



Nature's best food- breast milk

**Breast milk is the best food for your baby.
Here are some tips to get breastfeeding right**

Every parent wants the best for their baby and it is important to start right. Breast milk is the perfect nourishment for your baby.

Why is breastfeeding best for my baby?

- Breast milk meets all of your baby's nutritional needs as it contains all the essential vitamins, minerals and nutrients for your baby's complete growth and development.
- Breast milk is more easily digested and your baby is less likely to develop stomach upset, constipation and diarrhoea.
- Breast milk is supercharged with antibodies which will improve your baby's immunity and reduce the risk of infections.

- The close body contact and interaction during breastfeeding aids in creating a special bond between you and your baby.
- Breastfeeding reduces the risk of Sudden Infant Death Syndrome (cot deaths), obesity and diabetes in adulthood.
- Babies who are breastfed are known to have higher IQ scores and better eyesight.

Why is breastfeeding best for me too?

- Early suckling helps your womb to contract faster and reduces blood loss after childbirth.
- It delays the return of your menstrual period and exclusive breastfeeding is a natural (although imperfect) contraceptive.

- You burn calories during breastfeeding and this helps you to shed some of the weight gained during pregnancy.
- Your risk of developing breast, ovarian and womb cancers, heart disease and osteoporosis is lower.

Why is breastfeeding good for the family and the community?

- Breastfeeding is free and convenient.
- It is environmentally friendly.
- Your baby will not fall sick so easily, so medical cost is reduced. You are also less likely to miss work as a result.
- You can save money from the direct cost of formula milk, and from fewer visits to the doctor.

How long should I breastfeed?

For optimal growth, development and health, the World Health Organisation (WHO) and Health Promotion Board (HPB) recommend exclusive breastfeeding (with no other food or drink) for the first 6 months (i.e. 180 days) of a baby's life. You are encouraged to breastfeed your child until he is 12 months old and thereafter as long as mutually desired, together with the timely introduction of solid food from 6 months of age.

When and how should I initiate breastfeeding?

If you and your baby are well with no medical concerns, place your baby on your chest for at least an hour of skin-to-skin contact within five minutes after delivery. Your baby's suckling reflex is most



“Breast milk meets your baby's nutritional needs and protects your baby from infections.”

intense in the first hour after birth. Being close to each other after sharing the birth experience helps your baby to calm down, keeps him warm and encourages him to breastfeed. Guide your baby when he shows signs of readiness to feed.

You are also encouraged to room-in 24 hours a day in your room with your baby to promote bonding, facilitate breastfeeding and allow you to recognise the early feeding cues. Do not be afraid to seek help from the nurses or lactation consultants if you need to.

Observe for early feeding cues. Feed your baby when he does any of the following:

- Increases his eye movements under closed eyelids or open eyes.
- Opens his mouth, stretches out the tongue and turns his head to look for the breast.
- Makes soft sucking sounds.
- Shows a strong rooting reflex such as sucking or chewing on hands, fingers or other objects that come in contact with the mouth.
- Moves towards your finger when you place it near the corner of his mouth.

What are the signs of a good latch?

- Your baby's upper and lower lips flare out to form a good seal on the breast.
- Your baby's chin is touching the breast and the nose is slightly away from the breast.

- The areola is drawn into your baby's mouth.
- The baby's cheek is round.
- You may feel the initial tug on the nipple when baby suckles but you should not have nipple pain or discomfort.
- You can observe your baby's sucking rhythm to ensure good milk transfer. Suck > Swallow > Breathe (pause) rhythm.



Tongue over gum ridge. Nipple drawn far into mouth and milk flows.



Tongue behind gum ridge. Nipple is pinched and milk cannot flow.

How should I position my baby to feed him?

You can breastfeed sitting or lying down.

- Sit comfortably, making sure that your back and the arm which you hold your baby with is well supported (with a pillow or cushion).
- Gently massage your breast to clear any blocked milk ducts.
- Hold your baby at the breast level with your baby facing you (chest to chest). Support your breast with the other hand.
- Tease your baby to open his mouth as wide as possible and direct your nipple to the roof of your baby's mouth.
- Make sure your baby takes in the whole areola and not just the nipple.
- Finally, take a breath, sit back and relax.

You can breastfeed in various positions. Pick a position that is comfortable for you.

1. **Cradle hold** is suitable when you and your baby are able to co-ordinate well and latch on easily. Support your baby's head in the crook of your arm and hold buttocks with your hand with the baby's face and body turned towards you.
2. **Cross cradle hold** is ideal for newborn, small or premature babies. It is also good for mothers with a short nipple. Support the back of the baby's head and shoulder at the nape of neck using your palm, and the baby's body and buttock with your forearm.
3. **Football hold** is ideal for small babies, mothers with large breasts and short nipples or mothers who have undergone a caesarean section. Support your baby's head and shoulder at the nape of neck with your palm and the baby's body and buttock with your forearm. Tuck your baby under your arm so that the legs are behind you and the head is at your breast.
4. **Lying down** is ideal after a caesarean section, forceps delivery or for feeding at night. Lie on your side with a pillow under your head and behind your back, with your baby facing you.

If you have any problems, approach your hospital's lactation consultants for help.



How do I overcome some possible problems with breastfeeding?

Do not worry or be discouraged if you encounter some difficulties when you first breastfeed. By being aware of the possible problems, understanding their solutions and asking for help, your breastfeeding journey will be a smoother one. Here are some examples of the common problems encountered and their solutions.

Sore or cracked nipples

Cause:

Your baby is not positioned or latched on properly.

Solutions:

- Gently take your baby off your breast and re-attach and re-position him.
- Reduce the nursing duration but increase the number of feeds.
- Initiate breastfeeding on the unaffected breast.
- Express a few drops of breast milk on the nipples to soothe them.

Engorgement

Cause:

Missed feeds

Solutions:

- Express some breast milk before nursing if your baby has trouble latching on.
- Massage your breast gently while you are feeding and express after feed if your breast still feels hard or swollen.
- Use cold packs after a feed to be comfortable.

Plugged ducts

Cause:

A blocked milk duct which is not draining well into the nipple.

Solutions:

- Start nursing from the affected breast first when your baby's suckle is vigorous and strong.

- Keep the affected breast as empty as possible by nursing frequently.
- Apply mild pressure with a warm towel on the lump gently pushing it towards the nipple.
- Change feeding positions to help empty the breast and hand express breast milk if necessary.

Breast infections (mastitis)

Cause:

A bacterial infection that usually affects one breast. The affected breast may be red, hot and swollen or may have a painful lump.

Solutions:

- Get help from your doctor or lactation consultant.
- You may be given antibiotics and painkillers for pain and fever.
- The breast infection will not affect your baby and you may continue to breastfeed if it is not too uncomfortable.

Thrush

Cause:

A yeast infection caused by *Candida albicans* that affects both you and baby. You may experience itchy, red or sore nipples and your baby may have white patches in the mouth.

Solution:

- See your doctor who may advise anti-fungal medication for you and your baby.

Can I continue with breastfeeding after going back to work?

You can continue with breastfeeding even if you resume work. Turn to pages 53 and 54 for tips on how you can continue with breastfeeding while at work.

Some frequently asked questions on breastfeeding

Breastfeeding may sound challenging initially but once your baby latches successfully, it is fulfilling and enjoyable. These are some common questions you may have:

What is “let-down reflex”?

When your baby starts suckling, a hormone called oxytocin releases milk into the breast ducts causing it to flow towards the nipple. This is called the “let-down reflex”, which has a tingling or tightening sensation on the breast. If you are stressed, the let-down reflex can be inhibited. So, relax!

If milk production comes later, will my baby “starve” in the first few days?

When you first start breastfeeding, your first milk is colostrum which is:

- Yellow, thick and sticky, very rich in protein, minerals and antibodies.
- Small in quantity, but that is all your baby needs in the first few days.

Breast milk changes to mature milk by about 7 - 10 days after birth. Mature breast milk consists of:

- The initial foremilk which is watery, low in fat and serves to satisfy the baby’s thirst.
- The later hindmilk, which contains more fat, nutrients and antibodies, will satisfy his hunger and ensure weight gain.

Will I have sufficient milk?

It is normal for mothers to worry that they may not have enough milk for their babies. Milk production occurs regardless of the mode of feeding. Frequent and effective milk removal is important to ensure a good supply. Hence,

- Ensure that your baby latches on correctly.
- Breastfeed regularly every 2-3 hours and avoid supplementary feeding with formula milk.

- Express regularly and store breast milk if your baby is not feeding well or is separated from you.
- Rest, eat well and drink plenty of fluids.
- Reduce caffeine intake and completely avoid alcohol and tobacco products as these can inhibit the milk “let-down reflex”.

How do I know if my baby is getting enough milk?

If your baby has had enough,

- Your breasts will feel soft after nursing.
- Your baby is contented and satisfied.
- Your baby is passing clear urine and has bowel movements 2 - 5 times or more in a day.
- Your baby’s weight is increasing after the initial drop in birth weight. Your baby will gain about 150 - 200 grams per week.

How long and how often do I feed my baby?

- Allow your baby to suckle for as long as possible on one breast to ensure he gets the high caloric hindmilk. This takes about 20 - 30 minutes. Avoid looking at the clock; instead observe his suckling and swallowing. Offer the other breast if he wants more.
- Alternate the breasts for subsequent feeds.
- If you have to take your baby off your breast, insert a small finger at the side of your baby’s mouth between the gums to release the suction before removing the nipple from his mouth.
- As breast milk is easier to digest, feed on demand (every 2-3 hours) round the clock.

If I latch my baby on as well as feed him expressed breast milk from a bottle, will it confuse him?

This is known as “nipple confusion”, which occurs when a baby is offered both the breast and a bottle. Suckling from the breast and drinking from a bottle require different techniques. Some babies who have been fed expressed milk from a bottle at the start may refuse to latch on. To prevent confusion, feed exclusively from the breast where possible. If you need to express milk for various reasons, give him expressed milk in a cup, a spoon or from a syringe.

My baby seems to be feeding all the time. Is it because I am not producing enough milk?

During growth spurts – around 2-6 weeks, 3 and 6 months of age – there will be an increased demand for nursing. The increased frequency of feeding will help to increase the milk supply to meet the baby’s needs. Do not worry; it only lasts for a few days. Just feed on demand and get enough rest and food.

What about breastfeeding premature babies?

Premature babies often have medical problems that require close monitoring in the hospital. Mothers of premature babies can:

- Initiate expressing of breast milk 6-8 times a day including at night and store the milk.

- Learn how to express, collect, transport and store breast milk correctly.

Once your premature baby is able to feed, support will be given to you on how to latch him on directly before he is discharged.

What are the risks of not breastfeeding?

Babies who are not breastfed are at greater risk for:

- Gastrointestinal infection
- Urinary tract infection
- Respiratory disease
- Obesity and diabetes later in life

Mothers who do not breastfeed are at greater risk for:

- Breast and ovarian cancers
- Osteoporosis

Can I breastfeed after six months?

You can breastfeed up to one year and beyond. Although your baby may be getting nutrients from other sources of food, breast milk is still an important form of nutrition. Breastfeed as long as you and your baby desire. You can continue to breastfeed even if you are pregnant.

Turn to pages 112-113 for breastfeeding helplines and support groups.

TIPS FOR SUCCESSFUL BREASTFEEDING:

- If you and your baby are well with no medical concerns, place your baby on your chest within five minutes after delivery for at least an hour of skin-to-skin contact. Guide your baby when he shows signs of readiness to feed. Room-in 24 hours a day in your ward with your baby to promote bonding, facilitate breastfeeding and allow you to recognise the early feeding cues.
- Ensure a good latch to ensure smooth flow of milk.
- Make sure you have a well-balanced diet, limit caffeine intake and avoid alcohol and tobacco products. Get enough rest and sleep.
- Feed your baby on demand. Allow him to suckle for as long as possible.
- Avoid supplementary feeds as far as possible because your baby will have no desire to suckle to maintain the milk production and flow.
- Avoid feeding from a bottle or using a pacifier in the first few weeks until breastfeeding is established as that will discourage the learning process of breastfeeding for your baby.