



Ministry of Health
Cyprus National Breastfeeding Committee



Breastfeeding

...off to the Best Start for Your Baby...

All you need to know about successful breastfeeding!



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Breastfeeding
Committee



The Cyprus National Breastfeeding Committee encourages exclusive breastfeeding for the first six months of life and then continued breastfeeding combined with solid foods up to two years or for as long as mother and baby desire, as recommended by the World Health Organization (WHO).

Breastfeeding...

- Is the healthiest start for a baby.
- Is natural and provides all the nourishment your baby needs.
- Provides food of ideal quality, quantity and temperature according to the particular needs of your baby at any given moment.
- Has a range of benefits for the baby's health, growth, immunity and physical and psychological development.
- Is more than just food; it is the first immunisation and provides long-term benefits for your baby.
- Forms a deep connection between the mother and the baby and a feeling of safety.
- Is cheap.



Children who are exclusively breastfed suffer from fewer infections, e.g. gastro-intestinal infections, ear infections and pneumonia. They are also less likely to suffer from chronic diseases such as obesity, diabetes and heart disease in the future.

Mothers who breastfeed have lower risk of developing illnesses later in life, like breast cancer and diabetes.



How does breastfeeding work?

- Hormones produced during pregnancy prepare the breasts for milk production.
- In the first months of pregnancy the breasts may feel a little swollen and sensitive.
- Many mothers don't notice these changes, while others detect the secretion of a small amount of colostrum (the first milk) from the fifth month onwards.
- Ideally a baby should breastfeed in the first half hour after birth. While the baby is feeding the suckling will trigger the release of hormones that promote breast milk production.
- In the first few days of life a baby doesn't need much more than colostrum, which is initially produced in quite small quantities and is released drop by drop. This means that the baby may breastfeed often and for long periods of time, whenever he or she needs to (on demand). This frequent stimulation of the nipple sends a message to the brain to further increase the regulatory hormones and so the amount of milk produced increases.



Breastfeeding works on the basis of supply and demand

The more a baby breastfeeds, the more milk he or she takes from the breast and in turn the more milk the mother produces. In this way mothers with twins can produce enough milk for both babies.



Supplementing with formula interferes with this natural mechanism of milk production, resulting in reduced milk supply.

Preparing for breastfeeding

Knowledge is an important tool, and each pregnant woman should be informed on the benefits and management of breastfeeding and about what to expect before having her baby.

Breastfeeding is the natural and normal way of feeding infants. Sadly the lack of breastfeeding role models and the societal barriers to breastfeeding do not offer much support to new mothers. It's time to counteract the bottle-feeding culture, and welcome breastfeeding back into our lives.

Breastfeeding should be easy and trouble free, if it gets off to the best start from the first days and is well and properly established. It is a commitment perhaps initially demanding for a new mother, but at the same time it is the ultimate way to love and care for her baby. The first days of breastfeeding can be difficult and exhausting for the mother, but with the right preparation and with support from specialists, family and friends -especially after leaving the clinic- chances of success are maximised.

If a woman has inverted, very sensitive or flat nipples there are steps she can take to prepare for breastfeeding both before and after the baby is born. Even mothers who have had breast surgery can breastfeed successfully (depending on the type of surgery).



The first hour: skin-to-skin contact and the first feed

Skin-to-skin contact between a mother and her baby straight after birth, and for as long as it takes to complete the first breastfeed, helps both the mother and the baby in several ways, and establishes a bond between them that lasts for a lifetime (skin-to-skin contact can also be done by the father).



How to breastfeed

Skin-to-skin contact also means:

For the baby-

- feeling of security by listening to the mother's familiar heartbeat.
- stabilised heart and breathing rates.
- stabilised temperature.
- less likely to cry.
- stabilised blood sugar.
- the right place to latch on and to latch on well and feed faster.
- more likely to breastfeed exclusively and breastfeed longer.



For the mother-

- it reminds her body to produce more milk, faster.
- creates a unique bond with her baby.
- it helps her to instinctively recognise signs of her baby being hungry and full.

Basic breastfeeding principles:

- The mother should be sitting or lying comfortably.
- The baby's head and body should be in a straight line.
- The baby's body should be close to the mother's, and the mother should support the neck, shoulders and back of the baby so that the baby is able to tilt his/her head back easily to reach out to reach the breast.
- The baby should start with its nose opposite the nipple, and then the mother brings the baby to the breast, not the breast to the baby.





- The baby needs to get as much of the areola in its mouth as possible, not just the nipple.
- The baby's chin is touching the breast.
- The baby's lips are turned outwards and cheeks stay rounded during sucking.
- The mother shouldn't be in pain and it doesn't hurt to feed, although the first few sucks may feel strong, especially in the early days.



Babies breastfeed **whenever they like and for as long they like**. In that way they take the milk they need and also regulate the mother's milk production.

Mothers should recognise and respond to their babies early signs of hunger- mouth movements, hands coming toward face, eyes moving beneath eyelids, and more obvious like squeaking. As the hunger builds the baby starts to cry. Once a baby is crying he or she has a harder time latching. Calm the baby down before trying to breastfeed.

There is no one "best" position for breastfeeding. A woman may use one of several to hold her infant and one that is comfortable for her and the baby, depending upon the baby's size or method of delivery etc.



Exclusive breastfeeding

Although breastfeeding is instinctive it is a skill that both mother and baby have to learn and master. There may be bumps along the way, especially in the beginning, and most probably they will need some help.

Exclusively breastfed babies do not need additional food or fluids during the first 6 months.

Babies may feed frequently, around 8-14 times a day. They suck and swallow rhythmically, but it is natural that they pause to rest during a breastfeed. A feed finishes when a baby falls asleep or comes off the breast on his/her own.



Exclusively breastfed infants is advised that they **stay continuously with their mother in the same room throughout their stay in the maternity unit (rooming in)**; in that way the mother can learn to recognise and respond to the early signs of hunger.



It is best to avoid using dummies or other artificial nipples until breastfeeding is well established, in order to avoid nipple confusion.

Most babies lose up to 15% of their birth weight during the first few days. By day 5 they stop losing weight and by day 15 they regain their birth weight.

Initially all babies pass meconium (black and sticky stool), then by day 3 the stool turns watery and green. By day 5, and for the first few weeks, the stool is yellow-mustard coloured (3 to 13 bowel movements each day). After the first few days there should also be 6-8 wet nappies per day.

During each feeding, babies should nurse for as long as they want on one breast. Sometimes babies are full after just one breast, and sometimes they need to feed from both breasts. If a baby stops but after a short while wants to feed again then the second breast is offered. The next feed will start with the second breast.

At the beginning of a nursing session, the initial milk is more watery with higher content in lactose. As the feeding progresses the fat content goes up and the milk is creamier. **It is important not to switch breasts until the baby has had a chance to get the creamier milk so that he or she feels full longer.**

Helpful advice to avoid and deal with small obstacles to breastfeeding

Frequent need for meals

- Especially the first days after birth, a baby may feed very frequently, sleep for short periods and then wake up hungry again. This is common- don't forget that in the womb a baby is fed continuously.
- Breastfeeding in their mother's arms is so soothing and comfortable that often babies get tired and fall asleep before they are full.
- You can help them to stay awake and feed faster by massaging the breast during feeds.



Sore, Cracked nipples

- Prevention is the best cure: make sure you and your baby are in a good position and that the baby is attached properly- latching onto the breast, with a big mouthful, minimises cracking.
- Nipples are kept clean by daily washing in the bath or shower: it is not necessary to wash them before feeds as this will irritate the skin.

- After feeding, squeeze out a few drops of milk and let it dry on the nipple. Then, if necessary, apply some lanolin cream.
- In this way, nipples heal quickly and should feel better after the first 10 days.

Breast engorgement

- This may happen from the 3rd to the 5th day, especially if the baby is not attached correctly or often enough, so milk builds up.
- The breast swells due to increased milk production, fluid retention and increased blood flow to the breast. The baby has difficulty latching on to the hard breast making it difficult to breastfeed effectively despite the increased amount of milk in the breast.
- When the breast is hard like this, pinching close to the nipple with the fingers during latching can help to shape the breast so the baby can latch more easily.
- To help relieve swelling, breastfeed frequently and before nursing try applying warm compresses on the breast (not directly on the nipple) or taking a warm shower, gently massaging the breast the baby feeds on, and using cold compresses after feeds. If these methods don't help, it may be necessary to hand express milk or with a pump or seek medical advice.
- If milk is hand expressed or pumped it should be just enough to soften the breast and to feel comfortable. Excessive expression of milk can lead to overproduction of milk and prolonged engorgement.

Low milk supply

- Many women worry that they don't have milk or that their milk supply is low. This is rare if breastfeeding starts and is continued correctly, i.e. if the baby feeds straight after birth, latches on well and continues feeding exclusively and on demand.
- After the first days it's normal for the breast to lose the feeling of fullness but this doesn't mean the milk supply is inadequate. Milk supply might diminish temporarily if a baby is given supplementary food (formula or tea) or if length/frequency of feeds is restricted.
- In case there is actual low milk supply the following can help:
 - Breastfeed the baby **freely on demand**.
 - Keep the baby in **skin-to-skin contact** as much as possible.
 - **Massage the breast** during feeds to increase milk flow to the baby.
 - Stimulate the breast to produce more milk **by hand expressing or pumping milk** after the baby's feeding.
 - Contact your doctor or **lactation professional for help**.

Breastfeeding in a public place

- Feeding in public places must not be considered a problem. Breastfeeding is a normal and natural thing to do. Babies have a right to breastfeed when they want and mothers have the right to breastfeed in any location.



Nutrition tips for breastfeeding mothers

Practically everything is allowed but in moderation.

Flavours from the foods that mothers eat naturally pass into their breast milk, and if a breastfeeding mother eats a varied and balanced diet her baby will have many gustatory experiences that will make the introduction of supplementary foods at six months easier.



Breastfeeding mothers need plenty of fluids.

Avoid caffeinated food and beverages as well as alcohol.

Pulses, citrus fruit, onions and vegetables usually do not cause any problem.

If a baby is restless after the mother has eaten a certain food, it may just be a coincidence, but if it happens again it may imply intolerance to traces of food from the mother's diet.

Avoid smoking.

Returning to work

Creating a personal milk bank

Exclusive breastfeeding for six months and then continued breastfeeding combined with solid foods, which is the ideal, can be achieved more easily by creating a personal milk bank. This can be started early on so that by the time a mother returns to work, or if she must be away from home, the baby can still have breast milk.

Instructions

- Expressing milk can be done by hand or with a pump. Hygiene is important to ensure the milk is safe.
- Milk should be collected in appropriate airtight, sterilised glass or plastic containers or in special bags that can be found in pharmacies.
- Avoid certain plastic bottles which, when placed in the freezer, may release toxic substances such as bisphenol A (BPA) into the milk.
- The special plastic bags for milk collection shouldn't be overfilled and should be kept in an upright position. Always check how long they can be kept in the freezer.
- Mark containers with a waterproof pen, stating the date of milk collection so that the oldest ones can be used first.
- Don't mix milk of different temperatures. For example, don't add milk that has just been expressed to cold milk already in the fridge- cool it in the fridge first, and then add it.
- Never add freshly expressed milk to frozen milk as this will cause it to defrost.
- Expressed milk can be placed straight in the freezer.

Storing breast milk

Fresh Milk

- Can be kept at room temperature (16-29°C) for 3-4 hours.
- Can be stored in the fridge (below 4°C) up to 3 days (not in the door).
- Can be stored in the freezer (below 17°C) up to 6 months.
- Can be stored in an insulated bag with ice packs for 24 hours.
- Is better than frozen.

Frozen Milk

- Should be removed from freezer the day before use and thawed in the fridge.
- Can be kept in the fridge up to 24 hours after defrosting.
- Can be stored in the fridge for up to 5 hours if it has been warmed up and ends up not being used, but it cannot be refrozen. **If there is left over milk after a feeding, throw it away.**

Warming up breast milk

Place the defrosted milk in a bottle and warm it in a container of hot water or in an electric bottle warmer. After it has been warmed, gently swirl the milk around to mix any fat that has separated and to ensure there is an even temperature throughout the milk. An appropriate baby milk temperature is 34- 36°C. Heating breast milk to temperatures over 40°C is not recommended as this would destroy its beneficial properties.

NEVER use a microwave to warm breast milk.





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