOT** alone!

Helpful Tip: It is best to associate yourself with other nursing moms that you may know during your pregnancy so that you at least have a head start on your journey to breastfeeding!

References and Acknowledgements

(Some portions of the articles and pictures were used and edited for this booklet):

1. Jabatan Kesihatan Wilayah Persekutuan Kuala Lumpur (JKWP)
2. Malaysian Lactation Advisors and Consultants Association (PPPLM)
3. Malaysian Nursing Mothers Association (PPPIM)
4. Hong Kong Nursing Mothers Association
5. Parentplace.com articles on breastfeeding (www.parentplace.com)
6. Medela Inc. website (www.medela.com)

Please read other useful articles on my website: www.momslittleones.com