

"What Can I Do To Help A Mother Breastfeed?"

Suggestions for Family Members and Friends

Feeding is not the only form of loving attention young babies need and understand. Love and comfort can come from others besides mother. Attention from others helps baby learn that people have different smells, sounds, shapes and sizes.

- Support her decision (even if you have personal doubts about her breastfeeding).
- Allow the new mother privacy when breastfeeding if she wants it.
- Do not question her milk supply. There is no surer way to make a new mother doubt her natural ability. She will have enough milk if she feeds the baby frequently because milk is produced on a supply and demand principle. The more she breastfeeds, the more milk she will make.
- Do not question how often she feeds the new baby. Breast milk is absorbed more quickly and completely than artificial milk. Breastfed babies can have empty tummies in 90 minutes. Breastfed babies often "cluster feed" where they will nurse frequently for a few hours then settle to a longer sleep.
- Support the new father by encouraging him to find ways other than feeding to get to know his baby. Changing, bathing, holding, rocking, talking or singing to the baby can help the two become bonded.
- Increase your understanding of breastfeeding by reading or watching videos and share useful tips with her.
- Cook the mother a nutritious meal.
- Relieve her for a few hours by caring for her older children.
- Do the laundry, cleaning, grocery shopping, or other housework.
- Hold, cuddle, rock, walk, bathe, change, and play with baby. Give the new mother an opportunity to rest.
- Be understanding - taking care of a baby is time-consuming. She may not be able to spend as much time with you as she used to, but your support/friendship counts nonetheless.

RECOMMENDATIONS FOR BREASTFEEDING

Points for achieving a good latch

MOTHER'S POSTURE

- Sit comfortably with a well-supported back
- Trunk facing forwards, lap flat

BABY'S POSITION BEFORE FEED BEGINS

- Using a soft pillow can be helpful, manufactured nursing pillows are often the wrong shape and size - talk to your midwife
- Nipple points to the baby's upper lip or nostril
- Breast may be resting on baby's cheek

BABY'S BODY

- Place tummy to tummy at slight diagonal, so that the baby comes up to the breast from below and baby's eyes make contact with mother's
- Keep baby close to your body

SUPPORT BREAST

- If you have large, soft breasts you may need to make it easier for baby to latch
- Firm inner breast tissue by raising breast slightly with palm placed on chest wall with fingers and thumb either side of breast pointing up; like a U

HOLD BABY'S FACE CLOSE TO BREAST

- Head tilted back slightly, supporting the shoulders so chin and lower jaw make first contact (not nose)
- While mouth wide open, guide nipple into mouth if necessary
- Let baby take the nipple so baby's tongue draws in maximum amount of breast tissue

CAUTIONS - MOTHER NEEDS TO AVOID

- pushing her breast across her body or chasing the baby with her breast
- holding breast with scissor grip
- not supporting breast
- twisting her body towards the baby instead of slightly away
- aiming nipple toward center of mouth
- pulling the baby's chin down to open mouth
- flexing baby's head when bringing to breast (use instinctive position)
- moving breast into baby's mouth instead of bringing baby to breast
- moving baby onto breast without a proper gape (wide open mouth)
- holding breast away from baby's nose (not usually necessary as when the baby is properly latched, they can breathe).

BREAST ENGORGEMENT

Engorgement usually begins on the third to fifth day after delivery. It can also occur when feedings are or weaning occurs too abruptly. Engorgements should be treated quickly to prevent feeding problems such as sore nipples, plugged ducts or mastitis. If treated promptly, engorgement should decrease within 12 to 48 hours. *Please call your midwife if you have a lump or tender spot in the breast that is accompanied by fever.*

What to Do:

- Apply warm compresses or have a warm breast soak for five to ten minutes before feeding and as necessary for comfort.
- Hand express or pump a little to help relieve pressure. This will not bring in more milk.
- Wear a comfortable (not too tight bra) for support.
- A warm shower or gentle hand held shower spray can be helpful.
- Massage breasts and hand express to soften nipple and surrounding breast tissue before nursing. Also, continue to massage breasts gently while feeding or pumping.
- Allow baby to nurse frequently, every 2 to 3 hours, and more often if he wants
- Baby should nurse effectively on one side, for at least 15 to 20 minutes, and go on to the other side if he/she desires.
- If baby nurses on only one side, allow the other side to flow freely. If the breast is still uncomfortable, hand express or pump until softer and more comfortable.
- After nursing, apply fresh, cool (from fridge), green cabbage leaves around breasts inside bra. Cut out the thick core in the middle of the leaf and apply directly. Change as necessary (approximately every 2 hours or after feeds) so they are always crisp and cool. Use for 12 to 24 hours.
- Ice packs or cool compresses can be alternated with heat. Use a small bag of frozen peas or place a clean wet disposable diaper in the freezer until cold.
- Don't avoid drinking fluids as it doesn't reduce engorgement. Drink to thirst.
- Avoid giving your baby bottles.

SORE NIPPLE MANAGEMENT: PREVENTION

Breastfeeding is meant to be a comfortable, pleasant experience. Most of us have heard stories of sore, tender nipples. You can avoid this problem most of the time, however many new mothers may find their nipples are tender for the first few days when the baby starts nursing. This usually disappears by 1 - 2 weeks. To prevent nipple tenderness, start with correct positioning and ensure a correct latch.

Breastfeed for appropriate length and frequency:

Demand feeding usually works out to baby nursing every 2-3 hours (8-12 feedings per 24 hours). Before the milk comes in offer both breasts at each feed, for up to 10 minutes per side, repeat each side as baby wants. A maximum of 20 minutes each side is plenty for each feed. After the milk comes in baby may be satisfied with 10-20 minutes on one breast. Allow your baby to end the feed.

Release the suction before removing the baby from breast:

Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him/her off the breast until you feel the suction break.

Identify sucking behaviour:

Ensure baby is "sucking for food" (nutritive sucking) and not "sucking for love". Babies love to suck - they are in "bubby heaven" and if they have a strong need to suck you may need to use a clean pinky finger (pad to the roof of baby's mouth), or a soother to satisfy baby's need.

Vary nursing positions: as needed for comfort.

We do not routinely recommend the use of nursing pillows as they may not put Mom and baby in the best position for latching.

Care of Nipples:

Before and after nursing your baby, express a little breastmilk and massage it into your nipples and areola. Leave nipples open to the air regularly.

- **Lanolin cream** (such as Lansinoh) may be helpful.
- **All purpose Nipple Cream** is a compounded nipple cream for damaged nipples that can be prescribed by your midwife.
- **Breast pads:** change breast pads frequently especially when they become wet.
- **Water and a gentle, pure soap** is all that is needed to clean your breasts when you shower or bathe.

SORE NIPPLE MANAGEMENT: TREATMENT

If your nipples become sore:

1. First try to determine the cause - good position, correct latch. If you are not sure ask for help.
2. Express and rub a little breast milk onto the nipple before latching
3. Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
4. Ensure you are in a comfortable position, shoulders relaxed, back supported.
5. Nurse on the least sore side first.
6. Limit the nursing time on the sore nipple for a short period. Express by hand or pump to empty the breast. Discuss this with your midwife.
7. Massage your breasts (breast compression) while nursing. This helps stimulate the milk flow.
8. Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipples dry.
9. If your nipples become cracked or bleeding, call your midwife.
10. The follow remedies are known to be helpful in healing sore nipples.
 - Black tea bags - soak the tea bags with hot water and apply to sore nipples. Leave on for 20 minutes. Repeat 4 times /day.
 - All purpose nipple ointment - ask your midwife.
 - Carrot poultice - grate raw carrot and place on a piece of cotton gauze and apply directly to the affected nipple. Change every 2 - 4 hours.
 - Lemon - rub a cut lemon on the sore nipple four times a day, if the nipple is not noticeably cracked.
 - Calendula tincture - bathe nipples with ten drops of tincture diluted in warm water, four times a day.
 - Lanolin cream (**Lansinoh**) is a good moisturiser.
11. There are some effective homeopathic remedies for sore nipples, ask your midwife.

Cautions: blisters, cracking, bleeding and/or pain that continues during or in between feedings is not normal. Check with your midwife or a lactation consultant if you have any of these problems.

TREATING A BLOCKED DUCT- MASTITIS

When there is a decreased flow of milk from one area of the breast, it can cause milk to build up in a milk duct. This causes a stasis of the milk solids which blocks further milk flow. A blocked milk duct is usually sore and swollen and is usually felt as a lump under the skin. It may come on gradually. Sometimes a small white blister or plug may be seen on the tip of the nipple. Some mothers feel a shooting pain in the breast to the nipple. A plugged duct must be treated IMMEDIATELY to avoid a breast infection. If treated aggressively, it will clear quickly.

WHAT TO DO

- Apply hot compresses to the area. Use a hot facecloth/towel, or pour hot water into a disposable newborn diaper and wring out the excess. This hot compress can be re-heated in the microwave. Be careful it is not too hot.
- Stand in a hot shower and hand express to promote drainage.
- Massage the breast firmly using warm oil, from behind the lump toward the nipple area with the fingertips, or circular massage using your knuckles.
- Encourage the baby to nurse longer and more frequently, particularly on the affected breast.
- Change the baby's nursing position to encourage proper drainage. Check for proper positioning and any finger pressure on the milk ducts.
- Pump and massage after feeds, to empty the breast, if necessary.
- Avoid tight or restricting clothing. Check that your bra is fitting properly.
- A raw potato poultice will draw out the heat of inflammation, localize in the infection and unblock plugged ducts. Apply directly to the affected area, cover with a clean cloth and change when dry.
- There are some effective homeopathic remedies for plugged ducts.
- Call your midwife if the lump persists, the lump feels hot to touch, or you notice red streaks on the breast.
- Take your temperature, if it is over 38 degrees (100.5F), call the midwife.

Reference: Breastfeeding Guidelines for Health Care Providers. Canadian Institute of Child Health, 1993.

INCREASING YOUR MILK SUPPLY

To make enough milk, you need breast stimulation, rest, minimal stress, proper nutrition and adequate fluids. Most women have a plentiful milk supply. A small percentage of women are unable to produce enough milk for their babies, this is related to the amount of mammary tissue (not breast size) available to make milk.

1. Nurse baby frequently and on demand. Approximately every 2 to 3 hours during the day and every 4 to 5 hours at night, but more often if baby wants. Babies may cluster feed, especially in the evening (eg. nurses every 20 to 45 minutes - maybe 4-5 times within a 3 hour period).
2. Completely empty at least one breast at a feeding.
3. Make sure you get adequate rest, try to sleep when baby sleeps.
4. Nurse in bed at night.
5. Drink at least one 1/2 to two litres of water per day as well as juices, herbal teas or low-sodium, caffeine-free and sugar-free drinks. Drink enough to keep urine pale in color and not strong smelling. One to two cups of tea or coffee is fine.
6. Ensure adequate nutrition. Eat when hungry. Make sure you snack during the day and possibly at night, and don't go for long periods without eating.
7. There are some homeopathic and herbal remedies that are effective in increasing your milk supply. Talk to your midwife. Fennel tea, fenugreek and blessed thistle capsules or tinctures, (galactagogue) are known to be very helpful. There is also a prescription medicine call Domperidone.
8. Hand express or pump as long as milk is flowing, for about 5 to 10 minutes per side, after each feeding during the day.
9. Try to avoid things that cause you stress and where possible resolve stressful situations present in your life.
10. Avoid using unnecessary bottles.
11. Avoid feeding infant solids until at least 6 months.
12. Don't be afraid to ask for help. Join a support group to share other Mom's ideas. (eg. La Leche League, Mom's groups)

SIGNS THAT YOUR BABY IS BREASTFEEDING WELL IN THE FIRST 3 WEEKS

By 4 or 5 days of age, your baby:

- Has at least 4 - 5 wet diapers (looks or feels wet) in 24 hours (pale and odourless urine)
- Has at least 2 - 3 bowel movements in 24 hours (colour progressing from brownish to seedy mustard yellow and at least the size of a loonie)
- Breastfeeds at least 8 times in 24 hours
- Is waking to feed on his/her own
- Is content after most feedings
- Weight loss is less than 10% of birth weight

If any one of these signs is **not** present after your baby is 3 or 5 days old, or if you are having problems, *please call your midwife*. You are welcome to bring the baby to the clinic for a weight check. Phone for a time to drop in.

Other signs that suggest your baby is breastfeeding well are:

- You can hear your baby swallowing during feeding
- Your breasts are full before feedings and soft after feedings
- Your baby is only drinking breast milk
- Baby has regained birth weight by 2 weeks of age
- Average weight gain is about 6 ounces (170 grams per week)
- Baby's skin is soft and moist and baby's mouth is moist and pink