

Hello Baby

Information
and tips about
breastfeeding



ARDO

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Foreword

Dear parents

Your baby's birth is an event that will change your life. From now on you'll need to make a lot of decisions about the care and feeding of your new baby. Breastfeeding is an important part of this.

Breastfeeding is the most natural thing in the world but it still raises a lot of questions and has to be learned. Mum and baby have to practice breastfeeding together. Learning is made easier when the father or another close, loving person provides support.

To get started with breastfeeding you need knowledge, time and patience. Ardo has prepared this brochure to give you an insight into the knowledge related to breastfeeding; if you run into problems Ardo breastfeeding products will give you competent, useful, quick support. That way, you and your baby will be able to enjoy this special, intimate time. For more information on Ardo breastfeeding products go to www.ardomedical.com.


Have a look through this brochure to find out more about breastfeeding.



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In this brochure we refer to the baby as "she" to aid clarity and flow but please be aware that all our advice applies equally to both girl and boy babies.

This brochure has been prepared in close cooperation with the Women's Clinic at Lucerne District Hospital in Switzerland.

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NEUE FRAUENKLINIK LUZERN





Breastfeeding: the ideal start to life



Healthy together

Extensive research has shown that breastfeeding is healthier than bottle feeding with infant formula.

Breast milk contains many substances that actively combat infections. The child's immune system does not mature fully until she reaches two years of age so breastfed children are at an advantage. For example, breast milk reduces the risk of illnesses such as ear infections, airway infections and diabetes.

If the baby is fed nothing but breast milk for the first 6 months the risk of allergies can be reduced by up to 50%. Breastfeeding also reduces the child's risk of becoming overweight later in life.

It's not only your baby who benefits; as the mum, so do you. The breastfeeding hormones help the uterus to return to its normal size. They also reduce blood loss and diminish the risk of uterine infection. They have a calming effect as well. What's more, studies have shown that breastfeeding reduces the frequency of cancers affecting the breast, uterus and ovaries and lessens the risk of heart attack.

Breastfeeding makes life easier

Breast milk is available all the time, always at the right temperature and easy to digest. Breastfeeding saves money, reduces the amount of work each day and gives you more time for yourself, your baby and your partner. Breastfeeding also reduces the cost to the health system and protects the environment.

Sometimes mums experience the close ties that breastfeeding requires as a disadvantage. After the 4th to 6th week of life, however, you can give your baby expressed breast milk from a bottle. The risk that your baby will get used to a bottle, and will no longer be able to drink from the breast as a result, is low. Expressing enables you to take time off from the 24-hour-a-day job of being a mum and to carry on breastfeeding when you go back to work.

Trust your own body, your abilities, your intuition and your baby. With support from your partner you and your baby will find your way to a wonderful breastfeeding relationship.

Useful facts about breastfeeding

Structure of the breast

A woman's breast consists mainly of glands, fatty tissue and connective tissue. Between 4 and 18 milk ducts lead from the glands, which are made up of clusters of tiny sacs known as alveoli, to the nipples. In the areola are nerve endings which regulate milk production. The more the areola and the nipple are stimulated, the more milk is produced. This means that the more often the baby sucks at the breast, the more milk is produced by the glands inside (demand regulates supply).

The size of the breast does not affect the ability to breastfeed. Women with small breasts can breastfeed just as successfully.

Milk production and sucking behaviour

Two breastfeeding hormones are mainly responsible for milk production: prolactin causes the glands to produce the milk and oxytocin makes it flow.

At the start of a breastfeed the baby uses rapid sucking movements and light suction to get the milk flowing and stimulate oxytocin production. The oxytocin causes the alveoli and the milk ducts to contract. This squeezing process is known as the let-down reflex. It is triggered in both breasts at the same time and happens several times during a feed.

A mum can recognise the triggering of the let-down reflex from the following signs:

- a warm and sometimes sharp tingling sensation in her breasts
- milk begins to flow from the other breast
- the baby starts to suck more slowly and to swallow rhythmically.

As soon as the milk starts to flow the baby alters her sucking behaviour. The sucking frequency drops, the suction becomes more powerful and swallowing noises can be clearly heard.

Fear and stress can have negative effects on oxytocin release so that the milk does not flow or only flows with some delay.



Successful breastfeeding calls for time, patience and calm.

During pregnancy

Breast changes

During pregnancy the glandular tissue begins to grow. The areola becomes bigger and darker-coloured. This makes it easier for the baby to find the breast after the birth. From the 20th week of pregnancy the breast already produces colostrum. Sometimes this can be released before the baby is born.

Checking your nipples

It is useful to check the shape of your nipples during the pregnancy. Gently compress the breast around the nipple. If the nipples are inverted or remain flat and do not protrude the baby may find it difficult to latch on. If you are not sure about your nipples, contact a breastfeeding and lactation consultant IBCLC or midwife early on.



The nipples should protrude so that your baby can latch on easily.

If the baby does not suck effectively at the breast in the first few days after birth it may be helpful to breastfeed with a Tulips nipple shield.



Unique composition of breast milk

Breast milk adjusts itself to the baby's changing needs. The composition alters continuously depending on the baby's age, the time of day and each meal. The composition even changes during the course of a single feed. At the start of a feed the milk appears more watery. Once the let-down reflex has been triggered it contains much more fat and is white or cream-coloured. Breast milk contains all the vitamins, minerals and trace elements the baby needs to grow. It also meets all the requirements relating to hygiene.

Breastfeeding in the first few days

After the birth

The first few hours after birth are very important for the start of your breastfeeding relationship because the rooting and sucking reflexes are especially pronounced at this time. The breastfeeding relationship gets off to the best start if the baby is placed naked on the mum's tummy after birth and stays there until she sucks at the breast. Sometimes babies even move towards the breast by themselves and take it without being helped by anyone.

Some babies suck energetically from the very beginning while others start more cautiously and may just lick the nipple.

This first meeting is a hugely important event for you and your baby. Enjoy your first unforgettable moments as parents and give yourselves time with your baby.

Even straight after a Caesarean birth, many hospitals will give you or your partner the chance to hold your baby on your naked body to give her a loving welcome.

If this is not possible you can do it later on at any time. Lay your naked baby directly on your naked breast (kangaroo care) for a few hours. This encourages milk production and helps your relationship develop and grow from day to day.



Kangaroo care – natural, intimate contact, also possible with premature babies

The first milk – colostrum

During the first few days after the baby's birth you produce colostrum (first milk). This is a thick yellowish milk that is easy to digest. It is rich in immune substances (known as antibodies or immunoglobulins). These line the walls of the baby's intestine and protect her from infections.

When the milk comes in

The milk comes in gradually between the 2nd and 4th day after birth (sometimes on the 6th or 7th day too, and not until the 10th to 14th day in women with premature babies) marking the change from first milk to mature breast milk. The breasts become warmer, bigger and full. The amount of milk increases. This process is often accompanied by swelling of the inner glands which makes the

breasts hard and painful. It is possible to prevent swelling of the breast glands by breastfeeding frequently from birth onwards and giving your breasts short, gentle massages. If you still experience pain when the milk comes in in spite of this, here are some other methods that may help and make it easier for your baby to latch on.

TIPS

- Empty each breast regularly by putting your baby to the breast frequently or by expressing, e.g. with a Carum electric breastpump.
- A short pumping session before a feed can relieve the tension so that the baby can take the breast more easily.



- If the areolar region is very swollen, reverse pressure softening can help; this involves gently pressing the nipple area inwards toward the ribs with the tips of your fingers.

- Cold compresses after breastfeeds – using the Temperature Pack (see page 40, Ardo breastfeeding products) for example – can also be helpful.



Cools and warms as necessary:
the Temperature Pack

Breast massage

Breast massage stimulates the blood circulation in the breast as well as the milk flow and has a positive effect on milk production. Massage your breasts gently and avoid rubbing the skin. The massage should never be painful. Don't forget: wash your hands thoroughly before every massage.

Plata Rueda massage

The Plata Rueda method is especially suitable for a short breast massage before breastfeeding or pumping.

Take your breast between your horizontal flat hands and push the glandular tissue to and fro.



Then repeat the procedure with your hands vertical.



Marmet massage

The Marmet method is helpful for massaging the breast while feeding or pumping. It is possible to increase the quantity of milk by massaging and feeding or pumping at the same time. The Marmet method can also relieve the symptoms of engorgement.



One hand supports the breast. You can then place three or four fingertips of the other hand flat on the breast and massage the glandular tissue with circular movements. Move each of the fingers 2–3 cm and repeat the process until you have massaged the whole breast.

Expressing breast milk by hand



1. Massage your breast using the Marmet method.
2. Stroke gently with your fingers from the base of the breast over the nipple. This gets the milk flowing.



3. Place your thumb and fingers parallel behind the nipple and push gently towards the ribs.



4. Push your thumb and fingers forwards to the nipple applying gentle pressure but without rubbing the skin.
5. You can empty your breast by rhythmically repeating steps 3 and 4.

Breastfeeding positions



You can place your baby in various positions for a feed. You can keep changing them over the course of your breastfeeding period. It is important to find a relaxed, comfortable position for yourself; latching on should not hurt your nipples and the baby should suck effectively. In the early days it can be helpful to put a breastfeeding pillow on your lap. It is a good idea to vary your breastfeeding position often over the course of the day to relieve your nipples and ensure that each breast is emptied evenly.

You can avoid breastfeeding problems like sore nipples, not enough milk, engorgement, etc. by positioning the baby as well as possible right from the start. After a few days of practice you will be able to enjoy carefree breastfeeding.

To get each feed off to the best possible start you should hold the baby so that

- the ear, shoulder and hip are in line and the baby is facing towards you,
- the baby's mouth is on a level with your nipple,
- the tip of the nose and the chin touch the breast throughout the feed,
- the baby's upper and lower lips are pushed out,
- your arm is supported and your shoulders are relaxed.

Breastfeeding lying down

Side-lying



You and your baby lie on one side close together, so that your tummies are touching. This position is particularly good at night or if you want to rest while you feed during the day.

TIPS

Breastfeeding while sitting

Football hold



The baby's back rests on your forearm; your hand supports her head and her legs are stretched out towards your back. A breastfeeding pillow provides support so that you don't need to use muscle power to hold your baby's weight.

In this position it is easy for you to check and judge how the baby is sucking. This breastfeeding position is especially good for feeding twins or premature babies and is also useful after a Caesarean or when your baby has a cold.

Classic cradle hold



The baby lies on her side supported by your arm so that her whole body is facing towards you. Your hand supports her bottom.

Cross cradle hold



The baby lies on her side supported by your arm and her whole body is facing towards you. When you put her to your right breast you hold her with your left arm so that your forearm is supporting her and her head is resting on your hand.

Starting and ending a feed

There are various ways to start a feed. You can let your baby find the breast herself (intuitive breastfeeding) or you can actively help her. The intuitive approach makes use of the baby's natural reflexes. She moves towards the breast and latches on by herself.

Intuitive breastfeeding

You sit or lie half-upright with your upper body comfortably supported by cushions. The baby lies on her tummy on your naked breast; she may be either naked or dressed.

Wait and see what she does. If she's hungry she will start to search for the breast and latch on by herself after a few attempts. Give her time; it may help to move her a little.

In the following pictures the baby finds the breast spontaneously and intuitively and starts to suck efficiently. Some babies prefer to hold their arms less bent. The baby's position can also vary. She can lie longways, crossways or diagonally on the mum.





bravo

Active latch-on

If your baby is finding it difficult to take the breast it can be helpful to give her active support when latching on.

the skin forwards slightly. This makes the areola more elastic and enables the baby to latch on more easily.

Holding your breast



Hold your breast with your free hand so that four fingers are underneath and supporting it well. Place your thumb above the areola.



If the breast is very full and your baby is finding it hard to fit enough breast tissue into her mouth, it may be helpful to push

Putting your baby to the breast



Position your baby so that your nipple is pointing towards her nose. Her head is tipped back slightly. Her chin and lower lip are touching your breast.



Your nipple touches her upper lip. This causes the baby to open her mouth wide.



When her mouth is wide open, bring the baby quickly but gently to your breast. The nipple and most of the areola should be in the baby's mouth. Her upper and lower lips are pushed out and her chin and the tip of her nose are touching your breast.

You can help your baby to take more breast tissue by pushing the breast gently into her mouth with your thumb.

If you feel intense pain at the start of the feed it means your baby is not in the ideal position. Release her from the breast with your finger and start again.

Gentle release from the breast

Before you remove your baby from the breast you need to break the vacuum. You can do this by gently pushing one finger in between the breast and the corner of the baby's mouth. If the baby has had enough she will usually release the breast of her own accord.



Breastfeeding rhythm and the length of a feed



Breastfeeding rhythm

Every newborn baby is a separate individual with her own sleep-wake rhythm. When babies feed, and for how long, also varies. If you spend a lot of time with your baby – as happens in rooming-in for instance – you will soon get to know her and learn to understand her language. You can watch for the first signs of hunger and breastfeed your baby according to her needs.

Signs of hunger – the baby wants to be fed

- Licking the lips
- Lip-smacking noises
- Sucking and searching movements
- Sucking on the fingers / hand
- Stretching out the tongue
- Restlessness
- Crying as a later sign; starting a breast-feed is often harder at this stage



The breastfeeding rhythm keeps on changing as the baby develops; sometimes she wants to be fed more often and sometimes less often.

It is normal for your baby to want to be fed 8 to 12 times within 24 hours from the first day onwards. In the first few weeks of life this means breastfeeding at night as well. In this period there are phases, especially during the evening, in which your baby wants to be fed hourly (cluster feeding). This is absolutely normal. Her feeding rhythm also speeds up during growth spurts. After a few days your breasts and their milk supply will adjust to the increased demand.

Duration of a feed

How long a feed lasts depends on your baby's age and temperament. It can vary from just a few minutes up to 20 minutes per breast. Offer your baby both breasts. If she has had enough after one breast, start the next feed by giving her the other one. Be aware of the swallowing noises your baby makes and the intensity with which she sucks. Short rapid movements at the beginning start the milk flowing and slower, more intense sucking with swallowing noises indicates that your baby is receiving breast milk. When they are 2 to 4 months old, babies suck more efficiently and the individual feeds become shorter.

Tandem breastfeeding

When a mum breastfeeds siblings of different ages this is known as tandem breastfeeding. She can feed her children at the same time or one after the other. Tandem breastfeeding leads to closeness and bonding, not only between mum and child but also between the siblings.



Some children wean themselves during pregnancy because the taste of the breast milk changes. Others prefer to carry on being breastfed. If there is a risk of labour starting early you should discuss the situation with your doctor.

In the last weeks of pregnancy colostrum will be produced in preparation for the new baby. The mum usually has enough milk because the law of supply and demand applies to tandem breastfeeding too. However you should always be careful to feed the baby first and make sure that each feed lasts long enough.

Weaning

A mum can wean her baby at any time. She can choose between medication-induced and natural weaning. Experience shows that both of these processes take about two weeks. Abrupt weaning can lead to engorgement and breast inflammation.

The principle that milk supply is regulated according to demand applies to weaning too. Breast milk production gradually falls off when the frequency and duration of breast feeds are reduced slowly. That means you only breastfeed your baby for a short time or only express a small amount of breast milk when you notice an unpleasant feeling of tightness. This makes it possible to wean slowly and gently, without medication and its potential side effects.

Baby-led weaning, depending on the needs of the child, is another way to end breastfeeding. In this case you gradually replace breast milk with other foods from about the 6th month until the baby slowly gives up breastfeeding altogether. You can carry on breastfeeding just in the mornings and evenings for several months, for example. The moment when the baby stops wanting to drink from the breast is different in each individual case, as with all developmental stages.

WHO and UNICEF recommend breastfeeding exclusively for the first 6 months and then slowly introducing adequate additional foods while continuing to breastfeed until the end of the second year of life or later.

Bottle feeding

During breastfeeds a baby experiences a great deal of skin and body contact, security and attention. To make sure that a bottle-fed baby also experiences this closeness it is a good idea to pay attention to the following points.

TIPS

- When possible, feed your baby on your naked skin. Wear a sleeveless T-shirt or unbutton your blouse or shirt.
- Take the baby in your arms and turn her towards you so that you have eye contact.

- At the start of the feed touch the baby's lips with the teat and wait until she sucks the teat into her mouth.
- In the first few weeks a feed should last about 20 minutes. You therefore need to make sure that the hole in the teat is small.
- Change sides during a feed. This will help the baby's hand-eye coordination.
- If the baby has had enough but is still crying let her suck a dummy or a finger. Hold her in your arms or in a baby carrier or sling while she does so.
- The baby should not be put in the pram with a propped-up bottle for her feeds.



Breastfeeding and everyday life

Breastfeeding and working

You don't have to wean your baby early just because you're going back to work. In fact this is a very good reason to carry on breastfeeding. Your baby will miss you when you aren't there and breastfeeding will satisfy her need to be close to you. However, a certain amount of organisation is called for. It is important to tell your employer early on that you intend to carry on breastfeeding. Ask whether it will be possible to breastfeed at your workplace or to leave the workplace in order to breastfeed, or whether you can work from home or express breast milk at your workplace.

If you want to express breast milk it is useful to start with pumping three weeks before you go back to work so that you can build up a small store of milk.

You can hire or buy a pump. The Calypso-To-Go is a very quiet breastpump that you can use at your workplace; it also allows cooled storage and safe transport of the breast milk.

TIPS

- If you have difficulty expressing enough breast milk, try arranging your morning feeds so that you breastfeed on one side and pump from the other side at the same time.
- The baby needs time to get used to the bottle; this may take several attempts. A baby often drinks better if she is given the bottle by her father, a babysitter or a grandparent.
- Breastfeed your baby before you leave the house even if it is not her usual feed time.
- Be careful to wear clothes that allow you to pump discreetly.



- You should plan to allow about 30 minutes for getting the pump ready, doing the pumping and cleaning the pumpsets.
- For mums who have been breastfeeding exclusively it is sensible to pump every 3 to 4 hours to maintain milk production. The frequency of pumping falls off after other foods have been introduced at around 6 months.
- During the night and on days when you don't go to work you can carry on breastfeeding your baby when she's hungry.

Your rights in the workplace

If you want to carry on breastfeeding when you return to work you will normally have a right to the time needed to breastfeed your baby or to express the milk with a pump. Ask your breastfeeding adviser, your midwife or the institutions responsible.

Breastfeeding and leisure time

Being a mum is a 24-hour job but try to find time for yourself as well. For your own wellbeing, and your baby's too, finding time for yourself, short rests and regular leisure activities are hugely important. If you have a store of expressed milk you can be sure that your baby will still be getting breast milk even when you're out, perhaps from her dad.





Breastfeeding problems



Almost every mum can breastfeed her baby. But uncertainty, incorrect information or fear can sometimes cause brand-new mums to doubt their own ability to breastfeed. During pregnancy many mums are not fully aware that breastfeeding starts immediately after the birth and that it, too, needs learning at first.

In this section we want to give you confidence and help you to overcome potential problems.

If you have problems or uncertainties linked with breastfeeding, don't hesitate to ask an expert for help. Many hospitals employ specially trained breastfeeding and lactation consultants IBCLC who will be glad to carry on helping you after you go home.

Not enough milk

Many mums worry unnecessarily that they will not produce enough milk for the baby. The baby's weight gain, the content of her nappies and her sucking behaviour are some of the signs showing that enough milk is being produced.

The weight gain per week should be
0 to 2 months: about 170 to 330 grams
2 to 4 months: about 110 to 220 grams

The baby regains her birthweight within 10 days after the birth.

In the first 4 to 6 weeks the baby produces at least three dirty nappies every 24 hours; later on breastfed babies can have pauses of several days. The baby should also have 5 to 6 wet nappies every 24 hours and her urine should be light-coloured.

During a breastfeed the baby takes the nipple and much of the areola in her mouth. When the milk starts to flow the sucking rhythm gets slower and the swallowing noises can clearly be heard. After a feed the baby's mouth is moist and your breasts feel softer.

It is completely normal that your breasts stop feeling full between feeds as well after a few weeks. This has nothing to do with the amount of milk being produced as the milk is not made until the moment the baby actually sucks.

It can happen that you barely produce enough milk for a few days, perhaps because you're very tired or the baby is having a growth spurt.

You can increase milk production by

- breastfeeding often (every two hours with a longer pause at night)
- changing sides frequently
- having long periods of skin contact
- getting enough rest
- having help with household tasks
- eating a balanced diet
- receiving whatever support is usual in your culture.



TIPS

You can also increase the amount of milk by occasionally expressing (for about 5 minutes) after a feed to stimulate milk production. It is not important how much breast milk is in the bottle afterwards.

If your baby does not gain enough weight you should contact a healthcare professional as soon as possible so that she can check the feeding situation.

Engorgement and breast inflammation

Throughout the breastfeeding period, but especially in your first weeks at home, your breasts can become hard and painful after feeding. You feel as if you have flu (tired, aching limbs, a headache). These symptoms point to engorgement.

If this happens we recommend that you react as quickly as possible in the following ways.

1. Put a warm, damp compress on your breast for about 10 minutes before breastfeeding so that the milk flows better.
2. Position your baby for a feed so that her chin points towards the hard patch.
3. Gently massage the hard places while you breastfeed.
4. If the breast still feels hard after breastfeeding, use a gentle breastpump (e.g. Carum) and massage the hard places at the same time.
5. Cool your breast for about 20 minutes after breastfeeding/expressing by using a cold compress, e.g. a Temperature Pack.
6. Make sure you get enough rest. The best thing to do is to go to bed with your baby. Drink a lot.

If the symptoms don't subside within a few hours or if you develop a fever, contact a doctor, a breastfeeding and lactation consultant IBCLC or a midwife as there is a risk of breast inflammation. Contrary to earlier opinion it is not necessary to wean your baby if you have breast inflammation or take antibiotics.



Sore nipples

It is normal for your nipples to be tender for the first 3 to 4 days after the birth. If the symptoms continue for longer or if your nipples are painful and sore, cracked, encrusted or bleeding this is usually because the baby is not latching on properly. Perhaps the baby is only taking the nipple in her mouth and not enough of the areola, or is not opening her mouth wide enough, or has her lips drawn in, or perhaps you are leaning forward at the start of the feed, etc.

In rare cases sore nipples can be the result of sucking problems, thrush (a fungal infection producing white patches in the baby's mouth) or tongue-tie (in which the band connecting the tongue with the floor of the mouth is too short).

Sore nipples are intensely painful. You should therefore seek advice from a breastfeeding specialist as quickly as possible.

The following can be helpful:

- Analyse the cause and correct it, e.g. ensure the baby latches on properly.
- Put the baby to the less painful breast first.
- Giving frequent short feeds is easier on you than taking long breaks.
- Breastfeed in different positions.
- Use a lanolin cream e.g. Gold Cream. The 100% pure lanolin aids healing.
- Take a break from breastfeeding and use a breastpump. The Carum breastpump's "Sensitive Programme" was developed for expressing with sore nipples. It begins with an initial vacuum that can hardly be felt and a low starting cycle that can be carefully adjusted according to the sensations experienced by the mum.



Gold Cream – lanolin nipple cream



Carum – breastpump for hospitals and hire

Weak, sleepy baby

Some babies are too weak to drink effectively and fall asleep during breastfeeds. It's important for these babies to get a large amount of breast milk without using a lot of energy. During a breastfeed it can be helpful to pump from the other breast at the same time to make the milk flow better. Alternatively, feed the baby lying tummy to tummy with plenty of skin contact. It is often helpful to drip some expressed breast milk into the corner of the baby's mouth with a syringe to encourage her to drink.

Another option is to stimulate the baby to suck actively. You can do this as follows:

TIPS

- Start feeding the baby using a football hold. Support her back well. Make sure that the soles of the baby's feet can touch a surface and give her something to grip with her hands, e.g. your finger.
- Support your breast throughout the feed (see page 18, Holding your breast).
- At the beginning, and as soon as the swallowing noises get less frequent, carry out breast compression. This involves holding your breast far back at the base and compressing it gently and painlessly with your forefinger and thumb so that more milk flows.

Confused baby

Sucking at the breast is fundamentally different from sucking from an artificial teat, which can lead to confused sucking behaviour in some babies. After sucking on an artificial teat or a dummy these babies are no longer able to suck from the breast, or no longer able to do so effectively.

The younger the baby, the greater the risk that she will not be able to alter her sucking behaviour again. This is why some hospitals prefer not to use bottles for additional feeding unless absolutely necessary, often using special containers e.g. Easy Cup as an alternative if required.



If a dummy is used to delay breastfeeds the baby satisfies her need to suck by sucking on the dummy. This means she sucks less at the breast and may be at risk of getting too little milk. Supply is regulated by demand so the process has a negative effect on supply.



It is therefore helpful to avoid using a dummy for at least the first 4 to 6 weeks when milk production is building up.

Each baby has a different temperament and cries for different reasons. If she is given a dummy whenever she cries, other needs are hidden – the need to be carried or the need for touch, attention, quiet, variety, conversation or a clean nappy.

Ways to calm the baby:

- Talk quietly and sing.
- Play harmonious music.
- Provide tangible boundaries e.g. by swaddling in a blanket or surrounding her with a nest of cushions.
- Offer variety e.g. bathing and moving back and forth in the water, watching mobiles, talking.
- Satisfy the need for skin and body contact (sleep and bath together or try baby massage).
- Carry the baby. Studies have shown that babies cry less if they are carried or worn in a sling or carrier for longer periods. Just three hours a day reduces crying by 45%.

TIPS



- Stay calm, consciously breathe deep into your abdomen, try to feel the ground under your feet.
- Get help! Consult a breastfeeding adviser, a midwife or another professional whom you trust.



Expressing and storing breast milk

Feeling good about expressing

Sometimes it can be necessary to use a breastpump, for instance when the newborn baby only sucks very weakly from the breast so that milk production is not adequately stimulated. Regular pumping can also build up and maintain milk production if mum and baby are separated, e.g. when you return to work or the baby is premature or ill. You can carry on feeding your baby with valuable breast milk and will be better able to continue breastfeeding at a later date.

When you use a pump the milk does not always flow straight away. Feelings such as fear and pain can block the let-down

reflex. You can encourage the flow of milk in the following ways.

- Choose a comfortable position for pumping.
- Relax and think about your baby; look at a photo of her.
- Pump where you can see or are close to your baby.
- Listen to harmonious music.
- Carry out a short breast massage (Plata Rueda) before each pumping session.
- Place a warm compress e.g. Temperature Pack on the breast before pumping.
- Warm the funnel of the breast shell before putting it in place.

TIPS



Choosing the right breastpump

The main difference is between hand and electric breastpumps. An electric breastpump is a good idea if you'll be expressing milk often. If you are only going to use it occasionally a hand pump is usually sufficient. The Carum hospital breastpump is available to hire, please contact Ardo for further details. If you are going to be expressing for a long time it is sensible to buy a small electric pump, such as Calypso, which can also run on batteries.

Relevant criteria when choosing a breastpump:

- Is it easy to operate?
- With an electric breastpump is it possible to set the vacuum (suction strength) and cycle (suction frequency) individually? And is that possible

in both stimulation and expression modes?

- Can I use the pump for single and double pumping?
- Is it as safe and hygienic as possible – with a closed pump system like "Vacuum Seal" technology?
- Is the pumpset easy to clean?
- Is it quiet? This is particularly relevant if you'll be pumping in the workplace or at night.

Closed pump system gives maximum hygiene and safety

"Vacuum Seal" technology guarantees hygiene and safety when expressing. It is not possible for breast milk to get into the tube or the pump. This closed system protects both the breast milk and the pump from contamination.



Choosing the right breast shell



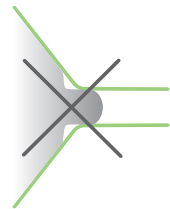
The breast shell is the right size when...

- the nipple moves freely in the funnel and can follow the rhythmic movements of the pump
- there is no, or only a little, areolar tissue in the funnel
- the milk flows and the breast feels soft all over after pumping.



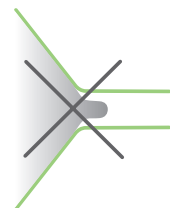
The breast shell is too small when...

- the nipple rubs against the side of the funnel
- pumping is unpleasant, even with a low vacuum
- the milk flows slowly
- you are able to express less breast milk than expected.



The breast shell is too big when...

- the areola is sucked into the funnel
- pumping feels unpleasant.



Pumping procedure

Pumping should never be painful.



1. Wash your hands thoroughly.
2. Prepare your breastpump and the pumpset.
3. Find a quiet place and make yourself comfortable; put something to drink within reach.
4. Carry out a short breast massage (Plata Rueda).



5. Centre the breast shell and hold the pumpset onto the breast shell while pumping. Do not put a lot of pressure on the breast in doing so.

6. Turn on the breastpump and regulate the suction strength (vacuum) and the suction frequency (cycle) so that pumping feels pleasant.



7. Massage your breast while pumping.
8. Pump from the right and left breast alternately. You can take a short break in between, have a drink and briefly massage the breast.
9. Turn off the breastpump, remove the pumpset and clean it as described in the instructions.

A high vacuum does not necessarily lead to more milk and can cause sore nipples.

Double pumping – pumping from both breasts at the same time



Double pumping means expressing from both breasts at the same time. The basic procedure is the same as when using just one pumpset.



To regulate the suction strength and suction frequency hold one of the pumpsets briefly with your lower arm.

Frequency of pumping

If you and your baby are separated or breastfeeding is not successful, it is sensible to express milk as soon as you feel able to and within the first 6 hours after birth if at all possible. In the first 12 or 24 hours it is also possible to obtain colostrum by hand (see page 13, Expressing breast milk by hand) before pumping.

Don't be put off if you can only pump a few drops of milk during the first few days after the birth. Pumping during this phase serves primarily to stimulate the breast so that it gets the message and produces milk.

Use the pump 8 times in 24 hours if possible. Give yourself a 5- to 6-hour break during the night unless you produce a lot of milk, in which case there is a risk of engorgement.

It is more effective to pump more frequently than to pump for a longer period each time.

Tips to increase the amount of milk

The most recent publications on the subject describe three ways to increase the amount of milk when pumping.

Double pumping

Double pumping reduces the expressing time by half and increases the quantity of milk.

Hands-on-Pumping

This method enables you to increase both the amount of milk and its fat content.



Use a double pumpset and massage your breasts at the same time. Keep doing this until only a small amount of milk is still flowing.



Then empty the breast by hand into a breast shell or pump from each breast separately and massage the breast at the same time.

Power pumping (Walker's method)

It is recommended to carry out the following procedure in addition to your usual pumping routine.

For one hour alternate between

- 10 to 12 minutes of pumping
- 10 to 12 minutes of breast massage

Altogether you should pump three times.

Double pumping, a massage while pumping and subsequent emptying by hand have been shown to increase milk production and also increase the fat content of the breast milk (Hands-on-Pumping).

Storing breast milk

The more hygienic the pumping process, the longer the breast milk can be stored. This is why it is helpful to pump breast milk directly into the storage container. Milk bags such as Easy Freeze are particularly suitable; these are fixed to the breast shell itself. If possible each portion (60 to 120 ml) should be expressed individually, cooled in the fridge and then frozen immediately.

If you pump several times in 24 hours you can add the freshly pumped breast milk to the milk that has already been cooled. If the milk has already been deep-frozen, cool the freshly pumped milk for half an hour in the fridge first and then add it to the deep-frozen milk.

Thawing and heating breast milk

Thaw the milk in the fridge or at room temperature. Then warm the milk to about 37 °C by immersing in warm water or under running warm water. Breast milk may not be heated in a microwave.

It can happen that the breast milk separates into watery and fatty parts when thawed. Shake the milk gently to combine the two parts again. Slight colour changes do not need to worry you either. The milk is not bad and can still be used. Use thawed breast milk within 24 hours and never warm it up twice.





You can store breast milk in the following ways*:

Location of storage	Temperature	Maximum recommended storage duration
Room temperature	16–29 °C (60–85 °F)	3–4 hours optimal 6–8 hours acceptable under very clean conditions
Refrigerator	≤4 °C (39 °F)	72 hours optimal 5–8 days under very clean conditions
Freezer	<-17 °C (0 °F)	6 months optimal 12 months acceptable

* ABM Clinical Protocol # 8: Human Milk Storage Information for Home Use for Full-Term Infants. Academy of Breastfeeding Medicine, 2010

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