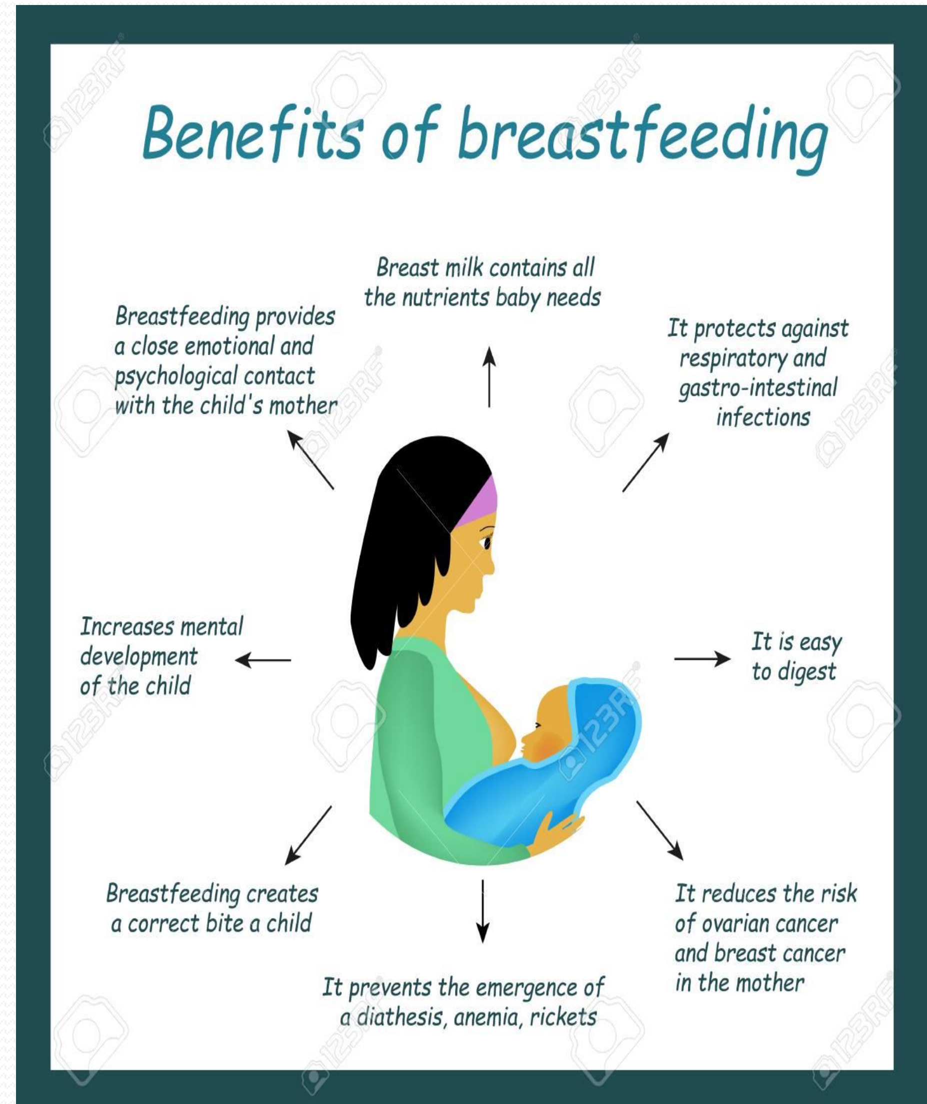
# BREAST- FEEDING

# INTRODUCTION

- **The 2 vital considerations for the infants in tropical countries are breast-feeding & avoidance of infection.**
- **All the babies, regardless of the type of delivery, should be given early & exclusive breast-feeding upto 6 months of age.**
- **Exclusive breast-feeding means giving nothing orally other than colostrum & breast milk.**



# BABY FRIENDLY HOSPITAL INITIATIVE

- **Has 10 steps for successful breast-feeding ( by WHO)**

1. **There must be a written breast-feeding policy.**
2. **All health care staff must be trained to implement this policy.**
3. **All pregnant women must be informed about the benefits of breast-feeding.**
4. **Mothers should be helped to initiate breast-feeding within half an hour of birth.**
5. **Mothers are shown the best way to breastfeed.**
6. **Unless medically indicated, the newborn should be given no food or drink other than breast milk.**
7. **To practice 'rooming-in' by allowing mother & babies to remain together 24 hours a day.**
8. **To encourage demand breast-feeding.**
9. **No artificial teats to babies should be given.**
10. **Breast-feeding support groups are established & mothers are referred to them on discharge.**

# ADVANTAGES OF BREAST-FEEDING

- **Composition:- Breast milk is an *ideal food* with easy digestion & low osmotic load.**
- **Protection against infection & deficiency states**
- **Breast milk is a readily available food to the new-born at body temperature & without any cost.**
- **Breast-feeding acts as a natural contraception to the mother.**
- **Additional advantages are:- It has a laxative action.**
- **No risk of allergy.**
- **Psychological benefit of mother-child bonding.**
- **Helps involution of the uterus**

- **Lessen the incidence of sore buttocks, gastrointestinal infections & atopic eczema.**
- **The incidence of scurvy & rickets is significantly reduced.**
- **Long-term risk of exclusive bottle-feeding:-**

**Type-I DM**

**Sudden infant death**

**Adult type-II DM**

**Childhood & Adult obesity**

**Ulcerative collitis & Crohn’s disease**

**Atopic dermatitis**

**Reduced IQ**

# PREPARATION FOR BREAST-FEEDING

- The preparation for breast- feeding should actually be started from the middle of the pregnancy.
- Any abnormality in the nipple like cracks, depressed nipple should be adequately treated .
- Massaging the breasts, expression of the colostrum & maintenance of cleanliness should be carried out during the last 4 weeks of pregnancy.

# MANAGEMENT OF BREAST-FEEDING

- **The modern practice is to reduce nipple cleansing to a minimum & to wash the breast once daily.**
- **A clean, soft supporting brassiere should be worn.**
- **The mother should wash her hands prior to feeding.**
- **Mother & the baby should be in a comfortable position during feeding.**
- **Frequent feedings, 8-12 feeds/ 24 hours are encouraged**

# *FIRST FEED*

- **In the absence of anatomical or medical complications, a healthy baby is put to the breast immediately or at most ½- 1 hour following normal delivery.**
- **Following cesarean delivery a period of 4-6 hours may be sufficient for the mother to feed her baby.**

# *MILK TRANSFER*

- **Milk transfer in infant is a physiological process, which starts with a good latch on.**
- **The nipple is tilted slightly downwards using a " C- hold" .**
- **The milk is extracted by infant not by negative pressure but by a peristaltic action from the tip of the tongue to the base.**
- **The latent period between latch on to milk ejection is about 2 minutes.**
- **Nearly 90% of the milk is obtained in the first 5 minutes.**
- **The calorie rich hind milk is obtained at the end part of suckling.**
- **The inflexible artificial nipple resists the undulating motion of infant's tongue & mouth**

# *FREQUENCY OF FEEDING*

- ***Time schedule:-*** **During the first 24 hours, the mother should feed the baby at an interval of 2-3 hours.**
- **Gradually, the regularity becomes established at 3-4 hours pattern by the end of the first week.**

- ***Demand feeding :-*** **The baby is put to the breast as soon as the baby becomes hungry.**
- **There is no restriction of the number of the feeds & duration of suckling time.**

# *DURATION OF FEED*

- **The initial feeding should be last for 5-10 minutes at each breast.**
- **This helps to condition the letdown reflex.**
- **Thereafter, the time spent is gradually increased.**
- **Baby is fed from one breast completely so that baby gets both the foremilk & hind milk.**
- **Then the baby is put to the other breast if required.**
- **Hind milk is richer in fat & supplies more calories & satiety to the infant.**
- **The next feed should be start with the other breast.**

# *NIGHT FEED*

- **In the initial period, a night feed is required to avoid long interval between feeds of over 5 hours.**
- **It not only eliminates excessive filling & hardening of the breasts but also quietens & ensures sound sleep for the baby.**
- **However, as the days progress, the baby becomes satisfied with the rhythmic 3-4 hourly feeding.**

# *AMOUNT OF FOOD*

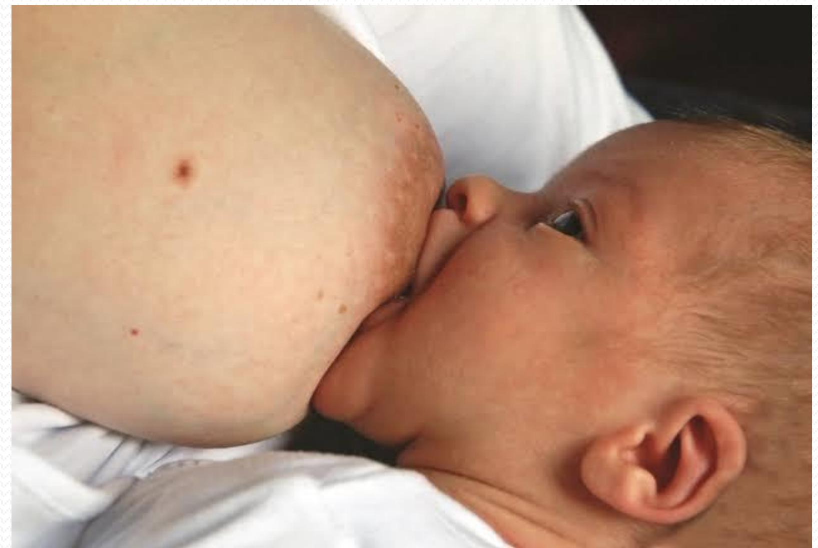
- **The average requirement of milk is about 60mL/ kg/ 24 hours on the first day,**
- **100mL/ kg/ 24 hours on the third day.**
- **And is increased to 150mL/ kg/ 24 hours on the 10$^{th}$ day.**
- **However the baby can take as much as he wants.**

# *TECHNIQUE*

- **The mother & the baby should be in a comfortable position.**
- **Feeding in the sitting position, the mother holds the baby in an inclined upright position on her lap; the baby's head on her forearm on the same side close to her breasts, the neck is slightly extended.**
- **Good attachment means the infant's mouth is wide open & chin touches the breast.**

- The mother should guide the nipple & areola into the baby's mouth for effective milk transfer.
- The milk transfer to the baby begins with good latch on & by a peristaltic action of the tip of tongue to the base.
- The proper position for milk transfer is chest to chest contact of the infant & mother.
- The infant's ear, shoulder & hip are in one line.
- Baby suck the areola & the nipple holding between the tongue & the palate.

POOR ATTACHMENT



GOOD ATTACHMENT

# *NIPPLE CONFUSION*

- **If the baby is fed with an artificial nipple of a bottle, he can't suck mother's nipple effectively due to nipple confusion.**
- **In bottle he has to press the nipple only, but in case of mother's nipple, he has to press the areola & suck the nipple.**
- **The baby is confused between these 2 procedures & lactation failure develops.**
- **So, the artificial feed is given by spoon.**

**ARTIFICIAL FEED WHICH CREATES NIPPLE CONFUSION**

# *BREAKING THE WIND (BURPING)*

- **All babies swallow varied amount of air during suckling.**
- **To break up the wind, the baby should be held upright against the chest & the back is gently patted till the baby belches out the air.**
- **It is better to break up the wind in the middle of suckling so as to make the stomach empty, enabling the baby to take more food & at the end of suckling to prevent hiccough & abdominal colic.**

**BREAKING THE WIND (BURPING)**

# FACTORS FOR SUCCESSFUL LACTATION

- **Positioning**
- **Attachment to breast**
- **Nursing technique ( to avoid breast pain, nipple trauma, incomplete emptying)**
- **A rotation of positions is helpful to reduce focal pressure on the nipple & to ensure complete emptying.**
- **To break the suction, a finger is inserted between the baby's lips & the breast, otherwise it can injure nipple by forceful disengagement.**

# DIFFICULTIES IN BREAST-FEEDING

- ***Due to mother :-*** **Reluctance or dislike to breast-feeding**

**Infant's attachment to the breast**

**Anxiety & stress**

**Following operative delivery**

**Milk secretion is inadequate**

**Breast ailments like engorgement of breast, cracked nipple, depressed nipple & mastitis etc.**

- ***Due to infant :-*** **Low birth weight baby**

**Temporary illness like respiratory tract infection, nasal obstruction etc.**

**Over distention of the stomach due to swallowed air.**

**Congenital malformations such as cleft palate.**

# CONTRAINDICATIONS

| | TEMPORARY | PERMENANT |
|---|---|---|
| Maternal | 1. Acute puerperal illness | 1. Chronic medical illness such as decompensated organic heart lesion, active untreated pilmonary TB |
| | 2. Acute breast complications such as cracked nipples, mastitis or breast abscess. | 2. Puerperal psychosis |
| | 3. Herpes simplex lesion of the breast | 3. Mother having high doses of antiepileptic, antithyroid, antipsychotic or anticancer drugs. |
| Neonatal | 1. Very low birth weight baby | 1. Severe degree of cleft palate |
| | 2. Asphyxia & intracranial stress | 2. Galactosemia |
| | 3. Acute illness | |

# DRUGS & BREAST- FEEDING

- **Most drugs taken by the mother appear in the breast milk.**
- **Fortunately drug level in the breastfed infants ranges from 0.001% to 5% of the therapeutic doses.**
- **The infant tolerates the drug without any toxicity.**
- **Very few drugs are absolutely containdicated.**
- **These are: anticancer drugs, Chloramphenicol, radioactive materials, phenylbutazone & atropine.**

**Text Book Of Obstetrics by Dr. D.C Dutta**

THANK YOU