

# Breast-feeding

Dear (prospective) parents,

You have one of the volumes of The Growth Guide series in your hands. The Growth Guide consists of seven practical booklets:

- Planning for Parenthood
- Pregnancy
- Breast-feeding
- Post-natal period
- 0-4 years old
- 4-12 years old
- Puberty

In the Growth Guide you will find a great deal of information concerning pregnancy and the development, health and parenting of your child in the various phases of life. You will also be able to find practical tips for the sometimes troublesome and difficult moments in parenting. The Growth Guide can also serve as a handbook for the many major and minor doubts or concerns which, in practice, all parents are faced with. With the conveniently arranged table of contents, you can easily find the subject you want to know more about. At the back of the various volumes of the Growth Guide, testing data can be recorded. In this way, they are easily available.

Every volume also provides space for your own notes and for the storage of vaccination records and messages, notes or reports from other facilities you and your child deal with. In order to keep the Growth Guide easily readable, we have decided not to use both 'he' and 'she' continually when talking about your child. A child is, therefore, consistently referred to as 'he' and 'him.' This also of course, refers to girls.

### **'Kraamverzorgende' in the Netherlands**

In the Netherlands we have special kraamverzorgenden for post-natal care. A kraamverzorgende is a medical trained nurse. She comes to your home until your child is eight days old. The kraamverzorgende assists the midwife during the delivery and does important medical check-ups of your health and that of your baby. She supports you as you get started with breast-feeding. She signalises and works together with the midwife. We decided to use the Dutch name 'kraamverzorgende'.

**We wish you happy reading!**

At the end of the post-natal period, the kraamverzorgende will transfer the care to the Youth Healthcare Services [Jeugdgezondheidszorg]. The kraamverzorgende fills in a transfer form for the breast-feeding so that the child health centre is also brought up to date. You can go to the child health centre for questions concerning breast-feeding.

### Tip

Information on specific subjects such as for example, breast-feeding twins, can be found in Dutch on the website [www.groeigids.nl](http://www.groeigids.nl)



This Growth Guide belongs to:

---

Our midwife(s) or gynaecologist(s):

---

---

space for stamp

Our kraamverzorgende(n):

---

---

---

Youth Healthcare Service:

---

---

---

# Table of Contents

<b>Advantages of breast-feeding</b>	<b>9</b>
Also good for the mother	9
<b>How does breast-feeding work?</b>	<b>10</b>
Latching on	11
How can you see if the baby is latched on properly?	12
<b>The first days</b>	<b>15</b>
Nursing for the first time and engorgement	15
How do you know if your baby is getting enough?	17
Adjustment days: Supply and demand	17
Nipple confusion	19
A short tongue fraenum	19
Breast-feeding during a pregnancy	20
<b>Nursing positions</b>	<b>22</b>
<b>Support during problems</b>	<b>32</b>
Spitting up	30
Stomach cramps or adjustment day? or cluster feedings?	30
Thrush: A sore mouth	31
Support during problems	32
<b>Taking good care of mama</b>	<b>35</b>
Eating and drinking sensibly	35
Leaking breasts	36
Blocked milk duct or breast infection	36
Birth control	38

<b>Sucking needs</b>	<b>39</b>
Thumb or pacifier?	39
<b>Night feedings and supplementary feedings</b>	<b>40</b>
Every baby has his own rhythm	40
Vitamins	40
Six months of mother's milk	41
Adding solid foods	42
<b>Pumping</b>	<b>43</b>
Many types of pumps	43
Breast-feeding and work	43
Rights and obligations	44
Work and pumping	45
How often must you pump?	46
How much milk must you pump?	46
A supply of breast milk	47
Combination of breast-feeding and bottle feeding	47
Emergency supply	48
Storing and transporting breast milk	48
<b>Stopping with breast-feeding</b>	<b>51</b>
<b>Checklist for breast-feeding</b>	<b>54</b>
<b>Information via internet</b>	<b>55</b>
<b>Personal notes, questions or reminders</b>	<b>58</b>
<b>Colophon</b>	<b>60</b>
<b>Reference word list</b>	<b>63</b>



# Advantages of Breast-feeding

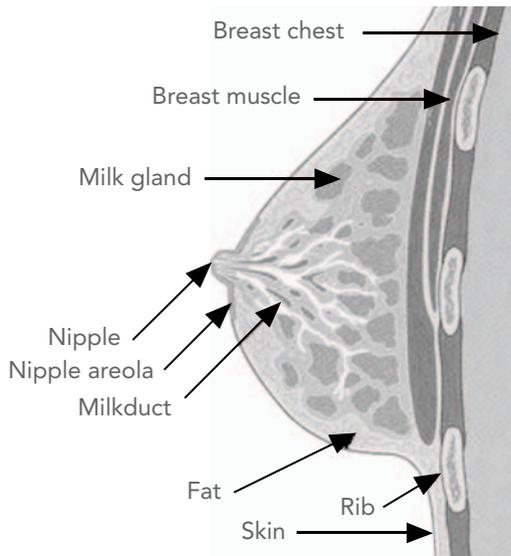
Breast-feeding is the best start for a child. Breast milk stimulates healthy growth and development and, moreover, protects against many illnesses. Research has shown that children who are breastfed are less often and less seriously ill. Breast-feeding also offers protection against allergies. The nutrients from the milk are easily digested and the composition is geared to the age of the child. The fatty acids in breast milk are important for the development of the brain. Moreover, sucking at the breast is good for the development of the baby's jaw and therefore, for learning to talk. These are all advantages of breast-feeding!

## Also good for the mother

Through breast-feeding the uterus recovers more quickly after delivery. It has also been proven that there is a protective effect against osteoporosis and ovarian and breast cancer if a mother has nursed her baby for a long period of time.

# How does breast-feeding work?

There are clusters of milk glands (melkklier) in every breast. This is where the breast milk is made. The 'building blocks' come from the blood. The milk flows via milk ducts (melkgangetje) to the nipple (tepel). The milk production is primarily regulated by two hormones: Prolactin regulates the milk production from the blood and oxytocin ensures that the milk is propelled forward: The let-down reflex. When the baby nurses, a signal is sent to the mother's brain to manufacture these hormones. Large as well as small breasts can manufacture sufficient milk to feed a baby.



# Latching on

It is extremely important to lay your baby at the breast correctly. You will probably be helped the first few times.

Do you know what you must be aware of?

- Make sure that you can sit or lie in a comfortable and relaxed position.
  - With the aid of sufficient cushions, you raise the baby up so that his nose is at the level of the nipple.
- The baby lies 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 taking the nipple.
  - He lies up against you with his chin on your breast.
  - If necessary, support your breast with an open hand. A full-term baby is born with reflexes that are focused on finding the nipple, such as the rooting reflex.
  - stroke his lips with your nipple. He will then open his mouth wide and stick out his tongue a bit.
  - In this way, he can, with one big bite, take as much of the areola as possible into his mouth.

When the baby is well positioned, he is lying up against you with his nose and chin on your breast. In this way, you prevent painful nipples.

## How can you see if the baby is latched on properly?

When the baby is well positioned, he is lying up against you with his nose and chin on your breast. He has a large part of the areola in his mouth, his lips are curled to the outside and his tongue is under the breast. You hear him swallowing regularly and his eyes are open. Also, pay attention to the sucking rhythm. The baby will start by sucking superficially in a fast rhythm. This generates the let-down reflex. As soon as the milk starts to flow, you will see that he starts to take big gulps; his whole jaw moves. Short breaks are nothing to worry about. At the end of the feeding, the pauses become longer and the sucking rhythm changes. You do not see large jaw movements anymore, but rather small, short movements with only his mouth. This is the moment to remove the baby from the breast. He has often attached himself firmly. You can break the vacuum by carefully inserting your little finger into the corner of his mouth. Never pull a baby off the breast! Often, a baby will fall asleep at the end of the feeding and let go of the breast himself. Hold him up to burp him. Then, after a diaper change, you could offer him the other breast till you think or he let you know he has had enough. You can also tell from your nipple that you baby has had the breast in his mouth correctly: The nipple must 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), then this means that the baby has not yet mastered the technique. In that case, let an expert watch as you put the baby to the breast. Nipple problems can best be prevented!



### Tip

If you attend an information evening on breast feeding before the delivery you will then know what to expect. You will then be able to solve most of the problems yourself. Ask your midwife or maternity centre where such meetings are held in your neighbourhood.

# The first days

During the first few days after the birth, the 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).

Babies 'tell' their mothers when they are hungry by giving them signals. Waking up is such a signal, as is making smacking sounds, searching movements with their mouths and, only at the very last, crying. If you keep the baby with you in your room, you will easily notice these signals.

## Nursing for the first time and engorgement

In an ideal situation the baby is put to the breast for nursing for the first time very soon after birth, preferably within an hour. The baby is then alert and awake and will be able to remember this first attempt well. The first days are practice days while the milk production gets started. It is a good idea to use this period and to put the baby to the breast often. Both the baby and the mother must learn nursing. Supplementary feeding is not necessary and in fact, disturbs the balance between supply and demand. If supplementary feeding turns out to be necessary,

then you must start pumping. If your baby is given the opportunity to nurse as much as possible (eight to twelve times per day) during the first days, the milk production will get started more quickly and serious engorgement can be prevented. Engorgement is the phenomenon that occurs on the third to fourth day after the birth when the breasts fill up with milk. The blood vessels are then also extra-active in order to supply the ingredients for the milk. The breasts can then feel hard and extremely full. That can be painful. A warm cloth or a warm shower can provide some relief during engorgement. You can decrease the engorgement by having the baby nurse regularly and drink as much as possible. In this way, the engorgement will pass within one to two days. Once the milk production is well started and the supply and demand are in balance with each other, the baby will ask to be fed around once every three hours. However, babies vary greatly from each other and some babies will want to nurse more -- or less -- often. Your breasts will then no longer feel so full during the day; they have adjusted to their new task. Don't worry, though, there is enough milk in them.

## How do you know if your baby is getting enough?

It is a good idea to offer the baby both breasts at every feeding. Let him nurse at the first breast until he is satisfied or no longer drinking actively. This generally takes 10 to 20 minutes. Then, change the baby and burp him. That will then wake him up. Offer him then the second breast for as long as he still wants to drink. For the next feeding, you start with the breast that the baby was given last. After that, the baby is, of course, again given the second breast. It is important that, during each feeding, one breast is completely emptied. In that way, the baby is given both the foremilk and the hindmilk. The foremilk is the milk that comes out of the breast first. As the feeding progresses, the milk has a higher fat content. Every baby has his own drinking pattern and drinking speed. You will learn to recognise this increasingly better as you pay attention to your baby's behaviour. You can trust that your baby is getting sufficient nourishment: if he is growing, if he is given at least seven feedings per day during the first few weeks, if he has at least six wet diapers and two poopy diapers, if he is satisfied after the feeding and if, after the feeding, the breasts are clearly softer.

Adjustment days: Supply and demand; cluster feedings  
Breast-feeding works through the 'supply and demand'

principle. The more the baby nurses, the more milk is produced. Because breast-feeding is given on request, not every day will be the same. Sometimes, a baby wants to drink more often for a day or two. In this way, the baby 'regulates' the breast milk production so that it gears itself to his needs. These days are called 'adjustment days.' The feedings will be the most pleasant for you if you take the time for them and sit or lie quietly and calmly. In this way, the feedings become a moment of rest which you can enjoy: a lovely moment to recharge your batteries! From around the tenth day after birth, many babies display a pattern that is called 'cluster feeding.' The baby then -- generally in the evening -- wants only short feedings very close together, sometimes even every hour. Wanting to drink more often in the evenings is -- certainly when a baby is growing well -- not at all a sign that he is not getting enough nourishment. Supplementary feeding is, therefore, not necessary and will not help him sleep through.



### Tip

You can have your baby an extra time weighed in the Child Health Centre.

## Nipple confusion

In the beginning, it is better not to give a breastfed baby a bottle or a pacifier because it is then possible that he will acquire a faulty sucking technique. The tongue plays a different role when sucking on a pacifier than when nursing at the breast. If, after delivery, your baby cannot or will not nurse, consult with the midwife or kraamverzorgende on the best way to feed him.

### Tip

Let your pharmacist and family doctor know that you are breast-feeding in case you must take medication.



## A short tongue fraenum

A tongue fraenum that is too short or too tight can cause drinking problems for a baby, both in nursing and in drinking from a bottle. A tight tongue fraenum is a congenital defect that occurs now and then. The tongue fraenum is the membrane under the tongue. If the baby has a tongue fraenum that is too tight, he cannot stretch his tongue out far enough to the front. Thus, he has difficulty taking the nipple and the areola into his mouth

well in order to drink. You can then hear a clicking or smacking sound during nursing if the vacuum is broken. Often, the baby cannot drink as well and does not grow sufficiently. Moreover, there is a danger that cracked nipples will develop, even if the mother places the baby to the breast correctly. In the case of such problems, cutting the fraenum in the first week can achieve a good result. The baby will be sent to an experienced specialist for this. The procedure itself is a minor one. It does not take longer than 10 to 15 seconds. An anaesthetic is not necessary for babies younger than 1 year old, because the fraenum has very few blood vessels and nerves. Haemorrhaging is negligible and pain medication and antibiotics are not necessary.

### **Breast-feeding during a pregnancy**

During a new pregnancy, the milk production can decrease. It is important to make sure that the baby keeps growing well. He also must be getting sufficient fluids. It need not be a problem, at all: pregnancy and breast-feeding. It is, therefore, in principle, not necessary to stop the breast-feeding.