Preventing nursing problems

If you watch your body and especially your breasts carefully, you will see and feel a few changes after the birth of your child:

- Often a tightening of the breasts on the 2nd – 4th day show that ample milk production has begun. (Engorgement)
- Breast and nipples are tenderer.
- A correct latching on and emptying of the breast minimises the need for special care and prevents galactostasis (painful, hard, strongly swollen breasts, difficulty emptying breasts).
- Painful and sore nipples can be avoided by changing nursing positions (cradle; back / football hold and nursing when lying down) as well as correct latching on and removing the baby from the breast to avoid improper sucking.
- For painful nipples or hardening due to accumulated milk, special nursing positions such as „side-lying-hold“, „tummy-to-tummy” etc. may be helpful.
- Milk leftover on the nipple after nursing protects the nipple.
- If your child oversleeps and skips a meal, meaning he/she sleeps longer than 3 hrs., you should awaken him/her with skin contact, changing the diaper or a gentle massage.
- The reason must be found if your child does not want to or can not drink from the breast. Regular pumping (breast pump) stimulates the breast and replaces hereby effective sucking.
- Pumped breast milk can be stored up to 72 hrs. in the refrigerator and frozen at - 20° C for at least 6 months.

Breastfeeding is not possible if:

- The child has galactosaemia, (a metabolic disorder, in which there is an inability to make proper use of lactose in breast milk).
- If the mother has AIDS, ongoing chemotherapy or drug abuse.

Eating and drinking when nursing

- When nursing you should eat a well-balanced and varied diet.
- Maintain healthy eating and drinking habits.
- Normally your child can tolerate everything that is tolerable for you. A restless child is usually due to other reasons.
- You can eat small healthy snacks while you are nursing.
- Put something to drink within reaching distance so that you can drink enough whenever you get thirsty.
- Drinking too much can reduce the amount of milk.

Expert help

- St. Elisabeth Krankenhaus:
  Team of midwives        Tel: 06571 / 15-1325
  Newborn room            Tel: 06571 / 15-1336
  Children’s ward         Tel: 06571 / 15-1335
  Nursing authority C. Lotz Tel: 06571 / 15-1336
- Breastfeeding get-together:
  Elternschule (Parents School) in the
  St. Elisabeth Hospital, Wittlich,
  Mondays 10:00 - 11:30
- Book recommendation:
  “Breastfeeding – How to best provide for your baby” by M. Guóth-Gumberger and E. Hormann, Gräfe and Unzer publishing house.

Disclaimer
Responsible for contents and concept:
Christa Lotz, Certified Breastfeeding and Lactation Consultant (IBCLC), Pediatric nurse
Verbundkrankenhaus Bernkastel / Wittlich
Positive start at breastfeeding

Dear parents,

Our best wishes to the birth of your child.

With this pamphlet we would like to give you a few useful tips to get you off to a positive start at breastfeeding.

It answers some of the most frequently asked questions when starting breastfeeding and conveys basic knowledge about nursing.

With the possibility of “rooming-in” you have the chance to be constantly together with your child and can build up a close relationship (bonding).

We support the recommendation of the World Health Organisation (WHO), to solely breastfeed for 6 months.

A positive start for breastfeeding is a fundamental premise for this; whereby our expert team would like to support and accompany you.

We wish you a happy time nursing and all the best for your family.

Your Integrative Childbed Health Care Team

Breastfeeding techniques

Good nursing begins with the right breastfeeding technique. Make yourself and your child comfortable. Enjoy the skin contact and closeness when nursing.

Correct breastfeeding position:

- Chose a comfortable and relaxed breastfeeding position for you and your child.
- Your child is lying facing you (tummy-to-tummy), well supported at breast height.
- Child’s ear, shoulder and hip form a straight line.
- Lead the child’s head towards the breast, the nose is across from the nipple.
- The child’s wide open mouth latches onto the nipple and a mouthful of breast.
- The lips are turned outwards, the cheeks full.
- Your child suck and swallows consistently.

Frequency and length of the breastfeeding:

How long a breastfeeding takes varies from feeding to feeding. The child is nursed on the first breast for as long as it likes. With a correct latching on to the breast it will drink, according to temperament, for 15 minutes or longer. Some children are already full after one breast; others drink on the second breast too. If required, nurse day & night, 8-12 times. The number of breastfeedings decreases the older your child gets.

Effective milk production

Demand regulates the supply

Your child regulates the milk production independently, if you always nurse as soon as it signalizes hunger.

The breast automatically makes the amount of milk that your child drinks from the breast.

Should the need for milk increase simply nurse more often. This stimulates milk production and the amount of milk increases.

When breastfeeding many mothers experience:

- A prickling feeling in the breast.
- Milk runs out of the other breast.
- Increased lochia flow.
- Uterine contractions.

These are signs that the child is emptying the breast quite well.

The breast is softer after nursing, the nipple longer but not pushed together or sore.

Your child already begins to relax during nursing. A small “milk moustache” can be seen when the nipple is released.

Sign of sufficient milk supply:

- From the 4th day of life: 6 wet diapers daily.
- From 1st day: 3 ball movements daily.
- Beginning with the 5th day of life on thin, runny, yellow ball movements.

Weight development when only breastfeeding:

- Less than 7% weight loss after birth is normal.
- Weight gain beginning with the 5th day of life.
- Achieving birth weight at the 10th day of life.
- Weight gain: at least 140 g per week within the first 3 months.