

FULL BREASTS/ ENGORGEMENT

From about the third day after your baby's birth, the colostrum begins to change to mature milk. As the milk "comes in" in greater quantities, your breasts may feel uncomfortably full and heavy but the discomfort is relieved when your baby suckles. This is normal and a signal that your milk is "in". However, if your breasts become very hard, painful, unyielding and the milk is NOT flowing freely, your breasts are engorged. It is important for mothers to know that frequent feeding, because it empties the breasts, helps to prevent and alleviate engorgement. The following are some suggestions which may prove helpful:

- Most importantly – feed frequently at least 10 feeds in 24 hours. Wake your baby if necessary.
- If your breasts are painful and unyielding, apply warmth before feeding to encourage the milk-flow – i.e. hot shower, bath or warm compresses.
- If your breasts are too hard for the baby to latch, apply warmth then gently hand express some milk. This will help to soften the breasts so that your baby can latch properly.
- Apply cold compresses i.e. cabbage leaves or wrapped ice packs, to your breasts between feeds, this can be very soothing. Do not use the leaves or ice packs for longer than 2 hours at a stretch.
- During the feed you could gently massage any lumps in the breast towards the nipple to encourage the milk flow.
- Changing feeding positions will ensure that all areas of your breast are drained.

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BREASTFEEDING ASSOCIATION OF SOUTH AFRICA

BORSVOEDINGVERENING VAN SUID-AFRIKA

GENERAL INFORMATION

During the first few days at home you may be tired and will need as much rest as possible. Your families support, a relaxed environment and assistance at home, will contribute considerably towards a positive breastfeeding experience for you and the rest of the family. Arrange to meet with other mothers, sharing experiences and ideas can be most reassuring, even therapeutic.

Your milk supply can be increased by feeding your baby more frequently or expressing after feeds. Long intervals between feeds, without expressing could diminish your supply. Use a cup to feed expressed milk to your baby. Avoid using teats and dummies.

In the First Few Days around 10 feeds in 24 hours is recommended to establish and maintain a good milk supply. Another indication that your baby is having enough is when she has at least 6–10 wet cloth nappies or 4–6 wet disposable nappies and at least 2 to 5 dirty nappies in 24 hours.

It is recommended that you do not leave your baby to sleep more than 3 hours at a stretch during the day, and remember that night feeds are essential in the first few months. If you and your partner agree, night feeds may be easier if your baby sleeps in bed with you.

Breastfed babies do not need water or juice even in hot conditions. Winding your baby after feeds need take no longer than 5 minutes.

Your baby's first stools will contain meconium, a thick dark tar-like substance. This will be replaced by green then soft yellow stools that vary considerably in quantity and frequency. Initially your baby may pass a stool at every feed or at least 2 a day, decreasing to one or less per week.

During the first few weeks milk may leak from the breasts between feeds. Pressure against the nipple will suppress leaking. When using breast pads change them frequently should they become wet.

Feeding your baby on breastmilk only for up to 6 months, as is recommended by the World Health Organization, significantly reduces the risk of illness, infections and allergies. Breastfeeding for two years and beyond is also recommended.



THE FIRST FEW DAYS

This pamphlet offers guidelines on how you and your newborn baby can enjoy "the perfect start". To begin with, consider inviting someone special to share the experience of your baby's birth and his first breastfeed with you. Also be certain that your hospital or clinic, doctor or midwife routinely practice Kangaroo Mother Care (KMC) for premature as well as full term babies.

Spending the first few hours and days together (rooming or bedding-in) is very important for both and your baby. You will get to know each other and establish a good breastfeeding relationship. Clinical trials have proven that the more time you and your baby spend in the KMC position (skin-to-skin) the stronger your baby's instinct to breastfeed. That is to mention only one of a multitude of advantages when practicing KMC i.e. skin to skin.

THE FIRST FEW HOURS

Most doctors and midwives now recognize the significant benefits of breastfeeding soon after birth;

- Leaving you and baby together skin to skin for a few hours immediately after birth has been scientifically proven to be highly beneficial for both of you. It keeps your baby comforted and warm, enhances your mutual relationship and an increased milk production.
- Colostrum (the first milk) produced in small quantities, is easily digested, provides your baby with all the necessary calories and offers protection against infection and allergies.
- Your baby's suckling instinct is usually strongest in the first hours after birth, especially when no pain relief drugs have been administered during labour. However some babies will not suckle immediately. Do not be concerned, keep your baby skin to skin and try again later.
- Should your baby not suckle within the first few hours after birth, a little colostrum could be expressed and offered to him on a teaspoon.
- A good "latch" and early frequent suckling ensures that your baby gets as much colostrum as he needs and facilitates the establishment of a good milk supply.
- Babies need no other milk, juices or water – your breastmilk is perfect for your baby and will meet all his needs.
- Exclusive, frequent and early breastfeeding will minimize your baby's weight loss and the possibility of newborn jaundice.

HOW TO BEGIN

- Make yourself comfortable, avoid wrapping your baby in a blanket, you could even undress him.
- Your baby needs to be held on his side facing your breast while you support his neck.
- Touching your baby's lips with the nipple will encourage him to open his mouth wide to take the breast i.e. latch.
- For correct latching, the nipple, together with a good part of the areola (dark skin around the nipple), should be drawn into your baby's mouth. Pain is an indication of an incorrect latch.

- Lips turned outwards, a strong jaw action and movement of the muscles above his ear, would indicate that your baby is latched & suckling well.
- When baby has had enough, he will fall asleep or release the nipple. However if you need to stop the feed sooner it is very important that the suction should be broken first; Insert a clean finger into the corner of his mouth between the gums and hold it there while releasing the nipple.

FREQUENT FEEDING

Frequent feeding encourages a better production of milk and ensures a more contented baby. A good latch with the nipple and areola in your baby's mouth is always important. The subsequent stimulation of the breast results in the release of hormones into the blood stream. One of the hormones oxytocin causes the muscle cells around the milk producing glands to contract, squeezing milk into the milk ducts. It may be felt as a tingling sensation (the let-down reflex).

Other reasons why your baby needs frequent feeds:

Breastmilk is easily digested and moves rapidly from the stomach into the intestinal tract. Initially your baby's stomach capacity is small about 5 to 10 ml, gradually increasing to 20 ml by the third day. Frequent feeding will also prevent your breasts becoming hard and uncomfortable.

Allow your baby to finish feeding at the first breast before offering the second side. At times she may not want more from the second breast; offer that side first at the next feed.

PROVIDED YOUR BABY IS POSITIONED AND SUCKLING WELL, she may feed for as long and as often as she needs. During the first few days babies may need around 10 feeds in 24 hours. To encourage your baby to sleep for longer stretches at night, feed her more frequently during the day. Given time, you and your baby will adjust to your own pattern. Most babies will demand less frequent feeds as the weeks go by.

BREASTFEEDING POSITIONS

It is advisable to try different feeding positions to find the most comfortable. For example if stitches are causing any discomfort it may be more comfortable to feed while lying down. All positions require your baby to be held close to you with his knees, hips, tummy and nose facing you. The following are some suggested positions:

1. Mother lying on her side, supporting baby's neck & shoulders.



2. Cross-hold, useful for learning to latch.



3. Baby's head resting on mother's forearm.



4. Tucked under mother's arms, feet facing towards the back. Ideal for twins and premature babies

