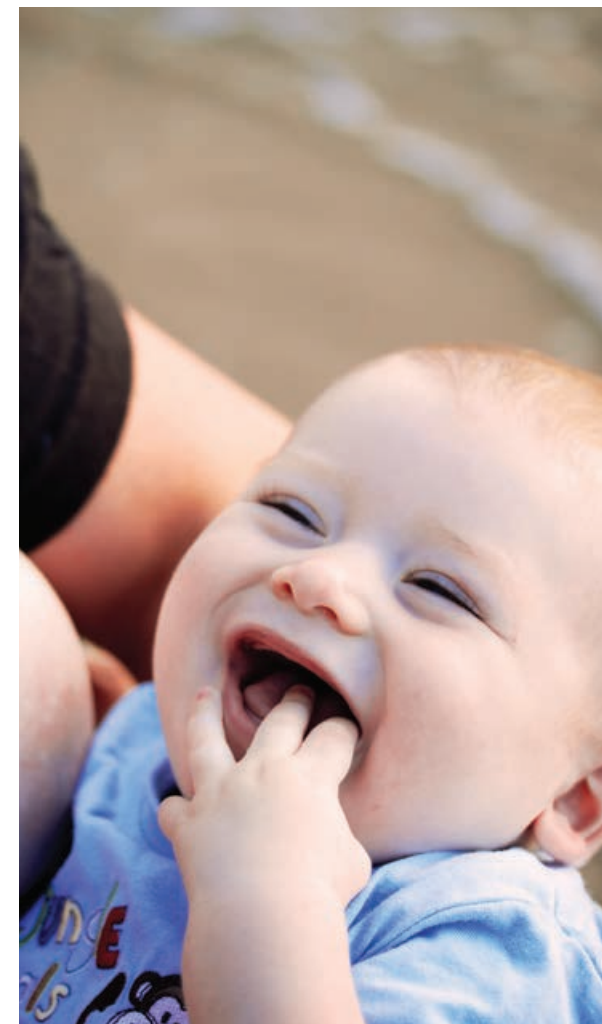


Breastfeeding *from A to Z*



Breastfeeding *from A to Z*



“Although the baby is consistently referred to as “she” for reasons of simplicity, and following widespread modern usage, all the information in this brochure is of course valid for babies and infants of either sex”.

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INITIATIV LIEWENSUFANK
DEBUT DE LA VIE - BEGINNING OF LIFE



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé

Direction de la santé



Breastfeeding from A to Z

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PREFACE

Our aim in publishing this booklet is to give practical and useful information to women who intend to breastfeed, as well as offer whatever help they may need in order to start breastfeeding their babies confidently, and to enable them to deal with any problems they may encounter during their breastfeeding time.

The present booklet, which has been brought up to date and translated from the German brochure 'Stillen von A bis Z' has taken into account new scientific information about breastfeeding. The 'Innocenti Declaration' and the Global Strategy for Infant and Young Child feeding of WHO and UNICEF define the necessary protection promotion and support of breastfeeding. These declarations spell out what governments should do to enable mothers to breastfeed exclusively for the first six months of life, and to continue breastfeeding, combined with complementary foods, for up to two years of age or beyond.

The number of breastfeeding mothers has increased in recent years, and providing future young mothers, their families and friends with improved information is a good basis for successful breastfeeding. This brochure, "Breastfeeding from A to Z" has been conceived in this spirit and on this basis. It is aimed at providing you with a source of information and encouragement.

You can read it at your ease during your pregnancy and you will be able to refer to it while you are breastfeeding.

The first pages provide basic information on breastfeeding; the following pages concern more specific information grouped by key words and set out in alphabetical order. The last page lists some useful addresses.

Many words throughout this booklet are marked with an arrow (→). This means that you will find further information under other key words.

The editors wish you and your baby a successful and gratifying breastfeeding experience. If you have any questions or problems regarding breastfeeding, you will find information and advice at the **Initiativ Liewensufank Baby Hotline (tel.: 36 05 98), berodung@liewensufank.lu which is available in English too.**

Do not hesitate to consult our web site at www.liewensufank.lu or our Facebook page (facebook.com/InitiativLiewensufank) to find further information and the latest news.

On behalf of Initiativ Liewensufank,
Maryse Arendt (Lactation Consultant IBCLC) and **Corinne Lauterbour** (Midwife)

BABY HOTLINE
Tel.: 36 05 98
9:00 - 11:30
Free and anonymous

Breastfeeding, a health benefit.

Mother’s milk is the best and healthiest food we can offer to our babies. Indeed, several scientific studies have proven the multiple benefits of breastfeeding, both for the child and mother’s health.

So that breastfeeding can be a success story, we need to be aware that our responsibility is collective and does not end with the mother.

Protecting, promoting and supporting breastfeeding is a priority for public health. Promoting health through breastfeeding is one of the most effective ways to improve our children’s health.

As recommended in the WHO / UNICEF declaration “Innocenti”, the Ministry of Health has been promoting the program for the protection, promotion and support of breastfeeding in the Grand-Duchy since 2006 in cooperation with the National Committee.

The Ministry of Health also supports the UNICEF / WHO “Baby Friendly Hospital” initiative, which aims on creating ideal conditions to start breastfeeding, encourage women who wish to breastfeed and who are breastfeeding. It also both enables and strengthens the emotional bond between mother and child.

The “Breastfeeding from A to Z” brochure from the “Initiativ Liewensufank” is a valuable practical aid. It allows us to make concrete and positive progress in this special phase of life, which will lead us to improve the health of mother and child in a significant way.



Dr Bechara Georges Ziadé
Direction de la santé

Breastfeeding: the natural way!

The benefits of mother’s milk compared to substitutes are undeniable:

Mother’s milk is fresh and its composition is ideally suited to the needs of a young child.

It contains specific, easily digestible proteins, lactose and unsaturated fatty acids that are readily assimilated, as well as a sufficient quantity of vitamins and minerals. **Therefore mother’s milk is perfectly adapted to a baby’s nutritional requirements and growth.** Even today the composition of mother’s milk has not yielded up all its secrets. At the present time it is impossible to measure the full extent of its virtues.

Mother’s milk, is very rich in **antibodies**, which are passed on to the baby from the mother’s body. The first milk → colostrum contains even more of these immune active substances. They are particularly important for the protection of the newborn baby as she leaves the sterile environment of the uterus and is suddenly exposed to microbial attack from outside. As a baby’s immune system only develops gradually during the first year of life, **breastfeeding is an important factor in ensuring protection against infections.**

Given the ever increasing and ever more worrying number of → **allergies**, it is worth remembering that breastfeeding also plays a preventive role in this area. This is particularly true when one of the parents suffers from allergies, such as hay fever, asthma, eczema, allergies against food or medicines, etc., since exclusive breastfeeding for the first six months reduces any predisposition towards allergy considerably.

The advantages laid out above ensure that **breastfed babies develop properly, without excessive weight gain**, while bottle-fed babies fall ill more often.

Breastfeeding is **practical**: the milk is always ready, germ-free, and at the correct temperature. Breastfeeding also costs practically nothing, which means that you can put money aside, perhaps for travelling.

The muscular exercise required when the baby is sucking encourages correct development of the palate, gums and facial features, while **preventing malocclusions**.

Breastfeeding **protects the environment**. Industrial production of baby foods demands considerable energy costs. The many packaging materials consume large quantities of tin, aluminium, bleached paper and plastics, whose elimination - following their polluting transport - can only increase the flood of waste that will require treatment.

Breastfeeding also brings practical benefits to women. It helps the uterus return to its normal size more quickly. Moreover, it has been shown that women who have breastfed are less vulnerable to breast cancer and osteoporosis.

With mother’s milk babies receive a lot more than just food. **Skin-to-skin contact and emotional warmth** give them the → **basic trust** that is as important for their **psychological development** as the nutritional quality of their mother’s milk is for their physical health.



The decision to breastfeed is not merely an intellectual decision, it is also emotional

When is breastfeeding not possible?

It goes without saying that no woman can be forced to breastfeed her child. The decision is her personal responsibility, one that she has to take in the light of her intellectual and affective reasoning. It is impossible for a woman to breastfeed under duress.

In some very, very rare cases - lack of glandular tissue, or hypothalamic or epiphyseal dysfunction - breastmilk production is totally or partially hampered. Other, relatively rare situations, for example, anti-cancer treatment, untreated tuberculosis or galactosemia (except for the Duarte variant) may cause a woman to abstain from breastfeeding her child. → AIDS-related conditions are dealt with on page 12.

What happens in the female body during breastfeeding?

During pregnancy, mother's body starts preparing for breastfeeding. Breast volume increases as a result of the growth of the glandular cells, and the areola becomes darker and increases in diameter. During the second half of pregnancy small discharges of colostrum may occur. Following the birth, the massive fall in the levels of oestrogen and progesterone in the blood frees a large quantity of prolactin and thus stimulates milk production.



The maternal breast contains a large number of milk-secreting glandular cells, or acini, that are arranged in clusters, like bunches of grapes. From the acini the milk flows into the milk ducts, which then come together to lead to the pores of the areola. As the baby sucks and moves her tongue, thus creating negative pressure inside the mouth, milk flows through the milk ducts into the baby's mouth. Through this suction movement, the baby triggers the milk-ejection, or let-down reflex, which is a true chain reaction; moreover, the same reaction can happen merely by thinking of nursing. The signals received by the hypothalamus and transmitted to the epiphysis release prolactin and oxytocin, the hormones controlling lactation. When prolactin enters the circulatory system, it stimulates milk production in the acini. Oxytocin causes the muscle fibres surrounding the breast acini to contract, triggering the flow of milk towards the milk ducts and let-down reflex via the pores of the nipple. As this natural process takes place, some women experience an agreeably warm feeling that is accompanied by a slight tingling sensation.

Ten golden rules for breastfeeding

1. Direct, uninterrupted **skin-to-skin contact** immediately after birth until the first feed and early → breastfeeding, **first latch** stimulates an ample milk production.
2. **In the early days**, try to offer both breasts at each feed in order to stimulate milk production most effectively.
3. Breastfeed according to **your baby's own rhythm** (→ frequency of feeds) and do not impose a fixed timetable. If in the early days your baby is sleepy and does not demand to be fed or is not growing enough, do not hesitate to offer your breast, putting a few drops of colostrum in her mouth. If your breasts are feeling full or swollen, offer a breastfeed to her.
4. Share your bedroom with your baby. This cohabitation, or → **'rooming-in'**, supports breastfeeding and encourages bonding (emotional attachment).
5. A healthy newborn baby, fed on demand, has no need for any herbal teas, sweetened water, or any other food **supplement to mother's milk**, except in exceptional cases. All supplements can only upset the balance between offer and demand for mother's milk.
6. It is **unnecessary to weigh the baby before and after each feed**. Frequent weighing only serve to shake your confidence.
7. **Drink** when you are thirsty and eat healthily (→ thirsty mothers, → maternal nutrition).
8. **Trust in your competence** as a woman and a mother. You have borne your baby for nine months; you have brought her into the world and you will be able to breastfeed her. Do not allow anyone to make you feel insecure.
9. If you have any **questions or a problem**, or if you simply want some moral support, contact a **midwife with experience in breastfeeding**, a → **lactation counsellor or consultant**, or a → **breastfeeding group**.
10. Pass on **your knowledge and your experience** to other women.

Trust in your
competence as
a woman and
a mother

Glossary

ADVICE

There will probably be no other period in your life when you will be more exposed to ‘good advice’ than before and after the birth of your child. Everyone around you, friends, ‘professionals’ and neighbours will claim to know what you need to do better than you do.

Keep some distance from all this ‘good advice’ and, find your own approach, together with your partner. During your pregnancy you should gather a lot of information about breastfeeding and make contact with a → breast-feeding group. This will help you quickly evaluate all the advice and choose what will really be useful for you.

AIDS/ HIV

Like all other body fluids, the breast milk of an HIV-positive mother contains a certain number of HI-viruses.

The 2016 Guideline of WHO recommends the following, mothers living with HIV, receiving ART (antiretroviral therapy) and where there is no evidence of clinical, immune or viral failure should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or longer (similar to the general population) while being fully supported for ART adherence. (see the WHO consolidated guidelines on ARV drugs for interventions to optimize adherence).

The Guideline Development Group agreed that this recommendation should be framed by the following statement:

In settings where health services provide and support

lifelong ART, including adherence counselling, and promote and support breastfeeding among women living with HIV, the duration of breastfeeding should not be restricted.

“Mothers known to be HIV-infected (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed their infants for the first six months of life, introducing appropriate complementary foods thereafter and continue breastfeeding.”

Mothers living with HIV and health-care workers can be reassured that ART reduces the risk of postnatal HIV transmission in the context of mixed feeding. Although exclusive breastfeeding is recommended, practising mixed feeding is not a reason to stop breastfeeding in the presence of ARV drugs.

Mothers living with HIV and health-care workers can be reassured that shorter durations of breastfeeding of less than 12 months are better than never initiating breastfeeding at all.

National or subnational health authorities should decide whether health services will mainly counsel and support mothers known to be living with HIV to either (1) breastfeed and receive ARV drug interventions or (2) avoid all breastfeeding as the strategy that will most likely give infants the greatest chance of HIV-free survival.

In Luxembourg, HIV-positive mothers are advised not to breastfeed.

ALCOHOL

It must be remembered that everything you consume

passes into your milk and may harm your baby. During pregnancy you will have had to stop drinking alcohol. This prohibition should continue when breastfeeding. However, it appears that the occasional drinking of a small quantity of alcohol (no more than one glass per week) does not seem to harm the baby. Excessive consumption, like regular consumption, is incompatible with breastfeeding.

ALLERGIES

The baby’s immune system is not yet fully developed. As a result, if the intestinal mucous membranes that are still permeable come into contact with the foreign proteins contained in cow’s milk or its derivatives too early - products such as breastmilk substitutes, infant formula, cheese, butter, cream - or soy milk, cereals, meat or eggs, this may be enough to sensitize a infant’s body and trigger a reaction.

If there is a family history of allergies (such as food allergies, asthma, hay fever, rashes) you can protect your baby by feeding her exclusively on mother’s milk for the first 6 months of life and by not giving her any → complementary food until 6 months completed. If you are one of the mothers that are affected by this, inform the nursing staff in the maternity ward in good time so that they do not give your newborn baby infant formula in the first few hours or days of life. You should be aware that in those infant formulas containing partially hydrolysed proteins, known as hypoallergenic milks, not all the allergens will have been removed. They cannot therefore replace breastmilk, which contains factors that help develop the immune system of the baby.

"The feeding rhythm can also vary."

ANTENATAL CLASSES

Attending an antenatal class, perhaps together with your partner, is recommended. The class should not only give you theoretical knowledge or consist only of physical exercises. The course should cover the psychological, emotional, physical and practical aspects of pregnancy, childbirth, breastfeeding and parenthood.

A good antenatal course can contribute a great deal to successful breastfeeding. It will bring you self-assurance and increased confidence in your body capacities. The course will enable you to define what is important for your birthing experience, and to choose the place where you want to give birth based on your own preferences. You will find all the information on antenatal classes at [Initiativ Liewensufank](#).

APPETITE

The eating habits of a child also reveal her temperament (→ individuality of the baby). Your child may be a big eater and develop as a result, just as she may only have a bird-like appetite and need to be fed small quantities of food more often and at shorter intervals. Some babies feed greedily and rapidly while others take their time, savouring each drop and fall asleep while still feeding. The feeding rhythm can also vary according to a growth spurt, a → nursing strike, a → baby illness, the → individuality of the baby and the → frequency of feeds.



BABY ILLNESS

Breastfed babies generally enjoy good health and fall ill less often than bottle-fed children. It is only normal that a sick child feels the need to be more often at the breast. If she is already on a solid food, she may solids. If you are breastfeeding according to the increasing needs of the child, your production of milk will adapt quickly to the new demand for it.

Avoid weaning a child who is ill. It will be difficult for her to bear this additional burden (→ colds, → hospitalization of the baby).

BABY MASSAGE

The skin is the largest sensory organ that human beings possess. A baby's skin needs tender care from the first moments of life. It is through warm contact felt on her skin that a child feels protected, comforted, stimulated and she discovers a feeling of continuity.

A course of massage for babies contributes to the development of a harmonious relationship between parents and child, and offers an opportunity for deeper mutual understanding. Rhythmic movements and caresses help the child relax and gain body awareness - particularly during the first weeks and months,

If you have decided to follow a baby massage course, choose one which will show you how to massage at home and provide the space and the time enabling you to breastfeed during the lesson.

BABY-FRIENDLY HOSPITALS

The Baby-Friendly Hospital Initiative (BFHI), is a global

programme launched in June 1991 by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) aimed at all establishments providing maternity services and newborn care. Its aim is to protect, promote and support breastfeeding and to underline the importance of maternity services in ensuring that breastfeeding gets off to a good start. Maternity hospitals and clinics that adhere to the following Ten Steps to Successful Breastfeeding have the right to the 'Baby-friendly Hospitals' label.

Here are the ten steps:

1. Have a **written breastfeeding policy** that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Ensure that mothers have **skin-to-skin contact with their baby for at least one hour immediately after birth**. Show mothers how to recognise the cues that their baby is ready to feed, and help them initiate breastfeeding, if necessary.
5. Show mothers **how to breastfeed** and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practise rooming in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding **on demand**.
9. Give no artificial teats or pacifiers/dummies/soothers to breastfeeding infants.

10. Foster **the establishment of breastfeeding support groups** and refer mothers to them on discharge from the hospital or birth centre.

With the help of an evaluation questionnaire, a team of independent experts recognised by WHO and UNICEF verifies compliance with the 10 conditions by interviewing hospital managers, staff and mothers, as well as by observation and analysis of written material.

In order to keep the standard of hospital services, both in the short and long term, and to justify the award of the certificate, external re-assessments take place after two years and then every four years. In the meantime, the statistics are checked. Feedback from mothers is important for the hospital and for UNICEF Luxembourg.

Approximately 20.000 establishments worldwide are recognised 'Baby-Friendly Hospitals'.

WHO and UNICAF have widened the label to include the conditions surrounding childbirth that influence breastfeeding. Non-invasive measures favouring the natural process of childbirth are considered when attributing the 'Mother-Friendly Hospital' label.

Please ask directly the hospital of your choice if the criteria of these labels are followed.

BASIC TRUST

Do not give in to those who reproach you for → spoiling your child by reacting promptly to her → crying and tears.

All the love and tenderness that the child enjoys in her infancy build the foundations for the feelings of security and confidence that she will develop in her future life. By serving

"Your baby is not merely hungry for food, but also for physical contact and emotional comfort"

as a model of affection, you will help her become a person who is, in turn, capable of loving as well as considerate and respectful of others.

It is from 'too little' tenderness and love that 'petty tyrants' are born. It is because they did not receive enough affection in their earliest years that some children compensate later on by demanding treats, toys and money, yet still remain importunate and unsatisfied.

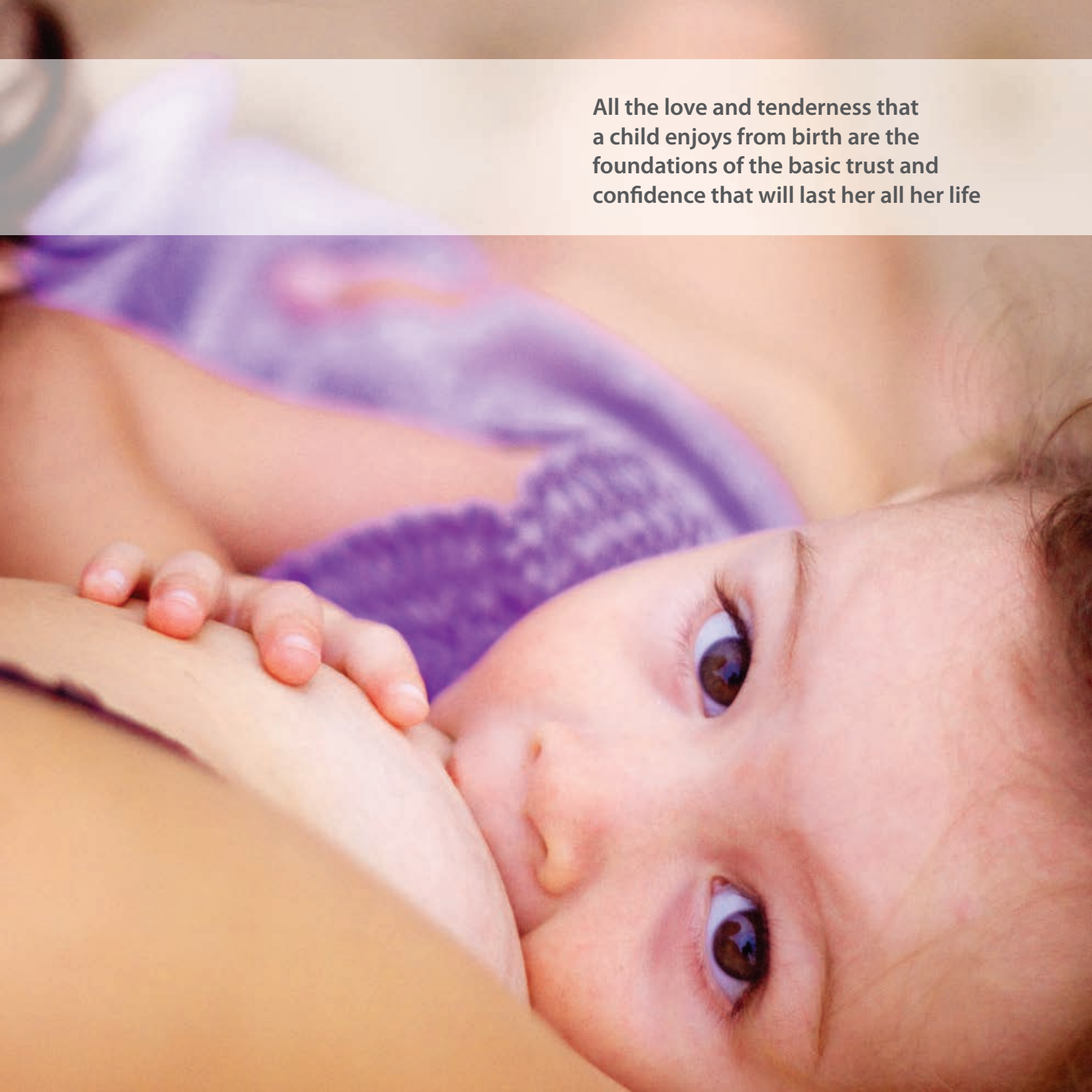
It is only later on that you will have to find the right balance between love and overprotection in order to enable your child to develop her own personality and future independence.

BODY CONTACT

Your baby is not merely hungry for food, but also for body contact and emotional comfort. By breastfeeding you can satisfy both needs.

Being together at feeding time is not enough to respond to the strong need for skin to skin contact and human warmth. Take her in your arms as often as you can, carry her held close to your body in a sling or kangaroo when you are shopping, doing housework and at any time you or your baby feel the need to be close to each other. Even at night, many babies sleep better when snuggled up next to their parents (→ night-time breastfeeding). Baby → massage is another means to offer a little more skin-to-skin contact, giving a pleasant feeling of physical well-being.

Prolonged skin to skin contact may help when starting a tricky breastfeeding session. A baby tends to follow her instincts and will need only a minimum of help on your part (→ latching).



All the love and tenderness that a child enjoys from birth are the foundations of the basic trust and confidence that will last her all her life

BRA

Pregnant women and nursing mothers are often recommended to wear a bra permanently in order to maintain the firmness of their breasts. However, it is worth knowing that:

- Wearing or not wearing a bra has no effect on changes of the breasts. The changes and the maintenance of the breasts' firmness depend above all on their connective tissue. By reacting correctly to → lactation start, → to engorgement and by avoiding too abrupt → weaning, you can avoid a sudden change in the shape of your breasts.
- What is most important is that you feel comfortable. If you feel better with a bra, wear it. Just make sure to choose one that fits. If a bra is uncomfortable or is too tight, do not wear one.
- Choose a flexible cotton, unreinforced design that is not too tight anywhere, thus avoiding any risk of → engorgement.

When you are shopping for a bra, keep in mind the future practical aspects. Since later on you will want to breastfeed wherever you are, without having to go through a series of awkward and indiscreet unhooking manoeuvres, opt for models that are easy to lower or raise with one hand.

During sporting activities, such as jogging, basketball, riding, and so on a bra can give your breasts the needed support.

BREAST MASSAGE

The rhythmic movements and sensory contact with the skin that are part of gentle massage have a beneficial effect

on milk supply. This effect is particularly desirable if you can't breastfeed your child directly so that you have to express, or pump your milk.

A relaxing breast massage can also help milk flow in cases of engorgement or of a blocked milk duct. A midwife, a breastfeeding counsellor or a lactation consultant can teach you the technique of therapeutic self-massage of the areola or breasts, according to your needs or the desired effect.

If you find a hard area somewhere in your breasts, massage it gently towards the nipple before or during breastfeeding. Do not press too firmly so as not to damage the acini and the milk ducts. Applying heat can encourage the flow of milk.

BREASTMILK - WHAT IT LOOKS LIKE

→ breastmilk composition.

The → colostrum (first milk) has a golden colour and is of a creamy consistency. During the following days after the birth, the colostrum is replaced by transitional milk. This is still creamy but less yellowish. After ten days the transitional milk has changed to 'mature milk'. It looks a little like skim milk. You may notice that your milk changes colour during feeding. Watery at first, it turns a creamy white towards the end of the feed. This is a perfectly natural phenomenon and should not worry you. At a beginning of a feed the milk contains more proteins and less fat. Above all, do not let yourself be persuaded by anyone that your milk lacks nutritional value just because it looks watery. Take care, however, that your baby continues to drink long enough for her to benefit from the fat, which is released later in the feeding and will make her feel full.

A drop of colostrum seeps from the areola

BREASTMILK COMPOSITION

The composition of mother's milk in each species of mammals is ideally suited to the needs of its young. Thus cow's milk (and also that of sheep and reindeer) contains significantly more proteins than human milk, because these animals have to develop the muscles that will enable them to keep up with the herd right from birth.

If newborn humans absorb undiluted cow's milk, this will have adverse effects on their bodies. It will raise urea levels in the blood considerably because their kidneys are not yet able to eliminate urea in large quantities. Evolution in human beings starts with the development of their brain functions in the first year. The standing and walking stages only come after the first year of age. Since the second half of the last century many attempts have been made to make cow's milk more similar to human milk, whether by diluting it with water or by adding sugar and flour. Such approaches were not always convincing, for the mortality rate for bottle-fed babies at the time was clearly higher than that for those who were breastfed. However, in the last few decades, by means of chemical and mechanical procedures, by adding synthetic fats, vitamins and mineral salts, by modifying protein structures and by heating and centrifuging, the industry has managed to produce infant formula from cow's milk. In advertisements for such products, they have been described as 'adapted' to mother's milk. This replacement milk has since been given to several generations of infants, yet not entirely without negative consequences.

In developing countries, where the aggressive marketing of breastmilk substitutes has led to a marked reduction in breastfeeding, the consequences have been disastrous. But even in industrialised countries such as ours, mothers



are wrong to believe that the choice for their newborn child is between two types of milk of the same quality. Here are some examples that clearly demonstrate that the quality of mother's milk is manifestly superior to 'adapted' substitutes.

- Mother's milk contains a low level of proteins and the full range of amino acids that best meet the infant's needs. There is, for instance, lactoferrin, which **helps the intestinal absorption of iron and prevents the growth of pathogens in the mucous membrane** of the baby's intestine. This has the double effect that breastfed children are provided with plenty of iron and they also suffer less frequently from diarrhoea than bottle-fed children.
- Beta-lactoglobulins, which do not exist in breastmilk, constitute the major part of the proteins contained in **cow's milk** and even in infant formula. Because they can penetrate the mucous membrane of the baby's intestine, these macromolecules, which are **foreign to the human**

body, are potential triggers for allergic reactions. A study has demonstrated that the babies of parents with allergies, when fed on breastmilk substitutes, have had six times more allergic reactions at six months than breastfed babies of the same age.

- The amount of fat that makes up about half the nutritional value is practically identical in both industrial baby milk and mother's milk. **The difference lies in the quality.** The essential fatty acids contained in mother's milk are easily resorbed by the baby's body and much needed for the development of the brain and the nervous system. The vegetable or animal fat additives present in industrially produced milk do not replace them satisfactorily.
- Mother's milk is particularly rich in lactose and oligosaccharides. These specific sugars are not merely sources of energy, but they also play an important role in the **balanced development of the child's intestinal flora.**
- The various protective immune-active and anti-infectious factors mentioned above and other key components (such as immunoglobulins, enzymes and hormones) as well as the fact that **mother's milk is automatically germ-free**, explain why **babies fed on infant formula suffer more often** from vomiting, diarrhoea, ear infections and infections of the respiratory tract and need to be treated in hospital more often than breastfed children. **The specific antibodies secreted by the mother's body** on contact with a pathogenic germ, and then transmitted to the baby through her breastmilk, play an important role.

BREASTMILK PRODUCTION

The production of breastmilk depends on supply and demand. The more your child breastfeeds, the more milk you will produce. If your child receives a supplementary feed using a bottle between breast feeds (→ supplements) your production of milk will not be stimulated sufficiently. It is therefore important that you latch the baby as soon as she shows that she is hungry; in this way milk production will always adapt to the needs and the → appetite of the child and you will always have a sufficient supply of milk (→ duration of feeds).

When, after some weeks, your production of milk will have found its rhythm, your breasts will be less heavy. However, this does not mean that you will have less milk.

There may be periods when your baby will want to feed more often (→ growth spurt, → frequency of feeds, → baby illness).

Feeding at night-time assists the secretion of lactation stimulating hormones and ensures adequate production of milk. Try to settle down comfortably (→ night-time breastfeeding).

Your milk production is stimulated by frequent breastfeeding (perhaps at intervals of 1 to 2 hours). If you have the impression that your breasts 'are not full', remember that the breast is not a reservoir: most of the necessary milk is produced during the feed.

To encourage the production of milk, you can also have recourse to galactagogues, which are natural substances that are held to enhance lactation:

The production of breastmilk depends on supply and demand

- herbal tea of fennel, anise, cumin, melissa (citronella), red raspberry leaf and borage;
- beer yeast;
- carrots, apricots, asparagus, potatoes, peas and all sorts of green vegetables;
- barley and oats;
- breast massage with a galactagogue oil;
- occasionally medicines that influence hormones.

Nonetheless, you should call on the experience and support of a lactation consultant.

BREAST SHAPE

Breast shape is determined by connective tissue and the pectoral muscles. When the pectoral muscles that hold up the breasts contract (for instance, when you stand up straight and draw your shoulders back) the breasts’ height and shape will change.

You have little or no influence on the consistency of the connective tissue, which depends essentially on your personal constitution. However, avoid excessive tension by reacting correctly when milk comes in (→ lactation start) or in a case of → engorgement.

Certain exercises help train the pectoral muscles and keep the breasts in shape. Your body’s development during pregnancy, childbirth and breastfeeding will make you realize that your body now has more important values than the purely aesthetic ones inculcated by magazines and advertising.



Sometimes women worry that breastfeeding may influence the shape of their breasts. Mammary glands develop during pregnancy in such a way as to be ready to produce milk after the birth. This is why the volume of the breast increases during pregnancy. The connective tissue and the adipose tissue, which have so far given the breasts their shape, diminish in favour of the glandular tissue. When there is gradual weaning, the opposite is the case. If it is more abrupt, the connective tissue and the adipose tissue

take longer to replace the glandular tissue. Everything goes back to normal after a few months.

BREAST SHELLS

These are plastic receptacles, available in shops, which are worn in the bra to collect leakages of milk. However, by exerting constant pressure around the areola, they often cause such leakages. A lot of women find this pressure disagreeable because the shells take up a lot of space in the bra and they risk compressing the milk ducts, which may cause → engorgement. What is more, the shells are visible when worn under a skin-tight garment (→ nursing pads).

They can be worn to protect painful nipples from the contact with clothes.

Other breast shells with a smaller opening are sold to evert a flat or inverted nipple. They should be worn at the end of pregnancy and in between feeds. Recent studies have shown that this is not necessary.

You will notice that while you are pregnant your breast is already changing and growing under the influence of pregnancy hormones. It will grow yet again as the milk ‘comes in’ following birth. Remember this when you buy a → bra. A few weeks later on, the production of milk will find its own steady rhythm and your breasts will become more supple and a little smaller. This does not in any way mean that the production of milk has diminished and that the baby is not getting enough milk.

BREASTFEEDING ACCESSORIES

→ nipple shields → breast shells → breastpump

BREAST SIZE

There is no link between breast size and success in breastfeeding. Size depends on the size and stature of the individual. The glandular structure of a small breast can work as well as that of a larger one. Nor are larger breasts any obstacle to breastfeeding. The amount of milk produced and the size of the breasts are not interdependent. Do not let yourself become insecure!



BREASTFEEDING, CORRECT POSITIONING – LATCHING ON

Especially at the start of the breastfeeding period, you should choose comfortable positions which allow you to lean back and rest your arms. You can feed lying or sitting down in any position that suits you and puts your child at ease. If you are sitting down, having a support for your feet, may make it even more comfortable.

Whether seated or lying, it is important to maintain tummy-to-tummy contact with your baby so that she does not need to turn her head to get at your breast. Baby’s head is facing your breast.

To encourage your baby to open her mouth, touch the contours of her lips with your breast. She will waste no time in opening wide her mouth and searching for the nipple. She must not just latch onto the nipple, but take most of the areola into her mouth. If she only sucks from the nipple, this may cause soreness and → painful nipples.

Hold your breast with your hand in a C-shape (your thumb above the areola and the other fingers well below, so that the baby can touch your breast with her chin). In this way you can shape your breast to adapt it to your baby’s position and mouth, squeezing it gently parallel to her jaws. Wait until she opens her mouth wide and bring her closer by drawing her shoulders towards the breast. The nipple should point towards the baby’s nose. Her lower lip should touch the breast first. Then, by moving your thumb downwards, you slip the areola and nipple together above the tongue into her mouth. Her upper lip will then close on the areola, and the nipple will be well protected at the back of her mouth. Do not press on her head or neck at all.

Your baby is latched on properly if her lips are curled outwards and her lower lip encompasses the major part of the areola. Her nose only lightly touches the breast. By gently parting her lips with your finger, you will see that her tongue is cupped below your breast, covering the breadth of her gums. If you feel that her nose is buried too deeply in your breast, draw her bottom towards you. If you look closely at her nose, you will realise that air can reach her nostrils from the side, even when it is squashed into the breast. The position is optimal when baby’s chin is touching the breast while the nose remains free.

If you feel any pain while breastfeeding, it may be that the baby’s position is not right. Remove your baby from the breast, inserting your little finger in the corner of her mouth to undo the vacuum. Adjust the baby’s position and start again. If you are not sure of yourself, ask for help from competent health professionals or breastfeeding counsellors, whether at the clinic or at home.

Vary your position relying on whichever you feel is most comfortable. When you look at the illustrations in this brochure, you will notice that there are a wide variety of positions. During the antenatal course you will be able to experiment with a doll. Following the birth you can ask a midwife or nurse to demonstrate the various alternatives to you. Together with your child, you will certainly find one or another preferred position: lying down at night, seated in daytime, adopting the classic or the so-called ‘rugby ball’ position (see the photo on page 24).

Some extraordinary situations, such as, for instance, a clogged milk duct under your arm, will require positions - perhaps unusual but generally effective - that are specially adapted to get the milk flow again and unblock the

ducts. After a C-section you can adopt different positions to breastfeed that avoid painful pressure on your scar, in spite of the restrictions on your movements.

Some mothers found it very helpful to let the baby with its instincts and inborn capacities find the breast herself and latch on, on her own. Put yourself in a semi-sitting position, bare-chested - although you can keep your shoulders covered and warm - and place your naked baby between your breasts. She will follow her instincts and will need only a minimum of help. This is called ‘biological nurturing’.



Latching on, step by step



The tip of the nipple is at the height of the tip of the baby's nose



The baby leans her head back slightly and opens her mouth wide



The baby does not just latch onto the nipple, but also onto most of the areola as well



She latches onto most of the areola with her lower jaw



Her lower and upper lips are curled back and her nose is free

BREASTFEEDING, DIFFERENT POSITIONS – LATCHING ON

Your midwife, your breastfeeding counsellor or lactation consultant can demonstrate all these, and other, positions. (See the annex → Who does what?)



Madonna or cradle hold

This is the most common, 'classic', position and it is ideal for the newborn child. One hand is free to support the breast, which makes feeding much easier.



Cross-cradle hold with cushion

This is the ideal position when you start breastfeeding and a routine has not yet become established. The cushion guarantees the best support.



Cross-cradle hold

This position does not require a cushion and allows you to fit your baby's mouth perfectly to your breast. (See 'Latching-on, step by step' page 23).



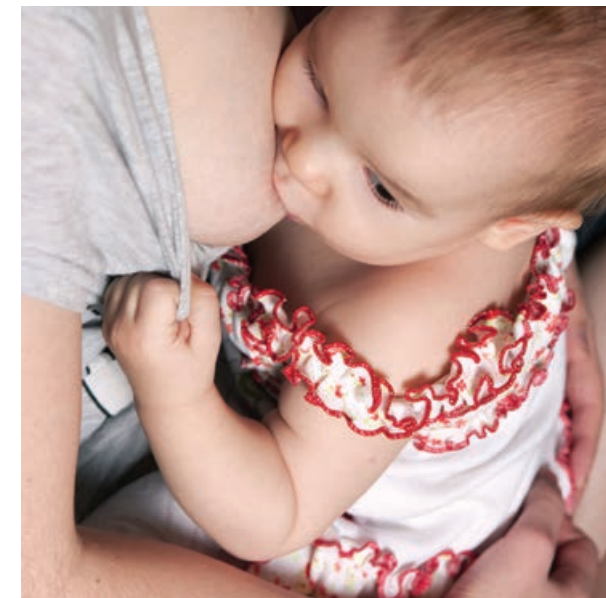
Laid-back position or biological nurturing

If your baby is drinking too quickly or your milk is flowing too fast, this position will slow down the flow.



Side-lying hold

The ideal position for relaxing, for feeding at night, or after a C-section.



Koala hold/ straddling position

A position that is easy for larger babies or infants.



Mother seated holding the baby rugby ball fashion, supported by a cushion

This position is an ideal way of ensuring that the breast is completely emptied of milk, and also for feeding → twins at the same time.

BREASTFEEDING, FIRST LATCH

In the first hour following birth, in healthy term babies uninfluenced by medicines (→ mother-child relationship) the rooting reflex (the reflex driving the baby to seek the breast) and the sucking reflex are at their height. The rooting reflex is seen when the baby opens her mouth, searches for the breast by moving her head and tries to suck a finger. This is the ideal time to start the first feed. Once she is laid on your tummy, the newborn baby needs very little help to find the nipple. Let her search actively. When you encourage her with your voice and caresses, she may crawl a little way to get closer to the breast.

Given the very minimum of help, the baby will get along all the better. You must respect this important moment, letting it play out uninterruptedly in the utmost calm; meanwhile you, and perhaps your partner, can observe and get to know your baby, who is covered warmly by a dry sheet or wool blanket. All further interventions or manipulations can wait until after this first feed. The effect of the baby's movements as it searches for the nipple makes the nipple rise. Soon the baby will open her mouth wide to take the areola and begin sucking. However, do not lose confidence if she takes her time, licking, tasting or fondling before starting her first feed. Try to squeeze out a few drops of milk to encourage her to suck. Sometimes the baby needs rest after a laborious entrance into the world, or if the after effects of medication have made her sleepy.

In this case you will just need more patience and time to start off feeding successfully together. A lot of repeated skin to skin contact can be useful.



A breastfeeding group

BREASTFEEDING GROUPS

You and your child, as well as fathers who wish to participate, will be welcome in the meetings held by breastfeeding groups. These informal get togethers are an opportunity for you to see how other mothers breastfeed and look after their babies. You will also learn how other women have solved certain breastfeeding problems.

Women usually find this sharing of experience encouraging. They are reassured regarding their ability to breastfeed and they become more determined to overcome possible obstacles. These group meetings are led by a consultant or a midwife with expertise in breastfeeding (see the list of useful addresses).

The baby, her mouth open wide, is about to cover the areola and start sucking



If you need advice, and you cannot find the time to get out and about, do not hesitate to telephone a breastfeeding counsellor or lactation consultant to ask for help.

BREASTFEEDING, NO

In recent decades, the aggressive marketing of industrial infant formula has succeeded in suggesting that there is a free choice between two feeding techniques that are equivalent: breastfeeding and bottle-feeding. If you read the topics entitled → breastfeeding, the natural way and → breastmilk composition, you will realise that this is not so.

Fear of being in a state of dependency or of losing the advantages that emancipation offers often influences the decision that women face.

Nonetheless, each woman will have to make her own choice, basing it on valid information. It is important, however, that she realise that after giving birth her body is ready to produce milk, and that she will have to take medicines that may have side effects in order to suppress this natural process. There do exist natural means of halting the process.

Some women who do not want to breastfeed do give the colostrum to their babies, and stop afterwards.

BREASTPUMP

You can buy a manual breastpump and other breastfeeding accessories in a shop selling childcare products, a chemist's, pharmacy, or from a → breastfeeding group.

You can also borrow or buy an electric breastpump. Given the large differences in quality and price, it is well worth finding out about rental charges, deposits and sale prices at several different suppliers before opting for a particular model.

It is sometimes more economical to buy a breastpump, especially if you will need it for several months.

Initiativ Liewensufank and breastfeeding groups can supply you with useful addresses as well as give you informed advice about the advantages and disadvantages of the various models.

If you only once need to express your milk, you can apply to your maternity clinic (or available maternity services).

Consult the article in this brochure on → expressing breastmilk to find out how to work the breastpump.

BURPING

Some children do not need to burp after a feed. However, greedy little breastfeeders need to get rid of the air they have swallowed (→ regurgitation). If your child falls asleep at the breast, you can put her to bed directly without waiting for a burp.



CAESAREAN SECTION

Your baby should start to suck the breast as soon as possible (→ breastfeeding, first latch). If the C-section has been performed under epidural or spinal anaesthesia and you and your baby are both doing well, you can immediately have skin to skin contact and the baby can latch on for a first feed. Some maternity clinics let you make close physical contact immediately after birth, even on the operating theatre table, without further separation. In this way the baby can already drink in the first hour of life. After a total anaesthetic, you will perhaps take longer to be sufficiently awake to breastfeed. Possible health problems may delay the first breastfeed. But be confident, with professional help initial problems with breastfeeding are quickly solved!

If your baby is transferred to a paediatric ward for medical reasons, ask her father or someone else to take a photo of her. This photo can help you cope better with the first hours or days of absence when you cannot take your child in your arms. The photo can also help during → expressing breastmilk (→ separation).

In the first days you will need help to find a comfortable position in which to breastfeed, for post-operative pain could pose difficulties. It will be easier to breastfeed when no pressure is exerted on the stitches, perhaps by holding the baby rugby ball fashion, or using the side-lying hold (→ breastfeeding, different positions). In the latter position you can protect your tummy with a small cushion, which will stop the weight of your baby hurting you. When in the sitting position, place a bolster cushion under your knees to relax your abdominal muscles.

In the days following a caesarean birth, the best solution



Breastfeeding after a caesarean

is the constant presence in the hospital ward of the father, a relation or a friend who can fetch you the baby and help you settle down to feed. With this help → rooming-in will be no problem.

CHEWING AND BITING

While breastfeeding, your baby's tongue lies under the nipple. So while she is feeding, she cannot chew or clench her jaws, yet this can happen at the beginning or the end of a feed.

The pain caused when the first teeth appear and the need to press down on their gums as a result can lead children to seek relief by biting (→ teething). Sometimes a baby bites from curiosity, testing her mother's reaction. By clearly and calmly saying 'no' and removing your child from the breast, you will teach her that this behaviour does not please you. Chewing and biting can also be a way of letting you know

that she is no longer hungry, or to attract your attention if your mind is wandering. Older babies sometimes bite to show their lack of interest in breastfeeding.

If your baby is suffering from a cold and has a blocked nose, it is hard for her to coordinate breathing, sucking and swallowing. She may bite without wanting to do so (→ colds).

COLDS

Sometimes the baby's nose is blocked so that she has difficulty breathing while sucking. You will notice that she begins to suck greedily but soon lets go of the breast and begins to cry. She may also bite in order not to have to let go (→ chewing and biting).

Free her airways as well as you can before feeding by placing a few drops of breastmilk in her nostrils to clear her nose and to fight off the germs that cause the cold. Using physiological saline (nose drops, or a spray based on sea water) may also prove useful.

You can also give some relief to your baby by humidifying the air in the room where the baby is. Borrow a humidifier or, failing that, hang up some damp linen. In this case, air the room regularly. Placing a chopped onion in a bowl one meter away from the baby's bed may also be a useful aid for decongesting the mucous membranes.

COLIC

If babies cry a lot during their first weeks or months, there is much mention of colic. However, there may be other reasons for crying (→ cries and tears).

COLOSTRUM

Colostrum is formed in late pregnancy and in the first days after giving birth. It is milk which has a golden colour, is of a creamy consistency and is produced in small quantity. It is highly concentrated. The composition and the produced volume are perfectly adapted to the needs of the newborn child and it is very rich in proteins, lactose and vitamins.

Its high antibodies content strengthens the baby's immune system and protects her against the many infectious diseases and germs present in the family environment.

Colostrum possesses mildly laxative properties that help dispose of meconium, the first faeces of the newborn baby.

The composition of colostrum evolves during the first week to become, little by little, mature milk.

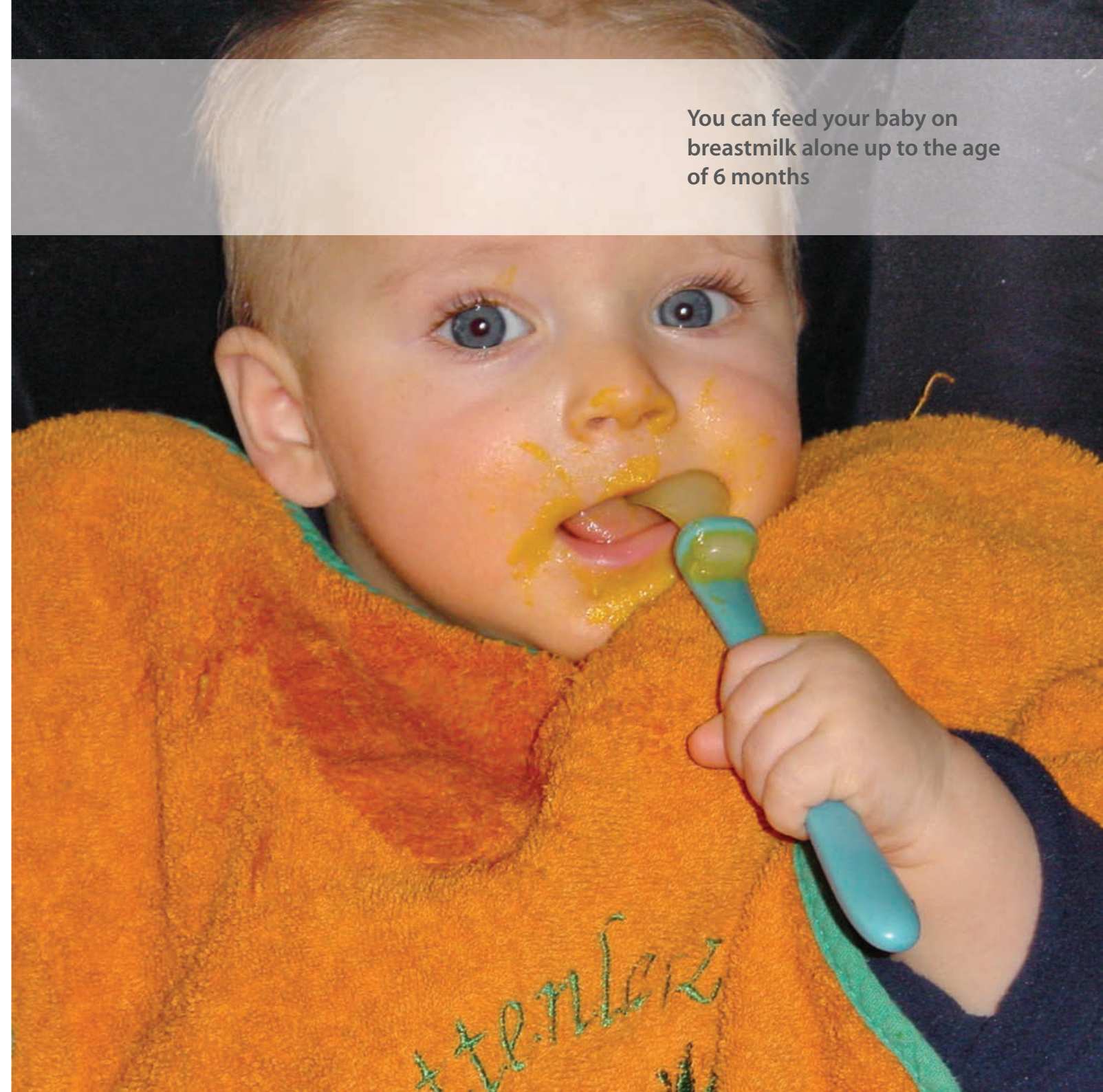
(→ appearance of breastmilk, → breastmilk composition).

COMPLEMENTARY FOOD

Your baby can be fed exclusively with human milk without liquid or solid additions until the end of the sixth month. Until this time, milk gives your baby everything she needs to grow and develop. Between 5 and 7 months babies start showing some interest in solid food. The following signs will show that your baby is ready to start on solid food:

- the baby's back is strong enough to enable her to sit upright in a baby seat without being wedged in place;
- she can pick up food by grasping it between thumb and index finger and then convey it to her mouth;
- the extrusion reflex, whereby the baby's tongue protrudes

You can feed your baby on breastmilk alone up to the age of 6 months



"Do not add sugar or honey to your baby's food."

and pushes solid food out of her mouth, has weakened;

- the baby makes chewing movements;
- the first teeth may be starting to appear.

You should wait for these signs of readiness, which differ from one baby to another, before beginning with solid food. First of all, offer a meal of vegetables or fruit at a convenient time of day. You must see whether the baby accepts the solid food or she prefers to take the breast first. Some babies eat only a few spoonfuls, others rapidly develop a hearty appetite and eat larger helpings. In the next weeks you can vary the food, continuing with breastfeeding as needed. During the following months the amounts of solid foods required will differ from one baby to another. Some will continue to eat small amounts for a shorter or a longer time; others will eat large amounts. You should not forget that your milk can still provide your baby with 90% of its calories even when first solids are introduced, and around 50% during the second year of life. **You will find further information in "Bon appétit", the brochure published by Initiativ Liewensufank.** Mashed vegetables (carrots are a traditional favourite) are warmly recommended for baby's first solid food menu. A little later you can vary this by adding courgettes, pumpkin, parsnips, fennel, broccoli, chard or kohlrabi, mashing these together with potatoes.

As a second course, a purée of fruit - starting with apples, pears, a little banana, and later on other seasonal fruits - is perfectly suitable.

It is better to create a relaxed atmosphere when starting on solid food than to insist on a fixed timetable for feeding. Choose a period in the day when you have enough time and when your baby is awake and prepared for new discoveries.

Shortly after you have added vegetables and fruit to your baby's diet, you can gradually introduce a mash of boiled cereals with vegetables or fruit, enriching it with a little mother's milk. Rice and millet are perfectly suitable, but you can also try oats and wheat in small quantities. If you introduce solid food while continuing with breastfeeding, this will reduce the risk of allergies.

Later on you can start on meat and fish as well as eggs (but just the cooked egg yolk at first). The quantity of animal protein recommended is limited to 25g until the age of 12 months (25g = 1 soup spoonful). A vegetarian diet is possible; however, you will have to provide whole foods combined with vegetables and fruit that are rich in vitamin C and iron in order to promote the absorption of iron. In the second year of life, you can add pulses. It is advisable that you go to a dietician for advice.

A baby's, or a small child's diet, just like that of a family, is culturally influenced to a great extent. Healthy, nutritional food supplies babies with the necessary elements for their physical and intellectual development and enables them to develop a sense of taste. It also encourages the action of chewing and the move towards healthy family food.

Here are a few practical tips:

- If you fear it might trigger an allergic reaction, wait for 4 days before introducing a new food so that you can identify any possible reactions.
- Choose vegetables and fresh fruit that have been grown organically and locally, for the less far they have to travel, the more the environment is protected. Take care to wash them scrupulously.
- Only give your baby cooked food at first – and steaming

is better than boiling in water. Before serving a vegetable purée, add some freshly chopped herbs; these are a natural supplement of vitamins and mineral salts (parsley contains lots of iron).

- While you continue to breastfeed, before or after the meals, the fats present in your milk help your baby's body to assimilate the fat-soluble vitamins. After weaning, experts recommend that you add small quantities of butter or vegetable oil (for example, maize or rapeseed oil) to the steamed vegetables.

- Whoever is feeding the baby must observe the baby's reactions and respect them. They must stop feeding the baby as soon as she has lost interest. Games that are aimed at getting the baby to open her mouth do not necessarily respect her feeling of being full up, and may give rise to eating disorders.

- From 7 months on, you can serve fruit that is uncooked.

- Note that steamed carrots, grated raw apple and bananas may cause constipation, whereas orange juice and apple sauce have a laxative effect.

- Although wholemeal cereals are the best answer to a baby's food needs, you must not forget that a baby's digestive tract is still immature and it has difficulty in coping with such food. Therefore you have to prepare these foods properly: mince, soak and steam them so as to preserve their nutritional value without running the risk of your baby suffering stomach upsets or indigestion.

- Once your baby has reached the age when she can follow a varied, solid food diet, the 'self-service' stage will arrive when she wants to start feeding itself. This is a rather sticky phase, and one to be handled good-humouredly, but with

vigilance. Small pieces of cooked vegetables or soft fruit, and later bread crusts, pasta or biscuits all lend themselves well to a baby's first attempts at chewing, but there is a small risk that she will swallow them the wrong way and need immediate help.

- In order to avoid harming your baby's kidneys, do not add salt to her food. When it is time for your baby to join in with family meals, take out her portion before seasoning the dish.

- Do not add sugar or honey to your baby's food. You can satisfy her demand for sugar by adding sweet, ripe fruit. It is important to remember that eating sugar is bad for babies' teeth (even if they have not yet appeared) and can lead to dependence later on. The abuse of sugar can have harmful effects on her teeth.

- From the beginning of the second year of age, your baby can drink whole milk. However, this is unnecessary if you are still breastfeeding.

- The consumption of solid food goes hand in hand with an increased need for liquid. Now is the time to get your baby to drink water from a cup. You may also offer her diluted unsweetened fruit or vegetables juices, as well as suitable infusions (herbal teas).

- During the first weeks or months, solid meals may only slightly influence the quantity of mother's milk consumed. As your baby's solid meals increase in number and quantity, your milk production will diminish. → Weaning has begun; nevertheless, you can continue to breastfeed as long as you and your baby wish.

"Crying and tears always express the unhappiness of a baby."

CONTRACEPTION

Periods resume only 10 to 12 weeks after childbirth for breastfeeding mothers. Breastfeeding often has a contraceptive effect that lasts for months. As time passes, the risk of ovulation and a new pregnancy increases, even before periods resume. For women who breastfeed exclusively and who have not yet had their periods, there is a 2% risk of becoming pregnant. Even if the risk is minimal, breastfeeding does not offer absolute protection. If pauses between feeds last more than 4 hours a day, or 6 hours a night, the risk increases and it is clearly time to choose a contraceptive method if you do not want to increase your family right away.

Mechanical methods of contraception (condoms and diaphragms) are suitable during the breastfeeding period, but only give 86-97% protection. The Pearl Index is 2-12 for condoms and 1-20 for diaphragms used in conjunction with creams or spermicidal gels.

Progesterone-coated spirals can be inserted 8 weeks after giving birth. The Pearl Index is 0.16-0.8. Apart from the known risks, they have no adverse effects on breastfeeding.

As for hormonal contraceptives, combined pills are not suitable, for oestrogens influence the volume and composition of breastmilk. Progesterone preparations may be used. The Pearl Index is 0.5-3.0.

Couples who have already practised birth control by self observation (checking temperature and cervical mucus) can return to this natural method, even during the breastfeeding period. This offers 97-99% protection.

Discuss this with your partner and decide which method suits you best.

CREAMS

→ Painful nipples

CRYING AND TEARS

Crying and tears always express the unhappiness of a baby. They are her way of communicating to those around her that something is missing to put her at her ease. You will quickly identify the meaning of your child's various plaintive cries. Is it hunger (→ appetite)? Loneliness? Has the baby got a tummy ache (→ colic)? Is she too hot or too cold? Or does she simply want to be cuddled (→ body contact)?

Three-month colic

Babies frequently suffer from colic in their first months. These fits of crying generally disappear, or become a lot less persistent, once they reach the age of three months. Three-month colic may be due to the high sensitivity of the digestive organs, which are not yet sufficiently developed at birth, aerophagia (the baby having swallowed too much air), or a reaction to food absorbed by the mother (→ maternal nutrition).

- If your baby is an 'air-swallower', make sure that during feeds she is held upright, with her torso higher than her legs. This position enables her to get rid of the excess air she has swallowed (→ burping, oversupply of milk).
- It is possible that your baby is reacting to food that you have absorbed. Try to find out which, and avoid it in future (→ maternal nutrition).

Other causes

Babies cry for many different reasons, such as hunger, unease, unduly strong sensual stimulation (for instance, long car journeys, being surrounded by a large crowd of people, too much noise all the time from TV or radio, etc.) tension and stress from her surroundings, family conflict, fatigue or an overworked mother.

Your emotional reaction to the various forms of noisy outbursts is most important to the baby. It strengthens her → basic trust and lays the foundations for a confident approach to life (→ spoiling your child).

Inconsolable weeping

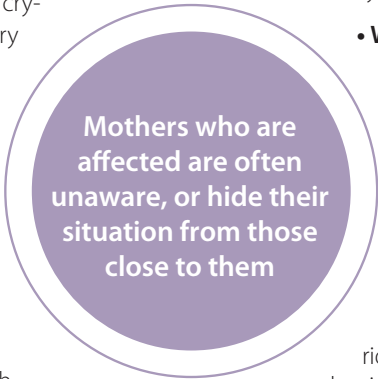
Some babies have an enormous capacity for crying and seem to be inconsolable, which is very difficult for young parents to bear. They do their very best to comfort their child but, nevertheless, they do not succeed on every occasion.

To be able to deal with this problem, you must seek the probable cause of the child's distress:

- Look again at your lifestyle. Avoid stress and undue excitement so that you can build an atmosphere of calm and → relaxation, with peaceful, one-to-one moments with your child.
- Seek to understand what is most important for you at this phase in your life, and behave according to this priority. Your baby needs a mother who is serene (→ domestic life).

Here are some tips that have proved useful for dealing with crying and tears:

- **Infusions:** herbal teas made of fennel seeds, cumin, dill and coriander have a calming effect on the intestines and help get rid of wind (intestinal gases). Take one coffee spoonful for every cup of hot water and let this infuse for 15 minutes. If you drink this infusion, it will have a soothing effect via your breastmilk. Herbal teas can also influence your milk production. If your baby is crying because she is swallowing too much air, it is better not to drink infusions because you risk oversupply and too great a flow of milk.
- **Massage:** Gently massage your baby's tummy with your warm hands in a clockwise direction, which is also that of the intestines. The beneficial effect will increase if you use caraway oil for this massage.
- **Warmth:** a warm bath can help. Bring the baby with you into the large family bath and enjoy a relaxing bath there together. A warm, damp compress or a hot water bottle (caution here!) can also help to ease tension.
- **Rhythmic movements:** a rhythmic, brisk walk, preferably in the fresh air, carrying your baby in a baby wrap sling, will have a tranquilizing effect and help get rid of wind. You will also help her by rocking her in her cradle or in a hammock, or by carrying her in your arms as indicated in the photo on the next page.
- **Enveloping:** some babies become calm again when wrapped up securely in a scarf or light blanket.





The position to adopt when comforting a case of colic

Above all, do not try to put all these tips into practice in just onenervousness and that of your child.

If you have any worries is well and that her tears are not due to an illness.

If your baby is crying → doula - who is available for a few tearful hours to allow you to leave the house and take a break, while being sure that your baby is in good hands.

You will also find support and understanding in a support group (→ breastfeeding groups, or a mother-baby group). You will learn that you are not the only woman to have this problem, and it is already a comfort to realise this. In this group you will probably meet a mother who will tell you how her noisy crier of 2 months ended up as a flourishing, cheerful toddler.

Initiativ Liewensufank offers “crisis support” for situations where there is a problem of crying. This short-term intercession (maximum 10 consultations) helps troubled parents and babies to feel better and find the necessary calm and relaxation.

• **Need to suck:** satisfying the need to suck, without adding other food, can also be a way to relax. Many breastfeeding infants digest more easily if the feed is not interrupted by changing breast, so do not offer the other breast until your baby has released the first of her own.

• **Think of yourself from time to time:** free yourself from the heavy constraints of the duties as a mother that you impose on yourself, or that those around you try to impose on you. Perfection does not exist in this world, and you know that you are doing your best. Sometimes it happens that all parents' attempts to help fail, and all they can do is to accept the fact that their baby cries, not leave her on her own, and comfort her tenderly until she recovers.



DEPENDENCE

You may hear from those around you that a breastfeeding mother induces in her child a state of dependence, 'sacrificing' her own personal development to this binding attachment.

This should be put into perspective, given that breastfeeding is a personal act. Some women feel very much at ease in the constant company of their child, and the fact that they are for a period primarily breastfeeding mothers does not worry them at all. Other mothers opt for greater individual freedom by sometimes encouraging an intense relationship between their baby and other people from whom they will accept food (→ breastpump). What is vital is that every woman should find solutions that are her own and that satisfy her, in agreement with her partner (→ father → partnership → separation). It must be remembered that breastfed babies can travel freely needing neither access to electricity nor infant formula.

DIARRHOEA

Children that are breastfed exclusively rarely suffer from diarrhoea (→ stools). Sometimes a baby will react to certain foods, (such as citrus, tomatoes or chocolate etc.) that her mother has absorbed (→ maternal nutrition) with → colic, diarrhoea or an inflamed bottom. The possibility of an allergic reaction (→ allergies) cannot be excluded either. Teething is often accompanied by bouts of diarrhoea.

Dysentery, which is caused by intestinal infections and is

generally accompanied by vomiting and fever, is very rare. The symptoms include the viscous, greenish appearance of the stools and a very penetrating odour. In this case, you must consult your doctor at once.

A baby suffering from diarrhoea or dysentery has a great need for liquid. Continue breastfeeding your child, but make sure she feeds more often.

DISABILITY

When parents first learn of a handicap, whether before birth, during the delivery or later on, it is an extremely painful experience for them, and one that is difficult to bear. Not only must they give up the image of their child that they have pictured till then, but they also have to live with her special needs and take on the real issues that stem from it. A child with special needs has as much need for a supportive environment, for contact and her mother's milk, as a healthy child, if not more.

The nature of your child's disability can raise sucking and swallowing problems. With patience and an appropriate breastfeeding approach, it is usually possible to overcome them.

Experience has shown that many children with a mental handicap (for example, Down syndrome or trisomy 21) or an oral anomaly (such as a cleft palate) have been breastfed successfully. If you feel you need moral support and advice, do not hesitate to get in touch with a lactation consultant (see the addresses at the end of this brochure) → hospitalization of the baby.



DOMESTIC LIFE

Nothing will be the same again after the birth of your child; from one day to another the organisation of your home life will be transformed. If household chores were shared equally between you and your partner when you were working, you have every interest in continuing this practice. You will sometimes be so absorbed by your child's needs that you will have very little time left for housework.

If your → partner has made little or no contribution to the domestic chores so far, persuade him to do more in future. Do not hesitate to make the most of any help offered by your family and friends if you feel overtaxed by the care and requirements of a very demanding baby. Organise your timetable according to your priorities in order to avoid stress and overwork. It is often unnecessary to iron all the washing, just as superficial tidying is enough to restore order. Keeping reserves of easily and quickly prepared food will allow you to sleep until noon with a baby who has at last fallen asleep after a sleepless night.

Do not hesitate
to make the
most of any help
offered

DOULA

Scientific research undertaken by Phyllis and Marshall Klaus shows that the presence of a woman who provides emotional support, a 'Doula', has many advantages during childbirth. The length of labour is shortened and recourse to medicines and caesarean deliveries is noticeably less frequent. These conclusions have led to the creation of 'doula services' in several European countries.

In Luxembourg, the 'Doula Project' has been set up by Initiav Liewensufank. It is not just limited to support during childbirth, but it offers help to mothers in difficult circumstances before, during and after the delivery, and, more particularly, during the breastfeeding period.

DURATION OF FEEDS

A feed may take ten minutes or two hours with pauses, depending on its intensity, the child's age and the flow of milk (→ appetite, → individuality). A newborn child generally takes longer to drink than one of several months who is easily distracted. You cannot prescribe how long a feed should take, except perhaps in the case of → sore nipples. You will have soon understood the difference between 'suckling' and 'sucking'. The milk that rises towards the end of the feed, being rich in calories and fats, makes the child feel pleasantly full. So it is best not to deprive her of this milk by shortening the feeding time.





EMANCIPATION

The image and role of women within society have evolved considerably during recent decades. Owing to the influence exercised by pioneering women's groups in the fight for women's rights in education, employment and social welfare, some clichés have fallen into disuse to be replaced by new realities for women, such as the freedom to control their own bodies and to organise their lives according to their individual preferences. But clichés persist, even if they no longer resemble the former ones. Therefore, instead of the well worn cliché of the housewife with her large family, submissive, devoted and obedient to her husband's will, we now see a new stereotype, that of the career woman, sure of herself and ambitious, freed from her role as mother by a caring society with the result that she can devote herself fully to her professional activity.

However, realising that emancipation and personal fulfilment may also be synonyms for individual and diverse choices, many women now opt for different lifestyles.

A woman who can realise the maximum of her biological potential, who decides in a predominantly male world to have a baby and breastfeed her, can embark on a rewarding experience, developing her confidence and self-esteem. The achievement of carrying a child for nine months, of giving birth to her and watching her flourish thanks to her mother's milk, contributes greatly to a woman's self-esteem. It is up to her to decide freely whether to return to work (→ return to work) or to postpone doing so for a shorter or longer period. Her role as a breastfeeding mother and housewife does not compel her to isolate herself from the world outside (→ travel). On the contrary, many women profit from this phase of their lives to take part in some form

of social work or project corresponding to their own aspirations and profound beliefs which will bring a better quality of life to all members of society be they women, men or children.

ENGORGEMENT

In the early days and weeks that follow the birth, while your body is having to get used to producing enough milk (→ breastmilk production) to satisfy the baby's demands (→ frequency of feeds), the possibility of engorgement cannot be excluded. Engorgement becomes evident when hard places in the breasts appear gradually or suddenly: the breast is warm, heavy, swollen, reddened and painful. The nipple retracts and the baby has difficulty in latching on. You may also feel generally unwell, with head or body aches, and even run a fever (up to 38.5°C). If you do not react quickly, there is a risk of developing → mastitis.

Engorgement may be caused by certain mentally or physically difficult situations that prevent the mother from relaxing: fear of producing insufficient milk, sharp pains due to after-pains or perineal stitches, stress due to too many → visitors, to overwork, to family celebrations or conflicts with partners (→ let-down reflex).

Producing more milk than is needed may also cause engorgement; for instance, as the milk 'comes in' (→ lactation first) or when babies no longer need to feed during the night, or are suffering from → colds, or when they first take → complementary food.

It is also possible that certain milk ducts are compressed; for example, an excessively tight → bra or perhaps the strap of a baby carrier is squeezing part of the breast.

A duct may be blocked by a globule of fat stopping the milk from flowing. To unblock the duct, you can apply an oil compress for about twenty minutes and then damp heat for another twenty minutes. Next, try to get rid of the blocking by gentle massage. When breastfeeding, choose a position where you can take advantage of gravity; for instance, on all fours or bending above the changing cushion. The baby's lower jaw should be at the level of the blockage. You may have to repeat this manoeuvre several times. If you often suffer from such blockages, you can take lecithin.

At all events, it is important to seek the true cause of the engorgement and, if possible, find a remedy for it. Some approaches, such as the following, may also help:

- Stay in bed and rest, together with your baby. Ask for help from a lactation consultant or an experienced midwife.

It is most important that **the milk should flow**.

- You can **stimulate** the milk flow before the feed (do not wait until the baby starts crying for it!) by the **application of damp heat** (a warm shower, dampened warm compresses, or by leaning over a basin of warm water and soaking your breasts). You can **express manually** a little milk (→ expression of breastmilk), or perhaps use a breast pump briefly, in order to empty the overfull milk ducts below the nipple, thus relieving some of the pressure and helping the baby get into the correct position to latch on.

- **Offer your breast to your baby often**, but not more than every two hours, or you risk producing too much milk. While she is sucking, you can lightly massage the hardened areas of your breast in the direction of the nipple. Choose an uncusomary position to feed. As **baby's lower jaw does most to massage your breast**, make sure it is level

"Some circumstances oblige the mother to pump her milk or express it manually."

with the hardened area. Stretch out and place the baby so that her feet points towards the bed head, then the upper part of your breasts will be 'emptied' successfully.

- If your breasts are still full and tense after the feed, **express milk manually** until the pressure has lessened noticeably. If you really do not succeed, you can then turn to the → breastpump. But only use this mechanical means for the minutes necessary to soothe your breasts for prolonged suction will stimulate excessive production of milk (→ expressing milk).

- Following the feed (or after expressing the milk), apply to your breast **cold compresses** of soft white cheese, clay, 'Retterspitz', or simply a bag of ice cubes or frozen peas. These cold applications have analgesic and anti-inflammatory effects while **slowing the excessive production of milk**. In shops you can find hot/cold breast therapy packs with spare room for the nipple.

By following these measures, you should normally feel a marked improvement within 24 hours (for a complete cure, you will have to carry on with the application for one or two days longer). If this is still not successful, do not hesitate to contact a doctor who is sympathetic to breastfeeding, or seek help and advice from a → lactation consultant, a → midwife or a → Doula. It is worth knowing that after a breast engorgement, the affected area can still remain reddened and painful for a few days longer.

EXPRESSING BREASTMILK

It is neither necessary nor advisable to empty your breasts after every feed, for this disturbs the fragile balance between the demand and supply of breastmilk (→ breastmilk

production). Yet some circumstances oblige the mother to pump her milk or express it manually (→ maternal illness, → hospitalization of the mother, → baby illness, → hospitalization of the baby, prematurity, → return to work). Expressing your milk may also become necessary in cases of → engorgement if your baby cannot, or will not feed.

If, in spite of all, breastfeeding is still very difficult after several weeks (because of health or physiological problems), you can decide to continue feeding your baby with pumped milk for a longer period - even for several months. Your baby will thus be best provided for, and you will avoid early, and unnecessary, weaning. It is only after you succeed in triggering the → let-down reflex that your milk can flow or even gush out.

Applying warmth to the breasts, using a warm towel or a hot-water bottle, taking a shower or warm bath, a delicate breast massage - all these may help you relax. A gentle massage with fist movements from the base of the breast towards the areola will help the ejection reflex. Studies show that rhythmically alternating between light compression of the breast and relaxation during the ejection can increase the amount of milk pumped. To do so, settle down comfortably in calm surroundings.

Before pumping or expressing your milk manually, take care to wash your hands. All components of the breast pump that come into contact with the milk must be sterilised. This is also true for the receptacles used for → storing your milk. If your baby is several months old, it is sufficient to wash all these articles thoroughly.

Manual expression

One hand holds the bowl to catch the milk. Place the

thumb of the other hand on the breast above the areola and the index finger below the breast, behind the areola, forming a letter C shape. By moving thumb and index towards each other you will feel the galactophoric glands situated behind the areola. Press gently with your fingers in direction of your thorax and then let go. Repeat this movement until drops of milk start to appear. Avoid rubbing the skin of the breast or palpating the nipple because this will not release the milk. Instead, the pressure should be towards the rib cage. After a while, change the position of your fingers so that they come in contact with the whole contour of the areola. As the milk flow diminishes, after 3 to 5 minutes, turn to the other breast and repeat the same actions. You will need 20 to 30 minutes to express enough milk to trigger once more the production of milk. It takes the same time whether you use a manual or an electric breast pump.

The manual breast pump

Manual breast pumps are on sale in pharmacies and various shops specialising in baby products. Make sure you find an effective model that is suited to the size and shape of your areola. Ask a lactation consultant to show the different models available.

By moistening your nipples before pumping the milk, you will avoid painful slipping and unnecessary rubbing.

The electric breast pump

If you have to pump your milk frequently, or for a prolonged period, you may be better off buying an electric → breast pump. Pumping both breasts simultaneously can save you time and stimulates production of milk better.

F

FATHERS

For a man who dearly wishes to build a strong emotional attachment to his child, the role of father is not one of the easiest. It is a role that he has never learnt and that often encounters mockery and incomprehension from his fellow men, his colleagues, family members and friends, especially if he expresses his tenderness for his child, and all the more so if he also shares the household chores.

It can be very gratifying for a man to recognize the value of his role as father in the life of his child. But it may also happen that he finds the intense relationship existing between mother and child trying, particularly since this is so evident during the breastfeeding period; also when he has to accept that the functions of bearing, giving birth and breastfeeding a child are exclusively female. These abilities symbolize both fertility and a certain occult power - areas from which men are excluded by their very nature.

A newborn baby is not only breastfed: she is cuddled, taken for walks, bathed, her nappies are changed, and one fine day she will be fed with a spoon or mug. So there is no lack of opportunities for the father of a breastfed child to take, right from the start, an active place in his child's life and bond with her.

Even when it comes to breastfeeding, a father can play an important role: for instance, by giving moral and practical support to his wife or partner for her decision to breastfeed her child, and by protecting her from external influences during feeds, perhaps by looking after other children.

Fathers' groups organised by *Initiativ Liewensufank* (see the annex for the address) are an effective means for men to discuss these subjects among themselves.



There are a great many daily household chores (→ domestic life) that a father can take over, thus allowing his partner to breastfeed their baby in peace and quiet, and to have a little time to herself. When the need to give this precious help is accepted as a matter of course, it is an important part of the → partnership, even before the baby is born.

Fathers very rarely give up their professional activities following their children's birth, for the simple reason that their jobs are generally better paid. They should nevertheless take care not to give up sharing the household chores completely. Many fathers have benefited successfully from taking some of their annual leave right from the child's birth. It has enabled them to become 'fathers in their own right' from the very start, and to acquire certain skills - not only in childcare, but in domestic chores as well - before returning to work.

Meanwhile, more and more fathers claim their right to parental leave to look after their child, and use this opportunity to bond with her.

Reading this brochure will enable a father to support the partner during the breastfeeding period more effectively.

FATIGUE

While your baby is keeping you on your toes and her night time needs steal much of your sleep (→ baby’s sleep, → night time breastfeeding), there will certainly be times when you will feel exhausted. If lack of sleep hits you during the day, take another look at your routine. Give yourself more rest by getting up later in the morning or by taking a beneficial siesta in the afternoon. Make the most of baby’s naps to have a rest, or rest when someone else (→ father or → doula) is looking after her.

On some days you will feel so overwhelmed (→ domestic life) that you will not even be up to cooking a meal. So eat something that is quick to prepare: raw vegetables (carrots, for instance), nuts and dried fruit, fruit milkshakes, muesli or wholemeal bread with cheese, herbs and sprouts.

Feelings of discouragement, deep lassitude, irritability and a loss of weight may also be due to a lack of vitamin B. Review your feeding habits (→ maternal nutrition) and consult a doctor who is sympathetic to breastfeeding.

FLAT NIPPLES

→ nipple shape

FREQUENCY OF FEEDS

How often you breastfeed your baby depends above all on the amount of milk she absorbs during the feed (→ duration of feeds, → appetite). It cannot be a question of scrupulously observing a timetable during the first weeks. When feeding your baby on demand, you will notice that intervals can vary from 2 to 6 hours, although she may clearly be hungry at any time, for instance, during a → growth spurt, or in very hot weather.

In the evening, many babies show a tendency for ‘cluster feeding’, when their feeds are very frequent and close together. Mothers have the impression that they never stop feeding, and they worry about having enough milk. This behaviour is quite normal, and is not an indication of a lack of milk. It stimulates the production of prolactin, the hormone that stimulates the synthesis of milk, and provides for the next day’s milk.



GROWTH SPURTS

At around the tenth day after the birth, after six weeks and after three months, some mothers notice that their baby is feeding more greedily and for longer periods while evidently becoming hungry again shortly after the feed. Her need for breastmilk has increased due to the effect of a growth spurt.

React to these signals by feeding your baby as soon as this need is clearly shown.

Add drinks that favour milk production to your daily consumption of liquids, and give yourself one or two days’ rest. You will notice that the → breastmilk production will adapt to the increased needs of your child, and that after two days your milk will again flow abundantly. In this situation you may need advice from a lactation consultant.

Do not, above all, add a feed of infant formula → supplements, for this would quickly lead to → weaning.



HOSPITAL PRACTICES

→ Rooming in is now the routine in all maternity services. Mothers and babies can therefore stay together day and night without being separated, a practice that favours mother-infant bonding and also allows fathers to offer their children a reassuring presence right from the start.

Being together in close contact helps with breastfeeding. If, moreover, the health care staff has been trained in breastfeeding and supports the mother, the conditions are just right for serene and successful breastfeeding.

Find out as much as you can about the breastfeeding expertise in the maternity hospital or clinic well before you give birth, and make your point of view and your wishes clear.

Considering that, all over the world, the first days following birth are of vital importance for the successful initiation of breastfeeding, and that in these first days health care staff play an important role, UNICEF published a declaration listing the ten steps that must be taken by birth centres before they can be designated with the quality label → Baby-Friendly Hospital.

As interventions during childbirth influence breastfeeding, it is important to insist on the birth going ahead without too many invasive measures. In the case of a → caesarean, insist on having early skin to skin contact with your baby in the operating theatre.

HOSPITALIZATION OF THE BABY

If your baby has to go to hospital, look for a hospital or clinic that will let you stay there with her → rooming-in. Do all

"It is unnecessary to disinfect your breasts."

you can in order to avoid a → separation. If this cannot be arranged, insist on being able to make frequent visits to breastfeed and comfort her.

You can express (→ expressing milk) and store your breast-milk (→ storing your milk). Arrange with the doctor and the health staff to have your baby fed with your milk when you are not there. Your lactation consultant can provide you with useful information and pass on to you feedback from other mothers who continued to breastfeed while their children were in hospital (for example, for a hip dislocation, a heart operation or a hernia, etc.)

If your baby needs a general anaesthetic, remember that the fasting period before the operation for a breastfed baby differs from that of children fed with artificial milk. Breastfeeding is possible up until four hours before the anaesthetic is given, depending on the kind of operation. Discuss this with your doctor or anaesthetist.

HOSPITALIZATION OF THE MOTHER

If possible, you should postpone any operation that is not urgent. Wait until your baby is a little older.

If, nonetheless, your hospitalization is inevitable and you want to continue breastfeed, look for a hospital or clinic that will let you bring your child with you in order to avoid a → separation.

If this cannot be arranged, and on condition that you must not take a → medicine that is harmful for your baby, you can express (→ expressing milk) and store your milk (→ storing your milk) so that your child can benefit from it.

For some operations you can be treated as an out patient.

Weigh up the degree of importance that you give to breast-feeding. If you decide to continue with breastfeeding, tell yourself that this critical moment is merely temporary and that you will be glad later on that you can put your baby to breast again.

HYGIENE

The importance of good personal hygiene is obvious. However, avoid soaping your nipples when having a shower. Soap destroys the skin's natural protective film. While you are in the maternity hospital, take care to wash your hands before every feed so that your breasts and your baby are protected from hospital germs.

At no time is it necessary to disinfect your hands or your breasts - this could even be bad for the nipples' vulnerable skin.

The often penetrating smell of disinfectant will confuse the baby's sensory values and may even stop her feeding.

After feeding, you can leave a few drops of milk on your breasts and let them dry there without wiping them off. This is because the anti inflammatory, healing properties of breastmilk are able to soothe the nipple skin and heal the small, painful cracks or abrasions, → painful nipples.

I

ILLICIT DRUGS

Hashish, marijuana, LSD, heroin, cocaine and other drugs derived from psychotic substances have a disastrous effect on the physical and mental condition of the newborn child. If this issue concerns you, in the interest of your child and yourself, you must seek help in a counselling centre for drug addiction.

INDIVIDUALITY OF THE BABY

Your maternal instinct will not necessarily become fully evident the first time that you hold your baby in your arms. You may need time to establish and strengthen the mother child bond.

If you are not separated from your child, you will soon discover that this little being is unique. You will recognise her from the features of her face, the sound of her voice, the rhythm of her breathing and the way she feeds at your breast.

This is because your child is a fully-fledged individual right from the day she is born. There are no typical newborn babies or infants. Each child has her own personality. While you were pregnant, or perhaps in your dreams, you may have imagined a baby who was quite different from the little being that you have brought into the world. As you discover her personality, and by respecting her differences, you will develop those feelings of attachment which will imprint your future relationship with your child.

By accepting this little companion of yours as she is, you will avoid a host of problems.

INNOCENTI DECLARATION

The Innocenti Declaration was written and adopted by participants at the WHO/UNICEF meeting on 'Breastfeeding in the 1990s: A Global Initiative' held on 30 July and 1 August 1990 in Florence. In the first 15 years since the adoption of the original Innocenti Declaration in 1990, remarkable progress was made in improving infant and young child feeding practices worldwide. On 22 November 2005, in Florence, an updated version of the Innocenti Declaration was finalised and accepted. Here are some excerpts from the new document:

'Guided by accepted human rights principles, especially those embodied in the Convention on the Rights of the Child, our vision is of an environment that enables mothers, families and other caregivers to make informed decisions about optimal feeding, which is defined as exclusive breastfeeding for six months followed by the introduction of appropriate complementary feeding and continuation of breastfeeding for up to two years of age or beyond. Achieving this vision requires skilled practical support to arrive at the highest attainable standard of health and development for infants and young children, which is the universally recognised right of every child.'

We therefore issue this Call for Action so that:

All parties

- Empower women in their own right, and as mothers and providers of breastfeeding support and information to other women.

- Support breastfeeding as the norm for feeding infants and young children.

All governments

- Establish or strengthen national infant and young child feeding and breastfeeding authorities, coordinating committees and oversight groups that are free from commercial influence and other conflicts of interest.
- Revitalise the Baby friendly Hospital Initiative (BFHI), maintaining the Global Criteria as the minimum requirement for all facilities, expanding the Initiative’s application to include maternity, neonatal and child health services and community based support for lactating women and caregivers of young children.
- Adopt maternity protection legislation and other measures that facilitate six months of exclusive breastfeeding for women employed in all sectors, with urgent attention to the non-formal sector.
- Ensure that appropriate guidelines and skill acquisition regarding infant and young child feeding are included in both pre-service and in-service training of all health care staff, to enable them to implement infant and young child feeding policies and to provide a high standard of breastfeeding management and counselling to support mothers to practise optimal breastfeeding and complementary feeding.
- Ensure that all mothers are aware of their rights and have access to support, information and counselling in breastfeeding and complementary feeding from health workers and peer groups.
- Take measures to protect populations, especially pregnant and breastfeeding mothers, from environmental contaminants and chemical residues.

All manufacturers and distributors of products within the scope of the International Code

- Ensure full compliance with all provisions of the International

Code and subsequent relevant World Health Assembly resolutions in all countries, independently of any other measures taken to implement the Code.

INSUFFICIENT MILK

If you are feeding your baby in step with her needs - at least 6 8 times every 24 hours, and perhaps 10 12 times at the start - it is unlikely that you will have not enough milk. Sometimes it is useful to increase the quantity of breastmilk to the baby by gently squeezing the breast (pressing lightly with your fingers, relaxing, then pressing, and so on). By feeding more frequently you can increase → breastmilk production. You will find important further information by consulting the following topics:

- appetite, → breastmilk, how it looks → duration of feeds, → thirsty mothers, → weight, → frequency of feeds, → individuality of the baby, → fatigue, → breastmilk production, → stools, → need to suck, → crying and tears, → growth spurt, → weighing, → supplements.

It may happen that, for a variety of reasons, your breastmilk production does not correspond to the baby’s needs. Do not be discouraged by this difficult situation. Ask for advice and support from an experienced friend, midwife, breastfeeding counsellor or lactation consultant. After several days of rest, and precise examination of the causes, you will manage to solve the problem.

INVERTED NIPPLES

- nipple shape



JAUNDICE, PHYSIOLOGICAL JAUNDICE

A common condition in newborn children, physiological jaundice is due to the gradual decomposition of surplus red blood cells by the liver.

There is nothing abnormal in this, and you can quite happily carry on breastfeeding your child; however, jaundice can tire her and send her to sleep more frequently during feeds. To prevent dehydration, make her feed more often. Wake her for feeds at least every three hours to make sure she gets the right supply of breastmilk, which is very important in order to speed up the elimination of bilirubin from her body (a pigment in the bile whose concentration causes jaundice).

Even if your baby has jaundice, she does not need any liquids other than your milk, because this is the only milk that contains the factors able to bind bilirubin and thus help eliminate it.

If necessary, phototherapy is used. This is a therapy where babies are placed under a special lamp in order to speed up the process of eliminating bilirubin. The treatment can however be interrupted and the headband protecting baby’s eyes removed before beginning to breastfeed.

If your child has to be moved to another hospital in order to access treatment by phototherapy, ask to be allowed to stay with her so that you can continue to breastfeed (→ hospitalization of the baby, → expression of breastmilk).

If the jaundice is due to blood group incompatibility, nothing prevents you from breastfeeding after a blood transfusion.

There is a particular form of jaundice, known as ‘breastmilk jaundice’, which is often detected after about 10 days and can last for several weeks. Sometimes an interruption in breastfeeding is recommended, but it is not necessary to wean the baby.

LACTATION START

From the birth onwards, your breasts contain → colostrum. Some colostrum may already leak out in the last months of pregnancy. The small amounts of this first milk are so rich that they are quite sufficient until more milk is produced. In the first days following birth you can boost milk production by frequent feeds (→ breastfeeding, first latch, → frequency of feeds).

Between the second and fourth day after the birth, you will notice that, as a result of the milk coming in, your breasts are getting larger, warmer and fuller, sometimes to the extent of hardening painfully.

Breastfeed your baby at the first signs of the milk coming in so as to avoid any further problem. A ‘full’ breast and a difficult → let-down reflex can cause complications such as → engorgement, sometimes to be followed by → mastitis.

It is also possible that with the onset of lactation your body reacts with a rise in temperature. This is an indication that your body is adapting to its new functions and that your milk will shortly be flowing abundantly. If you breastfeed ‘on demand’, it is unlikely that your milk coming in will be a problem.

If your baby sucks regularly it is possible that you don’t notice this onset of lactation and then the only signs may be a baby that is swallowing more frequently and that starts to gain weight again after the weight loss in the first days.

If you had a birth with a lot of interventions, if you had medications or a caesarean section it is possible that the onset only happens the 4th or 5th day. Now it is even more important to bring the baby very often to the breast and stay patient.

LACTATION CONSULTANT OR BREASTFEEDING COUNSELLOR

Breastfeeding counsellors or lactation consultants have undergone special training with either La Leche League, the AFS (Arbeitsgemeinschaft Freier Stillgruppen) or the IBCLC (International Board of Certified Lactation Consultants). They advise and assist women who wish to breastfeed and are actually breastfeeding, and they help organise meetings for the → breastfeeding groups.

LATCHING

→ breastfeeding, correct positioning

LET-DOWN REFLEX

The let-down reflex, also called the milk ejection reflex, stimulates the breastmilk to flow. When you first begin breastfeeding, you may need to wait a few minutes before the milk starts to flow. A little later, your baby's cries alone will be enough to trigger this agreeably warm, tingling feeling in your breasts that accompanies the flow of milk.

The let-down reflex may be inhibited by emotion, fear and uncertainty. In such cases, try to rest and → relax. Settle down comfortably in a quiet spot and look at your child. You can stimulate the ejection reflex by applying compresses while you sip a warm herbal tea and listen to relaxing music. Sometimes your baby will have to suck for some time before the milk starts to flow. So make sure that you both have all the time you will need for a fairly long feed.

On occasion, mothers experience negative emotions about sixty seconds before the milk starts flowing. This is the sole symptom for the dysphoric milk ejection reflex (→ postnatal emotions).

As the let-down reflex affects both breasts, sometimes milk will leak from one breast while the baby is latched to the other. Make sure you have a clean towel at hand.

Later on, if you feel the let-down reflex although your baby shows no desire to feed, stop the flow of milk by pressing the palms of your hands on the nipples.

LIFESTYLE

Before the birth, a lot of parents see their life ahead with their baby through rose-coloured spectacles. This vision can however quickly become distorted once the presence of the newborn baby calls their lifestyle into question every day.

Perhaps you will not find it at all inconvenient to reorganise your life around new priorities, but some parents find it difficult or even frustrating, to adapt.

Whatever your own reaction may be, do keep in mind that this first period in the company of your child is irreplaceable. So take the time and find the patience you need to live these moments fully, and console yourself with the fact that some of the more difficult situations are merely temporary.

Identify what is really important to you, and orient your way of life accordingly. Gradually you will be able to find a common rhythm with your baby without giving up some of your favourite activities, such as swimming or other physical activities, visits, meetings or lessons.



MASTITIS

This inflammation of the breast is often caused by an → engorgement that has been undetected or has not been reacted to correctly. Typical mastitis symptoms include flu-like aching, quite violent headaches mainly at the level of the frontal sinuses, and bouts of fever rising to 40°.

In cases of mastitis, the recommendation is to follow all the measures described under → engorgement. If a baby refuses the breast because the milk from it is warmer and a little more salty, it is absolutely necessary to express this milk (→ expressing milk) and offer the other breast, which will soon adapt its supply to the extra demand. If the situation does not improve noticeably within two days, consult your doctor. You will no doubt be prescribed an antibiotic that is compatible with breastfeeding. Mastitis rarely leads to an abscess except when the treatment has been tardy or inadequate. Give yourself a few days' rest in bed and ask for help from an independent midwife and additional → doula support.

MATERNAL ILLNESS

A cold, or any other minor illness, should not as a rule prompt you to interrupt breastfeeding. Before its advent, your child has already been in contact with the germs; now your breastmilk also provides the corresponding antibodies. Rest both together and try to find home help.

If you have to take medicines, ask your doctor to prescribe ones that will not harm your baby (→ medicines). Medicines that are compatible with breastfeeding exist for the majority of ailments.



Healthy eating

A lactation consultant or a breastfeeding group can give you further information.

You can also continue to breastfeed in cases of → engorgement and → mastitis.

MATERNAL NUTRITION

While you are breastfeeding, you will have a greater need for calories, proteins, vitamins and mineral salts. If your blood analysis reveals an insufficiency, this must be remedied either by taking vitamins and trace elements orally or by changing your diet.

Breastfeeding does not necessarily require you to change your eating habits. If these have, until now, been a source of balance and good health they should continue to be so while you are breastfeeding.

The diet that best suits the needs of mother and baby is one that is healthy and well balanced, made up of natural and whole foods. You may find that the period while you are breastfeeding is a good time to change your eating habits for the better. (You will see that this change is worthwhile, and you and your family will notice that whole foods are not only healthier, but that they are also more tasty).

Wholegrain cereals (such as wholegrain rice, millet, wholegrain pasta, muesli, wholemeal flour and wholemeal bread) contain the vitamins and mineral salts that you need.

Fruit and vegetables, whether cooked or raw, should have a place on your table every day. It is better to go for organic, seasonal and locally grown products. If you add small amounts of cold pressed vegetable oil to your daily diet, you are giving your body precious lipids that are easily

absorbed, contain few residues and are ideal raw material for breastmilk production.

Particularly sensitive babies can react with colic, skin rashes, redness or other allergic responses, to certain types of food absorbed by their mothers: acidic foods (citrus fruits, fruit juices, vinegar, tomatoes, etc.), legumes or pulses that may cause bloating (cabbage, onions, beans, lentils, etc.), fresh wholemeal bread, milk and milk products, strong spices and chocolate.

Consume such foodstuffs with caution and in small quantities so as to observe your child's reactions. (→ thirsty mothers).

MEDICINES

Since a small part of the medicinal substances absorbed during the breastfeeding period will pass into breastmilk, it is best to consult your doctor before taking a medicine.

Except for radioactive products and medicines aimed at cancer treatment, all the medicines used in paediatrics for the treatment of neonates and infants are in principle compatible with breastfeeding and can be taken by a breastfeeding mother. There exist special books and specialised consultation centres to advise you on the compatibility of medicines.

Moreover, medicines that present no risks for the breastfed child exist for the majority of illnesses. Let your doctor know that you intend to continue breastfeeding and abrupt, premature weaning will only complicate your situation.

If breastfeeding will nonetheless be impossible for a short term, you will be able to express your milk to maintain the

"The first contact, the beginning of the relationship, will influence the social behaviour of your child for all her life."

production. Meanwhile, you will have to throw it away so long as the treatment lasts.

An up-to-date list of breastfeeding-compatible medicines is available from lactation consultants or breastfeeding groups (→ maternal illness → contraception).

MILK FLOW

→ let-down reflex; → nursing pads; → breast shells

MOTHER-CHILD RELATIONSHIP

Most clinics have adopted the routine of allowing mother and baby skin to skin contact (→ body contact) immediately after the birth. This enables you to feel the moist warmth of her body, to absorb her smell, to look at her, to caress and talk to her. If the baby is healthy, all the other actions, such as weighing her and so on, can wait so that the parents and the baby can enjoy this sensitive phase. This first contact, the beginning of the mother-child and father-child bonding, will influence the social behaviour of your child for all her life (→ basic trust).

If, following the birth, you are fully aware of this sensitive phase, you will find the determination you need to impose your convictions and to choose accordingly a setting for the delivery (even in the case of a → caesarean) that will encourage, right from the start, the development of a harmonious parent child relationship.

An intense emotional relationship and attachment will not just benefit the beginnings of breastfeeding; it will give you the fortitude to face the considerable effort that life with a

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newborn child will require (→ latching, → rooming-in).
If this first intensive skin-to-skin contact was not possible immediately after birth, there are ways of making up for this later. Take some time to relax, holding your naked baby on your bare breast. This advice holds true also for fathers. Regular skin-to-skin contact can calm down an excited baby.
Even, and above all, in critical situations (→ prematurity, → caesarean, → hospitalization of the baby) it is important for you, with your partner's support, to insist that you are able to have skin-to-skin contact with your baby as early and as often as possible.

Feeding while lying down



NEED TO SUCK

Satisfying her sucking instinct is very important for the psychological balance of your child.
This instinct may be more or less pronounced depending upon her → individuality. Whereas for some, breastfeeding satisfies their need to suck, others continue to suck their thumbs or any other object within reach eagerly. But there are also little enthusiasts who prolong the feed, basking with delight on their mother's breast and continuing to suck (→ duration of feeds).
So that you can be sure that a great need to suck is not due to unsatisfied hunger, it is a good thing to check the → weight of your baby once a week at first, and once a month later.

NIGHT-TIME BREASTFEEDING

In her first weeks, your child cannot distinguish between day and night; she will be hungry and have an instinctive need for a loving and reassuring presence whether it is during the day or at night. Putting a baby in her parents' bedroom, even in their bed, has practical aspects that cannot be ignored. You can feed your baby lying down and then fall asleep again afterwards. If you have to get up and, as a result, are then wide awake, benefit from the night-time calm to relax. Make this time enjoyable by dressing warmly, settling down in a comfy armchair with some soft music, or with something to read and a thermos bottle of tea to hand.
Do try to avoid waking your child up completely. Create a cosy atmosphere with subdued lighting and avoid talking too much.
It is not necessary to change nappies during the night

unless they are soiled with faeces, are completely soaked, or she has a sore bottom.
Face these night-time interruptions confidently, if you get angry this anger will stop you from falling asleep later.
Try, as far as possible, to make up for the lack of sleep at night by taking a nap or some moments to relax during the day (→ domestic life).

NIPPLE SHAPE

Normally, neither the shape nor the size of your nipples should hinder breastfeeding. Do not worry therefore if your nipples seem to you to be too small or too large. Your baby will be able to adapt to them.
Flat or inverted (retracted) nipples, however, can sometimes complicate early breastfeeding since it is difficult for the baby to latch. If you press on the rim of the areola with your thumb and index finger, a flat nipple will retract inwards.
Inverted nipples may be identified by their umbilical shape. They are completely inverted and are small indentations at the ends of the breasts.

When nipples are flat or inverted, → latching requires patience and endurance, as much from the baby as from the mother. Before breastfeeding it may be useful or even necessary to use warm compresses, → massage, or manual expression (→ expression of mother's milk) to start off milk flow. Latch the baby onto the breast as soon as she shows she is hungry to avoid her becoming impatient and frustrated as she seeks the nipple.
Every time that you are → latching your baby onto your breast, keep in mind that the baby has to latch not only

onto the nipple but onto a large part of the areola as well. Avoid unsettling the child's instincts and natural reflexes by introducing dummies, feeding bottles or nipple shields. Patience and competent support will help you overcome these obstacles.

NIPPLE SHIELDS

This silicon cover for the nipple is not a universal solution, and sometimes they are recommended too quickly when suffering from → sore nipples (→ painful nipples). Instead of finding the cause of this suffering and a remedy for it, it is unlikely that using nipple shields will improve the situation. It is important to check that the baby's mouth is sufficiently open when → latching so that the nipple does not risk being chafed by the baby's jaws or inadequate tongue movements.
The use of nipple shield as a troubleshooting measure may well give rise to other plights. The baby will get used to the moulded, harder and more protuberant tips and later on will have difficulty in recognising and latching onto the nipple without the help of a shield. This 'protective layer' that covers the nipple complicates feeding. The baby needs to make greater efforts to obtain the same quantity of milk. She therefore tires more quickly and often does not drink her fill, which may lead to poor weight gain.

An interposed nipple shield diminishes the transmission of suction to the receptors in the areola. This inhibits adequate stimulation for producing milk.
The nipple shield restricts transfer of germs from the baby's mouth to her mother. This hinders the production of antibodies in the mother, which would thus be transmitted to the baby through breastmilk to protect her against pathogenic bacteria.

If your baby has already become accustomed to nipple shields, it is still possible, with the professional help of a midwife or lactation consultant, to make a changeover that may be more or less difficult.

NURSING PADS

When you start breastfeeding you will often lose a little milk between feeds, or from the other breast during the feed (→ milk flow). As a result, a lot of women use nursing pads. These absorb moisture effectively and avoid stains on clothing. On the other hand, they are not air-permeable, which means that in this warm and humid atmosphere nipples stay damp and the skin becomes liable to cracking (→ painful nipples).

You can find nursing pads made of silk and wool in shops selling natural textiles. These have the advantage of being breathable and absorbent at the same time. Cotton pads are machine washable.

On the market you will also find silicon pads that do not absorb the milk, but do stop it leaking. At first there is a risk that the milk stagnates, but later on these pads may prove useful. You should limit use of nursing pads in your → bra to those times when you cannot risk staining your clothes.

Remember, however, that you can halt an ejection, or let-down reflex, coming at an unsuitable time by pressure with the palms of your hands. You can even do this quite discreetly by crossing your arms over your chest.

NURSING STRIKE

Your child may suddenly refuse to breastfeed. There can be several reasons for this 'strike':

- The baby is just not hungry.
- She is being distracted by something else and needs more calm.
- Her nose is blocked by a → cold that makes it harder for her to breathe while breastfeeding.
- Teething (→ teeth) is causing her gums to be painful, which makes her cry and interrupt the feed. A chilled teething ring will relieve this.
- Your milk may be coming down too quickly for her to handle (→ crying and tears, → oversupply of milk).
- Your body odour has changed. Perhaps you have changed your deodorant, perfume or soap, or are wearing a borrowed article of clothing.
- Maybe you reacted to a little bite that your baby gave you as she started the feed? She may need some comforting words to calm her down (→ chewing and biting).
- She has had a bottle and has become used to this way of drinking. You will need a lot of patience to get her used to breastfeeding again. Express some milk by → massage before latching and do not wait for your child to show her hunger by crying. You may have more success nursing her when she is drowsy or while you are having a bath together.
- Your baby may no longer be interested in breastfeeding and may desire → weaning. The first phase of weaning can start at about 8 months old. At that time a child has often acquired a taste for other foods, and no longer finds her mother's breast quite so attractive.

Some of the above situations will perhaps encourage you to ask for help from a lactation consultant.



OUTPATIENT CHILDBIRTH

In cases where the mother opts for an outpatient birth, she will return home with her baby after a period of hours or days spent in the maternity clinic. Once they are home they will be able to call on the assistance of a midwife for help with baby care and breastfeeding. It is advisable to contact a freelance midwife well before the birth.

Home care generally takes the form of several visits by the midwife during the ten days following the birth. The cost of these is entirely covered by the sickness insurance fund if the mother has left hospital within four days after the birth. If, however, you have a problem to do with feeding or the like (for instance, perineal stitches that are slow to heal) you may, on medical prescription, continue to benefit from the midwife's assistance, even if you stayed more than four days in the maternity clinic.

OVERSUPPLY OF MILK

If your milk is flowing rapidly and abundantly, it may happen that your baby repeatedly releases the breast and cries (→ nursing strike). It is equally possible that she is suffering from → colic because of the air she swallowed while she was feeding.

Be careful to wind your baby regularly, making her burp, during and after breastfeeding.

There are several ways of dealing with this situation:

- If you see that one breast is less full than the other (the one that your child drank from at the end of the last feed) offer her the less full breast first. Your baby will then satisfy

her initial hunger by greedily drinking milk that is flowing more slowly. After a small burp, she will drink from the fuller breast more calmly.

- If you only offer one breast during a feed, you will stimulate the production of milk less and your oversupply problem will probably be solved.
- Some women manage to slow down the flow of milk by pressing the palms of their hands onto the breast.
- Other mothers with too much milk have had success by feeding while lying on their backs and holding their child on their stomachs (→ breastfeeding, different positions).

If you really think that you have too much milk, you can slow down the production of milk by drinking an infusion of sage (one to two cups over 24 hours) (→ engorgement).

If your milk is flowing rapidly and abundantly, it may happen that your baby repeatedly releases the breast and cries



PAINFUL NIPPLES

On starting to breastfeed, some women complain of painful irritation of the nipples. This pain is more marked at the start of the feed, before the milk flows. However, if the baby is correctly latched, feeding should not be painful (→ breastfeeding, correct positioning).

If you feel pain, if your nipples are reddened and hypersensitive, or if you notice small cracks in the skin and perhaps a little bleeding, it is important to find the cause. Have another look at the chapter on → breastfeeding, correct positioning of the baby. Seek help from health professionals or get in touch with an association offering advice on breastfeeding.

When latching, the baby's mouth must be wide open (as if she is yawning) and able to latch onto a large part of the breast so that the nipple is well placed in her mouth. In this way, the nipple is deep in the baby's mouth, secure from chafing by her palate or gums. Tongue-tie impedes correct tongue movement and leads to permanent chafing. You may suspect possible tongue-tie if the tongue ends in a heart-shaped point, when she cries. This condition can be corrected quickly and fairly painlessly by a paediatrician cutting the membrane below the tongue.

Babies that have been bottle fed or given a dummy may get used to a sucking technique which is well adapted to these, but which irritates the sensitive skin of the nipple. It is better to stop using bottles and dummies and for the baby to learn afresh how to suck correctly.

The following tips may be useful:

- Accept that this is only a temporary difficulty and that in a few days or weeks it will be overcome.

"If the baby is correctly latched on, feeding should not be painful."

- Warming and → massage of the breasts (→ engorgement) trigger the ejection, or let-down reflex. Use these practices before the feed so that your milk flows as soon as the child begins to suck. She will not need to suck so hard and it will be less painful.
- Find a comfortable position, whether seated or lying down, so that you are relaxed while you feed. The arm holding the baby should be well propped up to prevent the baby's weight pulling her away and her sliding off.
- As the child begins to suck, if you breathe in deeply and then breathe out slowly a few times, this will help you to relax. When the milk starts to flow, the pain will ease.
- In cases of skin irritation affecting the nipples, you can shorten the time spent on feeding. Shorter and more frequent feeds (at 2 to 3 hour intervals) give them greater protection.
- Expose your breasts to the air and sun, if only for a few minutes a day. (Alternatively, you might give yourself some short sessions under red light).
- Do not use disinfectants to care for your breasts.
- The epidermal growth factors contained in mother's milk are ideally suited to curing painful breasts. Spread a few drops of your milk on your areolas and nipples and let them do their work.
- Lanolin creams and special pads are known for their soothing effects.
- In your own interest, and to avoid further complications, resist the suggestion that you use → nipple shields.
- If your nipples become painful after a long period of trouble-free breastfeeding, this may mean that a fungal infection, such as candida is present (→ thrush).



Partner support

PARTNERSHIP

The transformation of the role of couple into that of parents following the birth of the first child does not always come about of its own accord. Your household now - and for some time to come - includes a small but very exigent inmate who will erode the time available to you as a couple on more than one occasion.

Some women experience the symbiotic relationship of breastfeeding and the constant presence of their baby very intensely. They need time to adapt to their new role as mother. After this phase, they will again find the time to devote to their partner.

This first phase of maternal evolution may be relatively frustrating for the father and can even arouse some jealousy of the baby who has taken you over, and of the strong emotional relationship that you have with your baby (→ fathers).

There may also be some sexual problems: for instance, when a perineal suture takes time to heal, or when the scar tissue causes you pain during sexual relations.

It is true too that for a woman who is exhausted, the need for a little tenderness and solicitude may temporarily take precedence over the desire for sexual relations. A woman

who has experienced a trouble free childbirth, who has had no stitches and is able to breastfeed without any problems, will soon appreciate the emotional and sexual relationship as much as she did before she gave birth. The help and sympathetic support of a partner who is careful to avoid overburdening his companion physically and psychologically can accelerate such happy outcomes.

It is important for the two partners to devote time for each other, to express their feelings and their desires and to examine together ways of coping with the current and future situation.

This can be difficult if one, or sometimes both, of the partners have jobs that leave them little time to meet - and even less to talk to each other - during the working week. In these circumstances you will certainly be glad that when you were pregnant you followed an → antenatal class, which will have taught you how to face certain contentious situations. If you both want to be alone for a few hours, or even for half a day, ask someone close to you, or perhaps a neighbour, to look after your child. You can express some milk (→ expressing milk) and then take your time to have a relaxed discussion and draw strength for the coming days. To set aside this time just for both of you is very important for the couple in the period following the birth, and it demands organization and planning.

PERIODS

The return of your periods does not stop you from continuing breastfeeding. Your milk will flow as it did beforehand; it will be neither impure nor bad for your child. Its taste and its nutritional value will remain unchanged. So continue breastfeeding confidently, but adopt a method of → contraception unless you soon want to provide your child with a little brother or sister.

"Mothers who are affected are often unaware, or hide their situation from those close to them."

POSTNATAL EMOTIONS

Breastfeeding is about more than food: it is also about very intense physical contact with the baby. The fact of being a mother, of taking one's responsibilities, the lack of sleep; all these changes bring with them very strong feelings.

Baby blues

Feelings of depression, or 'baby blues', are a slight, temporary indisposition experienced shortly after the birth (during the first weeks) that will go away after a few hours or days. The symptoms include feeling moody, sad, weepy, irritable, worrying about the baby, fatigue, anxiety, insomnia, lack of appetite or of concentration. 50-80% of all new mothers are affected by this temporary condition. Experts consider it is a normal reaction to the various changes that are due to giving birth. Others sustain that it is a state that does not exist in primitive societies and it results from the influences of modern society.

The pleasures of breastfeeding

Some women say that they feel real sensual pleasure when breastfeeding. These pleasurable feelings are very personal and intimate experiences that vary from one woman to another. This is why one cannot generalize or raise expectations of sensual gratification, for the possible lack of this may risk causing disappointment.

It is certain that breastfeeding and the realisation, thanks to the resources of your own body, that you are able to give the gift of life to a child and help her grow, can awaken a profound feeling of satisfaction. By absorbing yourself in the baby's universe in order to shoulder her care and also

to enjoy this privileged relationship, it may happen that you feel less attracted sexually by your → partner. A jealous partner can, in these situations, overrate the degree of sensual satisfaction that breastfeeding procures.

Negative emotions

Some mothers speak of experiencing negative emotions about 60 seconds before milk let down. This is the only symptom for Dysphoric Milk Ejection Reflex, or D-MER, which occurs when the baby drinks from the breast, when the milk is pumped or when there is a spontaneous milk ejection reflex. This phenomenon has been reported recently in the specialized literature and we do not yet know quite how common it is. Mothers speak of the following transitory emotions: anxiety, nausea, sadness, hopelessness, insecurity, emptiness and worry. A mother may experience several milk ejection reflexes with the same symptoms in the course of the same feed.

According to scientists, this is a physical and not a psychological reaction to the hormonal changes linked to breastfeeding. D-MER is due to a steep short-term fall in dopamine levels just as the milk is about to flow. There are mothers who feel these sensations only during the first weeks or up to 3 months after the birth. The effects of D-MER diminish and gradually disappear.

In cases where the symptoms are severe, your doctor can prescribe dopamine treatment, or you can consult a lactation consultant. Vitamin B12, acupuncture, omega 3 fatty acids, homeopathy and Bach flower remedies may help you.

Be assured that this is a temporary phenomenon and seek support. Do not isolate yourself, suffering on your own from your negative emotions.

Postnatal depression

Postnatal depression (PND) can reveal itself in the two years after a birth among 10-20% of young mothers, but it is often detected late. Mothers who are affected are often unaware of their state, or they hide it from those close to them. Partners, family and friends should insist on early treatment, for PND influences the mother-child relationship negatively since the mother is incapable of reacting to the needs of the baby.

Symptoms range from sadness, guilt, lack of energy, inner emptiness, indifference, lethargy or hyperactivity, despair, ambivalent feelings towards the child, headaches, tachycardia, irritability, trembling, dizziness, to concentration and sleeping difficulties. They go as far as a desire to kill (oneself, one's child or a family member) anxiety and panic attacks. Treatment is necessary, sometimes even in a mother/child clinic, given the risk of suicide.

It is not necessary to stop breastfeeding, for there exist medicines that are compatible.

POSTNATAL EXERCISE

Following childbirth, postnatal gymnastic exercises help strengthen tissues and pelvic muscles, and prevent potential prolapse and incontinence problems. Choose a course that allows you to bring your baby along and feed her during the lessons.

It will be easier to do this if the father comes with you and looks after the baby in a room nearby. This allows you to concentrate fully on the lesson, while being able to feed your child when the occasion demands.

POSTNATAL PAIN

After giving birth, your uterus must gradually recover its former shape and dimensions. During this process the muscle fibres of the uterus contract markedly, the volume diminishes and postpartum discharges will disappear. This involution takes place over the days and weeks following birth.

Postnatal pain, or 'after-pains', mainly occurs in the first days during breastfeeding, which stimulates hormone production and contraction of the uterus.

After giving birth for the first time, pain caused by contraction of the uterus is less marked. After the birth of your second, third or fourth baby, you will feel these contractions much more. As contractions mainly occur during feeds, the satisfaction you get from breastfeeding is lessened, and this can have a disruptive effect on the → let-down reflex. Practise the breathing exercises that you learnt during → antenatal classes to counter labour pains. Relaxation exercises can also ease the pain. If the contractions cause you too much pain, ask your doctor to prescribe a mild pain killer (→ medicines).

PREGNANT AGAIN

If you become pregnant during the breastfeeding period, you will certainly be wondering whether the moment to start weaning has come, or if you should continue breastfeeding. If you decide not to continue to breastfeed, wean your child gently but consistently.

Some women continue to breastfeed during their new pregnancy. Perhaps they will notice that their child will require more solid food. Their nipples may also be painful when the child begins to breastfeed. This is due to the

hormonal adaptation to the new pregnancy.

If you continue to breastfeed, be particularly careful to eat enough and in a well-balanced fashion.

If you are still doing so when your new baby is born, your milk will probably be immediately ready.

Continuing to breastfeed will do no harm either to you or to your children.

You will find support and advice at a → breastfeeding group or at *Initiativ Liewensufank*.

PREMATURITY

Premature babies above all require the irreplaceable benefits that human milk - adapted to their specific situation - affords for their health and growth.

If your baby is only several weeks premature, her sucking reflex will probably be as developed as that of a full-term baby, and she will be able to feed immediately after birth. If your baby is of low birth weight, you will have to breastfeed her very often at first.

If your baby needs to be hospitalized for observation or medical treatment, be sure to → express your milk right from the first day in order to stimulate your milk production.

Staying together in the hospital, or failing that, making frequent visits may allow you to start breastfeeding as early as possible (→ hospitalization of the baby). But even if your baby is still too small to breastfeed, your presence and the sound of your voice will recall for her the perceptions made while still in the womb. You can touch her skin, talk to her or sing to her while she is in the incubator. The high point for you and your premature baby will be when she can briefly leave

The breastmilk of a mother who has given birth prematurely is especially well adapted to the development needs of her baby



"Premature babies require the irreplaceable benefits that breastmilk affords."

the incubator once or twice a day; when she can snuggle up against your warm body. This is named 'kangaroo care'. Some maternity centres already offer lavish facilities to parents because they have observed that reinforcing emotional bonds early on has beneficial effects on the health of premature babies: they take less time to regain their strength, and fall ill less often. So do not hesitate to stand up for your right to be present and to have → body contact.

Discuss with your paediatrician the possibility of regularly taking your milk to the clinic where it can be kept for your child to benefit from it (→ storing your milk). A very premature baby, whose sucking and swallowing reflexes are underdeveloped, can receive the breastmilk by means of a feeding tube. From the 34th week on, the baby is able to feed from the breast directly. An attempt at bottle-feeding risks disturbing the baby's sucking reflex.

Remember that your milk is especially well adapted to the needs of your child. The breastmilk of a mother who has given birth prematurely has a different composition from that of women who have had full-term babies. Your milk is easy to digest and protects your child against infections.

Premature children nourished on breastmilk suffer 6 to 10 times less often from necrotizing enterocolitis, a dangerous infection of the small intestine and colon that can have fatal consequences, and against which mother's milk ensures ideal protection.

The first weeks of life, when your very premature baby will perhaps find herself in an intensive care unit for premature infants, incapable of feeding herself and fighting for her life, will be a particularly trying period for you. The state of tension that you will experience may make the → let-down reflex, necessary for you to express your milk, difficult to trigger.

Do not be discouraged. Try to relax to the sound of pleasant music, imagine that your milk is flowing abundantly, and think confidently of the future when you will be able to hold her in your arms to feed her.

You will find that support from a breastfeeding group or from a lactation consultant will be particularly helpful in this harrowing situation.

PREPARATION FOR BREASTFEEDING

It is worthwhile following all the preventive measures that keep the sensitive skin of your breasts in perfect health:

- Expose your breasts to fresh air and the sun and stop continuously wearing a bra.
- Avoid soaping your breasts in order not to damage the protective layer of the skin.
- Take 'scottish showers' (spraying alternately with hot and cold water) to stimulate your circulation.
- From time to time massage your breasts with unscented body oil.

You will be best prepared if you have correct information and somewhere that you can find help. You can get both by subscribing to the counselling service 'Abo-allaitement' offered by Initiav Liewensufank.

PROTECTION OF BREASTFEEDING

Observers from the World Health Organization (WHO), as well as development aid agencies, have recorded an alarming rate of illness and mortality in certain developing countries among newborn babies and young children that have

been bottle fed. In these countries, enormous advertising campaigns and the wide-scale distribution of samples of manufactured infant formula have accelerated the decline in breastfeeding dramatically.

Since, in these countries, preparing a germ-free bottle-feed is often rendered impossible by the poor conditions of hygiene, the lack of clean drinking water and fuel for sterilization, bottle-feeding is frequently the cause of severe infectious diarrhoea. Owing to its high price (rising to 60% of the family income), milk powder is often diluted excessively, which leads to systematic malnutrition. Poor levels of general health and the absence of antibodies quickly increase the number of serious illnesses affecting non-breastfed babies.

According to UNICEF, 1.5 million newborn infants die every year as a result of bottle-feeding.

In 1981, in order to protect infants worldwide, the World Health Assembly (the body bringing together all the Ministers and public health authorities) adopted a code governing commercial practices regarding breastmilk substitutes. This code is applicable worldwide and calls on governments to incorporate the content in their national laws.

By Grand-Ducal regulation, certain provisions of this code have been incorporated in Luxembourg legislation. The principles of protection and promotion of breastfeeding are therefore embedded in our laws:

- The composition and labelling of industrial baby milks and follow-on formula are regulated.
- Given that experience shows that aggressive methods of commercializing industrial food for babies has harmed the practice of breastfeeding, commercial strategies have been redefined.

• All packaging of breastmilk substitutes must henceforth bear the words 'Breastmilk is the best food for your child'.

• Packages must not bear any picture of babies or some other illustration that may idealise the product.

• All advertising for breastmilk substitutes is forbidden, whether aimed at the general public or at the point of sale.

• Distributing free samples or other gifts to future mothers or young parents by the manufacturer of breastmilk substitutes is forbidden; this prohibition applies both to direct distribution and to distribution that might be made by healthcare institutions and health professionals.

• All information concerning the nutrition of newborn babies and infants must henceforth contain clear and unequivocal guidance on

- the advantages and the superiority of breastfeeding,

- the mother's diet, preparation for breastfeeding and the continuation of breastfeeding,

- the negative effects of supplementary bottle-feeding on breastfeeding.

If this information also refers to nutrition by bottle-feeding, attention must be drawn, clearly and precisely, to the social and financial consequences of this method of feeding as well as to the risks run when used ineptly.

PUMPING OF MOTHER'S MILK

→ expression of breastmilk



REGURGITATION

Many babies bring up a little milk after a feed, especially when they → burp.

So long as the baby is growing normally and only bring up a small quantity, which does not turn into real vomiting, you should not worry.

Your baby will probably only need you to take a few precautions. Avoid, as far as you can, jiggling the baby after a feed. Do not change her nappies directly after a feed. Keep her in a position with her torso upright and avoid any pressure on her stomach.

Your child may be feeding too quickly and greedily, or your milk may be flowing too abundantly (→ oversupply of milk).

By shortening the intervals between feeds and latching the baby before her crying shows that she is hungry, you will discourage her from drinking too greedily.

RESIDUES OF CHEMICALS

From time to time newspaper headlines tell of the presence of toxic residues in breastmilk (DDT, PCBs, dioxins, etc.). These reports have the effect of confusing a lot of mothers who breastfeed their children in the hope of giving them the best nourishment possible, and who do not want to expose them to toxic substances. The residues found in breastmilk come from our food and environment.

For human milk to remain the healthiest food for a baby, it is therefore imperative that we opt for a complete, low-residue diet, and that we all fight actively and effectively against environmental pollution.

Scientific observations have proved that the levels of residues present in breastmilk tend to diminish during the breastfeeding period. This research has proved that babies who have been exposed to these residues during pregnancy and not been breastfed have suffered developmental delays. You can thus breastfeed as long as you and your child want. This has been confirmed by the World Health Organization.

While you are breastfeeding you should not follow a slimming regime; this is to avoid accumulations of residues, which are mainly fixed in your fatty tissues, being released.

Keep in mind also that it is not only milk that contains traces of toxic residues. The practice of bottle-feeding and the use of baby food jars do not guarantee the absence of toxic substances: for instance, the residues in the sterilization baths for bottles and teats, or the residues from the manufacturing process and the substances released by worn-out teats. While on the subject of toxic substances, one should not forget those contained in cow's milk - the basic constituent of infant formula; the powdered milks contaminated with salmonella or *Enterobacter sakazakii*; the drinking water polluted by nitrates, pesticides, lead, copper, etc.; the hormone-treated veal meat in baby food jars, and so on.

When your baby is old enough to have → solid food, be vigilant where the quality of such food is concerned.

REST AND RELAXATION

If you are nervous, overstretched and doubtful of your ability to breastfeed, a few relaxation exercises will do you good. Take up once more the techniques that you learned during antenatal classes, or yoga lessons, and withdraw now and then for half an hour's relaxation on your own.

To trigger the → let-down reflex, especially when you begin breastfeeding, it is important to know how to relax, and to avoid anxiety and tension. During feeds, adopt a comfortable, well supported position. Breathe in deeply and free your body of tension by breathing out slowly and steadily. Free your mind from everyday worries and concentrate on the flow of your milk and the pleasure and repletion your child is deriving from it.

RETURN TO FERTILITY

As a result of breastfeeding, the rest period of your menstrual cycle is prolonged and ovulation deferred for some time. If your baby is nursing frequently and continuing to drink from the breast during the night, and if she is fed exclusively on breastmilk and can thus satisfy her need to suck, your periods will return when she takes solid food.

Scientific research on a sample group of long-term breastfeeding women who frequently nurse their children indicates a very late return of their periods - a year or more after giving birth. Breastfeeding is therefore in itself a natural means of contraception.

For some women, ovulation takes place only if their child is breastfed no more often than once or twice a day, and their periods return only 8, 12 or even 18 months after the birth (→ contraception).

RETURN TO WORK

If you are planning a return to work after maternity leave, your baby will be 12 weeks old. Going back to work is not a reason

Breastfeeding at the workplace



to start weaning your baby. Many women manage to reconcile breastfeeding with their professional lives. Nonetheless, it is most important that the legal requirements protecting breastfeeding mothers be respected in your workplace.

You have a right to two breastfeeding breaks for 45 minutes daily, both at the start and the end of a full working day. If your midday break is no longer than one hour, or if it is not possible to feed your baby in your workplace, you may also take your breastfeeding break in one go. You are dispensed from working overtime and from any activity that requires major physical exertion, as well as from work that would put you in contact with noxious substances.

If you have any doubts, you can consult the exact wording of the legal provisions through your union, your employer's staff delegation or *Initiativ Liewensufank*.

If you are not separated from your baby for more than 4 hours, it will probably be enough to feed her just before your departure and then on your return. In this case, these feeds will need to follow a fixed timetable. Outside working hours your baby can be fed on demand. While you are away, the person looking after your baby can help her wait patiently by providing some liquid to drink or something to suck. For longer absences, for example, an eight-hour gap, some working mothers express their milk in the workplace

Rooming-in



(→ expression of mother's milk, → breast pump, → storing your milk) and the next day, when the mother is away, the baby takes this milk from a cup, a spoon or bottle. During the time you are at home you can put her to the breast directly.

In fact, intensive expressing breastmilk is only necessary for the first months after you return to work, because once your baby is six months old her hunger can be satisfied partially by → solid food while you are away.

Furthermore, the measures required by law are not time-limited so you must resist any pressure within the workplace and choose calmly the best time for you and your baby to start → weaning.

Contact with other mothers in a breastfeeding group (→ useful addresses) and support from an association promoting breastfeeding may well be useful.

Parental leave gives each parent the opportunity to stay with the baby or child in order to look after her. Financial compensation is paid for this purpose. This possibility allows the mother to extend the time spent with her baby and thus avoid the need to express her milk. Putting the baby in a creche or in the care of a childminder can be delayed until the age of 15 months if the father also takes his parental leave to play his part in child care. Some parents decide to take part-time parental leave in parallel, thus ensuring alternate half-days of caring for their child. A mother who is working part time has a right to a daily 45-minute pause for breastfeeding. Parental leave allows working parents to spend more time with their child during the first years of life, the most important period for forming strong bonds.

Contact the person responsible for human resources or gender equality in your firm, your union or Initiativ

Liewensufank in order to find out early in your pregnancy what the possibilities are, and the deadlines to observe when making your application for parental leave.

ROOMING-IN

'Rooming-in' refers to the practice of allowing the baby to be in the same room as her mother day and night while in the hospital or clinic. Hospitals are able to avoid → separation by allowing mothers and their babies to stay together right from birth. Find out about hospital practices in advance and communicate your personal views and requests to your doctor and other health professionals. It is important to practise rooming-in 24 hours a day right from the birth, for this avoids separation and fosters the → mother-child relationship, thus helping the mother to get in tune with her baby and strengthening their bond.

Sharing accommodation will help you to begin breastfeeding, for you will be able to latch your baby at the first signs of hunger (→ frequency of feeds).

'Baby blues', which may appear shortly after the birth, occur less often among mothers who have not been separated from their babies.



If an older child wants to taste the milk, this will not harm the baby

SEPARATION

Newborn and young children need the physical presence of their parents, tenderness and bodily contact to develop well psychologically, just as they need their mother's milk to develop physically.

Separation therefore means a painful interruption in the relationship between child and parents.

→ 'Rooming-in' from birth on avoids separation and enhances the → mother-child relationship.

When there is a separation - for instance, if there are complications during the birth - mothers and fathers may find it difficult to become attached to their child until they have lived together at home for a while (→ baby illness, → maternal illness).

When you return to work after your maternity leave, or perhaps after your parental leave, you can continue breastfeeding. In this way you will be able to maintain the close contact with your child that is so beneficial to you both.

Make sure as far as possible that the person looking after your baby gets to know her before you take up your → return to work. This will make things easier during the separation. Some nurseries offer preliminary phases of adjustment, so find out about these before registering.

SIBLINGS

The presence of a jealous little child, who takes every opportunity to corner you and disrupt the feeding of your baby, is particularly wearisome.



To deal with such disturbing tactics, take the precaution of providing elder brothers or sisters with distracting activities, such as giving them something to eat or a favourite drink, and make sure that they go to the toilet before you start feeding.

So much the better if there is the father, or some other trustworthy person available to look after the older children. That will allow you to enjoy your baby's company all the more calmly. If not, when you are breastfeeding you still have a hand free to undo a button or suggest a toy. You can also leaf through a book as your older child cuddles up to listen to a story. Sometimes older children ask to taste the milk too. Whether or not you say yes, depends on you alone and will not harm the baby. While some will lose interest in your breast once you have let them have their way, others will want to regress to being sucklings again after this experience.

SLEEP

The need to sleep can differ greatly from one baby to another. Some newborn babies need a lot of sleep, yet there are children who stay awake for long periods.

After three months there is an increase in time spent awake, in making contact with the surrounding world, learning, observing and listening. Each baby has its own rhythm of wakefulness and sleep, even at night. Some sleep for 5 8 hours in a row at six weeks old, whereas others need to breastfeed after a few hours or even more frequently (→ night-time breastfeeding).

Time spent asleep gets longer, and at a certain point all children will sleep for long periods. However, there may be

periods when the child will again wake up during the night (→ growth spurt, → teeth, → illness).

All babies sleep in response to their individual needs. On the other hand, parents may suffer from lack of sleep. The solution is to take turns (→ fathers) and rest during the day at a time when the child is asleep (→ domestic life).

SLEEP, GETTING TO

Once your baby, comfortably dry in her clean nappies, has satisfied her initial hunger, she can drop off in your arms at the end of the feed. Half asleep, she sucks slackly, she lets her arms fall and her jaw relax, and she gradually lets go of the breast. At this point you can lay her down again, even if she has not burped. Perhaps your baby is one of those eager little sucklings who need the warmth and comfort of their mother's breast to go to sleep.

On the other hand, there are those children who almost never fall asleep while breastfeeding. They prefer a short walk or some gentle rocking in order to drop off.

Even if you do not like hearing yourself sing, your child will, so a lullaby or some other soothing music may help her go to sleep.

Other babies have no difficulty falling asleep by themselves. Their eyelids fall and they doze off to the sound of their own 'echolalia'.

If your baby wakes up regularly after going to sleep, it might be that her sleeping place is too cold. A hot water bottle can be very useful. Place it on her bed 5 10 minutes before she is to sleep, and take it away before you lay her down.

Do not leave the bottle close by her for there is a risk that she will overheat.

There are as many babies as there are approaches to sleeping. You will soon find the best way of ensuring that your child will go to sleep effortlessly. (→ sleep)

SMOKING

Smoking is advised against during the breastfeeding period. If you manage to stop smoking during pregnancy, continue with this healthy habit as much for your benefit as for your baby's.

If you do not succeed, it may help to attend an anti-smoking clinic. If you continue to smoke, cut down to the bare minimum and do so only after feeds. Never smoke in the presence of your child or wherever in the house the children go. This advice holds true for the other family members as well as visitors. Exposure to cigarette smoke has harmful effects on your child's health. Recurrent diseases of the respiratory tract are only some of the consequences.

Even if you cannot cut down on your smoking, this is not a reason not to breastfeed. Breastmilk contains substances that protect the baby against respiratory infections. This is useful because when living among smokers, children suffer from respiratory infections more often.

The other protective factors of breastmilk are not influenced by the nicotine present in mother's milk.

SORE NIPPLES

→ Painful nipples



SPOILING YOUR CHILD

Other people will accuse you of 'spoiling' your baby by often taking her in your arms and breastfeeding her on demand. Others will make the same remark when they see you wearing your baby in a baby wrap sling or any other baby carrier.

However, do not forget you are responding as much to your own emotional and practical needs as to those of your child when you act in this way; thus you should continue behaving as you think fit and according to your personal convictions.

You may know someone who will 'advise' you to let your baby cry at night so that she will get used to sleeping soundly and being alone. In such a case, put yourself in the place of this little child who is still very dependent and has no means to obtain whatever she needs on her own. Her → crying and tears are a way for her to communicate her needs to you. After all, your own welfare does not depend exclusively on food and clean clothes either.

"A baby who is breastfed on demand receives all the food that she requires."

STOOLS

The stools of a breastfed baby are of a creamy or runny consistency and may be dotted with light-coloured flecks. According to what her mother is eating, they will be yellowy or slightly green. They have a sweet, almost honey-like smell.

It is quite possible for your baby to fill her nappies once or twice a day, her stools sometimes overflowing into the clothes. After the first weeks, however, she may have less frequent bowel movements, with intervals of several days, or even of a week.

As long as your child is being nourished exclusively on breastmilk, she is unlikely to suffer from dangerous infectious → diarrhoea or from constipation.

Remember that administering → medicines (for example, vitamins, fluorine or iron, etc.) may influence the digestion and the stools of your baby.

STORING YOUR MILK

Your freshly expressed milk will stay germ-free for several hours, even outside the refrigerator. This recent scientific finding is a help to working women since it enables them to transport their milk, or have it transported, at room temperature. When a refrigerator is available, it is always better to use it to keep your milk cool; it will conserve all its qualities for 5 days. Warming it up in a double boiler is recommended to bring it up to the correct temperature, which is that of your body.

In a refrigerator equipped with a separate freezer compartment set at 3 stars and 18° C, your milk can keep for three months. In a deep freeze (4 stars; 20° C) it will keep for 6 to

12 months. Before using it, de-freeze the milk in a double boiler (avoid letting it melt slowly at room temperature). Do not use microwaves. It is possible that while it is de-freezing the watery part separates from the milky part. You can restore the milk to its initial consistency by shaking the mixture.

It is important to observe certain hygiene requirements for conserving and handling mother's milk. Be meticulous with regard to the cleanliness of all utensils that come into contact with your milk (cup, spoon, bowl, feeding bottle). Sterilising them in boiling water for 5 minutes is only necessary for premature, newborn and sick babies. For babies that are several months old, sterilisation is no longer necessary.

SUPPLEMENTS

A baby who is breastfed on demand (→ frequency of feeds) receives all the food that she requires. If she has not satisfied her hunger entirely during the first feed, she will want to do so earlier at the next. Your child may be thirstier in hot weather. You can ease this by latching her on. A baby who is breastfed exclusively and is in good health will have no need for supplementary or solid food until 6th months of age. If she is breastfed on demand, she will not need any supplementary drinks either, such as water or tea, etc., for her mother's milk will be enough to satisfy her thirst.

Generally speaking, bottle-feeding is to be avoided since it upsets the sucking technique and makes for confusion when latching onto the breast. This situation may make the baby cry, refuse the breast and merely nibble at it to the point of seriously irritating the skin of the nipples. It is better to get her to drink from a cup. A paediatric nurse or midwife can guide you through the first steps in this technique. Do

not despair, however, if your child has received a supplement in the clinic despite your efforts.

Take a few days' rest at home without housework or visits (→ domestic life, → visits), take your baby into bed and breastfeed her, using both breasts, as often as she needs (even at one-hourly intervals). Any galactagogue, or products that increases milk supply (→ breastmilk production) may prove useful. If you feel that you do not have enough milk, do not hesitate to contact a → lactation consultant immediately, and reread the articles in this brochure on → insufficient milk and → breastmilk production.

Advertising for breastmilk substitutes recommends that breastmilk be used in parallel with infant formula 'for cases where breastfeeding is not enough to satisfy the baby's appetite'. Such a method advocates → weighing before and after each feed and 'compensating for the missing weight' by adding a bottle. Alternatively, one or other feed is to be replaced by a bottle. This approach leads to weaning, for the less the child breastfeeds, the less milk will be produced by her mother.

If, in spite of all this advice, you are unable to increase your production of milk, adding a breastmilk substitute with the help of a Lactation Aid can be a good way of guaranteeing the baby's development. This is also a means of avoiding weaning if you return to work.

T

TEETHING

The first teeth emerge towards the middle and end of the first year, and sometimes earlier. In most cases these are the two central incisors on the lower jaw.

The first signs - abundant salivation and the need to gnaw - will signal this development weeks and even months in advance.

Teething is often accompanied by diarrhoea, coughing, colds or ear aches. Many babies suffer from bouts of fever and sore bottoms. All these symptoms demonstrate how much the baby's whole body is affected by the process of teething.

During this phase the baby needs to bite, and she will look for something that she can massage her gums with: her thumb, a teething ring, a specialised wooden bead chain, a carrot or a crust of bread. Your massaging her gums will also do her good. Homeopathic products may bring some relief.

At this point your baby may find suckling painful, which will complicate breastfeeding. She may let go while feeding, turn her head aside and cry out. This can lead to a → nursing strike, or induce her to bite (→ chewing and biting) instead of suck.

During this painful phase your child will need your attention and particular affection even at night. Make sure that you feed her in a calm and relaxed atmosphere and do not hesitate to comfort her with hugs and soothing words.

Another means to cope with this trying episode is to bring your naked baby into your bed to cajole and encourage her into drinking. It may be a consolation to look on this difficult stage as one that will soon be over.

Thrush in a baby's mouth

However, the appearance of these first teeth is not a reason to start → weaning.

THIRSTY MOTHERS

You will notice that producing breastmilk goes hand in hand with a great need for liquids. You will feel thirsty especially when you are nursing. Make sure therefore that you always have a drink at hand so that you do not forget to quench your thirst. Herbal teas (infusions) or mineral water will be the best choice. If you drink vegetable and fruit juices, make sure they are not too acid. Start by drinking only small quantities so that you can observe the baby's reaction. Malt beer and lemonades are not recommended because of their high calorie content. Drinking too much does not increase the production of milk, but it makes you go to the toilet more often.

THRUSH

Thrush, or candidosis, is a fungal infection that is relatively frequent in babies. You will recognise it by round white patches, which form on the mucous membranes of the mouth. The infection often also extends to the lining of the child's gastrointestinal tract; this explains the persistent irritation on the baby's bottom.

This massive fungal invasion of her digestive tract, together with the skin itching that it brings with it, may be the cause of the baby's plaintive crying. If you feel some pain in the nipples or burning sensations in the breast without any visible symptoms, you have probably been infected by your baby.

Some traditional remedies have been found to be effective both for the mother and the child:

- Have your pharmacist prepare a tincture of rhatany and myrrh (a ready-made preparation is marketed by Weleda). This tincture must be diluted until it has a beneficial effect on the lining of your own mouth, then apply it with a cotton swab. Rinsing and cleaning the mouth with a brush and fresh water will also remove fertile ground for the fungus.
- You can also bathe your breasts in a solution made up of one spoonful of vinegar mixed in a cupful of water.

Use both remedies frequently and observe strict hygiene in order to avoid contaminating other family members. Remember that all the objects that your child habitually puts in her mouth risk reviving the infection.

If there are signs of distress, contact a lactation consultant, who will give you further useful advice.

If, after several days, there is no improvement, go to your doctor to obtain a prescription for antifungal treatment.

TRAVEL

At first, although you are determined to breastfeed, you may perhaps hesitate to do so in other people's presence. If so, look for a quiet corner to retire to with your baby so that you can feed her in peace. Later, when you have got used to breastfeeding, you will also find the courage to do so in public.

If you are travelling with your baby, it is only normal to satisfy her hunger wherever you are. It is best to wear practical clothing - trousers, a pullover or T shirt, a skirt and blouse - which will avoid complicated disrobing. By only having to lift your blouse or T shirt and not needing to unhook a bra, you will find you can breastfeed discreetly anywhere.

*Breastfeeding while travelling*

Remember that there is nothing improper about breastfeeding, and enjoy the practical advantages it offers when travelling. You do not even have to lug around a thermos flask. Your milk is available at all hours, germ free and at the correct temperature, ready to satisfy the hunger of your child at once.

TWINS

Baby twins can be breastfed without a problem, especially since frequent feeding stimulates the production of milk and adapts it to the greater demand (→ breastmilk production).

In order to fully focus on your twins and to allow yourself, nonetheless, a little free time to rest, try to get some help with the housework and shopping etc.

Twins can easily be breastfed at the same time. To do so, position them either head to head with their legs under your arms, or facing each other with their heads held up by your arms and their legs also facing. Some mothers prefer to feed their twins one after the other, waking one a little earlier and feeding the second after the first has finished.

Twins can observe different rhythms, which hinders simultaneous feeding.

It is better to alternate the babies regularly between the breasts, thus stimulating the production of milk equally on both sides and favouring the babies' motor development.

If, at first, you find breastfeeding your twins difficult, do not hesitate to call on the experience of a → lactation consultant or a → breastfeeding group, and ask for home help.



Baby twins can be
breastfed without
a problem

U

UNLATCH THE BABY

Do not pull on your breast to release it from your baby’s mouth while she is sucking. This may provoke → painful nipples. Release the suction vacuum by sliding your finger in her mouth at the corners of the lips between your nursing’s mouth and your nipple to gently break the suction. Air will enter and break the vacuum so that she will release her hold. You can then remove your breast easily.

V

VISITORS

The good news about the birth will spread quickly. Your family and friends, with the best of intentions, will want to come and admire your baby. This prospect may appear a joyful one, seen from a distance.

In reality, however, many young mothers only realise too late how tiring, even annoying, it is to be subjected to a procession of visitors, to make conversation with them, keep them company for hours or even have to serve them drinks and food.

Make it clear to
those around you
when they can come
and visit you and when
you will be too tired
to receive them

For the weeks following the birth, many young parents have only one desire: to be alone with their child, breastfeed her, cajole her, keep her company and talk to her in peace and quiet, and without interruptions. So be farsighted both in your own interest and in that of your baby. For a start, only announce news of the happy event to those whom you absolutely want to see. News of the birth can wait. Make it clear to those around you when they can come and visit you and when you will be too tired to receive them. Let them also know when their support and help will be welcome.



*"Where weaning is concerned,
there are no absolute rules."*

WEANING

Weaning starts by adding different food and fluids (→ complementary food, → supplements) to the baby's menu. However, it is not necessary to rush things by depriving you both of the pleasure of breastfeeding before you have to. Where weaning is concerned, there are no absolute rules. Some babies, from 9 to 12 months old, show a lively interest in the meals being served at the family table. This interest goes hand in hand with the child's pleasure in moving about and discovering her own motor skills, and the need to breastfeed declines.

Other children continue to demand the nurturing breast beyond their first year, not just for the milk, but also because they find refuge and comfort there. Do not permit any external pressure to rush your decision. You and your child must be able to choose the right moment together. This new means of feeding will gradually take over from breastfeeding (→ breast shape).

As a rule, the weaning process takes place over a longer period, determined by the mother herself as she reduces the frequency of breastfeeding. Too rapid a reduction may present a risk of → engorgement (→ breast shape).

Taking medicine, or a maternal illness, should not be reasons to stop breastfeeding; instead they require support and advice from qualified professionals. Some women who find themselves influenced by an environment that does not favour breastfeeding start weaning their children earlier than they would wish.

WEIGHING

In some maternity units, the normal procedure is to weigh the baby before and after feeds in order to measure the quantity of milk absorbed. The weight of breastmilk drunk is then compared with the weight of a bottle feed, and the difference is often 'compensated for' by adding formula. It is clear that this practice perturbs and reduces → breastmilk production.

One weighing of a newborn baby per day is quite enough in the first week of life. In the first days a small loss of weight may be registered; this loss will be all the greater (up to 10% of the birth weight) if the mother has received transfusions. This gives no cause for concern, and you should not resort to bottle-feeding your baby as a result. From the 3rd or 4th day onwards, the weight curve registered will again rise and on the 10th day, the baby will return to her birth weight.

Later on, for a healthy, rosy-cheeked baby who is developing normally and wets her nappies several times a day, one weighing per week, or even less frequently, will be enough.

Since the gain in → weight is neither standard nor equal from one child to another, frequent weighings merely risk undermining your confidence.

WEIGHT

The increase in weight varies from one baby to another. It can be rapid for some and much slower for others.

Do not worry if your nursling's weight increases rapidly, even if she is becoming chubby (→ weighing).

One advantage of breastfeeding is that it only responds to the baby's real needs for food, and does not overfeed. A breastfed baby, even if she is chubby at first, will grow up to be a child and adult of normal weight - as long as later on her diet is properly balanced. Diet plans, slimming regimes or reducing the number of feeds are totally inappropriate, and can even be dangerous for her health.

As your baby goes on from breastmilk to → complementary food, get advice from a dietician in order to avoid providing her with food that is too rich in calories.

Some babies put on weight reluctantly. The norms are those provided by the WHO in the form of growth curves based on the values of breastfed babies. The curves in the 'carnet de santé', the health record booklet, are not based on the values of breastfed babies.

If your baby is not putting on much weight, it is important to find out the reason for this: frequent vomiting, an illness, or feeds that are too short or spaced too far apart (→ frequency of feeds, → duration of feeds, → breastmilk production). If the feeding sessions are too short, the baby risks not having drunk enough milk, which is rich in nutrients and fats in particular, at the end of the feed.

Telephone for advice on breastfeeding before giving a supplement bottle to your child. You can also seek advice and support from a → breastfeeding group. You will find out just how many differences of size and weight can exist among babies of the same age. On average, a baby's weight increases by 120 to 250 grams per week. This weight increase is not necessarily a regular one. It often takes place in fits and starts, or spurts.

Nor should it be forgotten that babies normally lose 7-10% of their birth weight in the first days. If you have received transfusions while giving birth, the loss of weight may be even greater. There is no need to supplement the supply of milk if the baby is latched on correctly, if the production of milk has been sufficiently stimulated and if there is no sign of dehydration. The day when the weight is least is considered as the departure point for all succeeding calculations.

If, however, your baby's weight does not increase and even tends to diminish, do not fail to consult your pediatrician. If your baby's urine is more concentrated or darker in colour, and she wets less than three nappies a day, these are signs of a lack of fluids.

WIFE AND MOTHER

→ Emancipation

BOOKS ON BREASTFEEDING:

Information for all breastfeeding mothers

Dr. Jack Newman’s Guide to Breastfeeding

Dr Jack Newman, Teresa Pitman

Ina May’s Guide to Breastfeeding

Ina May Gaskin

Womanly Art of Breastfeeding

La Leche Ligue

Nursing Mother, Working Mother

Pryor, Gale

Stillen – gesund & richtig

Denise Both / Gaby Eugster

Handbuch für die stillende Mutter

Tönz / Neuenschwender

Stillen: Einfühlsame Begleitung durch alle Phasen der Stillzeit

(GU Ratgeber Kinder) 2014

Márta Guóth-Gumberger und Elizabeth Hormann

Stillen, Job und Family

Pryor / Huggins

FILMS:


Breast is best (in German, French, Italian and English)

Gro Nylander

You can order this from the ‘Fondation suisse pour la Promotion de l’Allaitement maternel’ at www.allaiter.ch

WHO DOES WHAT?

Association Luxembourgeoise des Sages-femmes a.s.b.l.

12, rue des champs • L-8218 Mamer
www.sages-femmes.lu • alsf@pt.lu
 /ALSFLux

Contact

Tel.: 621 731 081

Activities

In maternity hospitals, the services offered by the midwife are part of the care that is part of maternity benefits and reimbursement of childbirth expenses. At home visits, the independent midwife can perform the following acts, which are reimbursed by the health insurance funds:

Prenatal

- 1 midwife consultation during pregnancy without a medical prescription
- consultations / preparation for birth by a midwife on medical prescription

Postnatal

- 1 midwifery consultation for each mother without a medical prescription
- Package for postpartum care at home for 15 days after birth
- Package for complex postpartum care at home over a period of 21 days after birth (primiparous, twins, caesarean, prematurity, ...) on medical prescription. After this period additional visits possible on medical prescription.

The list of independent midwives is available:

- on our website
- in the maternities
- from gynecologists and pediatricians

Berufsverband vun den Laktatiounsberoderinnen zu Lëtzebuerg B.L.L a.s.b.l.

Professional association of lactation consultants in Luxembourg
barbara@goubet.eu

Contact


Tel.: 691 617 036 (Barbara Tasch)

Activities

- Uniting lactation consultants in the Grand Duchy of Luxembourg who are certified by the International Board of Lactation Examiners Consultants, (IBLCE) and those in training
 - Promote, protect and support breastfeeding in Luxembourg
 - Promote the profession of lactation consultants in Luxembourg
- To receive the full list of IBCLC lactation consultants, please send an email to: barbara@goubet.eu

Initiativ Liewensufank a.s.b.l.

Non-profit association that supports future and young parents with consultations around pregnancy, childbirth, breastfeeding and parenthood, and also offers pre- and postnatal classes, as well as play groups for babies and toddlers up to 4 years old.

20, rue de Contern • L- 5955 Itzig
www.liewensufank.lu
info@liewensufank.lu
 /InitiativLiewensufank

Contact

Office: 36 05 97
Baby Hotline: 36 05 98

Activities

The Initiativ Liewensufank is committed to promoting, protecting and supporting breastfeeding in Luxembourg

- Baby Hotline: free and anonymous telephone consultations
- Individual breastfeeding consultations
- Consultations and support at home
- Breastfeeding Package (follow-up from birth to weaning)
- Breastfeeding preparation course
- Preparation for childbirth and parenthood
- Brochures
- Second Hand Shop with cloths for babies, pregnant women and breastfeeding cloths
- Magazine for future and young parents “baby info”

Opening hours

Telephone Hotline “Baby Hotline”. Personal consultation on appointment. Flexible hours for classes and groups. Details and course registration on the website.

Professionals within the institution


Midwives – lactation consultants – breastfeeding counsellors – pediatric nurses

You can also contact the maternity hospital where you gave birth:

- **Maternité Grande-Duchesse Charlotte (CHL)**
2, rue Federspiel • L- 1512 Luxembourg
Tel.: 44 11-3057 (Perinatal Center)
Tel.: 44 11-3230 (Gynecology and Obstetrics Secretariat)
www.chl.lu
- **Centre Hospitalier du Nord**
120, av. Salentiny • L-9080 Ettelbruck
Tel.: 81 66-51 110 (Maternity)
Tel.: 81 66-51222 (“Stëllambulanz” individual outpatient breastfeeding consultations on appointment)
www.chdn.lu

- **Centre Hospitalier Emile Mayrisch*** ‘Baby-friendly hospital’
Rue Emile Mayrisch • L-4005 Esch/Alz.
Tel.: 57 11 44-002 / 57 11 44-004 (Maternity)
Tel.: 57 11 44 443
(consultations on appointment, breastfeeding consultations)
www.chem.lu
- **Hôpitaux Robert Schuman Clinique Bohler**
5, r. Edward Steichen
L-2540 Luxembourg
Tel.: 26 333-9325
(breastfeeding consultations - in emergency in the polyclinic service)
Tel.: 26 333 9020
(appointment with a lactation consultant from mo.-fr. 13h to 16h)
Tel.: 26 333-9310
(Maternity: evenings and weekends)
www.cbk.lu

La Leche League Luxembourg a.s.b.l.

International organization recognized by WHO and UNICEF as expert in breastfeeding
6a, am Pratel • L - 5378 Uebersyren
www.lalecheleague.lu
info@lalecheleague.lu
 /LaLecheLeagueLuxembourg

Activities


Information and meeting groups throughout the country for future mothers and breastfeeding mothers in Luxembourgish, German, French, English and in Japanese.

- Participation in groups (members)
- Advice by phone and email
- Distribution of info brochures.
- Sale of information leaflets, books
- Library for members
- Organization of a second-hand sale for baby clothes and childcare items.

Professionals within the institution

Breastfeeding counsellors
Lactation consultants

Ligue médico-sociale

Social welfare organization founded in 1908, recognized as a public-interest organization in 1910
21-23, rue Henri VII • L - 1725 Luxbg.
www.ligue.lu • spse@ligue.lu
 /ligue.lu

Contact

Tel.: 22 00 99-1

Activities

- The Child Health Promotion Service aims to promote the harmonious development and well-being of children from 0 to 4 years old
- This service includes:
- Consultations for infants and young children from 0 to 4 years: this is a place of information, listening and advice. Examinations performed at the consultation are only preventive such as weight gain and the size of the child.
 - “Info-Santé” sessions
 - Breastfeeding
 - Nutrition for pregnant women
 - Nutrition for children from 0 to 4 years
 - Development of the 5 senses
 - Growing up safely, little sores
 - Child’s sleep
 - Home visits
 - Practical classes for parents
- All activities are free.

Professionals within the institution

Pediatricians, general practitioners, pediatric nurses, community health nurses, dieticians.

Opening hours

Consultations for infants and young children are organized in 25 municipalities throughout the country. Addresses and timetables can be obtained on our website www.ligue.lu or on the free number: 8002 98 98

UNICEF a.s.b.l.

ONG
6,rue Adolphe Fischer
L - 1520 Luxembourg
www.unicef.lu • bfhi@unicef.lu
 /unicef.luxembourg

Contact

Tel.: 36 05 97 (morning)
Tel.: 23 62 12 81

Activities

Coordination of the ‘Baby-friendly hospitals’ initiative

- Information for hospitals and the public
- Pre-assessment
- Assessment
- Re-assessment of the hospitals

Opening hours

8h30 - 12h00 & 13h00 - 17h30

Professionals within the institution

Lactation consultants, international evaluators, administrative employees.



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