



Breastfeeding

AND BABY CARE



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BREAST MILK

Different shaped breasts all have the same number of mammary glands, so there is no need to worry for women with small breasts. The amount of breast milk does not depend on the size of the breasts.

After delivery, there is breast milk in the breasts even if the delivery has been prematurely. The components may be a bit different, but they are exactly what a premature baby needs.

It may seem that your baby is breastfeeding constantly on the first few days after the birth. Being close to her mother's breast feels safest for a newborn, but also provides necessary nutrition and antibodies vital for the baby's digestive and immune systems development.

Newborn babies develop and grow well if they are breastfed at least 8-12 times in 24 hours.



COLOSTRUM

Colostrum is a translucent, yellowish or bluish liquid.

Colostrum is extremely beneficial for the baby:

- *it protects the baby from germs and diseases*
 - *it helps the baby to adjust to her new environment*
 - *it activates the baby's delicate digestive system*
 - *it acts as a laxative and brings out the first sticky poop (meconium) from the bowels.*
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The amount of colostrum is normally quite small, but so is the stomach of a newborn. By feeding often the baby gets the necessary amount of colostrum during each feed.

There is a lot of energy, vitamins, and antibodies in colostrum. Together, they protect the baby from infection and help the baby's digestion work properly. As time passes, colostrum will gradually mix with the increasing amount of breast milk.

FIRST BREASTFEEDING

The first breastfeeding should occur in the first hour after the baby's birth. Give your baby as much time as she/he needs to breastfeed.

Early breastfeeding is also very beneficial for the mother, as the uterus contracts better during breastfeeding. Your baby is getting antibodies from the breast milk, which will protect her/him in her/him new environment.

A newborn should stay together with the mother after the birth. It is especially beneficial for your newborn to have skin contact with you, staying naked against your exposed skin. Your baby will be more active, and your breasts will react to the closeness of your baby and start producing milk more quickly.

Your baby is ready for breastfeeding when he/she:

- *opens his/her eyes and tries to catch the mother's gaze*
 - *moves hands and feet*
 - *opens his/her mouth, and moves her tongue*
 - *tries to grab everything with his/her mouth*
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HELPING YOUR BABY TO THE BREAST

It may feel uncomfortable to sit after giving birth, so you might find that lying down is a more comfortable way to breastfeed. Try lying on your side with the legs bent toward the stomach and your head supported by a pillow. Position your baby facing you, also lying on his/her side, belly to belly.

It is essential for correct latching that the nipple points to the baby's nose. When the nipple touches the baby's nose, she will stretch her neck and open her mouth wide. Bring your baby close and try to get the nipple, together with the dark area around the nipple (areola), into the baby's mouth. If the nipple points to the baby's mouth, then the baby will suck only the nipple and not the areola. This is likely to be a painful experience, which can cause cracked nipples.

When you are breastfeeding sitting upright, lean your back against support like a pillow or the back of a chair, and rest your feet on a small stool. Place your baby on a firm pillow, which makes it easier to bring the baby to the breast and will keep you from straining too much.

If you and the baby are comfortable then you are doing it right! When your baby is latching on correctly, then he/she can breastfeed as long as she wishes.

To make sure your baby is latching on correctly, observe the following steps:

- See that your baby's stomach is touching yours, so the baby doesn't have to turn her head to latch.
- When bringing the baby to the breast, support your baby from behind and hold the upper back.
- Don't push the back of your baby's head – that triggers an instinct to resist and the baby might refuse your breast.
- Point your nipple to the baby's nose, so the baby can bend her neck upward for better latching - this way the baby will take the nipple and areola both into her mouth, which will make it less painful for you.
- See that your baby's nose and jaw are pressed against the breast, cheeks are full and rounded, and the baby's lower lip is not tucked inward.
- Listen for slurping or clicking sounds when the baby sucks the breast – the baby should be sucking quietly.
- See that while breastfeeding your baby occasionally swallows.

***Your baby is born with suckling
and swallowing reflexes***

When your breast touches your baby's lips or cheeks, he/she will open her mouth and start searching. The baby will grab a large amount of the areola almost as into a vacuum with her mouth, and will start making suction movements, so the breast milk flow will hit the back of the baby's palate. After that the baby will swallow the milk.

Take your time to let your baby open his/her mouth, and then pull your baby close. Support his/her back, so he/she can grab the nipple and the areola. Only then can your baby get enough milk, and the breastfeeding will be comfortable for you also. Observe that the baby's lower lip is rolled out, and her nose and jaw are pushed against the breast. Baby should suck and then swallow.

***The baby can latch on a breast with flat
and inward-turned nipples. It just may take
some time to learn. The most important
thing is to be patient and consistent***

Roll your nipple with your fingers, and stimulate it by pulling gently outwards before you start feeding. Squeeze some drops of milk into your baby's mouth to get his/her interested. You can also draw your nipples out with a breast pump. Babies can be breastfed with all types of nipples,

it is simply necessary to stimulate the nipple first to help the baby latch. Once the baby latches, assess the feeding position for corrections, and continue breastfeeding. A silicone nipple shield may be helpful for you, but use it only as long as it takes for the nipple to come out. Once the nipple is out and can be suckled correctly, discontinue feeding with the shield and offer the breast without it.

***A mother's wellbeing is very
important during breastfeeding***

If there is not enough areola in the baby's mouth he/she will only suck your nipple. The baby cannot get enough milk by feeding this way, and there is a change of developing cracked nipples and ulcers. You will hear slurping and clicking sounds if your baby is not latching on correctly. Pain and discomfort are signs that the baby is latched on incorrectly, and is also a signal that you should carefully stop breastfeeding and start again, following the correct steps. These first days are for learning, so be patient!

If the baby is latching on correctly he/she can breastfeed as long as he/she wants. Some babies eat faster, some slower. Your baby will make small pauses without letting go of the breast while she breastfeeds. When your baby is finished eating, she will let go of the breast.



FIRST DAYS AFTER THE BIRTH

Your baby might be awake for the first 6-8 hours, studying the world and his/her parents. He/she will want to breastfeed often, as it gives him/her a feeling of safety along with essential nutrition. When your baby has fed enough and received enough attention, he/she will fall into a long and heavy sleep.

Now it is time for the mother and father to rest as well. It is best if the mother and the baby are in the same room. If they are separated then neither of them can rest well. Try to sleep together with your baby.

On the second day after the birth your baby will want to breastfeed frequently again, and this will lead to a critical increase in your milk supply.

Babies can lose up to 10% of their birthweight on the first three days after the birth. This is normal. Hunger from weight loss will also make your baby breastfeed more often.

*We recommend to breastfeed
as much as the baby wants because
it is necessary for increasing and
maintaining the milk supply.*



Your baby will start eating less often

Your milk supply will increase daily, and your baby will become calmer. He/she will not eat as often but will eat more during each feeding. Your baby will gain back him/her birth weight by the end of the first week, and from then on he/she will start to gain weight.

Feed your baby each time he/she asks for your breast. A breastfed baby should eat at least 8-12 times in 24 hours. During the first weeks of their life babies tend to eat even more often. Babies can never get too much breast milk. Trust your baby's hunger!

You can increase your milk supply

When a baby is breastfeeding, the woman's body produces oxytocin and prolactin – hormones necessary for breastfeeding. Prolactin is in charge of the milk production, while oxytocin makes the milk flow. If you offer your baby a pacifier, formula milk, or any other drink during the first weeks of life instead of breast milk then your milk supply may decrease and likely become insufficient.

You can help increase the amount of your breast milk if you:

- *breastfeed as often as your baby needs, but at least every three hours*
- *allow your baby to breastfeed as long as he/she wants*
- *breastfeed during the night*
- *get enough sleep and nap during the day*
- *stay close to your baby, caress and cuddle him/her*

Milk flow

You can help improve and maintain milk flow if you:

- *relax during breastfeeding*
- *have a positive attitude toward breastfeeding*
- *avoid stress and tension during breastfeeding*

Babies may have some spit up or reflux several times a day, but this will not harm them. If your breasts don't receive enough stimulation by sucking, the signal your body receives is that milk is not needed, and your milk supply will decrease - or even cease completely.



HOW TO CARE FOR YOUR BREASTS

- Wash your hands before each breastfeeding.
- Wash your breasts only once a day. If you wash more often, you will remove the skin's protective layer. Avoid using soap on the nipples and the areola.
- Make sure your baby is latching on correctly, this will keep your nipples intact.
- Use a well-fitted breastfeeding bra.
- To discontinue breastfeeding, do not pull your nipple from your baby's mouth. Put your finger in your baby's mouth to gently break the suction. He/she will then let go of the nipple.
- Offer your baby the second breast. He/she will decide if she needs it or not.
- If you feel tension or heavy feeling in your breasts after feeding, then express milk manually or use a breast pump until the discomfort is gone.
- Put some breast milk or special nipple cream on the nipples after breastfeeding.
- It is beneficial for your skin if you let your breasts be uncovered whenever you have the opportunity.

Engorgement

In most cases, the amount of milk starts to increase from the third day after giving birth. Your breasts may be big, painful and hard if you don't breastfeed enough, or if you breastfeed only short periods at a time, or if your baby has been feeding in the wrong position and not getting enough milk. In these cases your breasts can become swollen, reddish and painful, and you may develop a slight fever up to 38 degrees Celsius.

To ease the engorgement try the following steps:

- *feed your baby often, at least once every hour*
- *warm your breasts before feeding, for example by taking a hot shower or using a warm compress*
- *massage your nipples and express a small amount of milk to soften the area around the nipple*
- *make sure your baby latches on correctly*
- *put a cold compress or cold clean cabbage leaves on the breasts after breastfeeding for relief.*

It might take a couple of days before you start feeling better. Even though your breasts may feel softer after that, it does not mean that you will have less milk. It is very important that you take the steps to relieve engorgement. If you do not deal with engorgement it can develop into mastitis.

Mastitis

Mastitis usually starts from a blocked milk duct. If milk cannot flow through the milk duct it will lead to a hard painful lump developing in the breast.

The inflamed area will become swollen, reddish, and painful. You may feel a lump under your fingers. You will likely become feeling unwell, develop a headache, chills, and fever of up to 39 degrees Celsius. While this type of mastitis is usually caused by a blocked milk duct, it can develop into a serious infection if a bacteria is also involved. In this case, you must act quickly.

It is most important to eliminate the blockage, and breastfeeding your baby is the most efficient way to do this. For recovery, it is important to empty the breast and make sure that baby has the right sucking technique.

Breastfeeding should not be stopped because of mastitis. The inflammation can become purulent and then surgical help is might be needed.



We recommend the following steps to relieve the pain during mastitis:

- *warm your breast before feeding (warm compress, bath, shower)*
- *massage the nipples, not the breasts*
- *breastfeed often*
- *express excess milk manually or with a breast pump to achieve a softer breast*
- *after expressing the milk offer the same breast to the baby, because he/she can get the remaind milk out of your breast better than you can*
- *apply something cool on the painful spot after breastfeeding for 15-20 minutes, but do not use an alcohol compress*
- *use fever relief medicine to reduce your fever and pain*

If you follow these instructions you will notice the improvement, and your fever will lower within 1-2 days. The dense painful lump might remain in your breast for some time after the acute phase of mastitis, but it is not dangerous and if you continue to breastfeed it will gradually reduce.

However, if the situation is not improving, we recommend that you contact a breastfeeding counselor or come to our women's clinic emergency room. You can continue breastfeeding even if your doctor prescribes medicine (antibiotics). It is not harmful for your baby and does not affect breastfeeding.

Using a pacifier is not necessary for your baby

A breastfed baby does not require a pacifier or a bottle. Sucking on a pacifier creates an incorrect sucking pattern, and as a result may lead to you not producing enough milk. Your baby does not require a pacifier - in fact, pacifier use is created by a mother's habit not by a baby's need. Similarly, feeding your baby from a bottle will end the breastfeeding phase sooner as your milk supply will decrease, and the baby will refuse the breast. If you want to breastfeed, set the bottles and pacifiers aside.

In situations when you must feed your baby with expressed breast milk or formula, give it to your baby from a small cup. Fill the cup to one third of its volume and tilt it so that the liquid reaches the baby's upper lip. Baby will pout her lips and will start to lick from the edge of the cup. Even very small and premature babies can be fed this way. You can also give expressed breast milk or formula to a newborn from a needleless syringe or from a small spoon.

Do not use a pacifier during engorgement, or during your baby's first month when the rhythm of breastfeeding is still under development.

Breast milk is the perfect food for your baby

You do not need to offer water, glucose or chamomile tea to your breastfed baby even on a hot summer day. If you exclusively breastfeed your baby then your baby does not need any other food or drink before the age of six months.

Breast milk has the right amount of proteins, lipids, carbohydrates, vitamins, minerals, hormones, antibodies, liquid, and other biologically active components. The breast milk proteins will fight against illnesses such as if a breastfeeding mother gets ill, her breast milk will have antibodies for this disease to protect the baby from the illness. It is important to note that it is much easier for your baby to digest breast milk than formula.

You can tell that your baby is getting enough breast milk in the first six months if he/she:

- *is breastfed each time he/she requires*
- *gains weight at the rate of at least 500 grams per month*
- *urinates at least 6 times in 24 hours.*

A breastfed baby may defecate after each meal, but as the breast milk absorbs from the digestive system almost completely it is possible that he/she will only seldom pass stools.

If for some reason there is not enough breast milk then the baby can also be fed with formula milk. Formula does not mean it is time to end breastfeeding, the formula is merely a supplement in addition to breast milk. Formula is made with boiled and cooled water, to which the formula powder is added as instructed on the package. It is recommended to give the formula from a cup, syringe, or a spoon.





What to do if it seems that your baby is not getting enough milk

- *Try to feed your baby more often, and as long as your baby wants. Babies with small birth weight often sleep more and do not wake up from hunger. Very sleepy and constantly sleeping babies should be woken up for feeding every 2-3 hours.*
- *Offer the other breast also each time you feed. If your baby has actively sucked on one breast for about 20 minutes but is still restless, then offer the other breast as well – he/she will decide whether he/she needs it or not. Hold your baby in an upright position to allow the swallowed air to come out and make more room for milk.*
- *Avoid the bottle and pacifier. Your baby has a sucking reflex and it is better to let her suck on your breast. Sucking on a pacifier teaches the baby a different technique and may interfere with breastfeeding.*
- *Believe in yourself! You are a good mother, and your breast milk is the best food for your baby. There are many studies that prove breastfeeding is irreplaceable in the beginning of a human's life.*
- *Most babies need night time feeding during their first year. Night time feedings increase the milk supply, because the mother is relaxed and sleepy.*
- *Breastfed babies should gain weight at least 140-150 grams a week. If your baby gains less weight then you should also feed your baby with a formula milk supplement.*
- *If you start feeding with formula, do not decrease the amount of breastfeeding. Always start with the breast first and then offer formula. Cow and goat milk are not suitable for children under one year of age.*
- *A well growing and developing baby needs solid foods only from the age of six months onward.*



BREASTFEEDING MOTHER'S FOOD AND DRINK

Healthy and abundant food is necessary to guarantee the new mother's wellbeing. Well balanced and nutritious diet will help you recover from the birth quicker, will keep you energetic and positive, as well as strengthen your immune system.

Choose locally grown and natural, unprocessed food.



Your menu should include carbohydrates (potatoes, rice, pasta, porridge, bread), dairy (milk, kefir, buttermilk, yoghurt, curd, cheese), fruit and vegetables (preferably locally grown whenever available), and protein-rich food (meat, fish, eggs). Give preference to vegetable fats (sunflower,

olive, rapeseed and linseed oil) over animal fats.

It may happen that some foods will upset your baby and make her restless, but there are no rules that apply to all. Some mothers have to be more careful about their food than others, but babies can cry and be restless for several reasons. If your baby's restlessness can't be linked to food then feel free to eat everything. However, if you are allergic to a particular food category or product then, by all means, keep it off the menu.

Foods like halvah, nuts, and tea with milk will only increase your body weight, but not your breast milk supply. Eat diversely, avoid strict diets, and weight loss medication.

Some dietary suggestions for the new mother:

- *We recommend that you give up coffee, strong tea, and cola drinks, especially if your baby is fussy and cries a lot. Caffeine can cause restlessness.*
- *Consume dairy products like whole cow milk and cream with caution, because in some cases the reason for your baby's restlessness and crying can be due to proteins in cow milk, which you pass on to your child with breast milk.*
- *Be careful with strong flavors and fragrant produce like onions, garlic, lemons, oranges, clementines and grapefruits. These foods change the taste and smell of breast milk, and your baby may not like it.*
- *Wash and peel foreign fruit before eating.*

Foods to avoid:

- *Products full of artificial preservatives and colorants.*
- *Smoked produce, it contains a lot of nitrates, which are not great for you or your baby.*
- *Products containing artificial sweeteners (aspartame, phenylalanine).*
- *Yoghurts with a long expiration date. Two or three month shelf life yoghurts are ultra-high pasteurized, and lack good nutrition. So much so, we call these “dead food”.*
- *Carbonated drinks – they interfere with calcium absorption*
- *Alcohol, coffee and smoking – these decrease the absorption of folic acid, among other problems.*

Colic - baby's gas pain

As your baby's digestive system adjusts to independent digestion within the first 2-3 months, she may experience gas pains. Unfortunately, there is no magic pill to fix this because the reasons for excessive gas are different for every baby. It is easier for your baby to calm down if he/she is surrounded by calm, happy, supportive, and calming people. Babies with colic grow and develop well, and grow up healthy.

Some recommendations on how to deal with colic pain:

- *Keep your baby in an upright position against your chest after breastfeeding, and wait until the baby burps. Position your baby to sleep on her right side. That will let the swallowed air to rise up to the stomach, and not go toward the bowels.*
- *Put your baby on his/her stomach every day for 2-3 hours at a time to strengthen her abdominal muscles. Do not leave your baby unattended during this time.*
- *Use a warm soothing oil compress on your baby's stomach. Moisten a gauze pad or a piece of cloth with warm oil (warm it up to 40 degrees Celsius), and put the compress on your baby's stomach, covering her up warm.*
- *Daily baths, exercise and gentle massage will strengthen your baby's muscles, and your baby will be able to pass gas more easily. You can get advice on how to deal with your baby's colic as well as shown correct exercises for relieving colic pain at the West-Tallinn Central Hospital Women's Clinics' Family Centre (Pelgulinna Sünnitusmaja Perekeskus).*
- *Hold and cuddle your baby as much as possible. Caress, sway, and hush her – babies need security and closeness from their parents.*
- *If necessary, you can also purchase medication for gas pain from your local pharmacy.*



TIPS FOR TAKING CARE OF YOUR BABY

Skin

Your baby's skin is very delicate and tender. Try to use cosmetics such as oils, powders, and creams as little as possible.

Clean your baby's armpits, neck, and groin area a couple of times a day with water only, and dry thoroughly. Leave him/her without a diaper to let the skin breathe. Make sure the room is warm.

If your baby's bottom is red and irritated avoid using cream or oil, this will likely only make it worse. Instead, use an ointment that contains zinc.

Use a delicate detergent without fragrance for baby's laundry. Avoid perfumed laundry softeners as they might also cause irritation.

Taking care of your baby's umbilical cord stump and belly button

Keep the umbilical cord stump clean and dry. We recommend to wash the stump, and later the wound, with water and soap, and to dry it thoroughly. If necessary, You can disinfect the area around the stump with calendula tincture or 70-degree rubbing alcohol (available in a pharmacy without prescription).

When swaddling the baby, make sure that the umbilical cord does not get stuck in the diaper. This way the belly button is exposed to the air and is not irritated by the diaper.

Eyes and nose

We recommend washing the child's face and eyes with normal tap water, in the same way as you wash your own face. If the child's eyes are inflamed, clean each eye separately with cotton wool, gently wiping from the outer corner of the eye towards the nose, using pre-boiled water.

Crusts often accumulate on the child's nose, they could be removed with a cotton ball rolled between the fingers or a rubber suction bulb.

Bathing

It is recommended to bathe the child every day after from the day he/she arrives home. The belly button does not interfere with bathing. There is no need to use soap. The bathroom temperature should be +25 degrees Celsius, and water +37 degrees C. Put a thin hat on your baby's head after a bath while his/her head and hair dries. Your baby does not need to wear a hat indoors otherwise.

Urinating and pooping

Newborns can pee quite frequently in the beginning. As they grow, the number of wet diapers should be at least 6 in a 24 hour period. Baby's first poop known as meconium is blackish or greenish in color, and occurs during the first few days of your baby's life. After a couple of weeks, your baby's poo will turn yellow in color and sour-smelling. The interval between poopy diapers can vary. Depending on the baby, poo might happen after each meal or just once a week. Both are completely normal.

Going outside

With a healthy, full-term newborn, you can go outside in the summer after coming home from the maternity hospital, and the time is not limited. The child should not be left to sleep in direct sunlight, as there is a risk of overheating.

In the winter, we recommend to go out for the first time when it is warmer than -10 degrees Celsius. Do not take your baby outside if it is more than -15 degrees C. Your baby is dressed warm enough if the back of his/her neck feels warm.

Vaccinations

The vaccine for tuberculosis (BCG vaccine) is done on the first days of your baby's life. The injection is made in your baby's arm, on your consent. In 2-3 weeks a red, hard node will develop, rising from the skin's surface on the injection site. There may be some white discharge coming from the node. Scarring takes place over the course of 3-5 months. You may give your baby a bath during this time, and the injection site does not need treatment. Further vaccination of the child is carried out at the family doctor.

Screening test

A Screening test is taken from all the babies who are born in Estonia on the third day of life. The Screening test is taken on your consent, and is used to screen for two hereditary metabolic diseases (hypothyreosis and phenylketonuria). The blood sample is sent to and is analyzed at Tartu University Department of Clinical Genetics. If the blood test is positive, then there will be a notice sent to your home address, and follow-up studies will be made.

Vitamin D

All babies are given vitamin D from the seventh day of life. Vitamin D is given daily until the age of two. Vitamin D solution is sold in pharmacies without prescription.



For breastfeeding mom



1 capsule per day



Contributes to the normal brain and eye development of the baby.



Reduces mother's tiredness and fatigue.



Supports mother's normal immune system.



Contributes to the maintenance of mother's normal bones.

Food supplement. The food supplement is not used as a substitute for a varied and balanced diet. Food supplement is not a substitute for a healthy lifestyle. Do not exceed the recommended daily dose. More information: Bayer OÜ, Lõõtsa 12, Tallinn 11415, tel: +372 655 8565





www.synnitusmaja.ee

BREASTFEEDING COUNSELING

Breastfeeding counselling takes place on the 1st floor of the Pelgulinna Maternity Hospital at the Womens Health Centre's registration desk (Sõle 23).

To register, please call

+ 372 53 087 874 or +372 6 665 307.

You are welcome to come to the counseling with your baby, or you can receive a consultation over the phone.

We are convinced that practically all women who give birth are capable to breastfeed and produce necessary amount of milk, if they get enough advice and support from the specialists!

There will be a midwife/breastfeeding counselor waiting for you, she will:

- *advise on sore and cracked nipples, engorgement, and mastitis*
- *observe baby's feeding skills and position*
- *monitor baby's weight gain*
- *asses the need for formula milk*
- *advise on weaning your baby from the breast*
- *weigh the baby*

The counseling is free of charge.

