



Breastfeeding in the neonatal unit

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During the first six months of your baby's life breastfeeding provides the ideal, most appropriate and natural nutrition. As long as your baby is breastfed all its nutritional requirements will be met. Breast milk also provides countless advantages for your baby and for you.

With premature or sick newborns, however, breastfeeding proceeds in stages and requires a lot of dedication and perseverance. Patience and love are the key to being successful.

This brochure provides further information on breastfeeding and breast milk expression. Should you have further questions after reading this brochure, please do not hesitate to contact us. Our team is always happy to help you.

The medical, midwifery and nursing team of the neonatal and N* departments

BREAST MILK ...



... MAKES ALL
THE DIFFERENCE!



ADVANTAGES FOR THE BABY	ADVANTAGES FOR THE MOTHER
<ul style="list-style-type: none">X Adapted to their specific needsX Positive influence on IQX Reduced risk of:<ul style="list-style-type: none">• Respiratory tract infections• Middle ear infection• Gastrointestinal infection• Cot death• Allergies• Coeliac disease (gluten intolerance)• Inflammatory bowel disease• Obesity• Diabetes etc.	<ul style="list-style-type: none">X Breast milk is always availableX Promotes mother - child bondX Improved involution of the uterusX Reduced blood loss following deliveryX Reduced risk of ovarian and breast cancer (if you breast-feed for at least 3 months)X Faster weight reductionX Lower risk of postpartum depression



PART I

EXPRESSING MILK

You have decided to breastfeed but your baby is currently not able to suckle. In that case it would be advisable to express breast milk. Although expressing requires insight and patience, you will make sure that your baby gets optimum nutrition. That is why we aim to provide you with the best possible information and support to ensure that your efforts are successful.

You will have to stimulate your breasts and express milk in order to promote and maintain milk production. And it will be easier for your baby to switch to breastfeeding later on. Meticulous hygiene must be maintained when expressing in order to prevent breast milk from becoming contaminated.

Rapid freezing of the expressed milk will also inhibit the multiplication of any microorganisms that might be present in the milk, thus preventing your valuable breast milk from causing infections in your baby.

We have included step by step guidelines on how to express breast milk.

MILK PRODUCTION

STARTING MILK PRODUCTION

Once the baby has been delivered hormonal changes will kick start the production of milk. These changes always occur after the birth, irrespective of at which point of the pregnancy term the baby is delivered.

Hormones

Prolactin

Prolactin promotes the production of milk. However, this hormone will only be truly effective when it can bind to so-called **prolactin receptors** in the mammary glands. These receptors are **produced during the first days after delivery by frequently stimulating the breasts**.

In view of the fact that, due to certain circumstances, your baby cannot or must not suckle yet, it is extremely important that you start regularly stimulating your breasts by **massaging them and (manually) expressing milk** (see below).

The more prolactin receptors are produced during the first few days the greater the chance of successful milk production in the long term!

Oxytocin

Oxytocin is a versatile hormone during the lactation period. Its main function is to initiate **the let down reflex**: the mammary glands contract and milk is ejected from the breast.

Oxytocin is also referred to as the **'cuddle hormone'** because it lowers stress and promotes the bond between mother and child. During the night oxytocin also enhances quality of sleep – which is interrupted whilst expressing milk – in breastfeeding mothers.

It consequently provides **natural protection from stress and fatigue**, two elements that can have an adverse effect on milk production.

The first 24 hours + colostrum

In the first few days after delivery **expressing manually** is preferable to expressing mechanically, particularly during the first 24 hours. Manual stimulation of the breasts is considerably more effective when trying to kick start milk production. Moreover, the colostrum produced during the first few days is often too 'syrupey' to be mechanically expressed, so that manual 'massaging' is required to express it (also refer to Manual Expression Technique).

Manual expression should be started **within one hour of the birth**. During the initial three days this should be done **8 to 12 times per day** in order to successfully stimulate the production of prolactin receptors (remember the importance of **prolactin receptors** during the course of the breastfeeding period). Once your milk production is working well the expression frequency can be gradually reduced to 7 to 8 times per day. The milk produced during the first 96 hours is referred to as **colostrum**. This yellowy sticky milk, which is produced in fairly small quantities (often only a few drops), is immensely valuable!



Colostrum contains **high concentrations of nutritional substances and antibodies**, and plays a crucial part in the development of your baby's immune system. That's why it is often referred to as 'liquid gold' and **every drop makes a difference** to your baby.

Hyperlactation days

Hyperlactation starts around the 3rd day after delivery. Colostrum now changes into **mature breast milk**, which is whiter, runnier and is produced in greater quantities.

Because of the abundant milk production the milk is sometimes not easily evacuated. Milk stagnation results in **hard, hot and painful breasts**, a typical characteristic of hyperlactation.

In order to prevent and treat painful engorged breasts they must be **emptied properly and frequently**. Milk 'stored' in the breast for too long can be a source of infection.

TIPS ON HOW TO EMPTY THE BREASTS PROPERLY DURING HYPERLACTATION

- X Before expressing apply heat to the breasts and massage them (also refer to Breast preparation). Pay particular attention to hard areas.
- X If you are expressing milk mechanically and still have no milk after 10 minutes switch to manual expression. Applying suction to an apparently 'empty' breast can cause nipple oedema, which makes the evacuation of milk even more difficult.
- X Express minimum 8 times a day until the milk flow stops.
- X To alleviate any pain after expression you could apply cold to the breasts, e.g. using a cold face cloth.

MAINTAINING MILK PRODUCTION

Once hyperlactation has ceased and milk production is up to speed it is important to maintain it. Henceforth the **principle of supply and demand applies**, which means that milk will only be produced when the breasts have been emptied. **Frequent and efficient evacuation of the breasts** is crucial!

The presence of your baby

- Where possible try to extract when your baby is nearby. If this is not possible use something that reminds you of your baby, e.g. a photograph, blanket, soft toy, etc.
- If your baby's condition allows it, try to introduce skin to skin contact whenever possible. This stimulates milk production.

Expressing milk

- Apply heat to the breasts just before expressing milk and massage them to promote the let down reflex.
- Make sure that you use the correct size of expression shield. If necessary ask for advice.
- Aim for minimum 7 to 8 expression sessions per day.
- Try to express manually at the end twice a day to ensure that your breasts have been completely emptied.
- A nursing (expression) bra may make it more comfortable to express from both sides. As the expression shields can be fitted in the bra you will have your hands free during expression.

Algemeen

- Take sufficient rest also during the day! Delegate, for example, household tasks or employ a maternity nurse. Stress as a result of fatigue or tension will reduce milk production.
- Allow maximum 5 to 6 hours between expression sessions during the night.
- Express milk in quiet surroundings. Ask visitors to leave the room.
- Eat a healthy and varied diet.
- Drink enough. Always have a bottle of water at hand and never ignore your body's thirst signals.
- Wear a well-fitting bra, which is not too tight as this could result in blocked milk ducts.

PRACTICAL HINTS FOR EXPRESSING MILK

PREPARATION

Hygiene measures

Manual hygiene

Dirty hands, even apparently clean hands, can still harbour micro-organisms, mainly bacteria. Bearing in mind that your baby's resistance or immunity is still limited, these should definitely not be allowed to infect your breast milk.

Always thoroughly wash your hands before preparing material and expressing milk. This will remove 90% of the microorganisms present on your hands.

Always use **running water and liquid soap and clean material to dry your hands** (paper tissue, clean towel, piece of kitchen roll).

If you have to stay in bed during the first few days after delivery your **hands need to be disinfected** instead of washed. Pour a generous quantity of Alcogel® into your palm, use it to rub your hands thoroughly and leave them to air dry.

Breast hygiene

Healthy skin is populated with many bacteria, also around the nipple and areola. The number of these microorganisms that enter the breast milk during expression must be kept to a minimum.

It is advisable, therefore, to wash your breasts with running water (not soap) every day. First clean the nipple and areola with a paper tissue, clean face cloth or compress moistened under running water, each time you express milk.

Breast preparation

To stimulate the let down reflex and optimise the milk flow the breasts must be prepared first with the application of **heat and massage**.

Heat can be applied in a hot shower or by using a heat cushion, hot/cold pack, electric blanket, etc. Never apply them directly to bare skin as this could cause burns. Wrap a clean tetra nappy or tea towel around the heat source.

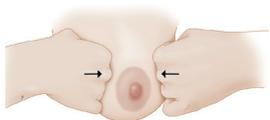
Various massage techniques can be used; introduce variation to ensure that all gland areas are stimulated and massaged.



Make circular movements using your fingers, concentrate for a few seconds on the same spot before moving on to the next area. Make circular movements in the direction of the areola. Pay particular attention to perceptible mammary glands or tight/hard areas.



Place your hands flat, and facing each other, on your breasts. Move to and fro in opposite directions (when the upper hand moves from left to right the lower hand should move from right to left).



Rub using your knuckles in the direction of the nipple. Always start as high as possible on the breast and move slowly towards the nipple.

TECHNIQUE

Manual expression



The first time around expressing manually is best done with assistance from a midwife.



Depending on the size of the breast it may be necessary to lift it up first. Make a C shape with your fingers approximately 2 to 3 cm from the areola. Your nipple should be in the middle between your thumb and index finger. Push your fingers towards your chest but **DON'T** let them slide across your skin – keep them in the same position.



Gently compress your breast and simultaneously roll your thumb and fingers forward towards the nipple. Relax and repeat. Change breasts after approximately ten compressions or when the milk flow decreases. Move your thumb and fingers to empty other milk ducts. Once you become familiar with the technique you will discover 'sweet spots' where milk droplets flow more easily.

Don't pinch your breasts as this could result in bruising of the breast tissue. Don't 'slide' your fingers across your breast. Don't pull your nipple as this can also result in bruising of the breast tissue.

Any drops flowing out of the nipple should be collected in a disposable container (a cup). The contents should then be collected using a syringe. Appropriate material can be obtained from the midwife or nurse. Label the syringe with your identification details and take it to the neonatal unit as soon as possible (see also 'What to do after expression', p. 18).

Tip: ask your partner for assistance to bring the colostrum to your baby as soon as possible. Ask your midwife for a cool bag for this purpose.

Mechanical expression

Equipment

- **Breast pump**

UZ Leuven uses the ‘Symphony’ breast pump by Medela, which is specifically designed for mothers who need to express milk long term, i.e. with a sick or premature baby. Our equipment is available from both the maternity and neonatal units.

A midwife will explain how to use the equipment. At home you will have to hire a pump from your pharmacist or borrow one from your health insurance fund.



- **Expression sets**

If you use a breast pump at the hospital you will be given a new expression set each time you express milk. These sets are not suitable for reuse. If you hire a pump at home, however, you will have to buy several sets. These will have to be cleaned and sterilised after each expression session before they can be used again.



Make sure that you are using the correct size of expression set. The nipple has to be sucked into the centre of the tube and must not chafe against the side! If necessary ask the midwife or nurse to help you choose the correct size.

- **Milk bottles**

Breast milk is collected in single use plastic bottles. You will be provided with a pack of these bottles to take home in the neonatal unit. When you have used most of the bottles you can ask for a new pack.

How does it work?

- ✗ Take a milk bottle and unscrew the top. Put down the screw top with the outside uppermost. **Avoid touching the inside** of the bottle and/or screw top as they are sterile.
- ✗ Pick up the breast shield only touching the outside (**the inside is sterile!**) and fix it to the bottle.
- ✗ Clean your nipples with water and if necessary express a few drops manually.
- ✗ Switch on the pump at the lowest suction setting. Increase the suction to the highest level at which you feel comfortable.

The suction strength does not affect the amount of milk, as the milk is not 'sucked' out of the breast. The pump's suction action is only meant to stimulate the nipple and initiate the let down reflex, which ejects the milk.

Expressing milk should not hurt as this could result in cracked nipples or inhibit the let down action. It may feel slightly uncomfortable at first, but this should only be temporary. If in doubt consult your midwife or nurse.

- ✗ Once milk production has started you can continue to **express until the milk flow stops**, which is usually fifteen minutes. If the milk flow stops but your breasts don't feel empty continue to express manually.

WHAT TO DO AFTER EXPRESSION

Aftercare and hygiene

- ✓ **Squeeze out the last drops of milk**, massage them in and around the nipple and areola and leave to dry. Breast milk has a comforting and healing effect.
- ✓ **Replace moist breast pads** to ensure that your nipples remain dry as a humid environment is an ideal breeding ground for microorganisms.
- ✓ Remove the milk bottle from the breast shield and replace the screw cap immediately without touching the inside.
- ✓ **Record the date and time** of expression on the label (ask for these in the neonatal unit) with your child's name and attach it to the side of the bottle. Also record the date the milk was expressed on the top, e.g. using a felt tip pen. Special **blue colostrum labels** are provided to identify the colostrum of the first 96 hours, which is different from mature breast milk. Ask the midwife in the maternity unit for these labels and use them to label milk from the first 96 hours.



With multiple births bottles must be labelled with the name of each baby.

- ✓ The expression sets you are provided with in hospital are disposable, i.e. they cannot be reused at home!

At home you will have to **clean and sterilise expression material after each use** in order to eliminate all microorganisms.

Dismantle the sets, thoroughly clean the individual parts with warm water and a little washing up liquid and sterilise them. If you buy two sets of expression shields you only need to clean the used set and can wait until the next expression session to sterilise both sets together. This saves time.

To sterilise equipment, proceed as follows:

Sterilisation in water

- Place a large saucepan with water on the hob.
- Bring the water to the boil.
- Place the washed expression parts in the boiling water and leave to boil for three minutes.
- Remove the parts from the water using tongs.
- Place them on a clean towel and leave them to air dry for a while.
- Cover them with a second clean towel.

Sterilisation using a steriliser

- When sterilising using a microwave or other sterilising equipment, follow the instructions provided with the equipment.

Pasteurisation

The neonatal unit imposes additional hygiene measures to keep the transmission of bacteria via breast milk to an absolute minimum. With premature babies of 28 weeks or less and/or with a birth weight of less than 1000 grams, weekly samples are taken of the breast milk to check for the presence of certain microorganisms.

If necessary the milk is pasteurised. During this process the breast milk is heated to a high temperature, which destroys any harmful microorganisms.

This heat treatment is also recommended for milk from CMV seropositive mothers, which is intended for premature babies of less than 28 weeks and/or weighing less than 1000 grams at birth, for a period of up to 31 6/7 weeks.

Breast milk storage and transport

In the maternity unit

Ask the midwife or nurse as soon as possible to put the milk bottle or syringe in the refrigerator in the unit.

If the feeding process has been initiated for your baby it is important for the milk to be delivered to the neonatal unit as soon as possible. Ask your partner for assistance if you are still recovering from the delivery.

Place the bottles or syringes in an [insulated transport pouch](#) with cooling elements to prevent the milk from warming up. They can be obtained from the unit at all times.

Consult the nursing staff in the neonatal unit to find out how frequently the milk should be delivered to the unit. If your baby is not yet being fed we will freeze the milk for use at a later date.

At home

Place expressed milk [in the freezer](#) immediately. Ensure that it is frozen properly before bringing it to the neonatal unit.

Use a cool box for transport. Place sufficient cooling elements in the cool box to keep the milk frozen. Breast milk which has (partly) thawed may be refused for reasons of hygiene.

If you are expressing milk immediately before visiting the neonatal unit and your journey is short, the milk can be transported fresh. However, make sure that you use sufficient cooling elements to keep the milk chilled during transport.

Upon arrival immediately hand over the bottles to the midwife or nurse, who will put them in the freezer. Clean the cool box with water and detergent after each use. Dry it thoroughly and leave it open until it is used again.

POTENTIAL PROBLEMS WHEN EXPRESSING MILK

If you are tired, emotional and/or missing your baby you may encounter problems when expressing milk. Take plenty of rest and talk about your concerns and feelings. It can make you feel better.

PAIN WHILST EXPRESSING

Technically speaking, expressing milk should not be painful. We would like to give you a few tips that might reduce pain during expression.

- ✗ Use the correct size expression set.
- ✗ Apply heat to the breasts before expressing.
- ✗ Massage the breast first as described above.
- ✗ Check that the breast shield is positioned correctly. Is the nipple at the centre of the opening?
- ✗ Interrupt suction, restart at the lowest suction setting and carefully turn it up again.
- ✗ Use purified lanolin cream (Lansinoh®) to treat painful nipples.
- ✗ If expression remains painful consult your midwife or nurse.

TOO LITTLE MILK

Expressing milk is a demanding process for you and for your body. We are very much aware that milk production is affected by the circumstances you find yourself in, i.e. your child being in our hospital

unit is undoubtedly a stressful experience, you are tired, your baby cannot or must not yet suckle... Stagnation or reduction in milk production are, therefore, common problems in the neonatal unit. The following are a few tips on how to increase your milk production:

- ✓ Find a **quiet place** and try to relax because stress inhibits the hormone oxytocin, which in turn affects the let down reflex.
- ✓ If possible try to **express milk** whilst you are **near your baby**. If you cannot, place a photograph or soft toy belonging to your baby near you. Thinking about your baby will stimulate milk production.
- ✓ Try to kangaroo cuddle your baby whenever possible because **skin to skin contact** stimulates milk production. Expressing just after a kangaroo moment is an ideal time.
- ✓ Prepare your breasts for expression by applying **heat and massage** before expressing milk.
- ✓ Try not to focus unduly on the contents of the bottle whilst expressing milk.
- ✓ Use **massage and breast compression** techniques during expression. Express on one side a few times to keep your hands free as much as possible. Alternatively use an expression bra in which the expression shields can be inserted.
- ✓ Make sure that you are using the **correct size of expression shield**.

- ✓ Express manually at the end at least twice a day.

The hormone prolactin – which governs milk production – will be more effective when the breasts are empty!

And vice versa, milk production will be inhibited if the breasts are too full.

- ✓ Aim to express at least 8 times a day. If necessary introduce an additional expression session for a few days to boost milk production.
- ✓ Make sure you get enough sleep! Try to get 5 to 6 hours uninterrupted sleep at night.
- ✓ Consult the midwife or nurse in the neonatal unit if you notice that your milk production is decreasing. If necessary they will get support from one of our breastfeeding consultants in the unit.



PART 2

BREASTFEEDING PREMATURE BABIES

BABY EXPLORES

KANGOROO CARE

In addition to nutrition and sleep, both full term and premature babies need a lot of physical contact. That's why babies are placed naked on the bare skin of their mother or father under a warm cover. This type of intense physical contact is referred to as kangaroo care.

The advantages of skin to skin contact are limitless. They manifest themselves in the short as well as the long term and apply to both the mother and father. To take full advantage of these benefits we usually ask that kangaroo sessions take at least one hour. This will give you and your baby enough time to relax and enjoy each other's company.



The following is a list of the main benefits of kangaroo care:

- X Your baby's heartbeat and breathing will settle down and its parameters will stabilise.
- X Your baby's temperature will remain more stable.
- X Babies receiving a lot of kangaroo care have a lower pain response to unpleasant sensations.
- X Faster weight gain has also been recorded in babies spending a lot of time with their mother or father.
- X The 'cuddle hormone' oxytocin is released with skin to skin contact, which has the following advantages:
 - Your own and your baby's stress level is reduced. Relaxing together and enjoying each other's company strengthens the parent/child bond.
 - Your baby's sleep quality improves. In the long term this can lead to better mental and motoric development.
 - Oxytocin stimulates breastfeeding/milk production.

LATCHING ON PERIOD

At some point your baby will start to become interested in the breast by showing **hunger signals**. Your baby will start 'rooting' for the breast, for example, by moving his head to and fro and opening its mouth wide to 'grasp' the nipple. The midwife or nurse will help you recognise these hunger signals and will assess whether your baby is stable enough at that point in time to try to 'latch on' to the breast.

When trying to latch on the baby is positioned **near the nipple area** to give it chance to explore the nipple and areola. Provide enough support for yourself and your baby by using a breastfeeding cushion. Never force your baby to latch on to the nipple. Allow your **baby to take the initiative** and find the nipple, e.g. by **feeling, smelling, sucking**, etc. You could also express a drop of milk from your nipple for your baby to lick at.

During this stage your baby is not yet expected to suckle! The latching on period is in **preparation of later breastfeeding**. Your baby will indicate when he/she is ready to start suckling.

INITIATION OF BREASTFEEDING TO ACTUAL BREASTFEEDING

Slowly but surely sucking will progress to actual suckling. Your baby will grasp the nipple and possibly manage to suckle a few times before letting go again.

However, 'grasping' the nipple and creating the vacuum necessary to be able to suck requires a lot of (muscle) force and energy from your baby. It is, therefore, entirely normal for your baby to have difficulty keeping your nipple in its mouth after grasping it, let alone being able to suck. It can take a few weeks to get into a successful routine. Give your baby time!

A lot of patience and practice will eventually lead to your baby actually suckling.

As long as your baby is unable to get complete nutrition from the breast it will receive milk via a feeding tube. As your baby's suckling improves this additional nutrition will gradually be reduced and eventually stopped altogether.

The following are a few significant points to be observed to ensure that the transition phase from breastfeeding initiation to actual breastfeeding runs as smoothly as possible.

HUNGER SIGNALS

Always pick a time when your baby is wide awake and alert to start initiating breastfeeding. Be alert to hunger signals and react in good time.

Hunger signals shown by your baby

EARLY SIGNALS: "I am getting hungry"



I am more mobile



I open my mouth



I turn my head
and I am rooting

CLEAR SIGNALS: "I am really hungry now"



I am stretching



I am even more
mobile



I am moving my hand
to my mouth

LATE SIGNALS: "I need to be settled down before being fed"



I am crying



I am making nervous
movements



I am turning red

How do I calm my baby down?

- X cuddling
- X skin to skin contact on the breast
- X talking
- X stroking



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COMFORT

Focus specifically on correct posture when feeding, both for you and for your baby:

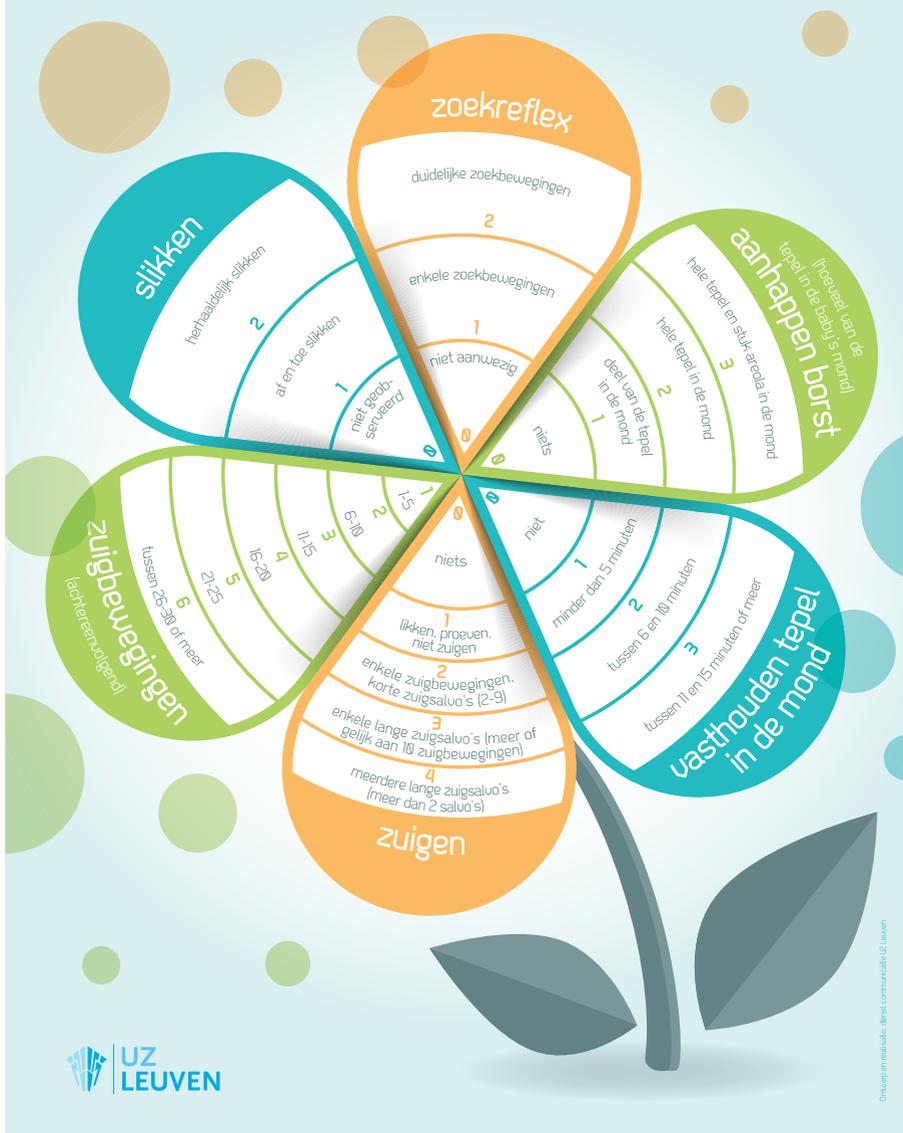
- ✓ Adopt an upright, well supported posture.
- ✓ Use a cushion to support your arm and your baby.
- ✓ Your baby's head and body should be in a straight line.
- ✓ You and your baby are lying stomach to stomach, with your baby sideways with his nose near your nipple.
- ✓ Make use of the grasp and rooting reflex: stimulate the upper lip (not the mouth) with your nipple so that baby's head bends slightly backwards during grasping, keeping the nose free.

SUCKLING DEVELOPMENT

Your baby's suckling development is visually illustrated using six flower petals.

Each petal represents a competency (skill) which your baby will develop when learning to suckle. These skills include the presence of the nipple rooting reflex, latching on to the breast, retaining the nipple in the mouth, sucking, sucking movements and finally swal-

Look how well I can suckle!



lowing. Successful feeding is, therefore, not necessarily related to the amount of milk consumed but rather to the quality of the feed. Once a skill has been attained it is coloured in. As your baby's suckling develops each flower petal can be coloured in more and more.

LATCHING ON TECHNIQUE

Make sure your baby's mouth covers not just the nipple but also as much as possible of the areola, i.e. latches on to a large enough area. This will prevent cracked nipples and make the transfer of milk more efficient.

Allow your baby to practise latching on until he covers the nipple and areola correctly. Also make sure your baby doesn't 'slide off' the nipple during suckling.

If necessary consult a midwife or nurse to adjust your latching on technique and identify the correct positioning of the mouth.

BREASTFEEDING POSITIONS

Experiment with different breastfeeding positions where possible.



Cross-cradle hold



Football hold



Cradle hold

HOW DO I KNOW THAT MY BABY IS SUCKLING CORRECTLY?

- ✗ Your baby sucks, swallows and breathes without releasing the nipple.
- ✗ The nipple and areola are properly enclosed. Make sure that your baby grasps as much of the areola as possible in his/her mouth. If your baby is sucking solely on the nipple gently push the corner of his/her mouth with your finger to interrupt suction until your baby lets go. Now try again.
- ✗ Your baby's mouth is wide open with the lips curled outward.
- ✗ Your baby is suckling, stops briefly and starts suckling again, slowly and deeply. You can see that your baby is actively sucking, i.e. his ears and cheeks are moving, there are no dimples in his cheeks and there's no clicking.

- ✗ Baby's chin touches his/her chest and his/her nose is free. Sometimes you will actually hear your baby swallowing.
- ✗ The let down reflex ensures that milk is sent to the nipple via the milk ducts:
 - You will feel your uterus contract at the time of the let down reflex and perceive a tingling sensation in your breast. Milk may leak from the other breast and you may feel thirsty.
 - You will also notice changes in your baby's sucking rhythm. Initially your baby will suck with rapid sucking movements and moderate force to promote the let down reflex. Once the milk starts to flow your baby will suck more slowly and powerfully. Suckling moments will last longer. When your baby has had enough or the breast is empty he/she will start to 'comfort suck', which induces sleep and relaxation. If your baby is still hungry it is advisable to offer the other breast.

HAS MY BABY HAD ENOUGH?

- ✗ Your baby is suckling successfully (see above, How do I know that my baby is suckling correctly?)
- ✗ Your breasts don't feel as full after feeding.
- ✗ Your baby seems satisfied and will sleep two to three hours without interruption.
- ✗ Your baby is producing sufficient urine (minimum six nappies per day) and stools.
- ✗ Your baby's weight is increasing.

TIPS AND POTENTIAL PROBLEMS

BREASTFEEDING PREPARATIONS

- Maintain good breast hygiene (see above, Hygiene measures).
- If necessary stimulate the let down reflex by **massaging or applying heat** to your breasts. Milk will be let down more quickly as a result when your baby starts suckling. It will also prevent your baby from becoming anxious or frustrated as a result of a delayed let down reflex.
- **Flat or inverted nipples** can first be **massaged** or **'rolled' between thumb and index finger** to make them more prominent. This helps your baby to latch on and stimulates the let down reflex.

PREVENTING CRACKED NIPPLES

Cracked nipples during breastfeeding are the result of a **poor latching on technique**. If the baby only sucks on the nipple small wounds and nipple cracks may appear. It is important, therefore, that your baby's **mouth should cover the nipple and most of the areola**. Occasionally changing feeding positions will also help to protect your nipples. Seek advice from a midwife or nurse.

Good breast hygiene is also vital to prevent cracked nipples.

When you finish breastfeeding or expressing manually express a **drop of milk**, rub it over your nipple and areola and leave it to dry before closing your bra.

If you suffer from cracked nipples it is advisable to use a **pure lanolin based cream** (e.g. Lansinoh®). This cream can also be applied to sensitive nipples as a preventive measure. Ask your midwife or nurse for further details.

HARD AREAS

Hard, sometimes red, areas that are painful and feel hot are usually a **sign of a blockage in the milk ducts**. This 'stagnant' milk can eventually become a source of infection and lead to mastitis. Hard areas must, therefore, always be investigated.

The only way to treat hard areas is by evacuating stagnant milk by applying **heat and massage** prior to expressing or feeding and concentrating mainly on these hard areas.

It is also advisable to massage hard areas during feeding or expression. When **expressing milk** try to express several times on **one side rather than on both sides simultaneously**. This will keep your hands free to **apply massage and breast compression**.

More frequent expression may be required to completely empty your breasts.

If the hard areas don't feel softer following a feed or expression session, or they expand/get worse, consult the midwife/nurse in the unit.

TIPS FOR AT HOME

- The switch to complete breastfeeding happens at home. Remember that it can take several days or even weeks before this process has been completed. Don't hesitate to ask for support from a primary care midwife or lactation expert. Contact them before you are discharged from hospital. The first seven home visits are repaid in full by your health insurance fund. If necessary a prescription can be provided for continued support.
- As long as your baby is not getting all its nutrition from the breast you will have to organise additional bottle feeds, preferably using expressed breast milk. Always allow your baby to try the breast first. If he/she has not latched on to the nipple and still isn't suckling after five or ten minutes, give him/her a bottle. Otherwise the feeding session becomes too long and your baby will become too tired to suckle successfully. But remember to express afterwards.
- Try to follow your baby's rhythm where possible. Breastfeeding is feeding on demand. If your baby does not always indicate spontaneously when he/she is ready to feed ask the midwife what the maximum time should be between feeds.
- Irrespective of how long you have looked forward to this moment, coming home is always associated with a degree of insecurity, which may well result in reduced milk production.

Just remember that this is normal and can still occur even later on.

Often all you need to do is to latch on, or express after feeding, more frequently for a few days. Taking enough rest is also important. Don't hesitate to discuss your reduced milk production with the midwife though.

Expressing breast milk and looking after a new baby is a demanding job for new mothers and fathers. Always try to introduce periods of rest into this busy and sometimes difficult period. A bit of assistance with the housework and genuine support from family and friends can make all the difference.

We are only too happy to provide advice and practical support during this difficult time.

USEFUL ADDRESSES

INDEPENDENT MIDWIVES

The following websites provide details of independent midwives in your area.

- X [Belgische Vereniging van Lactatiekundigen \(Belgian Association of Lactation Experts\) vzw](#)
www.bvl-borstvoeding.be
- X [Vlaamse Beroepsorganisatie van Vroedvrouwen \(Flemish Midwives Professional Organisation\)](#)
www.vroedvrouwen.be

MATERNITY CARE AT HOME

- X [Centrum voor kraamzorg \(Maternity care centre\) – De Bakermat – landelijke thuiszorg \(regional home care\)](#)
Remylaan 4b
3018 Wijgmaal
Tel. 016 24 49 24
Fax 016 24 49 09
Website: www.debakermat.be
E-mail: debakermat@kvlv.be
- X [Volle Maan – Kraamzorg door Familiehulp \(Maternity and Family care\) Leuven](#)
Bondgenotenlaan 131
3000 Leuven
Tel. 016 29 81 30
Fax 016 29 81 39
E-mail: info@leuven.familiehulp.be

SUPPORT ORGANISATIONS

X **Vzw Borstvoeding (Breastfeeding)**

Gerd van Kogelenberg
Keistraat 11
3078 Meerbeek
Tel. 016 48 11 91

Administration: Cindy Martin
Zavelstraat 27
3370 Boutersem
Tel. 016 73 54 28
E-mail: info.vzwborstvoeding@yucom.be

X **LLL La Leche League**

Borstvoedingsorganisatie (Breastfeeding organisation)
Christine Van Den Broecke
Kluisstraat 26
2800 Mechelen
Tel. 015 55 79 43
E-mail: christine.vdbroecke@pandora.be

X **Vzw Bewust bevallen**

Info voor ouders
(Carefully considered delivery – Information for parents)
Suzanne Demesmaeker
St.-Rumoldusstraat 18
2800 Mechelen
Tel. 015 55 80 38
E-mail: bewust.bevallen@advalvas.be

X **Vereniging voor Begeleiding en Bevordering van Borstvoeding**
(Organisation for Breastfeeding Promotion and Support)

Cardijnstraat 36
2910 Essen
Tel. 03 677 13 18

Regio Leuven
Stadsvest 51
3012 Wilsele
Tel. 016 23 24 39

X **Kind en Gezin (Child and Family)**

Provinciale dienst Vlaams-Brabant en Brussels Gewest
(Provincial department Flemish Brabant and Brussels District)
Lombardstraat 41 bus 4
1000 Brussel
Tel. 02 548 97 40

X **AMBER, Ambulante Begeleidingsdienst (Peripatetic Support Service - Leuven region) regio Leuven**

Pompstraat 22
3012 Wilsele
Tel. 016 23 50 94

PARENT ASSOCIATIONS

X **Vlaamse Vereniging voor Ouders van Couveusekinderen (VVOC– Flemish Association for Parents of Infants requiring incubator care)**

Anita Verhille
Tervuursevest 172
3000 Leuven
Tel. 016 22 44 43
Website: www.vvoc.be

SINGLE MOTHERS WITH YOUNG CHILDREN

- X Centrum voor kraamzorg (Maternity care centre) – De Bakermat
Remylaan 4b
3018 Wijgmaal-Leuven
Tel. 016 24 49 24

- X De Bond voor Grote en Jonge Gezinnen
(Association for Large and Young Families)
Troonstraat 125
1050 Brussel
Tel. 02 507 88 11

- X Jong en Moeder (Young and a Mother)
Praatgroep voor jonge moeders
(Discussion group for young mothers)
Tel. 016 33 69 54
Website: www.crz.be

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