

Prenatal Care:

Breastfeeding Basics

(Before You Begin/Tips)



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Materials Needed

- ❑ Breastfeeding Basics flipchart and lesson box
- ❑ Baby doll

Objectives

- ❑ To prepare for breastfeeding
- ❑ To understand why breast milk is best for babies
- ❑ To understand how the body makes milk
- ❑ To understand what's in breast milk
- ❑ To know whether the baby is getting enough food
- ❑ To understand how breast milk can be stored and for how long

Teaching Points

- ❑ Breastfeeding is nature's way of providing a baby with the absolute best source of food. Breastfeeding protects against many diseases and is best for a baby's growth and development.
- ❑ There is very little that expecting mothers have to do to prepare for breastfeeding. The body prepares itself.
- ❑ Some foods, drinks, and drugs should be avoided because they can be passed to the baby through breast milk.
- ❑ After the baby is born, hormones are released that promote milk production in the breast.
- ❑ Once the baby starts breastfeeding, the amount of milk produced depends on how much the baby suckles.
- ❑ Before the baby is born, colostrum is produced in the breast.

- ❑ Colostrum is the first type of breast milk. Colostrum is followed by Transitional Milk and then finally by Mature Milk.
- ❑ Breast milk consists of water, fats, sugar, protein, vitamins, minerals, and antibodies. Breast milk is suited to meet a newborn's nutritional needs. As long as the baby is breastfeeding enough, there is no need for other foods or drinks.
- ❑ Examining the baby's urine and stools and monitoring the baby's weight can help to determine if the baby is getting enough food.
- ❑ Some women may want to pump/express their breast milk and store it so that their baby can continue to drink breast milk while they are busy or unavailable. Breast milk will keep for up to six months if it is stored properly.
- ❑ Proper breastfeeding techniques help to lessen discomfort or soreness.

Activities

- ❑ Scenarios
- ❑ Breastfeeding Demonstration

Reference Manual

- ❑ 1 Growth Charts

Wrap-Up

- ❑ Review teaching points and answer any remaining questions
- ❑ Schedule next meeting

Why Breastfeeding is Best for Babies





Why Breastfeeding is Best for Babies

Teaching Points: Breastfeeding is nature's way of providing a baby with the absolute best source of food. Breastfeeding protects against many diseases and is best for a baby's growth and development.

- ❑ **Review teaching points with participant.**
- ❑ **A mother's breast milk is the BEST source of nutrition for a baby.**
 - Breastfeeding reduces the risk of babies developing many common childhood ailments, like colds, the flu, ear infections, diarrhea and allergies.
 - Mothers' milk may protect babies from obesity and the risk of type 2 diabetes.
 - Breastfeeding provides an opportunity for a mother and her baby to cuddle, make eye contact, and bond.
 - Breastfeeding has positive long-term effects on the health and development of a child.
 - Breastfeeding is free and reduces waste in our environment.
- ❑ **How long should I breastfeed my baby?**
 - Experts recommend breastfeeding for as long as possible -- one year or longer.
 - There are ways that you can continue to feed your baby breast milk, even if you have to return to work or school.
- ❑ **Support from a woman's family makes breastfeeding easier.**
 - Talk to your partner before giving birth about feeding options.
 - Most dads want their children to have access to the best nutrition, so think of ways your partner can help you.
 - Even if your partner can't feed your baby, he can hold the baby before or after feeding, burp the baby, or rock the baby to sleep.
 - Your family members—like your mother, sisters, grandmother, aunts—and female friends can offer you advice and support.
 - If you choose to breastfeed, ask your family to support your decision and offer help and support.
 - Your family and your partner can help with other baby care tasks, giving you extra time for feedings and naps.

What Do Expecting Mothers Have to Do to Prepare to Breastfeed?



**Many women are concerned about what they need to do to prepare to breastfeed a new baby.
Is there anything you think you need to do to prepare for breastfeeding?**



What Do Expecting Mothers Have To Do To Prepare To Breastfeed?

Teaching Points: There is very little that expecting mothers have to do to prepare for breastfeeding. The body prepares itself. Some foods, drinks, and drugs should be avoided because they can be passed to the baby through breast milk.

- Review participant’s responses.
- Review teaching points with participant.
- Review myths and facts (below).

MYTH	FACT
Some women use special creams or lotions on the nipples or breasts.	This is not necessary and may cause allergies or clogging of the nipples.
Some women do exercises to toughen their nipples by rubbing or twisting them.	This can be painful, and may harm the milk-producing glands in the breast.
Many women think that they have to drink milk to be able to make milk.	Milk is an important source of calcium and vitamin D in your diet, but you don’t have to drink milk to make breast milk because your body makes it “from scratch.”
Some women squeeze their breasts to express colostrum from their breasts during the last week of pregnancy to prevent painful swelling.	This practice <i>is not</i> recommended by doctors, and does not help your body prepare for breastfeeding.
Bottle-feeding is the best nutritional choice for newborns.	Breast milk has been shown to be the best choice for newborns. It is a complete, balanced nutritional source with antibodies that can prevent infections and diseases (i.e. ear infections, diarrhea, obesity and type 2 diabetes) both in infancy and later in life.
Bottle-feeding is the best choice for a new mother.	Breastfeeding is generally the best choice for a new mother. Breastfeeding is free, helps the mother’s body to heal quickly after childbirth, and is a good chance for the mother and child to bond.
Some women think that they will not have enough breast milk if their breasts are small.	If you feed your baby frequently and switch breasts while feeding, your body should produce enough milk regardless of size.

How Your Body Makes Milk





How Your Body Makes Milk

Teaching Point: After the baby is born, hormones are released that promote milk production in the breast. Once the baby starts breastfeeding, the amount of milk produced depends on how much the baby suckles.

- ❑ **Review teaching point with participant.**
- ❑ **Before the baby is born**
 - Colostrum is produced within the breast.
- ❑ **After the baby is born**
 - Hormones are released that promote milk production and storage in the breast.
- ❑ **Once the baby starts breastfeeding**
 - The amount of milk produced depends on how much the baby suckles.
 - All women will produce milk at first, continued production depends on suckling.
 - This is described as the “**supply and demand phenomenon.**” The more your baby demands by suckling, the more your body will supply.
 - While the supply of milk doesn’t depend too much on how much you are eating and drinking, it is still important to have a well-balanced diet.
- ❑ **Process of breastfeeding**
 1. The baby suckles on the breast.
 2. Suckling stimulates breast tissue.
 3. This stimulation signals the brain to release the hormones Prolactin and Oxytocin.
 4. Prolactin promotes milk production.
 5. Oxytocin promotes “let-down” or release of milk from the ducts into the sinuses (**let-down reflex**).
 6. The baby squeezes on the nipple to draw milk out of the sinuses.

The Evolution of Breast Milk

	COLOSTRUM	TRANSITIONAL BREAST MILK	MATURE BREAST MILK
When is it produced?	-In the last weeks of pregnancy through the first few days after the baby is born. -It's the baby's first milk.	-After colostrum in the first several days after the baby's birth.	-After transitional milk usually within the first 2 weeks of the baby's delivery.
What does it look like?	-Thicker and more yellow than mature milk.	-Thin and watery.	-Thin and watery. -Breast milk may look slightly greenish, pinkish, or bluish depending on your diet (i.e. certain vegetables or other foods may change the color of breast milk).
What is in it?	-Antibodies, which help protect against disease by fighting viruses and bacteria. -Sugars, proteins, and certain vitamins.	-Has fewer antibodies than colostrum, but has more sugars, fats, and calories.	-Has even more sugars, fats, and certain vitamins than transitional milk.

The Evolution of Breast Milk

Teaching Point: Before the baby is born, colostrum is produced in the breast. Colostrum is the first type of breast milk. Colostrum is followed by Transitional Milk and then finally by Mature Milk. Breast milk consists of water, fats, sugar, protein, vitamins, minerals, and antibodies. Breast milk is suited to meet a newborn’s nutritional needs. As long as the baby is breastfeeding enough, there is no need for other foods or drinks.

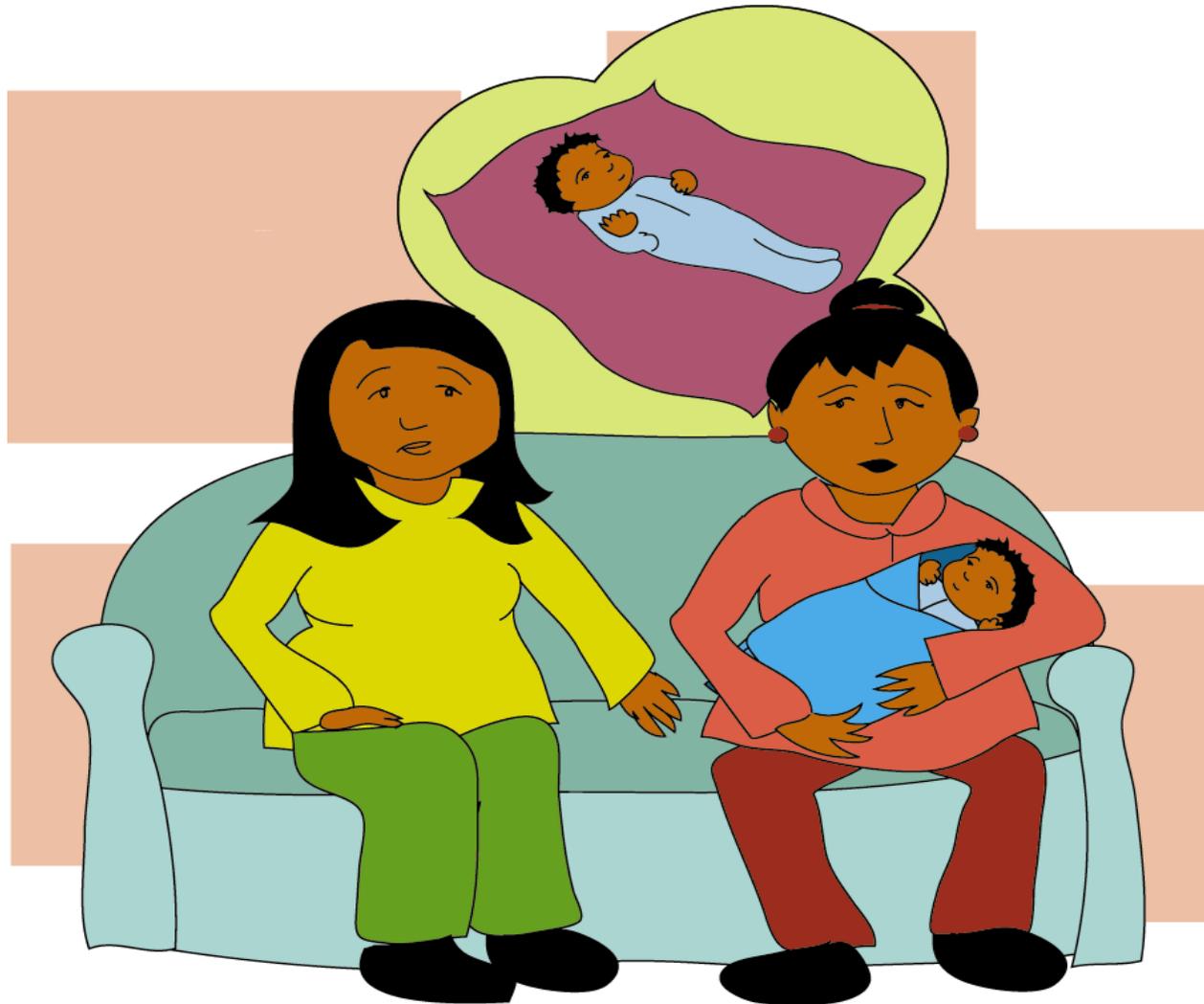
- ❑ Review teaching point with participant.
- ❑ Review types of breast milk that are produced from late pregnancy through the post-partum period.

	COLOSTRUM	TRANSITIONAL BREAST MILK	MATURE BREAST MILK
When is it produced?	Produced in the last weeks of pregnancy through the first few days after the baby is born. It’s the baby’s first milk.	Produced after colostrum in the first several days after the baby’s birth.	Produced after transitional milk usually within the first 2 weeks of the baby’s delivery. Breasts may be firm or tender to touch and feel very full.
What does it look like?	Thicker and more yellow than mature milk and contains less fat and more sugars, proteins, and certain vitamins.	Thin and watery-looking.	Exact composition varies from mother to mother to suit the needs of her baby. Mature breast milk usually looks thin and watery. Breast milk may look slightly greenish, pinkish, or bluish depending on your diet (i.e. certain vegetables or other foods may change the color of breast milk). The amount produced depends on the amount of stimulation provided by the baby’s suckling. (<i>Remember the supply and demand phenomenon!</i>)
What is in it?	Contains antibodies, which help protect against disease by fighting viruses and bacteria.	Has fewer antibodies than colostrum, but has more sugars, fats, and calories.	Has even more sugars, fats, and certain vitamins than transitional milk.
What does it do?	Promotes the passage of meconium – the baby’s first bowel movement.		Composition changes slightly from the beginning to the end of a feeding. Early in the feeding it is called <i>foremilk</i> which contains more water. <i>Hindmilk</i> is released 10-20 minutes into the feeding and contains more fats and calories. Both kinds of milk are important for the baby.

FHE NOTE: Breastfeeding is a skill that takes time for both the mother and baby to learn. Many women may find the first few days after delivery challenging when their milk supply has not yet been established. It is important for new mothers to be patient during this time and draw support from their family.

How Much Is Enough?

Your sister, Margaret, comes to you for advice. Her baby is now almost a month old, and she is concerned that he is not getting enough to eat. He's lost a small amount of weight, but his stools are regular, not dry. Margaret says she remembers learning that babies often lose a little bit of weight after they're born, but she is still concerned. What would you tell her?





How Much Is Enough?

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Teaching Point: Examining the baby's urine and stools and monitoring the baby's weight can help determine if the baby is getting enough food.

- ❑ Review participant's response.
- ❑ Margaret's son is progressing normally: his stools are regular and he has only lost a small amount of weight. If she is still concerned, she should take him to the doctor for a checkup.
- ❑ Review teaching point with participant.
- ❑ One of the ways you can tell if a baby is getting enough food is by monitoring his weight gain.
 - All newborns lose weight after birth, but should be back to their original birth weight by 2 weeks.
 - Weight loss after 2 weeks may suggest inadequate food intake.
 - After 2 weeks, they should gain an average of 3-7 ounces/week. *[See Reference Manual 1: Growth Charts.]*
- ❑ You can also determine if a baby is getting enough food by looking at his/her urine and stools.
 - This chart shows the minimum number of diapers for healthy, full-term, breast-fed babies. It is fine if your baby has more.

Baby's Age	Wet Diapers	Dirty Diaper Color and Texture
Day 1 (birth)	1	Thick, tarry and black
Day 2	2	Thick, tarry and black
Day 3	3	Greenish yellow
Day 4 (or when milk increases)	5-6	Greenish yellow
Day 5	5-6	Seedy, watery, mustard color
Day 6	5-6	Seedy, watery, mustard color
Day 7	5-6	Seedy, watery, mustard color

- Urine should be light yellow in color. If it is dark yellow this means that the baby is not getting enough fluids.

Pumping and Storing Breast Milk



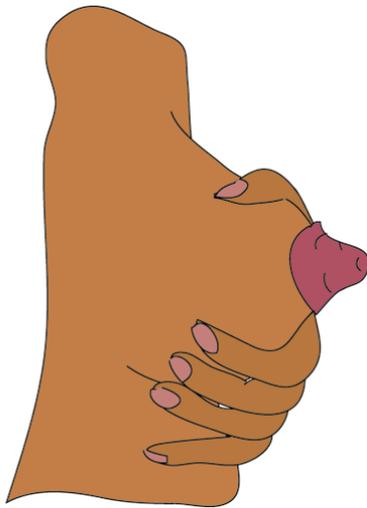
Double Breast pump



Single electric breast pump



Manual breast pump



Hand expressing



Breast milk storage container



Extra bottles

Pumping and Storing Breast Milk



Teaching Point: Some women may want to pump/express their breast milk and store it so that their baby can continue to drink breast milk while they are busy or unavailable. Breast milk will keep for up to six months if it is stored properly.

❑ **Review teaching point with participant.**

❑ **Why would a woman want to pump milk? How can she pump milk?**

- Women may want to pump/express if they are in school or work outside the home. Some women pump/express to allow their partners or other family members to bond with the baby through feeding.
- Requires use of a breast pump or hand expressing.
 - Pumps can be manual (hand operated) or automatic (electric or battery-powered).

❑ **Choosing a breast pump**

- Whether to get a pump AND the type (manual vs. automatic) may depend on how much a woman plans to pump.
 - Automatic pumps tend to produce more milk than manual pumps.
 - Hand expression may not produce as much as a pump.
- Many community agencies can help new mothers get breast pumps.
 - ***FHE Note: Agencies like WIC or the I.H.S. hospital may be able to help, as well as community-specific agencies. Some agencies may require that participants be full-time students or working.***

❑ **Storing breast milk**

- Once breast milk has been pumped, it can be stored in a freezer milk bag or plastic/glass container with a well-fitting top.
- Human milk has special properties that help it to stay fresh. Breast milk should be stored in 2-4 ounce amounts to reduce waste.
- Human milk can be stored:

At room temperature	66-72 degrees F	Up to 6 hours
In a refrigerator	32-39 degrees F	Up to 8 days
In a freezer compartment inside a refrigerator	Temperature varies because of door opening frequently	Up to 2 weeks
In a freezer compartment with a separate door	Temperature varies because of door opening frequently	Up to 4 months
In a deep freeze	0 degrees F	Up to 6 months

- Milk should be thawed or heated under warm, running water.
 - It should NEVER be brought up to boiling!
 - Do not use the microwave.
- Swirl milk before testing the temperature. This will redistribute the cream into the milk.

Breastfeeding: Tips for Your First Feedings



Breastfeeding: Tips for Your First Feedings



- ❑ **Start as soon as possible after birth (within the first few hours).**
 - Let your doctor or nurses know that you would like to nurse your baby as soon as possible after s/he is born.
 - Your baby will probably be awake the first hour after being born. This is a good time for the first feeding.
 - Lying down may be the most comfortable position right after delivery.
 - The football hold may be most comfortable if you've had a C-section.
- ❑ **Let the baby nurse for as long as s/he wants on one breast and then offer him/her the other breast until s/he stops feeding.**
 - Start with the opposite breast on the next feeding.
- ❑ **Nurse your newborn every 2-3 hours.**
 - You may need to wake your baby for these feedings for the first several days. Birth is a tiring experience!
 - For the first several days, baby may only nurse 10-15 minutes/breast. Remember to switch breasts at each feeding.
 - After several days, the baby will probably wake up on his/her own to nurse every 2-3 hours.
 - Keep your baby awake during feedings (rub cheek or head).
 - As long as you are nursing regularly, milk will continue to be produced. You don't need to "rest your breasts" between feedings to build up milk.
- ❑ **Be patient.**
 - The baby is also doing this for the first time and needs some time to figure out what breastfeeding is all about.
 - The baby just went through a tremendous ordeal.
 - If you had anesthesia, you and your baby may both feel groggy and tired.
 - If you had a long or difficult labor remember that your baby was also working hard to get out of your womb and may be tired.
- ❑ **If you are having trouble, ask your nurse, doctor or midwife for help.**
- ❑ **Location is important.**
 - Start breastfeeding in a quiet room that is not too bright.
 - Avoid interruptions.
 - Be alone or with people with whom you feel comfortable.
- ❑ **Try to stay calm.**
 - If you are frustrated, nervous, or irritated, your baby may become agitated by your emotions.
- ❑ **Stay hydrated.**
 - Drink plenty of water.

How to Breastfeed: Positioning

Cradling Position



Lying Down



Football Hold



How to Breastfeed: Positioning



Teaching Point: Proper breastfeeding techniques help to lesson discomfort or soreness.

- ❑ **Review teaching point with participant.**
- ❑ **Use a doll to demonstrate the positions, and have participant also demonstrate these positions and identify which are comfortable or uncomfortable.**
- ❑ **Breastfeeding Techniques.**
 - Stay hydrated and keep some water nearby
 - Wash your hands.
 - Get into a comfortable position: make sure your back and arms are supported and have a burping cloth handy.
 - Position the baby (see below).
 - A mother should never lean over the baby, the baby’s head and body should be facing the breast, tummy to tummy, and the baby’s head should always be supported.
 - Improper positioning may cause painful feeding, sore nipples, and inadequate feeding for the baby.

Cradling Position	Lying Down**	Football Hold
Lay the baby on the arm nearest to the breast.	Lie on your side and place a pillow under your head.	Lay a pillow at your side. Rest your arm on top of the pillow, and lay your baby on this arm with his/her body at your side.
Hold the baby at the level of your breast. The baby should be facing your nipple and his/her tummy and chest should face your tummy and chest.	Place the baby on his/her side facing you at the level of your nipple. You can place your arm or a rolled up towel behind the baby to secure him/her.	Support his/her head, neck, and back with your forearm. The baby will be tucked under your arm at your side (almost like a football). Offer the baby the breast closest to the surface that you’re lying on (bed, couch, etc.).
Support the baby’s head, neck, and back with your elbow and forearm.	Good if your perineum or tummy are sore from the delivery or if you simply want to rest during a feeding.	May be comfortable if you have large breasts, inverted or flat nipples, engorged nipples, or a small baby. It may also be more comfortable if your belly is sore from a C-section or of you are nursing twins.

** Don’t fall asleep while lying down!

Proper Positioning

You are talking to your friend Margaret. She is determined to breastfeed her son, Noah, for at least 6 months. She's heard that breastfeeding is supposed to be a peaceful and pleasant experience, but it is often very painful for her. She describes to you the position she normally uses to breastfeed Noah. You realize that she's doing some things wrong with her positioning (see the picture below). What is she doing wrong, and how would you advise her?



Proper Positioning



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- ❑ **Review participant's response. Margaret was often leaning over her son while breastfeeding, and she did not always position him so that his head and body faced her breast. Both of these could have caused her nipple soreness.**
- ❑ **Improper positioning can cause nipple soreness.**
- ❑ **Regardless of the position chosen (Cradle Hold, Football, Lying Down, etc.), mom should never be leaning over the baby, the baby's head and body should be facing the breast (baby should never have to turn his head to reach the nipple), and the baby's head should always be supported (never tilted back.)**