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YOUR GUIDE TO BREASTFEEDING

MEDICLINIC baby

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At Mediclinic City Hospital, we provide a comfortable and secure environment in which you will be able to give your baby the best possible start in life. Breastfeeding is important because it is proven to provide a variety of short-term and long-term health benefits for both mother and baby.

Can I breastfeed?

Nearly all women can breastfeed. It is natural for new mothers to have questions about breastfeeding. Sometimes misconceptions or lack of knowledge are enough to keep a mother from breastfeeding. Many women who want to breastfeed feel unsure about what it's going to be like or whether they can actually do it. Here are some common questions that new mums have about breastfeeding and some practical information to answer them.

WHY IS BREASTFEEDING IMPORTANT?

Breastfeeding is the best gift to your baby that only you can provide. Providing breast milk has many benefits to both the infant and mother, both for short term and the long term health.

Importance of breastfeeding for mothers:

- It helps mother bond with her baby in a very special and unique way
- It reduces the risk of breast and ovarian cancer
- It helps the mother to recover from pregnancy and birth and go back to pre-pregnancy state: the uterus will shrink to normal size
- It helps mothers to lose weight by using about 500 extra calories in a day
- It makes mother happier and reduces postpartum depression
- It is always ready, clean and at the right temperature
- It saves time and money

Importance of breastfeeding for babies:

- It is the ideal food with the right nutrients and vitamins in

the most easily digestible form

- It reduces the risk of infections such as diarrhoea, chest infection and ear infection
- It helps baby to have better brain development
- It reduces the risk of allergy, eczema, obesity, and diabetes in later life
- It reduces the risk of SIDS (Sudden Infant Death Syndrome) by 50%

Tips for a smooth start to breastfeeding

In pregnancy, you don't need to prepare your body for breastfeeding, although it can be helpful to prepare yourself in other ways. In particular, you might find it helpful to:

- Communicate with your baby by talking to your baby, rubbing your belly, sing and play music. This reduces the stress level in you and your baby's body and helps your baby's brain to develop better
- Read about breastfeeding and attend antenatal baby feeding classes during your pregnancy so you will know what to do once your baby is born
- Before you give birth, tell your health care provider about any previous breast surgery or injury. If your nipples appear flat or inverted, ask if it will affect how your baby latches on. Remember, no preparation for breast is needed during pregnancy
- Talk to friends who have breast fed, or attend a breastfeeding mothers support group so you can meet other experienced breastfeeding mothers and listen to their experiences
- Contact and talk to the hospital lactation consultant or trained midwives who can give you individual professional advice

When you choose how to feed your baby, communicate your goals with the people around you like your partner, your doctor, midwife or nurse. They will be able to support you better.

How does my body make milk?

As your baby grows in the womb, you may notice your breasts get a little bigger, sensitive or darkened around the nipples. This means your breasts are preparing for the role of making milk for your baby. From about 20 weeks of pregnancy, your breasts will produce colostrum which is the perfect milk that your baby needs in the first few days after birth. You may or may not see drops of this milk during pregnancy. Once you deliver, the pregnancy hormones change and breastfeeding hormones start working to provide more milk. When your baby starts sucking at your breast, the hormones are released and milk start to flow better. The more you breastfeed, the more your hormones will be released and the more milk you will make.

What is in my milk?

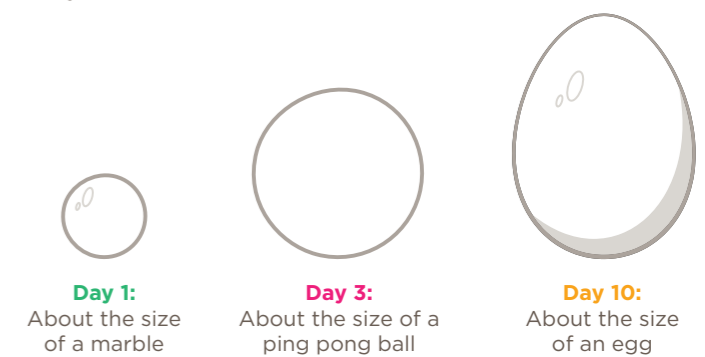
Breastmilk is uniquely superior for infant feeding. It is the normal food for infants from birth. Breastmilk contains all of the essential nutrients, vitamins, antibodies and other factors important for growth and development of your baby. It cannot be duplicated.

Do I have different types of milk?

Your milk is constantly changing, so that your baby gets exactly what your baby needs at every stage of growth. Your first milk is called colostrum which is very rich, thick, may appear a yellow or golden colour and is small in volume. Colostrum is gentle on your baby's stomach, is full of antibodies to protect your baby from disease, and gives all the nutrition your baby needs.

Property of colostrum	Importance
Antibody-rich	→ Protects against infection and allergy
Many white cells	→ Protects against infection
Purgative	→ Clears meconium; helps prevent jaundice

Colostrum is made for the size of your baby's stomach which is about the size of a marble. On day three to five, your milk increases, becomes juicier and flows better. Your milk changes to a bluish-white colour and your baby's stomach size grows to the size of a ping pong ball. By day 10, your baby's stomach size grows to the size of an egg and your body makes plenty of white coloured milk for your baby's growing needs. Remember, the amount of your milk matches with the actual size of your baby's stomach.



When should I start breastfeeding?

You should nurse your baby soon after birth, maximum within the first hour, because the sucking instinct is very strong at this time.

SKIN TO SKIN CONTACT

Holding your baby skin-to-skin with you immediately after birth for a minimum of one hour calms you and your baby, providing an easier transition to the new environment. This will help your baby to be warm, breathe better, and become alert and start crawling towards your breast. Once your baby is ready, we will help you to initiate breastfeeding. Holding your baby skin-to-skin and initiating breastfeeding within one hour after birth can be done after a caesarean birth as well as a vaginal birth.



Continue skin-to-skin contact with your baby as much as possible over the next several days. Your baby will be calm, sleep better, breastfeed better and enjoy your touch. This reminds your body to produce more milk. The father can also hold the baby skin-to-skin.

If you are not able to have skin-to-skin contact or breastfeed straight after the birth, you can do it later. The father or other family member can give skin-to-skin contact which helps keep the baby warm and comforted while waiting for the mother. If your baby struggles to latch or you have sore nipples, ask for help. Some babies don't show the signs of readiness to breastfeed straightaway or can be very sleepy, for example if they are affected by pain relief drugs used during labour, such as pethidine. Continue holding your baby skin-to-skin and express some of your milk and give it to your baby with a small spoon.

ROOMING IN

Keeping your baby with you continuously in the same room all through the day and night has many benefits for you and your baby. It helps you to:

- Continue skin-to-skin contact to keep your baby calm, warm and safe
- Get to know your baby better and recognise your baby's feeding cues
- Breastfeed easier and on time
- Make more milk and establish breastfeeding successfully
- Bond with your baby and create a nurturing environment through responding tenderly and lovingly
- Expose your baby to fewer infections

If separation is indicated due to individual clinical need, you can hold your baby as soon as it is possible. Once you go

home with your baby, continue the rooming-in. The safest place for your baby is to be in the same room with you on a separate bed close by for the first year.

How do I know when to feed my baby?

The time to feed a baby is when the baby shows early hunger signs. Your baby will make little signals, known as feeding cues, such as sucking fists, licking lips or wriggling round and opening the mouth searching for your breast. Looking out for and responding to these cues is important because the sooner you can respond to them, the less likely your baby is to cry. Crying is stressful for a baby and a baby feeds best when calm. Breastfeed your baby at early cues before starts crying. Scheduled feeding can disturb your breastfeeding and create problems. Using a pacifier can interfere with breastfeeding your baby as you may miss his feeding cues. Remember to change your baby's nappy and burp him before feeding.

How often should I breastfeed?

Early and often! Your baby has a small stomach size, so it is normal that he is breastfeeding more often. Infants are expected to feed eight to 12 times in 24 hours. Hold your baby more often and he will be ready and alert for feeding. Breastfeed your baby whenever he is hungry, as often as he wants, and as long as he wants until satisfied. Then, your body makes plenty of milk for your baby. Once he is done, he will let the breast go and go to sleep.

Breastfed babies don't eat on a schedule. It is okay if your baby eats every one to two hours. This stimulates your breasts to produce plenty of milk. Since human milk is more easily digested than formula, breastfed babies can eat more frequently than bottle-fed babies do. Babies nurse less frequently as they get older and start solid foods at six months of age.



After delivery, it is normal for a baby to lose a little weight. Your baby will regain his or her birth weight by about 10 days to two weeks of age when he is better at breastfeeding and have a larger stomach to hold more. Always watch your baby rather than the clock for signs of hunger.

Babies may want to breastfeed for reasons other than hunger. It's okay for you to offer these "comfort feedings" as another way of meeting your baby's needs. Let babies feed whenever they want and also whenever your breasts are getting full. Mothers can take weeks to fully understand what their baby wants: give yourself a chance to enjoy learning.

How long does a breastfeed last?

Every baby is different so feeds will vary in length. It's best to be guided by your baby's behaviour. Your baby will normally let you know when she has had enough milk by taking himself off the breast. Feeds can vary a lot; sometimes your baby might only need a quick feed and sometimes a much longer one. Feedings may take about 15-20 minutes or longer and some can take up to an hour. There is no set time, your baby will let you know when he or she is finished by coming off your breast on his own and go to sleep. At this time, don't stimulate your baby, let him sleep.

As your baby feeds from your breast, the milk changes from fore milk (watery, sugary) and becomes creamier, filling hind milk (higher in fat). Offer only one breast at each feed. Your baby might take only one side at a time to become satisfied. If baby is still hungry, let your baby finish feeding on one breast before switching to the second breast. This helps your baby gain weight and stay fuller for longer time.

CLUSTER FEEDING

Cluster feeding is frequent, or even constant feeding over a certain period of time, and often happens in the evening. Your baby may act fussy and seems hungry again right after you've fed him or her. This can be frustrating and some mothers may start wondering if they are producing enough milk for their baby. As a new mother, these thoughts can knock your confidence.

This behaviour is normal and it has nothing to do with your milk supply.

There are several reasons for cluster feeding. Baby might be having a growth spurt which means they need more energy and more milk. Baby might need some extra bonding with you and wants to be close and more secure, or your baby might

just be getting ready for a longer sleep. Many experts believe that cluster feeding is a natural way of boosting your milk supply. One of the worst things you can do at this time is to offer formula as this tells your body to make less milk.

How to manage cluster feeding?

First you need to relax. The more you relax, the calmer your baby will be. Hold your baby skin to skin to increase hormones which soothe you and your baby. Breastfeed your baby on demand with minimal stimulation between the feeds. Get a comfy chair, hydrate and eat healthy foods. Nap with your baby close by and get help from your partner if you need to take a break. Expressing some milk in advance can be helpful at this time.

Remember, cluster feeding is not about your milk supply. If you are concerned or just want to talk to someone about it, you can always talk to your nurse or ask to speak to the lactation consultants available in the hospital.

How do I know if my baby is getting enough milk?

The key to making sure you are making enough milk for your baby is feeding him as often as he needs and making sure that he is feeding effectively. Your baby is getting enough milk if:

- Your baby wants to feed eight to 12 times a day
- Your baby takes deep and long sucks and swallows
- Your baby finishes the feed and comes off the breast on his own
- Your baby from day 4 has at least five to six wet diapers and two yellow stools a day
- Your baby is gaining weight after the first two weeks of life
- Breastfeeding is comfortable and it doesn't hurt you when your baby feeds

How long should I breastfeed?

World Health Organization and international experts recommend to breastfeed your baby exclusively for the first six months of age, with continued breastfeeding along with introducing complementary foods up to two years of age or beyond. Exclusive breastfeeding means only breast milk and no other drinks or food.



Giving other food or drinks to a breastfed baby reduces mother's milk and decreases the benefits provided by breast milk for both baby and mother. Babies who are not breastfed have a higher chance of:

- Diarrhoea and vomiting
- Chest and ear infections
- Being constipated and gassy

- Developing eczema and allergy
- Becoming obese, which can lead to developing type 2 diabetes

Mums and babies continue to benefit however long they breastfeed for and you can continue to breastfeed if you go back to work. There will be many factors – practical, physical, social and emotional – involved in your decision to carry on breastfeeding, mixed feeding or stopping altogether. If your baby needs supplementation with formula due to medical reasons or by your personal choice, make sure you consult with your baby's doctor or a lactation consultant to choose the right milk for your baby and how to prepare it properly.

Will breastfeeding hurt?

When your baby is breastfeeding properly, it should be comfortable for both of you. If breastfeeding becomes painful, it is usually caused by the way your baby is attached on the breast. Make sure you get help from our team of lactation consultants or trained midwives or nurses.

How do I breastfeed?

Although breastfeeding is natural, it is a learning process for both mother and the baby. Give your baby and yourself time to learn how to breastfeed. Breastfeeding might seem hard work at the beginning, but it gets easier after the first two weeks. Be patient and practise.

Correct positioning and attachment can prevent many of the common problems mothers encounter when starting to breastfeed. Many mothers need several weeks to perfect these techniques. Try using pillows under your arms, elbows, neck or back, or under the baby for support. Try different positions as you baby need to be comfortable while feeding. Give yourself and the baby time to get used to a position at a time. This will reduce confusion and strengthen your abilities to make each position work effectively.

BREASTFEEDING POSITIONS

You can breastfeed your baby in many positions so try different ones and see what feels comfortable for you. Many first time mothers who are learning how to breastfeed find the cross-cradle position and football hold easier to learn as it has a better control for the mothers.

Cross-cradle position

- This hold is useful for the new mothers who learn to breastfeed, premature babies or babies with a weak suck because it gives extra head support to help babies stay latched
- Sit up straight in a comfortable chair
- Hold your baby with the arm opposite to the breast that your baby is nursing on
- Your baby's chest and stomach should face you
- Put your holding hand behind your baby to support the neck and your thumb and fingers behind the ears

1 CROSS-CRADLE POSITION



Underarm or 'rugby ball' or 'Football'

- This hold is useful for mothers who had a c-section, mothers with large breasts, flat or inverted nipples, or a strong let-down reflex
- Hold your baby at your side tucked under your arm
- Hold your baby with the arm at the same side of the breast that your baby is nursing on
- Your baby's chest and stomach should face your body
- Put your holding hand behind your baby to support the neck and your thumb and fingers behind the ears
- Support your breast with your other hand if needed
- You will need to use extra pillows; one under the baby to support weight and one or two to be placed (in vertical way) behind your back to help the baby have more space. This will help not to squeeze baby's legs and help you have more space for your forearm movement

2 UNDERARM OR 'FOOTBALL HOLD'



Side-lying position

- This hold is useful for mothers who had a c-section, have sore episiotomy stitches, or to help any mother get extra rest while the baby breastfeeds
- Lie on side with baby facing you. Pull the baby close and tilt the head back (this will allow baby to come to breast chin first leaving the nose free to breathe)
- Support the baby's back and shoulders with your hand or a folded blanket

3 SIDE-LYING POSITION



Cradle position

Cradle hold - an easy, common hold that is comfortable for most mothers and babies. Hold your baby with his or her head on your forearm and his or her whole body facing yours. This position is better to use when mother is confident with breastfeeding.

Laidback position

This position is easy to learn and comfortable. It can start with the first breastfeeding.

Research suggests that the laidback position encourages your baby's instincts, such as rooting, and is often more comfortable, which helps breastfeeding. Your baby will often attach herself to your breast in this position.

- Hold your baby with his head on your forearm and his/her whole body facing yours
- In a laidback position, your baby's body is completely supported by your body, facing and in close contact with you
- Once baby latched on, tilt the baby's head a little to free his nose

4 LAIDBACK POSITION



ATTACHING YOUR BABY TO THE BREAST

Before attaching your baby, follow below steps:

- Get yourself in comfortable position with your back and feet supported
- Keep baby close to your body and facing your nipple
- Keep your baby's head and body in a straight line while you support his neck and shoulder (if newborn, support the entire body)
- Bring your baby to your breast rather than leaning towards baby

1



- Let the head tilt back and the chin first touches your breast
- Move baby to breast with chin in first
- Approach breast "nose to nipple"
- Wait for the baby's wide-opened mouth (you can gently brush the baby's top lip against your nipple to encourage the baby to open his mouth wide)

2



- Push your baby to the breast to get a big mouthful of breast from underneath the nipple

3



Signs of a good attachment:

- More areola seen above baby's upper lip
- The chin is touching the breast
- The nose is free
- Upper lip turned upwards
- The baby's cheeks are full and round when feeding
- Baby has deep sucks and you see baby is swallowing or hear baby gulping
- It should not hurt you

Can I give my baby a pacifier if I breastfeed?

It is recommended to avoid using pacifiers and/ or feeding bottles with teats until the successful establishment of breastfeeding (four to six weeks after birth). Reasons for caution are:

- Your baby sucks differently to breastfeed than to bottle-feed. Babies who use teats may find it difficult to remember how to attach to the breast. Baby's oral formation and function may be disturbed when baby is sucking on the teats
- If a hungry baby is given a pacifier instead of a feed, mother may miss her baby's feeding cues and the baby takes less milk and grows less. It also may reduce mother's milk supply
- Teats, bottles and pacifiers can carry infection

Research suggests that early use of pacifiers is associated with decreased exclusive breastfeeding and duration of breastfeeding because they may interfere with your baby's ability to learn to breastfeed.

How do I take care of my breast while breastfeeding?

Taking care of your breasts when breastfeeding is quite the same as at other times. Here are some tips for you:

- Daily shower is usually enough
- Avoid too much soap and scrubbing your nipples
- Put a little of your breast milk on the nipples after breastfeeding and leave to dry
- Change your breast pads more often when wet
- Check your breasts during the day and if you feel any hardness, pain or redness, let your doctor know.

COMMON CHALLENGES

Breastfeeding can be challenging at times. Remember there are people in the hospital that can help.

• Sore nipples

Breastfeeding should be comfortable. The main reason for sore nipples is that your baby is not taking enough of the breast into the mouth and is sucking only on the nipple. This

means that your baby may not get enough milk during the feed. A good latch is the key. Don't wait and contact us to help you with a proper attachment.

• Low milk supply

Most mothers can make enough milk for their babies. But many mothers are concerned about not having enough milk. Your breasts make milk in response to your baby's needs. The more often and effectively your baby breastfeeds, the more milk will be made. You may pump after feeding to boost your milk supply.



How to increase my milk supply?

To help increase your supply, spend time bonding with your baby. Hold your baby in kangaroo or skin-to-skin contact and follow these steps:

- Nurse, nurse and nurse again
- Pump your milk to boost your supply
- Don't worry and control your stress
- Try to rest and have short naps in between feeds
- Get support and drink plenty of water
- Feed yourself, feed baby
- Herbal Help?! Fenugreek, fennel seeds or blessed thistle can help

• Engorgement or blocked ducts

It is normal for your breasts to become larger, heavier and a little tender when they start producing more milk. It usually happens during the third to fifth day after birth, but it can happen at any time. At this time you need to feed your baby more often and/or maybe pump your milk for relief. Milk building up and staying in the breasts can lead to engorgement and breasts get very hard and painful. The best management of engorgement is to prevent it, by feeding your baby more often when your breasts start getting heavy. Be aware of your body and don't let your breasts become overly full. If after breastfeeding, your breasts are still heavy, use a pump to express your milk until it is relieved. Remember, the key is to effectively express the milk, but avoid over pumping as it may not be helpful.

• Breast infection (Mastitis)

Mastitis is infection on the breast and it can be accompanied by fever or flu like symptoms. Your breasts may be warm, sensitive to touch and become red at one spot. You need to be seen by your doctor and you might need medicine. Remember, even if you are taking medicine, continue to breastfeeding even more than before, especially on the infected breast. This is the best for you and your baby.

- **Flat, inverted or large nipples**

Some women have nipples that appear flat or turn inward instead of protruding. Sometimes it makes breastfeeding difficult, but remember that baby has to attach to both nipple and the breast to breastfeed successfully. So, even inverted nipples can work. The attachment of baby with large nipples improves with time as baby grows. Mother may need to express her milk after feeding and give it to baby with a cup for the first couple of weeks. Ask for help from your doctor or a lactation consultant if you have questions or concerns about your nipple shape, especially if your baby has trouble attaching well.

- **Breastfeeding Twins**

Many twins may be born early and that means the benefits of breastfeeding is even greater. Sometimes the idea of breastfeeding twins may seem overwhelming, but many mothers find breastfeeding easier because it doesn't need preparation. Most mothers are able to make enough milk for twins. Many mothers find it easier to breastfeed one baby at a time, one after another, to know each one individually and to develop their breastfeeding skills. Once you become confident breastfeeding one baby, learning how to breastfeed both babies at the same time may save a lot of time for you. Double pumping often helps mothers to increase their milk supply as well as saving time.

What foods do I need to eat?

Many cultures have suggestions about foods to eat or to avoid while breastfeeding. Eating such foods may make you or other family members more comfortable. However, research shows that a mother's milk is affected only slightly by the foods in her diet.

You can eat whatever you have been eating pre-pregnancy and don't need to avoid certain foods. Babies love the flavour and the smell of foods that come through in your milk and make them ready for the foods they start to take at six months of

age. Eat healthily with a variety of fresh foods. Just limit your drinks with caffeine, like coffee, to no more than two a day. If you are sensitive to any foods, avoid them as your baby may not like them as well. Remember, even if you don't always eat healthily, the quality of your milk won't change much.

You may be thirstier and have a bigger appetite while you are breastfeeding. Drink enough water to keep from being thirsty and have small snacks in between your meals. You will need only about 500 extra calories more in a day when breastfeeding because making milk will use about 500 extra calories a day. An active life style helps you to stay healthy, feel better, and have more energy.



What about breastfeeding when I go back to work?

Many mothers who breastfeed exclusively also go back to work or school. It might seem challenging, but planning ahead for your return to work or study can help to make the transition easier. Remember, your milk has everything your baby needs for the first six months. Breastfed babies are healthier and get less infections which also help working mothers to be less absent from work. Let your employer know in advance that you wish to express your milk during the day. Here are some tips for you to make it work:

- Consider returning to work in the middle of the week to give you and your baby time to adjust to the routine
- Select a quality breast pump a few weeks before going back to work and start pumping in between feeds
- Store the pumped milk in the freezer, so that you will have stored milk before going back to work
- Nurse your baby right before you leave for work and right after you get home
- If possible, wear clothes that let you pump easily at work
- Find a private place at work and express your milk during the day. Try to pump as many times as your baby feeds while you are away. During a typical eight hour work period, you need to pump about two to three times. Pump for 10-15 minutes on each breast with your hands-on the breast compressing
- Keep the milk in the fridge or cooler bag with an ice pack at work. Once you get home, transfer the milk to the fridge from cooler bag and your baby will use it the next day when you are at work
- The milk in the freezer is your back up milk that can be thawed and used whenever needed (see the storage of milk section)

- Breastfeed your baby more often when you are home especially during the weekends. This will help you to maintain your milk

How to express my milk?

You can express your milk by hand or by using a breast pump. A combination of using both pump and hand to express your milk is more efficient especially in the first few days due to the thickness of your first milk.

How to express my milk by hand?

Expressing milk by hand is always available, easy to clean and it doesn't need any preparation. It is gentler than the pump, particularly if the nipple is sore. Many mothers express some milk by their hand after they pumped their milk and report they get more milk than the pump could not remove.

- **Preparation**

Wash your hands, sit comfortably and lean forward

- **Encourage the milk to flow**

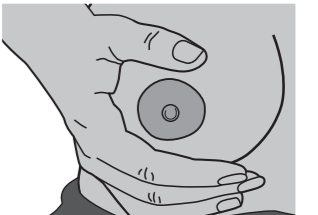
Have your baby or a photo of your baby in front of you, warm up your breast with small warm towel and gently massage your breasts

- **Position your fingers**

Hold your hand on a "C" shape with your thumb and forefinger about 3 centimeters behind the base of your nipple right in front of each other (for example at six and 12 o'clock)

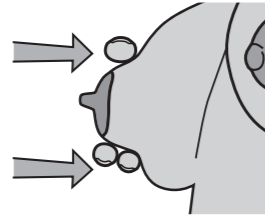
- **Press back onto the chest wall**

Gently press your thumb and forefinger back towards your chest wall



- **Compress the breast and relax**

Compress the breast by pressing the thumb and forefinger towards each other. Then relax.



- **Repeat in all parts of the breast**

Repeat rhythmically: Press - Compress - Relax - Press - Compress - Relax until milk flow stops. Alternate frequently and switch back and forth between breasts in different angles to increase the flow of the milk.



How to express my milk by breast pump?

Read the manual instruction of how to use your pump and use the hands-on pumping technique:

Hands on pumping:

It is highly recommended to do hands on pumping. Using your hands to compress the breast gently while pumping can contribute to a 48% increase in the total amount of drained milk and double the fat content (hind milk) (Jane Morton, 2016).

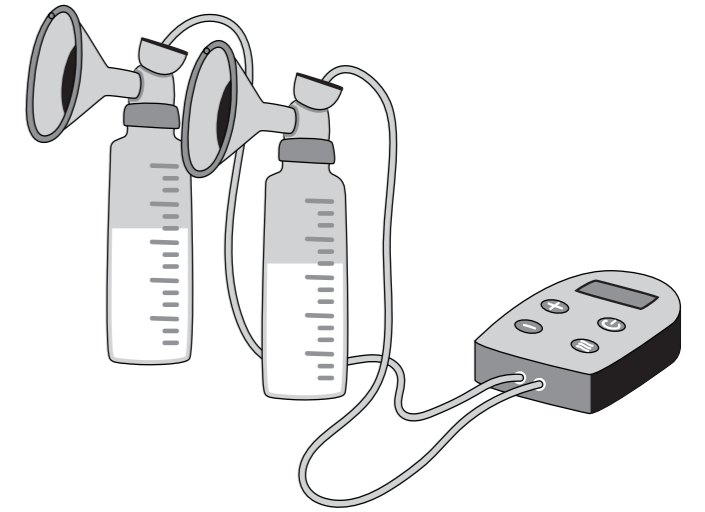


Watch the video mentioned below and learn the techniques on breast massage and compression while pumping:
<https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

How to store and use my milk?

Breast milk can be safely stored and used at a later date, as long as the following guidelines are followed:

- Make sure you wash your hands thoroughly and clean all the areas while handling expressed milk. Wash the bottles and pump spare parts after each use with warm soapy water and sterilise them once a day
- Store expressed breast milk in a clean, sealed container
- Store the milk in small amounts (90-120ml), leaving space at the top for expansion when frozen
- Label all storage containers with the date and time of expression
- Store the milk in the main part of fridge or freezer, not the door side and always transfer the milk in a cooler box with an ice pack outside home.



See the chart below your instruction of storage of milk at home:

STORAGE OF MOTHER'S MILK FOR TERM BABIES				
Mother's milk	Room temperature	Time in Fridge	Time in freezer	Time in cooler bag with ice pack
Freshly expressed	≤ 6 hours	≤ 6 days	≤ 6 months Deep Freezer: ≤ 12 months (-20°C)	≤ 24 hours
Frozen milk thawed in fridge	≤ 4 hours	≤ 24 hours	Do not refreeze	

What kind of breast pump do I need?

If you are expressing for a premature baby, you should have a hospital- grade electric breast pump for the first few weeks. It can be used with a double collection kit, which operates on both breasts at the same time. This will help you to establish and maintain a good milk supply. If you have twins or going back to work soon, you may benefit from a double pump to save you some time. A standard electrical breast pump should be adequate for the mother of a full-term baby.

How should I thaw or warm my frozen expressed breast milk?

- Gradual warming of the frozen milk is recommended. Transfer the milk from freezer to fridge, once thawed, you can keep for 24 hours in the fridge
- Only warm up the amount your baby needs not to waste any milk. Throw away the leftover milk after a feed
- Keep the cold milk in jug of warm water to reach body temperature
- Do not boil the milk or use microwaves
- If you want to use the milk directly from freezer, keep the frozen milk in a bowl of cold water and gradually warm up or hold under running warm water to thaw the milk. Don't use hot water
- Use the oldest frozen milk first
- Always test the temperature of the milk by dropping a little onto your wrist before giving to your baby

BREASTFEEDING IN NICU

Why should I breastfeed at NICU?

Breast milk contributes to the healthy development of all babies. Breast milk is vitally important for preterm or sick babies in NICU. Mother's own breast milk, and particularly her colostrum, will bring the greatest benefits to her baby. No matter at what gestational age your baby is born, your milk provides the right balance of nutrients and vitamins specially made to fulfill the need of your baby to grow. Mother's milk with premature babies contain more protein to boost the immune system of the baby and make it easy to digest. This immunity is especially important for premature babies. Your milk also contributes to preventing allergic disorders such as eczema and asthma.

How do I connect with my baby in NICU?

Having a close and loving relationship with your baby is crucial for your baby's well-being and development both now and in the long term. Remember you and the father are a vital part of your baby's care rather than just a visitor. Visit your baby

as much as you can and hold your baby as soon as baby is ready to be held. Prolonged and frequent holding of your baby, skin-to-skin or Kangaroo mother care, provides warmth, breast milk and love. The more you hold your baby, the more your baby will be physically and emotionally safe. Our team in NICU welcomes and supports you to achieve it.

How do I protect and maintain my milk supply with my baby in NICU?

One of the best things you can do for your baby at this stage is to provide your breast milk. Your baby may not be ready to feed at the beginning, but you need to protect and maintain your milk supply until your baby is ready. Your breast milk is unique for your child. The earlier you start to express and the more often you express, the more milk you will produce for your baby's growing needs.

GOOD TO KNOW:

- Start expressing within the first one to two hours after giving birth; our team of midwives will show you the technique of hand expression
- Continue to pump eight to 10 times in 24 hours including one to two times during night. During the day pump more often and more frequently, and at night pump every four hours. This will establish and increase your milk supply
- Stay close to your baby when expressing, or have a picture of your baby. Close your eyes and think about cuddling your baby
- Warm up and massage your breast prior to expressing milk
- Drink lots of water, rest well and relax

- Rent a hospital grade pump or use a double pump at home. Make sure you have the bra to hold the double pump because you need your hands to be free to compress your breast to get more milk (ask your nurse how you can make your own bra). See the video on hands-on pumping

Depending on how early your baby is born, you may need to express for many weeks. If you have established a good supply in the first couple of weeks, you can be a little more flexible about when and how much you express.

How do I store my milk with my baby in NICU?

See the chart below for the storage of the milk with pre-term and sick babies. Washing your hands thoroughly and hygiene of containers and pump parts are significantly important with baby in NICU.



STORAGE OF MOTHER'S MILK FOR PRE-TERM OR SICK BABIES IN NICU

Mother's milk	Room temperature	Time in Fridge	Time in freezer	Time in cooler bag with ice pack
Freshly expressed	2-4 hours	2-4 days	≤ 3- 6 months	Just use to transfer milk from home to hospital or vice versa
Frozen milk thawed in fridge	≤ 2 hours	≤ 24 hours	Do not refreeze	

NOTE:

Once you go home with your baby follow the chart with term babies for the storage of your milk (see the storage of milk section).

What about breastfeeding my baby in NICU?

Once your baby is ready to breastfeed, your nurse will support you to breastfeed your baby with proper position and attachment. The first times could be just a trial of breastfeeding for 10-15 minutes to see how the baby is doing on the breast and you will practise and become more confident breastfeeding your baby.

Consider the following tips for a smooth start:

- Remove some milk from your breast in advance to soften your breast to make it easier for baby to attach
- Try to get as comfortable as possible
- Hold your baby skin to skin prior to breastfeeding for 10-15 minutes to make baby alert and ready
- Make sure baby's nose and toes are facing the same way, so they do not have to twist their head to feed
- Gently support baby's head, neck and the whole body
- Express a little milk onto your nipple and let baby lick this
- Hold your baby in cross-cradle or football hold as you have more control (see the guide to breastfeeding positions and proper attachment above)
- Make sure you support your breast and compress while baby is breastfeeding to make the flow higher to create less work for baby
- If your baby does not seem comfortable, try changing the way you hold them. Ask the nurses to help you find a position that suits you both

GOOD TO KNOW:

- The journey toward full-time breastfeeding takes time. Be patient with yourself and your baby.
- Further progress on feeding takes time and efforts and your availability plays a great key.
- The NICU team and the lactation consultants will work with you by observing your baby's feeding progress closely and planning his further needs.
- Pumping is recommended as your baby might not be strong enough to drain the breast and that is mandatory to increase and maintain milk production for the long run.

What do I need to know when going home with my baby from NICU?

Although you have been waiting for this day, it is okay to feel anxious about taking your baby home and looking after him without the support of the nurses and doctors. At this point, your baby can bottle-feed or breastfeed without breathing difficulty. Consider the following tips for preparation to go home:

- Spend more time in NICU and actively participate and help in direct care activities and feeding your baby as much possible
- Make sure you can breastfeed confidently before going home
- Ask as many questions as you need to make yourself aware and clear about your baby's needs and condition. Make sure

you know the difference between a nutritive suck vs. non-nutritive suck

- Before you leave, it will be discussed with you how much your baby needs to feed based on your baby's needs and the team will discuss ways to tell if your infant is taking enough milk: either while feeding at the breast or by a bottle
- Observe your baby more often to make sure you are familiar with the coordination of sucking, swallowing, and breathing cycle when the baby is feeding. Be aware of the baby's voiding and stooling pattern
- You will be scheduled to be seen by the lactation consultant in the clinic within a week and informed who to contact if you have any questions or concerns



How do I feed my baby at home?

Once you are at home with your baby discharged from NICU, you and the father have more opportunity to practice kangaroo care. This will calm your baby and be more stable and safe. Consider the following tips to successfully feeding your baby at home:

- Pay attention to your baby's cues and feed him as soon as you notice them
- Breastfeed your baby in a supportive position and a deep latch. Make sure you support and compress your breast while breastfeeding
- The healthcare team will help you to determine whether you need to add or continue any supplements to your milk to help your baby grow. If your baby latches well and actively breastfeeds with you see or hearing swallowing sound for minimum 10 minutes, you may not need any top up after this feed. Make sure you are available for the next feed whenever baby asks for it, no later than three hours
- Continue to pump your breasts after each breastfeed while your baby is learning to breastfeed. This will help to secure your baby with enough milk and to maintain enough supply until your baby sufficiently establishes the feeds at the breast
- During the first week at home pump for seven to eight times a day after breastfeeding and give it to your baby preferably with small cup. Watch for your baby's wet and dirty diapers and make sure you chart everything during this week
- You will be seen by the lactation consultant a week after discharge. If your baby gains weight that first week at



home, you can decrease to four to five pump sessions after breastfeeding. Continue to gradually decrease pumping sessions every three to four days if your baby is gaining weight and no longer needs to take a supplemental feed after breastfeeding

Remember you can communicate baby feeding challenges or issues at any time with your baby's doctor, NICU team or the lactation consultant

How to tell if my little baby is getting enough milk?

Once you are at home with your baby discharged from NICU, you have a chance to breastfeed your baby on demand. However, while your baby is learning to breastfeed; he may not be strong enough to get all he needs at the breast. Here are some tips for you to indicate that your baby is getting enough milk when breastfeeding:

- Your baby wakes up on his or her own and demands at least

eight feeds a day. This should be with a gap of two hours and not more than three to four hours. It is normal if the baby feeds more at night than in the day or vice versa

- Your baby will coordinate between sucking, swallowing and breathing. A few minutes after baby starts breastfeeding, he will start to suck deeply and slowly rather than short and fast
- You can see or hear a swallowing sound
- Your breast softens during and after the feeding is over
- When you pump after breastfeeding, you remove less milk from the side you breastfeed than you do if you did not breastfeed from it
- Your baby has six to eight wet nappies and several dirty nappies every day (usually yellow mustard colour)
- Your baby is gaining 170 - 220 mg/week (6-8 oz/week) and growing well

How to tell if my baby is NOT feeding well?

Contact your baby's healthcare provider if:

- Your baby does not wake up on his or her own to feed for more than two feedings in a row, has a weak suck, and falls asleep after only five minutes at the breast - it is likely that he or she is not drinking enough milk
- You have difficulty waking baby up and feed
- Spitting up more than usual
- Not passing two to three stools and not having five to six wet nappies a day

Can I breastfeed and use formula milk?

Exclusive breastfeeding is typically recommended for the first six months after birth, followed by continued breastfeeding as complementary foods are introduced, for two years or more, as determined by mother and infant. Giving your baby formula may cause him or her to not want as much breast milk. This will decrease your milk supply.

Although exclusive breastfeeding is ideal, some mothers may feed their babies breast milk and formula at the same time. This might be due to some primary reasons such as: mother's informed choice, shortage of mother's milk supply, and nutritional support for your baby as per your baby's doctor evaluation and decision.

In these cases, your baby's doctor or a lactation consultant will discuss a plan with you that works best for your family. Powdered infant formula is not sterile. It may contain bacteria that can cause illness in infants. Your nurse will also discuss how to sterilise equipment and how to prepare a feed safely.

Remember, if you change your mind about mixed feeding it is possible to go back to solely breastfeeding.

Key points to remember:

- Keep your baby close by and breastfeed early and often
- The more you breastfeed the more milk you will produce
- Allow baby to breastfeed as long as he is interested
- Give only your milk for the first six months
- The breast is never empty, baby can come back to the breast at any time
- Nipple pain should not occur, ask for tips on latching deeply
- All the sucking should be at the breast-avoid artificial teats and pacifiers until breastfeeding is established successfully (first four to six weeks)



Where to get help with breastfeeding?

If you have questions or would like to speak to a lactation consultant, call the breastfeeding support line on 055 605 3005 (Monday-Friday from 7am-4pm)

After hours call the postnatal ward on +971 4 435 9885

Or call Maternity on +971 4 435 9767

Or call NICU on +971 4 435 9763

Or email mch.lactation@mediclinic.ae

To schedule an appointment with the lactation clinic call +971 4 435 9999

You are also invited to join our “Mother to Mother”

breastfeeding support group meetings conducted monthly by our IBCLC certified lactation consultant. Check our website and social media for the schedule. Different topics will also be presented by experts on issues related to babies’ development and future health. Make sure you book your seat in advance through our support line or email.

Further reading and resources

- <http://www.llli.org>
(La Leche League is an international breastfeeding support organization)
- <http://www.kellymom.com>
- Dr Jack Newman website at: <https://ibconline.ca/>
- <http://www.breastfeeding.ie>
- <https://www.breastfeeding.asn.au>

REFERENCES:

- Best start (2020). Breastfeeding matters, an important guide for breastfeeding families. Available at: https://resources.beststart.org/wp-content/uploads/2017/01/B04-E_BF_matters_EN_2020.pdf [accessed June 2023]
- Riordan J. (2016) Breastfeeding and human lactation. 7th ed. Sudbury, Mass.: Jones and Bartlett
- WHO (2018), Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative, Geneva: World Health Organization; 2018 Available on: <https://apps.who.int/iris/bitstream/handle/10665/272943/9789241513807-eng.pdf?sequence=19&isAllowed=y> [accessed June 2023]
- National Association of Neonatal Nurses (2019). Baby Steps to Home: A guide to prepare NICU parents for home. Available on: <http://babystepstohome.com/> [accessed June 2023]
- UNICEF (2019). You and your baby: Supporting love and nurture on the neonatal unit. Available on: https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2015/08/neonatal_leaflet_online.pdf [accessed June 2023]
- UNICEF (2021). Buidling a happy baby; A guide for parents. Available at: https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/04/happybaby_leaflet_web.pdf [accessed June 2023]
- World Health Organization, WHO (2023). Breastfeeding. Available on: <https://www.who.int/topics/breastfeeding/en/> [accessed June 2023]

