

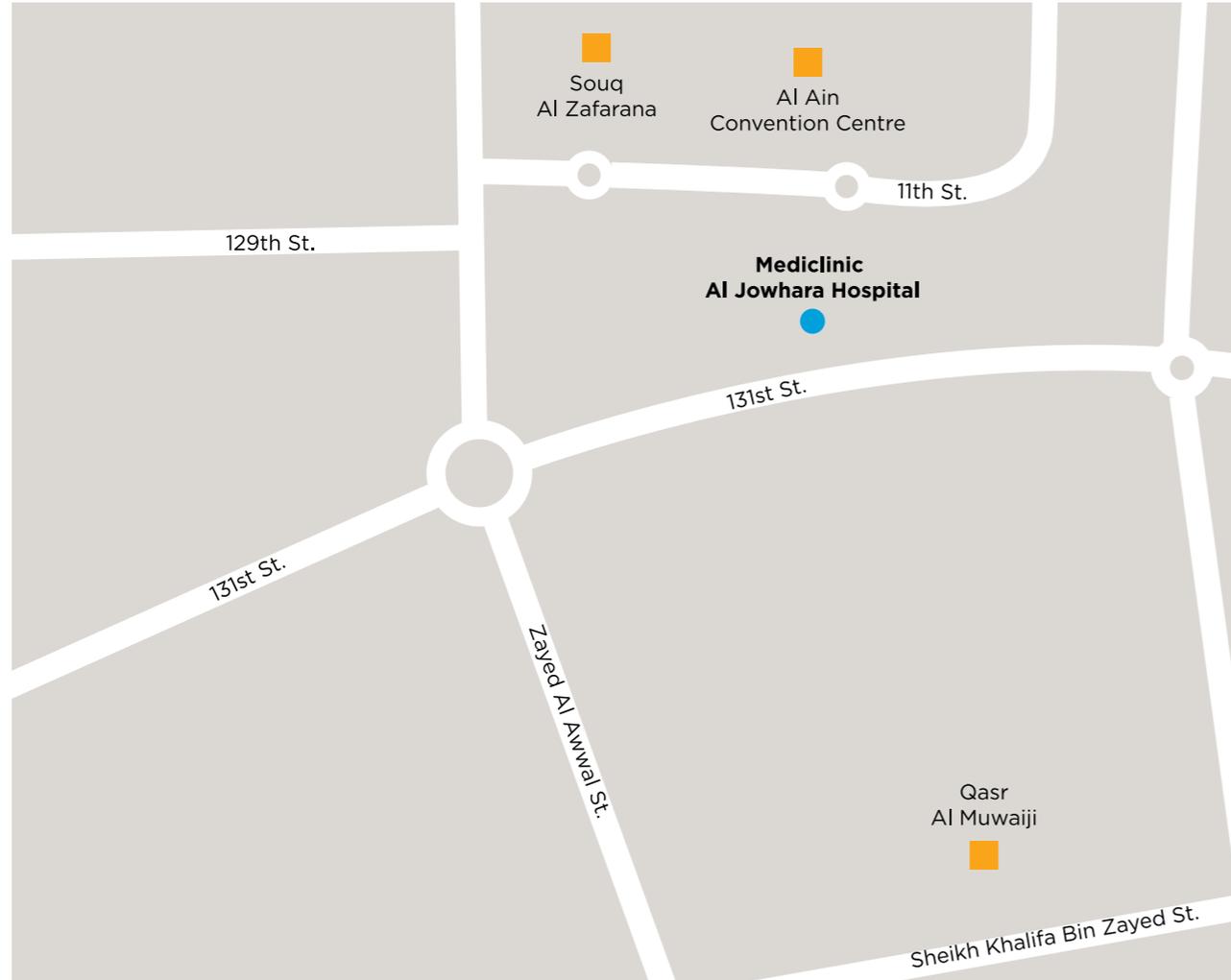
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BREASTFEEDING

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THE SINGLE MOST IMPORTANT INFLUENCE ON A CHILD'S INTELLECTUAL DEVELOPMENT IS THE RESPONSIVENESS OF THE MOTHER TO THE CUES OF HER BABY.

CAN I 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 breastfeed?

Breastfeeding is the best gift to your baby and the best start for life that only you can provide. Your breast milk will contribute significantly to your baby's healthy development. Mother's milk provides essential vitamins and nutrients that baby needs and is easy for infants to digest. It is rich with antibodies to help build up the baby's resistance to infection and to prevent allergic disorders such as eczema and asthma. Breastfed babies are less likely to get ear infections, diarrhoea and lung infections. They are also in the lower risk of Sudden Infant Death Syndrome (SIDS). It's considered the gold standard for infant nutrition.

Breastfeeding has also been shown to have a positive effect on a child's intellectual development and can help prevent obesity and the onset of its related diseases such as type 1 and type 2 diabetes in later life. It also has health benefits for the mother, reducing the risk of breast and cervical cancer, osteoporosis and postnatal depression. What's more, it costs nothing!

Tips for a smooth start to breastfeeding

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

- Read about breastfeeding and attend antenatal breastfeeding classes if possible, 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

- 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

How does breastfeeding work?

As your baby grows in the womb, your breasts prepare for their role of making milk for your baby. From about 20 weeks of pregnancy, your breasts will produce colostrum, which is the milk your baby needs in the first few days after birth. Colostrum is thick and usually yellow or golden in colour. Colostrum is gentle on your baby's stomach and is full of antibodies to protect your baby from disease. Your milk supply will increase and the colour will change to a bluish-white colour during the next few days after your baby's birth

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

The addition of any other fluid will decrease the benefits provided by colostrum.

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 against your chest straight after birth (that's when your skin and your baby's skin are touching without clothes, towels or blankets in the way) will calm the baby and can help your baby start to breastfeed. It will also steady his breathing and keep him warm.

The more your baby feeds, the more milk you make. Keeping him close will help you respond quickly (see section below on feeding cues). Holding your baby skin-to-skin can be done after a caesarean birth as well as a vaginal birth.

- If you are not able to have skin-to-skin contact or a 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
- Baby should be rooming in with mother 24/7. Should baby be separated from mother for any kind of procedure, NO formula or pacifier will be given to baby without parents' written consent
- Expect your milk to increase within about 72 hours
- Breastfeeding should not hurt. Ask for help if it is painful for you
- Breastfeed according to your baby's cues. Most newborn babies want to breastfeed about eight to 12 times in 24 hours
- Breastfeeding is a learned process. Give your baby and yourself time to learn how to breastfeed
- Be encouraged that you are doing the best for your baby

Your breastfeeding questions answered

Will breastfeeding hurt?

In the early days, when you and your baby are learning to breastfeed, it can be difficult and, in some cases, breastfeeding can feel sore and painful. Pain is usually caused by the way that your baby is feeding at the breast (this is called attachment).

When your baby is breastfeeding properly, it should be calming and comfortable for both of you. If breastfeeding becomes painful for you, seek help from someone who is knowledgeable about breastfeeding such as trained midwife or lactation consultant. If you're experiencing nipple discomfort during feeds, it's worth asking for help.

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, sometimes known as feeding cues, such as sucking her fists, licking her lips or wriggling round and opening her 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.

Remember to change your baby's nappy and burp him before putting him on breast.

How often will my baby breastfeed?

Your baby will probably be awake and alert in the first hour after birth and this is a good time for him to breastfeed and bond with you.

It is normal for some babies to sleep heavily. Labour and delivery are hard work for the baby. Some babies may be too sleepy to latch on well at first. Feedings may be short and irregular.

As your baby wakes up, he or she will have a strong instinct to suck and feed very often. Your baby will love the taste of your milk. Many babies like to eat or lick, nuzzle, pause, doze, then eat again. Ask the nurses not to give your baby any formula or water unless needed for medical reasons.

Newborns need to nurse frequently. Your baby's stomach is little, so lots of feedings are normal. Eight to twelve breastfeeds in 24 hours is common. There are usually some longer intervals between some feeds. 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.

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 OK for you to offer these "comfort feedings" as another way of meeting your baby's needs. Let babies feed whenever they want. This satisfies the baby's needs if hungry or thirsty and the mother's needs if her breasts are 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 will probably take about 10-20 minutes and some can take up to an hour, but all babies are different. Your baby might take only one side at a time or seem to like one side better.

As your baby feeds from your breast, the milk changes from fore milk (watery, sugary) and becomes more creamy, filling hind milk (higher in fat). Offer only one breast at each feed. If baby is still hungry, let your baby finish feeding on one breast before switching to the second breast. This helps her put on 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 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.

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 sooth 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.

Remember, cluster feeding is not about your milk supply. If your baby is gaining weight well and producing sufficient wet and dirty nappies, it means your baby is getting what she needs. 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 one of the lactation consultants available in the ward.

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

If feeding is comfortable and your baby is generally satisfied after feeds, he is likely to be feeding properly and getting enough milk. Another way to check whether your baby is getting enough milk is the number of wet and dirty nappies he produces, whether he seems alert, and how much weight she is putting on after the first couple of weeks.

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.

How long do I breastfeed for?

You can breastfeed for as long as you and your baby want to. The World Health Organization (WHO) and UNICEF recommend giving only breastmilk for the first six months and continuing to breastfeed while solid foods are introduced. In fact, the WHO recommends continuing to breastfeed for at least two years because of the better health outcomes.

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.

You can contact us on 055 605 3005.

Rooming in:

Keeping your baby with you continuously during the day and at night, unless separation is indicated (called "rooming-in"), has many benefits for you and your baby. Rooming-in with your baby makes breastfeeding easier.

Babies stay warm and cry less, and breastfeeding gets off to a better start when mothers and their babies have frequent time

together, beginning at birth. Mothers learn to recognise their baby's needs, responding tenderly and lovingly. A connection that lasts a lifetime begins to form.

Routine separation should be avoided and should only occur for an individual clinical need. Studies suggest that mothers who room-in with their babies make more milk, make more milk sooner, breastfeed longer, and are more likely to breastfeed exclusively compared with mothers who have limited contact with their babies or whose babies are in the nursery at night.

Babies who room-in with their mothers take in more breast milk, gain more weight per day, and are less likely to develop jaundice, a yellowing of the skin that sometimes requires treatment.

Furthermore, baby is exposed to fewer infections when next to his or her mother rather than in a nursery. It promotes bonding between mother and baby even if mother is not breastfeeding.



FEEDING POSITIONS AND ATTACHMENT

You can breastfeed your baby in lots of positions so try different ones and see what feels comfortable for you.

The three keys to successful and comfortable breastfeeding are:

- The mother's position during feeding
- The baby's alignment close to the mother's body
- Latching to the breast

Correct positioning and latch-on can prevent many of the common problems mothers encounter when starting to breastfeed. Although breastfeeding is natural, it is a learning process for both mother and the baby. 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 need to make you and the baby 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.

Mother's position

You can choose the best position to feed your newborn baby from several possible options.

Cross-cradle position

- An easy, common hold that is comfortable for most mothers and babies
- Useful for premature babies or babies with a weak suck because it gives extra head support and may help babies stay latched
- Hold the baby along the opposite arm from the breast the baby is taking
- Support the baby's head with the palm of the hand at the base of his neck (around the shoulders)

1 CROSS-CRADLE POSITION



Underarm or 'football position'

- Useful for mothers who had a c-section and mothers with large breasts, flat or inverted nipples, or a strong let-down reflex
- It is also helpful for babies who prefer to be more upright. This hold allows you to control the baby's head and to keep the baby away from a c-section incision
- Mother holds the baby at her side (under arm), lying baby on back, with baby's head at the level of the nipple. Baby will be tucked under your arm for support. Support baby's head with the palm of the hand at the base of the head (around the shoulders and away from the back of the head). The baby is placed almost under the arm
- You will need to use extra pillows; one under the baby to support weight and one or two to be placed at your back

2 UNDERARM OR 'FOOTBALL HOLD'



(in vertical way) 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

Side-lying position

- 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 with head free and tilt the head back (this will allow baby to come to breast chin first leaving the nose free to breathe)
- Lie on a high pillow so you can see the baby while feeding
- Support the baby's back and shoulders with your hand or a folded blanket

3 SIDE-LYING POSITION



Cradle hold and laidback positions

These are commonly used positions that are comfortable for most mothers. 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

4 CRADLE HOLD AND LAIDBACK POSITION



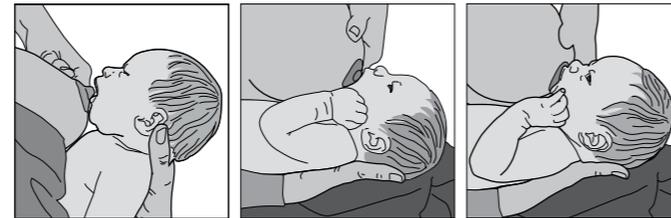
Baby alignment

If you are using a sitting or side lying-down position, the following points are useful:

- Bring your baby to your breast rather than leaning towards her
- Keep baby close and support the baby's shoulder and neck
- Check that her ear, shoulder and hip are all in a line – not twisted round
- Make sure she's facing your nipple – it's easier for her if she doesn't have to turn her head looking for your nipples

Latching to the breast

Here are some points to look out for to make sure attachment and position is correct:



- Wide-opened mouth
- Chin first
- Lower lip as far as possible from the base of the nipple

Steps to effective baby latch-on

1. Your baby is tucked in as close to you as possible. His nose or top lip should be opposite the nipple
2. The baby should be able to reach the breast easily, without having to stretch or twist
3. Support baby's back and shoulders with your arm but leave his head free to tilt back to start feeding
4. Wait until the baby opens his mouth really wide with the tongue down
5. Remember always move your baby towards your breast rather than breast to the baby

When the baby is correctly attached to the breast, you will feel no sharp pain, his mouth will be wide and he will have a big mouthful of breast. His chin will touch your breast and his bottom lip will be curled back. More of your areola should be visible above the top lip than below the bottom lip and the baby's cheeks will stay full and rounded during sucking. His sucking pattern will also change from short sucks at the beginning to long, deep sucks with pauses. If something doesn't feel right, break the latch with your little finger and then try again.

Can I give my baby a pacifier if I breastfeed?

It is recommended to avoid using bottles and teats for several reasons. Consider the do's and don'ts of giving your

baby a pacifier, and how to help him or her break the habit. 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. Sucking on a breast is different from sucking on a pacifier or bottle, and some babies are sensitive to those differences.

- Sometimes babies develop a preference for an artificial teat or pacifier and refuse to suckle on the mother's breast
- If a hungry baby is given a pacifier instead of a feed, the baby takes less milk and grows less well
- Teats, bottles and pacifiers can carry infection and are not needed. Ear infections and dental problems are more common with artificial teat or pacifier use and may be related to abnormal oral muscle function

Expressed breast milk can be given to babies with small cup, syringe or soft cups available in the market (Ask your care giver about them).

In order to minimise the negative effect on breastfeeding, it is recommended not to use a pacifier until breastfeeding is well established (six to eight weeks).

After you and your baby have learned to breastfeed well, you may make your own decision about whether or not to offer a pacifier.

Where to find help with breastfeeding

If you have questions or would like more information on breastfeeding, call the Mediclinic City Hospital breastfeeding helpline on 055 605 3005 (seven days a week, 7am - 7pm) or email mch.lactation@mediclinic.ae to contact the lactation consultant. She can advise on your situation and, should you require it, arrange an appointment for more practical help in the lactation clinic (open five days a week from 8am - 3pm).

If you call when the helpline is not staffed, you can leave a message and you will be called back the following day. Alternatively, you can call the Postnatal unit or the Maternity

unit where a trained member of staff or midwife can guide you.

You are also invited to join our "Mother to Mother" breastfeeding support group meetings conducted monthly by our certified lactation consultant, IBCLC. 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.

A lactation consultant is a professional health worker trained to help new families be successful in breastfeeding. If a breastfeeding counsellor or lactation consultant uses the initials "IBCLC," they have been certified by the International Board of Lactation Consultant Examiners.

Neither lactation consultants nor breastfeeding-trained staff give medical advice.

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 may be thirstier and have a bigger appetite while you are breastfeeding. Drink enough water to keep from being thirsty. Making milk will use about 500 extra calories a day. Women often try to improve their diets while they are pregnant. Continuing with an improved diet after your baby is born will help you stay healthy, which will help your mood and energy level. However, even if you don't always eat well, the quality of your milk won't change much. Your body adjusts to make sure your baby's milk supply is protected.

Store and use of breast milk

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

- Store expressed breast milk in a clean, sealed container
- Store the milk in small amounts, leaving space at the top for expansion when frozen

- Label all storage containers with the date and time of expression
- Fresh milk can be kept at room temperature (21-23C) for up to six hours
- Fresh milk can be kept in the fridge for up to six days
- Fresh milk can be kept in the freezer for up to six months
- Fresh milk can be kept in a chest freezer for up to one year
- Store the milk in the main part of fridge or freezer, not the door side
- Once frozen milk is thawed, keep the milk in the fridge and use it within 24 hours
- If you are taking the expressed milk to the hospital, keep it in a cooler bag with an ice pack until it can be refrigerated

How should I thaw or warm my frozen expressed breast milk? Do not overheat or boil the milk

Stand the frozen milk in a jug of warm water and gradually warm the milk until it reaches body temperature.

Do not use a microwave to thaw or heat the milk

To thaw quickly, hold the container of milk under warm running water.

Use the oldest frozen milk first

Test the milk by dropping a little onto your wrist. If it is body temperature, it will feel neither hot nor cold. Defrosted milk may be kept in the refrigerator for up to 24 hours.

TIPS FOR USING EXPRESSED BREAST MILK

- Wash your hands thoroughly before you start to prepare for a feed
- Breast milk should not be frozen or heated more than once
- Throw away the leftover milk after a feed
- Breast milk may appear to separate if it has been standing. Gently shake to mix it again

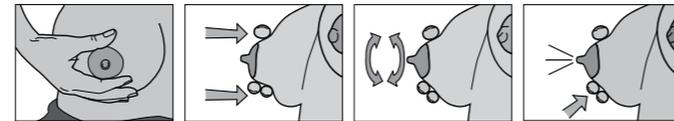
EXPRESSING MILK BY HAND

It may be useful to know how to hand express as many

mothers prefer hand expression to using a pump. Hands are always with you, and there are no parts to lose or break. Some mothers prefer the skin-to-skin stimulation from hand rather than the feel of plastic and sound of a pump. Hand expression is usually gentler than a pump, particularly if the mother's nipple is sore. There is less risk of cross-infection as the mother does not use equipment that may be also handled by others. Expressing milk and feeding baby is useful for mothers with premature babies who are unable to feed at the breast, and can take some of the load off a new mother's shoulders by allowing someone else to take a turn feeding their baby.

How to hand express

It is easier to learn to hand express when the breast is soft rather than engorged and tender.



- **Encourage the milk to flow**
Being comfortable and relaxed, thinking about the baby, gentle massage and warm compress before starting.
- **Position your fingers**
Position your thumb and first two fingers about 2.5-3.5 cm from the nipple in a "C" shape right in front of each other (for example at 6 and 12 o'clock)
- **Compress the breast**
Gently press the thumb and fingers slightly back towards the chest wall, then press the thumb and first finger together, compressing the milk duct between them.
- **Repeat in all parts of the breast**
can go back and forth between breasts a few times if needed as the milk flows.

EXPRESSING MILK BY PUMP

If you are expressing for a premature baby, you should have a hospital-grade electric breast pump. It can be with single kit or with a double collection kit, which operates on both breasts at the same time. This will help to establish and maintain a good milk supply for a mother who is initially totally separated from her baby. A standard electrical breast pump should be adequate for the mother of a full-term baby.

How often should I hand express or use the pump?

If you are pumping for a premature baby, during the first few weeks you should pump frequently, at least eight times a day including one to two times at night. Use your hands to compress your breasts while pumping until the milk has stopped flowing and both breasts have become soft. Watch the video mentioned below and learn the techniques of breast massage and compression while pumping:

<https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

What amount of milk I should be producing?

During the first few days after giving birth, you may produce only a few drops of milk each time you use the breast pump. It is easy to feel discouraged, but with frequent attempts you should have an adequate milk supply by the fifth or sixth day. Express your milk by hand for the first two days. Use the pump after 48 hours for a better outcome. Remember, your baby's stomach size changes with the volume of your milk together during first week and your milk grows with your baby's growing needs at the same time. Combining hand expression and pumping is most effective. A mother of a full-term baby produces about 30 ml of milk during the first 24 hours after birth, but by the third or fourth day this would have increased to about 100-150 ml per day. It will, however, take mothers of premature babies longer to increase from producing a few drops to 30 ml at each pumping. Ideally, by the second week of pumping, you should be producing about 500 ml of breast milk each day.

What factors affect my milk production?

Fatigue, pain and stress will interfere with your body's production of milk, so try to alleviate these factors in your life as much as possible.

How to increase your milk supply?

To help increase your supply, spend time bonding with your baby. If your baby's condition permits, hold your baby in kangaroo or skin-to-skin and follow these steps:

- Nurse, nurse and nurse again
- Don't worry
- Try to rest
- Control and reduce stress
- Get support
- Drink plenty of water
- Feed yourself, feed baby
- Herbal help? Fenugreek, blessed thistle, fennel seed

Further reading and resources

- <http://www.llli.org>
La Leche League is an international breastfeeding support organization that has groups in many countries
- <http://www.kellymom.com/index.html>
Kelly Bonyata is a Lactation Consultant and her website provides information on breastfeeding
- <http://www.drjacknewman.com/>
Dr. Jack Newman is a Canadian doctor who specializes in breastfeeding problems. This website offers DVD clips of correct latch on, and highlights breastfeeding issues. Dr. Jack can also be emailed directly with your concerns
- <http://www.breastfeeding.ie/>
HSE Breastfeeding Support website has useful information on breastfeeding support groups in Ireland
- <https://www.breastfeeding.asn.au/search/site/breastfeeding>
Australian Breastfeeding Association