

Breastfeeding: tips for a successful start

Initiate skin-to-skin contact directly after birth and within 10 min. Normally, the child will search for milk within an hour after birth[1].

Good positioning and attachment

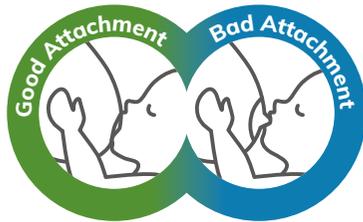
– a **close and confident hold** is key



cradle hold



football hold



laid back



twins



lying

Sufficient hydration and appropriate food intake

Mothers should drink well and continue eating a balanced diet with a variety of foods. She needs about 500 kcal more[2]. If not well nourished, adding a meal is important[2,3].

Because it is not clear to what degree maternal diet relates to infant colic[10], mothers are advised to continue their normal diet unless the child reacts to something she eats[10].

In that case, see if avoiding egg or cow's milk protein[10], cabbage, broccoli, cauliflower[11], bananas[12] or the like, caffeine, and smoking/smoke exposure[2] for a week reduce colic-like symptoms.

The AAP sees no need for changes to the mother's diet as protection against atopic disease[13].



Support feeding on demand

Frequency and duration of feeding depend on the child's cues[2,4].

At 2 months, the child will feed about every 3h, one feed lasting about 10-30 min. A feeding frequency of 5-8 times per 24h or more is normal [2,5,6,7].

The World Health Organization recommends exclusive breastfeeding for the first six months and continuation for up to two years[2].



Signs for sufficient milk intake



Continuous weight gain

About **6-8** clear/pale yellow urine passages per day[2]



Dilute urine

About **6-8** clear/pale yellow urine passages per day[2]



Child seems **relaxed** and **satisfied** after breastfeeding[15]



The active child sleeps well between breastfeedings[15]

Father's support

Reducing stress helps lactation[4,14]. Fathers can encourage mothers to breastfeed[14] and contribute to a relaxed atmosphere.

They can unburden mothers and bond with their child by:

- ✓ Burping and calming the child after a feed[14]
- ✓ Taking over bath and play time[14]
- ✓ Taking the child for a walk [14]
- ✓ Taking over household chores[14]
- ✓ Care for and occupy their older children[14]
- ✓ Helping with (expressed milk) feeding if necessary[1,3]



Let the mother spend time with her child

Initiate skin-to-skin contact directly after birth and within 10 min. This helps oxytocin release and supports milk flow, bonding of mother and child, loosens the placenta, and decreases maternal haemorrhage risk [1,2,4,7].

The child will search for milk within an hour after birth, unless the mother had been sedated then it can take longer for the child to be alert [2].

Attachment is good if the infant's lower lip curls outwards, its chin touches the breast, its mouth is wide open and the areola is mostly in the child's mouth [2]. Suckling should not be uncomfortable or painful to the mother. If so, check for proper attachment [2].

Early, efficient, and repeated milk removal helps establish lactation [4].

Once milk flow is secured, volume is defined by demand of the child, draining efficiency, and will decrease with cessation of milk withdrawal [4].

Caesarian section, diabetes, stress, delayed placental release or difficulties with milk removal (e.g. mastitis, inverted nipples) can delay lactation [4]. Help by frequent milk removal, repositioning, good attachment, and check for efficient suckling to establish milk flow [4].

Allow rooming-in to reduce stress and risk for neuro-developmental disorders and support mother-infant bonding and feeding frequency [1,7].

Insufficient milk intake

Poor weight gain – It is normal for the child to lose weight after birth. This should be recovered within 2 weeks. After that normal growth is between 15 up to 35 g/d [2].

Urination – With enough breastmilk intake a child urinates about 6-8 times a day. If the urine is dark yellow and strong smelling (similar to adult morning urine) the child may not drink enough [2,3]. This only applies if the child is exclusively breastfed [2].

Check for early feeding initiation, good attachment, feeding efficiency and frequency. Is there enough time for feeding? [3]. Maternal depression, worry, stress, and lack of confidence can also interfere with milk intake [2,15].

Sufficient hydration and appropriate food intake

Mothers should drink well and continue eating a balanced diet with a variety of foods and if not well nourished add a meal to

- recover from pregnancy & giving birth,
- filling up body stores and
- pass energy and valuable nutrients to the child [2,3].

Maternal food affects her milk. Vitamins A, D, K, B₁, B₁₂, C, calcium, zinc and choline in milk seem to be related to maternal intake [8,9]. Consider continuing prenatal vitamins [2].

Evidence is sparse and of poor quality to what degree maternal diet relates to infant colic [10]. Because the response is different from child to child [2] mothers are advised to continue their normal diet unless the child reacts to something she eats [10]. See if avoiding egg or cow's milk protein [10], cabbage, broccoli, cauliflower [11], bananas [12] or the like, caffeine, and smoking/ smoke exposure [2] for a week reduce colic-like symptoms. The AAP sees no need for maternal dietary restrictions as protection against atopic disease [13].

Eating potatoes, grapes, and lemons could protect against infant colic [12].

Note that high intake of foremilk can cause colic-like symptoms because of high lactose intake: Check attachment and encourage the infant to empty one breast (with hindmilk) before switching breasts [2,3].

Father's support can increase breastfeeding duration [14]

Encourage and support breastfeeding and the mother [14]. "Do your best!"

Pay attention to the mother's needs and help with difficulties [14].

Help the mother rest by taking over household chores and spending time with this and older children [14].

Bond with the child by burping and calming the child after a feed, take bath and play time, or take the child for a walk outside [14].

Help with feeding (preferably with expressed milk) if nursing or breastfeeding is not possible [1,3].

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