Breastfeeding

Dear (future) parents,

You have one of the volumes of The Growth Guide series in your hands. The Growth Guide consists of seven practical booklets in a collection box: In the Growth Guide you will find a great deal of information on breastfeeding, helping you to prepare for the best way of giving breastfeeding. It also covers how to continue breastfeeding after you go back to work. Which facilities do you have at work? Using the index, you can easily find the subject you want to know more about. It is essential to us that the information included in this Growth Guide is reliable. We have therefore entered into an agreement with Opvoeden.nl. Our publications are reviewed and validated by the national knowledge institutes. For more information, see the Colophon (page 86). On pages 75-76 at the end of this booklet, you will find the WHO growth curves.
For the ease of reading, we have decided not to use both 'he' and 'she' continually in the text when talking about the

midwife, the doctor or your child. The midwife, the GP and the gynaecologist will therefore consistently be referred to as ‘she’ or ‘her’ and your future child as ‘he’ and ‘him’.

We wish you happy reading!

Youth Healthcare Services

At the end of the postnatal period, your maternity nurse will transfer the care to the Youth Healthcare Services [Jeugdgezondheidszorg]. The maternity nurse fills out a transfer form for breastfeeding with up to date information for the Child Health Care Centre. There, they will also help you out with any question you may have concerning breastfeeding. For instance when you go in to have your baby weighed.

For information about special subjects such as breastfeeding twins, or breastfeeding after breast surgery, please go to our website at www.groeigids.nl. At the back of this Growth Guide booklet, on page ---- you will find a list of reliable websites that can provide you with further information.

This Growth Guide booklet belongs to:

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Our midwife is:

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Stamp/confirmation

Our maternity assistant is:

Youth Healthcare Service:

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Introduction

The WHO (World Health Organisation) and UNICEF have drawn up a list of rules and guidelines for successful breastfeeding.

Guideline 1: organisation
The policy is for the baby's nutrition in the first two years to receive extra attention. Staff have been trained to give parents the best possible help and advice for the feeding of their child up to the age of 2. The WHO code will be applied. Parents receive ad-free information, allowing them to base their feeding decisions on neutral unbiased information.

Guideline 2: best possible start for the new-born baby
Immediately after birth, the mother can hold the (bare) baby to her own bare body. This physical contact will last for at least an hour. During that time, the carer will demonstrate how to recognise when the baby needs feeding. If the parents want, they will receive assistance for the first feeding.

Guideline 3: information and practical advice for feeding
Parents will receive information concerning the baby's needs, like feeding on demand and holding the baby close to your body. Parents will be shown how to latch the baby

on to the breast or how to pump express milk, so that feeding can continue if mother and child are no longer together. If parents opt for bottle feeding, they will learn some best practices. And they will receive information concerning the baby's expected growth and development pattern.

Guideline 4: supplementary feeding and feeding an older child
Parents will receive information and advice on how and when to start with solid food.

Guideline 5: bonding and control
Parents will receive advice and information on how to form a bond with their baby, during pregnancy and afterwards. The organisation will also make sure parents receive the right information to be able to take correct decisions in matters of child care and treatment.

Benefits of breastfeeding

Research studies show that breastfeeding is the best possible start for a child. It is therefore often said that a baby should be breastfed for at least six months. The longer a baby is breastfed, the more he will benefit from its advantages. The WHO recommends breastfeeding for up to two years, as long as mother and child are comfortable with it. Breast milk contributes to the baby's physical and cognitive development and offers protection against a wide range of illnesses. Research shows convincingly that breastfeeding provides protection against intestinal infections for children up to the age of 2 and against respiratory diseases and middle ear infections for young children. Quite probably, breast milk has a positive impact on weight (less obesity), as well as reducing the chance of asthma and wheezing. There are indications that, later in life, breastfed children are at lower risk from cancer, Crohn's disease and diabetes.

The nutrients in the milk are easily digested and its composition is geared to the age of the child. The fatty acids in breast milk are important for the development of the brain. Sucking the breast is good for the development of the baby's jaw and thus for his speech. All that because of breastfeeding!

Good for mother too

Breastfeeding helps the uterus to recover more quickly after delivery. The loss of blood is reduced. Breastfeeding helps to lose weight gained during pregnancy more quickly. It has also been proven that there is a protective effect against osteoporosis and ovarian and breast cancer if a mother has breastfed her baby for some time. Diabetes, high blood pressure and rheumatism are less prevalent among women who have given breastfeeding.

Your partner's role

Your partner has an important role to play in the period of breastfeeding. Just because they are not in a position to feed the child, does not mean they have less of an opportunity to establish a firm and warm bond with the baby. Looking after the baby, caressing, playing, talking will provide plenty of opportunity to make contact. For instance, your partner could get your baby out of bed for his night feeding.

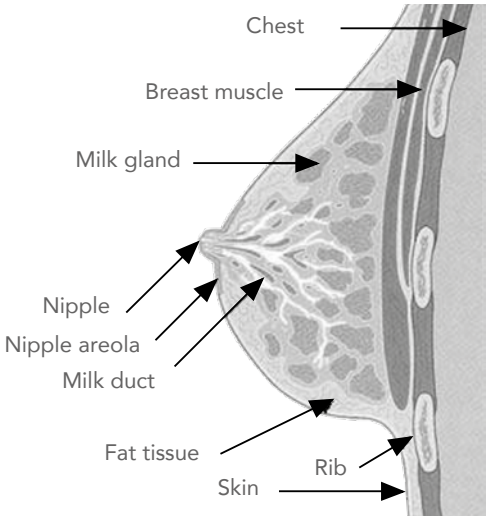
Let your pharmacist and family doctor know that you are breastfeeding in case you must take medication.
Or go to lareb.nl and look for 'geneesmiddelen en borstvoeding'

If your baby has cramps, physical (skin-on-skin) contact with your partner will be equally consoling.
Your partner's support will help you to keep breastfeeding going longer.

Another advantage is that because the baby does not smell milk on your partner's body and therefore will not seek out the breast, he will calm down more easily. Once the baby has fully mastered the drinking technique (from the age of 4 weeks), your partner could, from time to time, give him pumped milk in a bottle. Drinking from a bottle requires a different skill: more info on pages 60-61.

How does breastfeeding work?

There are clusters of milk glands in every breast. This is where breast milk is produced. The 'building blocks' come from the blood. Milk ducts carry the milk to around ten nipple openings. Milk production is primarily regulated by two hormones: Prolactin regulates the production from the blood and oxytocin ensures that the milk is propelled forward: lactation.
When the baby drinks from the breast or milk is being pumped, a signal is sent to the mother's brain to produce these hormones. Large as well as small breasts can produce enough milk to feed one or more babies.
Go to http://www.voedingscentrum.nl/ filmpjeborstvoeding for a video on breastfeeding.



Latching on

There are several ways of latching on. If you and your baby are feeling comfortable, the milk will flow more easily. It is important to help your baby to latch on correctly. The first few times, you will probably get help from the midwife or the (maternity) nurse. If you take the lead, you can play an active role in latching on. Or you can let the baby crawl towards your breast: this is called 'baby led attachment'. And of course there are several options in between 'mother led' and 'baby led'. If you hold your baby to your bare skin, he will work actively and intuitively to look for your breast. If you feel he is not latching on well and feeding becomes painful, you as the mother can take over the lead.

Points of attention
- Make sure that you can sit or lie in a comfortable and relaxed position.
- If necessary (maybe the first few days) use pillows to bring your baby up to a level where his nose is in line with your nipple.
- The baby should lie with his head and body in a straight line, with his stomach against you so that he does not have to turn his head when looking for the nipple.
- He lies up against you with his chin on your breast so that he attaches from that side. His cheeks may touch the breast, so keep him nice and close.
- If necessary, support your breast with an open hand or let it rest on a pillow.

- A full-term baby is born with reflexes for finding the nipple, such as the rooting reflex.
- Stroke his lips with your nipple. He will open his mouth wide and stick out his tongue a bit.
- With one mouthful, he will thus get as much of the areola as possible into his mouth.

No two breasts or baby mouths are the same.
It is quite possible that things are slightly different in your case. For instance, if your breast is a bit heavier you can support it from below to make latching on a bit easier.

If your baby is properly latched on and his rooting reflex is sufficiently developed, there is less chance of painful nipples. For more information: www.voedingscentrum.nl/borstvoedingmagazine or lalecheleague.nl

If feeding is painful or becoming more so, try to get your baby to open his mouth a bit more so that he can take more of the areola into his mouth. No improvement? Consult your maternity assistant or midwife. Or look for more info and advice from Youth Health Care or a lactation expert (search for postal code or on nvlborstvoeding.nl).

How to check if the baby is latched on properly?

The best position for a baby to drink is when he is lying up against you (stomach on stomach) with his nose and chin on your breast. He will be looking upwards, roughly in line with his back. His mouth covers a large part of the areola, his lips are curled out and his tongue is under the nipple. When he is drinking actively, you will hear him swallowing regularly and his eyes are open. Listen to the rhythm of his sucking. At first, he will suck hastily and without much concentration. This sets the lactation process in motion. As soon as the milk starts to flow, you will see that he is beginning to take bigger gulps; his whole jaw is now moving. Short breaks are nothing to worry about. At the end of the feeding, the pauses become longer and the sucking rhythm changes. You will no longer see big movements of the jaw, but only small, short movements of the mouth. This is the moment to remove the baby from your breast. Chances are he has literally got ‘stuck’ into you. You can disrupt the vacuum by carefully inserting your little finger (if it is clean) into the corner of his mouth. Often, a baby will fall asleep at the end of the feeding and let go of the breast himself. Hold him up so he can burp. Then, after a diaper change, you could offer him the other breast. Your nipple will tell you whether your baby latched on correctly: the nipple should be round-- not flattened

-- and intact after the feeding. If the nipple hurts, if there are visible striations or if the nipple is white (bloodless), this means that you should change the latching method. Maybe the fraenum or the lips are too tight or too short for the baby to latch on properly. More info on page 25. If your nipple is white and painful, this may be an indication of vasospasm (the so-called Raynaud syndrome). In that case, ask a maternity nurse, lactation expert or midwife to watch as you feed your baby and ask for advice. Nipple problems are best prevented!

If, during your pregnancy, you attend an information meeting on breastfeeding you will know what to expect. Studies have shown that information contributes to the quality and duration of breastfeeding. You will be able to solve most of the problems yourself. Ask your midwife or maternity centre when and where these information sessions are held in your neighbourhood. More info is available on the internet (lalecheleague.nl and Facebook).

The first days

In the first few days after delivery, breast milk is called 'colostrum'. This first milk is extremely rich in antibodies and other substances that make mother's milk so extraordinary. Antibodies protect the baby from diseases. This first milk is rich in protein, low in fat and, therefore, easily digestible. Moreover, colostrum relaxes the intestines so that the baby can easily pass his first stool movement (meconium). Letting the baby drink colostrum and activating and draining the breast will ensure that the flow of mother's milk gets going in a few days.

During the first months, it is advisable to keep your baby very near you for 24 hours a day. That is the best way to get to know him and to recognise early feeding signs. Babies 'tell' their mothers they are hungry by giving them signals. Waking up is such a signal, as are making smacking sounds, searching movements with their mouths and, only as a last resort, crying. Do not hesitate to go to your maternity nurse or your midwife for advice.

Nursing for the first time

Within an hour after birth, the baby is put to the breast, naked. Physical contact is a very important step in the bonding process. It has the added advantage of keeping your child at the right temperature, as well as reducing the feelings of stress that come with giving birth. In the first 'golden' hour of his life, your baby will start looking for your breast. At that time, he is alert and awake and will be able to remember this first attempt well. If possible, you should maintain undisturbed skin-on-skin (with you, or if that is not possible, with the bared breast of your partner) contact during that first hour, without interruptions for weighing or medical checks. The first days are practice days as milk production gets under way. It is advisable to use this period well and to put the baby to the breast often. Both baby and mother have to learn how to do it. Formula feeding is not necessary and in fact disturbs the balance between supply and demand. It may even upset the baby's intestines. If supplementary feeding turns out to be necessary, then you should start pumping. Bottle feeding should only be given on medical advice, or at the request of the mother. If your baby is given the opportunity to drink from the breast as much as possible (eight to twelve times per day) during the first days, milk production will get started sooner and serious engorgement can be prevented. It is normal for your nipples to be sensitive at the start (the first 20 to 30 seconds). This is called 'sucking pain' and is caused by the stretching of small nipple muscles. This should be over after a couple of days, after which breastfeeding should no longer be painful.

Engorgement

Engorgement is the natural phenomenon that occurs on the third to fourth day after delivery. The blood vessels in your breasts open up wide, making more room for body fluids and tightening your breast tissue. Your breasts will also fill up with more milk. They will feel fuller and warmer. This may be painful. A warm cloth or a warm shower before feeding can provide some relief from engorgement. After feeding, you may put a cool damp cloth over your breasts. If this does not do the trick, take some paracetamol (with a maximum of 500 to 1000 milligrammes every 4 to 6 hours). Or, on your midwife's advice, 3x400 milligrammes of ibuprofen. You can reduce engorgement by regularly allowing your baby to drink (gently and delicately) as much as possible from your breasts. In this way, the engorgement should be over within one to two days. If not, contact your midwife. Once the production of milk has got under way and supply and demand are in balance, your baby will ask to be fed around once every three hours. Maybe more often, maybe less often. Not every baby is the same in this respect. Your breasts will then no longer feel so full all the time; they have adjusted to their new task. Even so, they still contain enough milk.

How do you know if your baby is getting enough?

It is a good idea to offer the baby both breasts at every feeding. Your hormones will make sure that enough milk will be produced. Let him drink from the first breast until he is satisfied or no longer drinking actively. You will hear and see him sucking, but also taking real gulps. If he swallows less often, you may do some massaging. The drinking generally takes 10 to 20 minutes. Then, change the baby and make him burp. That will wake him up. Then offer him the second breast for as long as he still wants to drink, which is usually shorter than from the first breast. At the next feeding, you start with the breast that the baby was given last. After that, the baby is of course given the other breast again. The milk will become progressively fatter. It is important that one breast is completely and smoothly emptied during each feeding. Just feel the difference before and after the feeding session. Every baby has his own drinking pattern and drinking speed. You will learn to recognise this better as you watch your baby's behaviour. The following can be taken as signs that your baby is getting enough nourishment: he is growing, he is given at least eight feedings per day during the first two weeks, followed by at least six feedings (but look out for the feeding signals). Another important sign is that he has at least six wet diapers