



1. IMPORTANCE OF BREASTFEEDING

BENEFITS OF BREASTMILK FOR BABY

- Safe, complete, unique and always readily available.
- Easily digested and absorbed.
- Increase intelligence level.
- Strengthen the immune system.
- Helps develop better eye function.
- Reduces risk of ear infection.
- Reduces risk of muscle-related illnesses.
- Protects against skin allergies.
- Prevents constipation.
- Promotes tooth development.
- Reduces risk of respiratory infections.
- Reduces risk of urinary tract infections.
- Reduces risk of childhood cancer and heart diseases at later life.
- Protects against diarrhoea, allergies to food and ulcerative colitis at adulthood.

BENEFITS OF BREASTFEEDING FOR MOTHER

- Stronger bones and joints.
- Helps uterus return to its normal size more quickly and avoid excessive bleeding after delivery.
- Effective method of birth control with conditions that mother is breastfeeding exclusively, no menstruation and baby is under 6 months old.
- Easier and quicker way to return to pre-pregnancy weight.
- Protection against heart disease, breast, ovary and cervical cancer.
- Increase bonding between mother and child.



THE RISKS OF NOT BREASTFEEDING

- Mothers have higher risks of developing anaemia, breast and ovarian cancer.
- Baby has higher risks of allergies and intolerant to the protein of breastmilk substitutes.
- Reduces bonding between mother and child.
- Increases risks of developing chronic non-communicable diseases.
- Higher risks of diarrhoea and respiratory infections.
- Nutrient deficiencies such as Vitamin A.
- Overweight and obesity.
- Increases risks of childhood death
- Missed opportunity of getting essential nutrients and/or stimulants (long chain fatty acids) in breastmilk which promote brain, eyes and nervous system development.

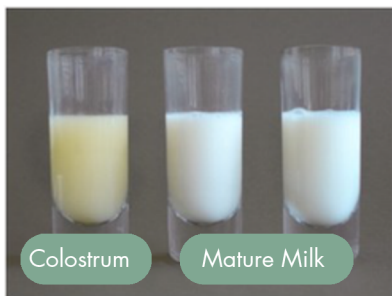
2. BREASTMILK PRODUCTION



STAGES OF BREASTMILK PRODUCTION

1. Colostrum:

- First stage of breastmilk production – can be produced as early as the fourth month of pregnancy.
- Lasts for several days following birth.
- Thick and yellowish in colour.
- Rich in antibodies, protein and Vitamin A to fight bacterial and viral infections.
- Prevents jaundice by removing meconium – baby's first stool.



Colostrum is considered as your baby's first immunisation because it contains large quantities of antibody.

2. Transitional milk:

- After 2-3 days, breasts will start to secrete milk in larger amounts, making the breasts feeling full, hard and heavy (milk coming in). Milk secreted at this stage is called *transitional milk*.
- Last for two weeks following birth.

3. Mature milk:

- Transitional milk become mature milk around two weeks after birth.
- Mature milk consist of **FOREMILK** and **HINDMILK**.

BREASTMILK CONTENTS

Breastmilk composition changes from the beginning to the end of a feed. The milk that comes first is called foremilk and the milk that comes later is called hindmilk. Both foremilk and hindmilk is important for baby's growth and development as they contain different nutrient composition.

FOREMILK:

- Produced early in the feed.
- Rich in protein, lactose and other nutrients.
- Has a lower fat content.
- Has a high water content which helps quench the baby's thirst.
- Foremilk provides most of the water the body needs, even in very hot climate .

BREASTMILK CONTENTS (cont.)

HINDMILK:

- Thicker than foremilk .
- As the feed goes on, the fat content of the milk rises which satisfies the baby's hunger.

For the first six months of life, if babies are exclusively breastfed - they do not need other fluids including water. If breastfed babies are given water, they will take less breast milk and gets less energy, protein and other nutrients.









A baby who is allowed to finish the first breast, so that he feeds until he comes off by himself before being offered the second breast, gets plenty of fat-rich hindmilk.



High water content to quench thirst.

High fat and calorie content to satisfy hunger.

STOMACH SIZE OF NEWBORNS AND AMOUNT OF BREASTMILK NEEDED

DAY 1	DAY 2	DAY 3	1 MONTH
			
5-7 ml 1-1.4 tsp	22-27 ml 0.75-1 oz	45-60 ml 1.5-2 oz	80-150 ml 2.5-5 oz
			
as big as a cherry	as big as a walnut	as big as an apricot	as big as an egg

STARTING BREASTFEEDING

Uninterrupted Skin-to-Skin Contact Immediately After Birth:

- Following birth, baby will be placed on top of mother's bare chest with his/her face turned to the side. This is called skin-to-skin contact. Skin-to-skin contact protects baby from bacterial infection and promotes a wonderful bonding time for mother and baby. It also facilitates breastfeeding initiation.
- Continue skin-to-skin contact for the first three days of birth.

Start Breastfeeding Early:

- Start breastfeeding when baby shows signs of readiness to feed, preferably within one hour of birth.

Breastfeeding After Birth:

- Breastfeed baby on demand as frequent as possible.
- Ensure baby is fed every one to three hours, or whenever baby shows signs of readiness to feed.
- The more frequent the baby feeds, the more colostrum (first milk) will be produced and this will encourage milk to come-in.
- Remember, a baby's tummy is tiny so the baby will need to breastfeed little and often.



3. CORRECT BREASTFEEDING TECHNIQUE

STEPS TOWARDS EFFECTIVE ATTACHMENT

Effective attachment is very important to ensure successful breastfeeding. This can be achieved by doing the following steps:



STEP 1:

- Sit comfortably with your back and feet supported.
- Hold your baby close, along your forearm.
- Support your baby's neck and shoulder blade with your hand, so that your baby is able to move his head into the right position to attach well. Do not hold his head.
- Turn him onto his side with his chest towards you, head tilted slightly back, at the same level as your breast. His nose will be levelled with your nipple.



STEP 2:

- Gently brush your baby's mouth with the underside of your areola. Your baby should open his mouth wide when you do this. You may find holding your breast allows him to take in more of your breast and makes it easier for him to attach.
- When your baby opens his mouth wide and his tongue comes forward over his lower gum, bring him quickly to the breast with your nipple aimed at the roof of his mouth. His first point of contact will be his lower jaw or chin, on your areola well down from the nipple.

STEPS TOWARDS EFFECTIVE ATTACHMENT (cont.)



STEP 3:

- As his mouth closes over the breast he should take in a large mouthful of your breast.



STEP 4:

- Baby's lower lip will be curled outwards.



STEP 5:

- Baby's cheeks will look full and round, and you may hear his swallowing sounds.

If your breasts are engorged, try expressing before attachment as this will help to soften the breast, allowing your baby to attach easily.

POSITIONING FOR BREASTFEEDING

A mother can hold her newborn baby to her body in the way that feels right for her. These are the signs to look for when positioning your baby for breastfeeding:



1. Baby's body in a straight line:

- Ear, shoulder and hip of the baby should be in a straight line, facing mother's breast. This prevents baby's head from being twisted or bent far forward or backwards.

2. Close to mother's chest:

- Bring the baby to the breast, not mother leaning over the baby.

3. Support your baby well:

- Fully support baby's neck, shoulder blade and whole body with mother's arm. His head should be resting on mother's arm.

4. Facing the breast:

- When the baby is brought to the breast, ensure that baby is facing mother's breast with his nose levelled to the nipple.

VARIOUS BREASTFEEDING POSITIONS



Cradle Position:

Support baby with the arm on the same side as the breast they're nursing from, not the opposite arm.



Football Position:

Baby is tucked under one arm, off to the side (like a football). Hold baby with one arm while the other hand supports your breast.



Cross-Body Position:

Bring baby across your body, tummy-to-tummy. Hold baby supporting their neck and support your breast with the other hand.



Laid-Back Position:

Recline on a sofa or bed and lay baby on your chest so their mouth is at your breast.



Side-Lying Position:

Lie down on your side with baby facing you. Baby will nurse from the breast that is resting on the bed.



4. GUIDE ON HAND EXPRESSION FOR BREASTMILK

HAND EXPRESSION: AT A GLANCE

Expressing breast milk by hand is an important skill for lactating women to learn, especially in case of an emergency. Hand expression can be helpful in situations when you may not have access to a breast pump or electricity for a breast pump or if you are separated from your baby unexpectedly.

EXPRESSING BREASTMILK BY HAND

- May be more comfortable for some parents who experience pain when using a breast pump.
- Does not require equipment, water, or electricity.
- Can relieve engorgement (by releasing some milk to soften your breasts). This can help your baby latch on more easily.
- Encourages milk production early in lactation.
- Is a safe and effective way to express milk during emergency or natural disaster situations.

BEFORE YOU GET STARTED

- Wash your hands well with soap and warm water.
- Use a clean, sterilised, disposable container with a wide mouth to collect the milk.
- Find a comfortable position and lean forward slightly to let gravity help.
- Massage your breast to help stimulate the milk to release.

STEPS FOR EXPRESSING BREAST MILK BY HAND



1. Position your thumb above the nipple and your fingers below the nipple about 1 to 2 inches behind your nipple. Your thumb and fingers will make the letter "C" shape.



2. Press your fingers and thumb back toward your chest.



3. Gently compress your fingers and thumb together.



4. Release and then repeat in a rhythmic pattern: **Press, Compress, Release.** Continue until the milk stops and then switch to the other breast.

ADDITIONAL TIPS TO HELP YOUR BREAST MILK FLOW

- Use a warm compress or heat on your breast before expressing.
- Change position of the fingers around the nipple to express milk from different ducts.
- Think about your baby or smell a piece of your baby's clothing to help the milk to flow.
- Tension, anxiety or breast engorgement can prevent your milk from flowing well. Practice relaxation techniques by taking deep breaths, stretching, or asking a family member or partner for a gentle shoulder or back massage.
- Do not squeeze hard or pull on the nipple. Hand expression should not hurt.





5. GUIDE ON BREASTMILK EXPRESSION FOR WORKING MOTHERS

BREASTMILK EXPRESSION AT THE WORKPLACE



- Find an appropriate, quiet and clean place such as a closed room or resting room.
- Wash and clean your hands thoroughly.
- Relax and think about your baby to help with breastmilk production.
- Start expressing breastmilk and continue until the breastmilk flow slows down.
- Store expressed breastmilk in a clean, sterilised container and put in the refrigerator (if available) or in a cooler box containing ice packs.
- Label container with the date when expression was done. To avoid wastage, the content in each container should only be for one feed.
- As soon as you arrive home, put the expressed breastmilk either in refrigerator or freezer.



GUIDE ON EXPRESSED BREASTMILK STORAGE

TYPE OF STORAGE	FULL TERM BABY	PRE-TERM BABY	
Freshly Expressed Breastmilk			
Room Temperature	15°C – 25°C (air-conditioned)	8 hours	4 hours
	25°C – 37°C (without air-conditioner)	4 hours	4 hours
Refrigerator	<15°C	24 hours	4 hours
	2°C – 4°C	8 days	2 days
1-Door freezer	2 weeks	2 weeks	
2-Door freezer	3 months	3 months	
Deep Freezer or Freezer Drawer	6 months	6 months	
Frozen Expressed Breastmilk			
Thawed in refrigerator	24 hours (do not refreeze)	12hours (do not refreeze)	
Thawed and stored outside of the refrigerator	To be given to the baby straight away		

GUIDE ON EXPRESSED BREASTMILK STORAGE



1 DOOR FREEZER
2 WEEKS



2 DOOR FREEZER
3 MONTHS



FREEZER
DRAWER
6 MONTHS



DEEP FREEZER
6 MONTHS

GUIDE ON GIVING EXPRESSED BREASTMILK (EBM) FOR WORKING MOTHERS

- It is advisable for the mother to start expressing and storing breastmilk 2 weeks after delivery, especially for working mothers.
- 2 weeks before going back to work, baby should be familiarised with expressed breastmilk, by alternating EBM with direct breastfeeding.

Tip:

A nursing cover is helpful for a mother to directly breastfeed when out and about.



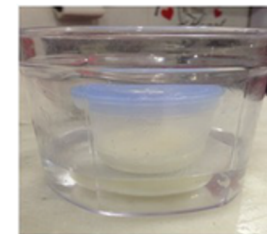
EXPRESSED BREASTMILK PREPARATION BEFORE WORK



Take out the frozen expressed breastmilk (EBM) from the freezer and thaw it in the refrigerator.



Frozen expressed breastmilk will usually be divided into two layers. Slowly swirl to combine the breastmilk.



Warm the EBM in a bowl of lukewarm water.



It is best to give EBM with a small cup to avoid nipple confusion.

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