



Landssjúkrahúsið



Breastfeeding

Information and guidelines from the
maternity ward/Føðideildini

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The purpose of this booklet is to inform and guide you in the different aspects associated with breastfeeding in order to give you and your baby a good start with breastfeeding.

During pregnancy your midwife will touch on various aspects of breastfeeding and when you have given birth, the staff at the maternity ward (føðideildini) will help and guide you if and when it is needed. When you and your baby are discharged from the unit, the health visitor will come and visit you at home in addition to help/guide you furthermore.

Breastmilk

Breastmilk is the best nutrition for the infant. The Danish National Board of Health recommends that the baby gets breastfed exclusively for the first six months if possible and if mother and child are in thrive with the breastfeeding. When the child starts eating more solid food at 6 months (and not before 4 months), the recommendations are that the child still gets some breastmilk until he/she reaches at least 12 months.

Breastmilk contains the exact nutrients, i.e. vitamins, minerals, fat and protein in the quantities and the proportions which your baby needs. Breastmilk alters as the baby matures.

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The existing studies/surveys of breastmilk related to the child and mothers health show, that breastmilk has a lot of health benefits for the child – both short-term and long-term. It protects the child against childhood- and infectious diseases, and allergies can be delayed or prevented. The long-term effects of breastmilk may prevent a number of chronic diseases and conditions such as obesity and diabetes.

Breastfeeding also has health benefits for the mother. Breastfeeding can prevent certain forms of cancer such as breast and ovarian cancer. Breastfeeding can also decrease the risk of developing type-2 diabetes.

Breastmilk is free, it is right where you need it – and at the right temperature.

Pregnancy

Your body will spontaneously prepare itself physically for breastfeeding. But it may be a good idea to discuss breastfeeding traditions in your respective families and your expectations of what life will be like with an infant as early as during pregnancy.

The most important factors for successful breastfeeding is that you feel confident in your ability to produce the quantity of milk your baby needs. Another important factor is the desire to breastfeed.

The baby's father and his belief in your ability to breastfeed your baby is the best support you can get. If you have previously had difficulty breastfeeding, try to work out why you did not find it easy. If you do, you may well be able to prevent the same situation from occurring again.

Read up on breastfeeding and talk to your midwife, the staff at the maternity ward and your health visitor about what it takes for you to succeed at breastfeeding.

Getting off to a good start

Physiologically all women can produce breastmilk. But breastfeeding is something you and your child must learn

by doing. Believe that you will succeed. Give yourself the time it takes; you need a peaceful environment to concentrate on breastfeeding.

The staff at the maternity ward will help and guide you. Don't hesitate to ask if you are in any doubt about breastfeeding.

Three key elements to getting breastfeeding off to a good start are: Early, frequent and effective feeding.

Breastfeeding and the first hours after birth

If everything goes well during delivery your baby will be placed on your bare abdomen, skin-to-skin and close to your chest. You will then be covered with a warmed blanket. This is a quality time where both you and your newborn can relax and recover after the delivery, and you can get to know each other. This is a very special moment.

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Usually the midwife takes measurements of the baby i.e. weight and length, within 2 hours after the baby is born. Skin-to-skin contact has a lot of advantages for both the mother and the baby. This will among other things stabilize the baby's temperature, breathing and blood sugar level.

If you or your baby is unwell and unable to have contact immediately after birth, skin-to-skin contact can start as soon as you are both well enough – it is never too late to start over. In the mean time the father can have skin-to-

skin contact with the baby until the mother is well again. Most babies will spontaneously begin to root within an hour after delivery. Their reflexes are so well developed from birth that many babies will, if allowed, work their way to the nipple, latch on and suckle in the course of their first hours of life. Ignore the rest of the world and switch off your mobile phone. We recommend you to ask all visitors to wait until at least 2 hours after delivery to come and visit. These first hours in each other's company is a once in a life time event and is so important for a good, undisturbed start to your baby's life and to a successful breastfeeding.

Keep your baby close to you, skin-to-skin if possible, the next hours and let him breastfeed as often and as long as he wants. Rest when your baby sleeps. Trust that you know what is best for you and your baby.

Colostrum

As soon as your baby is born, whether you have given birth preterm or fullterm, your breasts already contain milk. The first milk, colostrum, is very rich in antibodies, protein, fat and certain minerals and vitamins. The amount – even though it seems small - fits exactly your baby's needs as long as he has access to the breast. It is important that your baby gets this first milk, colostrum, because it serves as a protection against different infections. It also activates the infant's immunsystem, it helps to get the

baby's bowels moving and other benefitting factors. The composition of colostrum does not change in the course of the baby's feed. You can therefore offer the baby both breasts every time you breastfeed. Change sides when the baby spontaneously lets go of the nipple in order to stimulate both breasts.

The baby usually has sufficient nutrition to manage the first couple of days. Be patient and the onset of your milk will come in within the next couple of days.

Signs when your baby is ready to suckle

Your baby can show different signs when he is ready to suckle. The sooner you act on your baby's first signs, the more often your baby will suckle. This will make the breastfeeding more satisfying and relaxed.

React on the first signs the baby shows and put the baby to the breast. The first and early signs are: Rapid eyemovements under the eyelid, sucking movements with mouth and tongue, movements of arms and legs, rooting and searching for breast – fingers to mouth. The next signs can be: Uneasiness and whimpering, uneasiness and some crying. The late signs are: Crying, movement of the entire body, readiness in the face. A crying baby cannot latch on – the baby needs to be consoled and “settled down” emotionally and physiologically before it will become interested in feeding again.

Feed the baby at the earliest sign of hunger.

Breastfeeding positions

Lie or sit down so that you can relax and hold the baby close to you – irrespectively of how long breastfeeding takes. The more relaxed and comfortable you are the better your milk will run.

Experiment with different positions. Make sure that your back and arms are well supported so that you don't tense your shoulders. Sit in a comfortable chair with a backrest and armrests, perhaps with a good footstool. If you prefer to breastfeed lying down, you may need cushions in various sizes.

One of the benefits with changing nursing positions is to help prevent sore nipples. The baby will strain the nipple in different ways depending on the nursing position. Another benefit is if you have a tendency towards obstructed ducts, it would be a good idea to switch between different nursing positions. The baby takes more milk from the side of the breast where its chin is. The pictures on the next page show different nursing positions and different ways to hold on to the breast.

Fig a) Cradle position



Fig b) Cross-cradle position



Fig c) Football or clutch position

Fig d) Side-lying position

Fig e) Laid-back breastfeeding/
og Biological nurturing



Suckling-technique

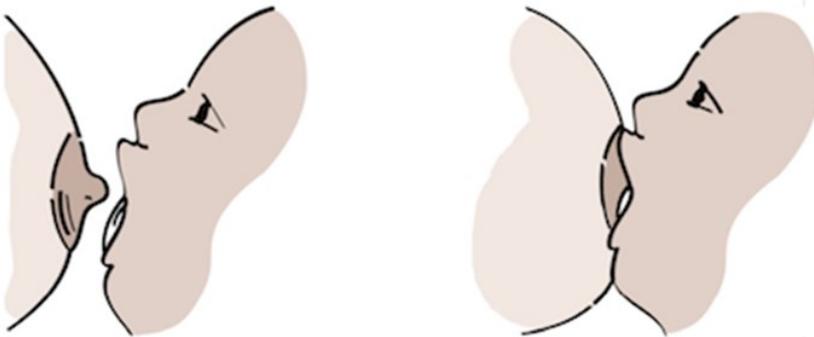
Eventhough all breast and nipples come in different shapes and sizes, a correct suckling-technique is general. It is important that the babies suckling-technique is correct every time the baby is breastfeeding.

No matter which nursingpositions the mother uses it is important that the baby's body is laying close to the mothers, with the face, shoulders and stomach turned against her. The baby's head must not be turned compared to the rest of the body.

Rooting and suckling are natural reflexes that the baby has from birth. Place the baby so that your nipple points to the baby's nose. The baby will root, open his mouth wide and latch on taking the whole nipple and part of the brown areola around it into his open mouth (depending on your breast and nipple as well as your babies mouth).

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For the baby to suckle effective the latch on must be asymmetric.



Support the baby's body and pull the baby close to your abdomen, so that his nose is free. His head needs to be bent slightly backwards, a position where you can easily imagine the baby "drinking" from your breast. You can use your free hand to support your breast. Do not use a "scissors hold" to support your breast – this prevents the baby from getting a proper hold of the nipple (see the previous pictures about different nursing positions).

Signs of a good latch on and correct/effective suckling-technique:

- The baby is turned against the mother, stomach to stomach, laying close to her and tilts its head slightly backwards.
- The baby's mouth is wide open and the lips – especially the lower lip - is everted outwardly.
- The baby's lower lip covers more of the areola than the upper lip.
- The baby makes rhythmic suckling and swallowing bursts, and jaw movements goes entirely back to the ears. The first 2 days the baby only swallows once in a while but on the 3 – 4th day the baby swallows more often.
- It feels right and comfortable.

The let-down reflex

When the baby suckles at your breast, a message is sent to your brain to release two hormones. One hormone (prolactin) stimulates lactation. The more the baby suckles effectively, the more milk you will produce. You produce milk all the time but you produce the most milk while your baby is suckling and immediately after you have breastfed your baby.

This means that there will always be milk for your baby, and the more you breastfeed, the more milk you will produce – supply and demand.

The other hormone (oxytocin) lets down the milk from your lactiferous glands through your lactiferous ducts and to your nipples. This is called the “let-down-reflex”. To activate the let-down-reflex your baby needs a good suckling technique for it to get milk from your breasts.

The let-down-reflex works after the baby has suckled for a couple of minutes or less. Let down can be delayed if you feel anxious, nervous or feel pain. That is why it is important for you to feel confident in yourself and confident that you can breastfeed. The reflex can feel a bit like pins and needles in your breasts, and milk may drip or even spurt from your nipples. Some women are only slightly aware of the let-down-reflex. Others feel it as soon as their baby starts crying.

The let-down-reflex can be stimulated several times during

Afterpains

The same hormone (oxytocin) which activates the let-down-reflex cause the uterus to contract in the days after delivery. That means that everytime the baby suckles the breast it also contracts the uterus. These contractions are called afterpains; they reduce the size of the uterus and reduce bleeding after the birth. Afterpains are particularly intense in women who have given birth more than once. It may be necessary to take a mild painkiller.

Breastfeeding and the next hours/days/weeks

The more often your baby gets to suckle properly and effectively both breasts, the sooner the onset of your lactation.

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The onset of lactation will usually be between 48 and 72 hours after delivery. For some mothers the onset of lactation can come later on. This can be due to different reasons. The staff at the maternity ward will follow up on this if necessary and guide you.

Onset of lactation

When the onset of lactation has come in, it may cause a little discomfort in the babies stomach. Keep the baby close to you. If you get very tired, let the baby's father take over or ask the staff to help and advise you what to do.

Many women's breasts become engorged during this transitional period. It helps letting the baby suckle often. If it is difficult for the baby to latch on, you can express a little milk by hand to make your breast less hard. It is also a good idea to take a hot shower or apply heat to your breasts. You can also change your breastfeeding position. Some women experience a slight increase in body temperature in connection with engorgement. Let your baby suckle frequently. Take some Paracetamol/ Pinex perhaps. Consult staff about this.

Foremilk and hindmilk

When the onset of lactation has come in, the composition and available quantity of milk change in the course of the feed. The content of protein, carbohydrates, fat, vitamins and minerals is exactly adjusted to cover your baby's need. The fat content is low in "foremilk" and quenches the baby's thirst. As the baby continues to suckle, he or she will be getting less milk but it will be "hindmilk" which will contain more fat, is creamier and will make the baby feel full.

It is important that the baby stimulates both breasts in the first days. Some babies only want to eat at one breast during a meal. It is also perfectly normal for the baby to eat at both breasts at every meal. What matters is that the baby gets the rich hindmilk. Offer the baby the same breast if he/she still seems hungry or wants to suckle or if

it's been a short time since the last breastfeeding. Beside making the baby feel full, emptying one breast before offering the other also prevents milk-fever and a possible mastitis.

The hindmilk has a creamier color compared to the foremilk which has a bluish color. The foremilk is released at the beginning of the feed.

Engorged or soft breasts

It has no influence on your milk production whether your breasts are engorged or soft. Many women think that soft breasts mean they won't be able to produce enough milk. This is not necessarily the case.

Nipplecare

It is normal to experience sore nipples in the first weeks of breastfeeding – especially at the beginning of the meal. However it is not ok if you feel pain throughout the feed or if you have cracked nipples. The reasons for the pain and cracked nipples can be many but most likely it is due to the baby's energetic suckling movements against the nipple. Sometimes the reason can be a wrong suckling technique, and sometimes it just takes some time for the nippleskin to harden and resist cracks and soreness.

What you can do: Make sure that the baby is correctly

latched on. Offer the breast frequently and try to relax. Sometimes it helps to change the baby's position when breastfeeding, and other times it helps to "Start over again" with skin-to-skin contact.

Usually it is enough to take a daily shower in order to have a good hygiene. Let the breastmilk air dry on the nipple after every feed. Offer the baby the breast when he is showing early signs of hunger. When detaching the baby from the breast, carefully put a finger in the corner of the baby's mouth to release the vacuum. Then try a different nursing position.

Night feeding

Breastfeeding your baby at night is a natural part of breastfeeding, and it helps to keep your milk production going. The mother produces more milk in the night than during the day. This is due to the hormone prolactin, which stimulates milkproduction. Remember to get some rest during the day so you have the energy to breastfeed at night.

Sleeping in the same bed/SID

The safest place for an infant to sleep is in its own bed in the same room as the parents. He needs to lie on a firm surface, and you must ensure that he has a safe area to sleep where there is no risk of him having his face

inadvertently covered with anything, such as your comforter, a pillow, blanket or anything else.

If the adult is ill, under the influence of medication or alcohol or very overweight, or if the baby is immobilized, for example, by a brace, sleeping in the same bed is not recommended.

It is not recommended that the baby sleeps with you in a waterbed, on a sofa, sofa bed or a futon.

There is also a slightly increased risk of SID (Sudden Infant Death) connected with having the baby sleep in your bed if you are smokers.

The Danish National Board of Health [“here”](#) has these recommendations to prevent SID (see pictures below): If you choose to let the infant sleep in your bed, it should sleep between one of the parents and its own bed. Make sure it cannot fall between the beds. The baby’s space should be as much as if it sleeps in its own bed. The baby needs to sleep with its own little comforter/blanket



3 simple advises to prevent SID:

- Always let your baby sleep on its back
- Don't smoke during pregnancy and don't expose your baby to passive smoking
- Make sure your baby isn't too warm and to keep the bedroom at a cool temperature

Weight

Newborns normally lose weight during their first week. It is normal to lose 7% of the birthweight. The weight loss is due to loss of water. The baby should be back at the birth weight by its 10 – 14 day of life. Afterwards it will on average gain about 200 gr. a week or between 25 – 30 gr./day.

During the first two to three months a breastfed baby grows rapidly, gaining more weight than a formula-fed baby. The growth rate of the breastfed baby then decreases a little. The growth graph of a breastfed baby is different from that of a formula-fed baby.

Jaundice

Quite commonly babies will develop a yellow skin tone (jaundice) typically at the third day. Jaundice may cause the child to become lethargic and unable to eat enough from the breast. The best way to prevent jaundice is to ensure that the child is breastfed often during the first few days (8-12 times).

Urination and bowel movements

The infant normally first urinates within 24 hours of delivery, and then twice to six times in every 24 hours the following days.

You can see whether your baby gets enough to eat, if he or she produces at least six to eight wet diapers every 24 hours, one of which needs to be wet through / very heavy.

The baby's urine will be clear and odorless if it gets enough to eat.

Its first bowel movement, meconium, will come within the first 24 hours after birth. It is black and sticky. After two to three days, the baby's bowel movement will become green-black or green-brown, and the consistency more watery.

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From day four, when the onset of lactation usually comes in, its bowel movements become yellow and grainy, with a slightly acid smell. It is normal for a baby's bowel movements to be watery, and this has nothing to do with what the mother has been eating.

If a baby is born at term but is still passing meconium on day four or five, it could be getting inadequate amounts to eat.

The baby will often have a bowel movement in connection with being fed.

If babies are fed formula supplement rather than

breastmilk, their bowel movements will be light brown with an "adult" feces smell, and babies should preferably pass a stool every day. If the baby gets both breastmilk and formula, it should have bowel movements every day.

Frequency and duration of breastfeeding

It is very different from child to child how long a breastfeeding meal is in order for the baby to get full – it depends on many factors. You will gradually find out how often and for how long it takes your baby to feed/suckle in order to get full. Let your baby decide for how long he wants to feed by giving him time to finish feeding from one breast before you offer him the other breast. Breaks are an essential and instinctive part of your baby's feeding pattern.

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It is important to be aware that poor suckling technique involving improper latch on can lead to unnecessarily long feeds. Poor suckling-technique can also result in nipple soreness and cracked nipples.

Eight to 12 breastfeeds in every 24 hours is perfectly normal.

Babies normally need to feed six times in every 24 hours by the end of their first week of life, or they can become apathetic and not stimulate your milk production sufficiently. In these situations you must wake your baby

more often and offer to feed him, including at night, to reduce intervals between feeds.

After the onset of lactation has come in and the baby feeds more frequently, with less than one to two hours' interval between each feed, it may indicate that they are not getting the rich "hind milk" which is released as the feed progresses. It may also indicate that the baby is not suckling effectively. If your infant is feeding less than six times in every 24 hours or more than every one or two hours, it would be a good idea to consult your health visitor or your doctor.

The frequency of their interest in being fed will spontaneously reduce in the course of the first month. Intervals between feeds will vary depending on the time of day or night. Usually there will be breaks between the breastfeeds in the morning and in the early hours of the afternoon. Many infants want to be breastfed almost constantly in the late afternoon and during the evening. The reason is because the milk composition is different in the evening – more fat, less volume - compared to the milk composition in the morning and afternoon. The baby is storing for the night.

As babies grow their appetite increases, and you need to produce more milk. If you find that your baby is fussy, you

should let him suckle longer and more often to increase the quantity of milk.

Breastmilk is easily digestible. There is therefore a tendency for breast-fed babies to feed more frequently than bottle-fed babies.

Being burped and spitting up

Your baby might have a need to burp the first 24 hours after birth because of the amniotic fluid it has left in the stomach. During the first couple of days after birth the infant does not normally swallow much air as it suckles. As your milk production gets going, and the baby gets more milk in a shorter space of time, it may need to be burped. Some infants need to be burped a couple of times during a meal. Place it back at the same breast, until it refuses to latch on to this breast. Some infants also spit up when they are burped. What they are bringing up is usually a little milk. This is of no importance as long as the baby is otherwise doing well.

Don't spend a lot of time trying to burp your baby if not necessary. If your baby sleeps quietly and calm after a feed, it may not be a problem.

Signs that your baby is doing well

- Feeds at least 6 times (8 - 12 times) in every 24 hours

- Produces wet diapers with light-colored urine 6 to 8 times in every 24 hours (from day five or six onwards)
- Produces at least 4 yellow, grainy or “seedy” stools daily (from day four)
- The first month the baby needs to have daily stools. After one month it’s normal if the baby only have stools once every week to 14 days if the baby is breastfed only
- Is alert and interested in suckling
- Makes clear swallowing sounds after suckling for a couple of minutes
- Content but not apathetic
- Is gaining weight
- Has a normal skin color, not grayish or pale

Pacifiers (binkeys)

Infants need to suck. Many parents give their baby a pacifier. You are advised, however, not to give your baby a pacifier until breastfeeding is well established. Your baby first needs to be able to latch on without any problems at each feed. You need to feel confident in the breastfeeding process and have plenty of milk available for your baby. It varies how long it takes to get to this point.

You should be aware that an infant can find satisfaction in sucking on a pacifier and that this can increase intervals between feeds. If the baby is offered a pacifier – or

formula supplementation – it may mean that he will not want to be fed often enough to stimulate milk production sufficiently. Always offer the baby the breast before offering the pacifier.

Boil pacifiers before use, and thereafter daily.

Nutrition while you are breastfeeding

You can eat the same diet as when you were pregnant. However your diet should be healthy and varied. Follow the eight tips for eating well. Visit [“here”](#) or ask the staff at the maternity ward, your health visitor or doctor for more information.

Drink whenever you feel thirsty. Milk production is related to supply and demand. The more the baby is breastfeeding the higher milk production. It is not related to how much the mother is drinking.

If you suspect that some foods upset your baby’s tummy, avoid them for a couple of weeks to see if it helps. Then try eating the type of food you suspected again, and you will know whether you were right in your suspicion.

You are welcome to visit [“here”](#) in order to get more information about breastfeeding related to maternal nutrition, smoking, alcohol and/or other issues.

If breastfeeding does not work

For different reasons breastfeeding does not always become what we planned or expected it to be.

Breastfeeding does not have to be either breastfeeding or formula feeding - it can be both (partially). Some mothers like to partially breastfeed and for others pumping is preferred or necessary. Find out how important breastfeeding is for you and what works for you.

Remember that the mothers love is not in the milk. The staff at the Maternity ward support you and the choice you make about breastfeeding.

Practical information

Breastmilk storage

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In refrigerator:

- 3 days at a temperature not higher than + 5°C

In freezer:

- 6 months at temperature below -18°C

Phone numbers

Emergency service doctor:

- 1870, from 16 – 8 and in the weekends/ holidays

Gigni – Health visitor :

- 562300, from 9 – 13

Føðideildin – Maternity ward:

- 304500 ask for maternity ward/føðideildini

Emergency call: 112

Vitamins

Fullterm children:

D-vitamins

- From 2 weeks to 2 years
- 5 drops/daily (D-vitamin 10 microgram (400 IE) daily)

Children who are darkskinned must have vitamin-D- throughout the entire childhood.

You can get vitamin-D at the farmacy and in larger foodstores.

If your baby is born preterm, your baby's need for vitamins is different - the staff in the Neonatal/Maternity Ward will inform you.

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Health examinations

Baby:

- when your baby is 5 weeks old

The mother:

- 8 weeks after giving birth

It is your responsibility to make an appointment with your Family Physician.



Landssjúkrahúsið

Føðideildin/Maternity ward

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