



SECTION 1.4: BREASTFEEDING BASICS

WHAT IS BREASTFEEDING?¹²

Breastfeeding, also known as nursing, is a primary way of feeding a baby. Breast milk is the most nourishing, ideal food for a baby, and breastfeeding is a powerful way to create the essential early connection between a mother and baby. When well-supported by a community, practically all mothers can breastfeed. Exclusive breastfeeding (providing only breast milk to a child – no formula, supplementation, water, food or other drinks) is strongly recommended for children 6 months and younger. After this time, children can begin trying age-appropriate complementary foods while continuing to receive breast milk.

When does breastfeeding begin?

Mothers should begin breastfeeding their babies as soon as possible within the first hour of life.



“Breastfeeding is one of the most effective ways to ensure child health and survival.” – World Health Organization, 2018

WHAT IS THE IMPORTANCE OF BREASTFEEDING?¹³

BENEFITS OF BREASTFEEDING AND BREAST MILK

FOR BABY	FOR MOTHER
Provides complete, optimal nutrition	Helps extend time between pregnancies
Promotes important brain development	Helps speed up recovery from childbirth
Provides protection from diseases and illnesses	Reduces risk of cancer and other illnesses
Helps speed up recovery from illnesses	Reduces costs compared to formula feeding
Reduces risk of death	Increases convenience and saves time (pick up baby and go, no bottle preparation, etc.)
Supports total growth, nutrition and well-being	Reduces hygienic demands (no bottle washing)
Supports a strong, early relationship with mother	Offers fulfillment for mother and supports early relationship with baby

Breastfeeding and breast milk offer numerous long-lasting benefits for both babies and mothers. Breast milk contains complete nutrition that aids overall child development, protection from illnesses (for baby and mother), reduced risk of death (for baby and mother), no added cost for families and the promotion of secure and satisfying early relationships that allow babies to thrive — breastfeeding and breast milk are truly remarkable.



Babies who receive only breastmilk are less likely to have asthma and allergies, and they have fewer instances of diarrhea, respiratory illnesses and ear infections.

REASONS WHY A CHILD MAY NOT BE BREASTFED OR RECEIVE BREAST MILK

There are many reasons why a child may not have the opportunity to be breastfed or receive breast milk. Sometimes we know these reasons and sometimes we do not. As caregivers, we can be aware of potential reasons and offer support to children and mothers alike. Also, if a child has one of the following reasons, it does not mean that they are unable to breastfeed. Children with health conditions actually benefit most from breast milk and breastfeeding. What it does mean is that they are at risk for having challenges with breastfeeding or they may lack the opportunity altogether.

Common reasons a baby might need special support to breastfeed or a child might not receive breastmilk:

- ① Medical conditions of the baby such as prematurity, illness, inability to be with mother after birth, etc.
- ② Medical conditions of the mother such as unable to be with child after birth, illness, disease, etc.
- ③ Structural differences such as specific syndromes or cleft lip or palate
- ④ Neuromuscular disorders (cerebral palsy)
- ⑤ Developmental disabilities (Down syndrome)
- ⑥ Social-emotional or environmental factors (baby does not have a mother, personal preference of the mother)
- ⑦ Educational and community support factors (mother does not know how to breastfeed, lack of support for mother from family or community)



This baby was abandoned at birth and placed in the care of a special institution that takes care of babies without families. Because her mother was gone, she was not able to breastfeed or receive breastmilk.



This young baby was born with a cleft lip and palate, which made breastfeeding more challenging.



This tiny newborn was born several weeks early. He needed special care at the hospital, which took him away from his mother. Breastfeeding was hard because he was so small and weak.

BREASTFEEDING AND BREAST MILK PRECAUTIONS^{14,15}

Although breastfeeding and breast milk offer a multitude of benefits for a mom and her baby, there are a few reasons why a mother should not offer breastfeeding and/or breast milk to her baby.



Common reasons a mother SHOULD NOT breastfeed or offer breast milk:

- Mother is infected with HIV (human immunodeficiency virus) and she (1) cannot exclusively breastfeed for 6 months and (2) she is unable to or does not take antiretroviral drugs during the period of breastfeeding
- Mother is infected with T-cell lymphotropic virus type 1 or 2 (a virus spread by sexual contact, blood transfusions or sharing needles that can cause cancer)
- Mother has suspected or confirmed Ebola virus
- Mother uses street drugs such as cocaine, PCP, etc.
- Baby is diagnosed with galactosemia (a rare disorder that makes digestion of breast milk and regular formula dangerous)



New research shows that exclusive breastfeeding combined with the use of antiretroviral treatment can significantly reduce the risk of transmitting HIV to babies when mothers breastfeed.



Common reasons a mother should TEMPORARILY NOT breastfeed BUT CAN offer breast milk:

- Mother has active tuberculosis and is not receiving treatment
- Mother has active varicella infection (chickenpox) that she developed during the five days before delivery up until the two days following delivery



Common reasons a mother should TEMPORARILY NOT breastfeed OR offer breast milk:

- Mother is infected with brucellosis (an infection caused by bacteria from infected animals or animal products) and she is not receiving treatment
- Mother has active HSV infection (herpes simplex virus) with lesions on the breast
- Mother is taking radiopharmaceuticals (medicines with radioactive traits used to diagnose or treat disease)

Mothers with tuberculosis can breastfeed when they have received treatment for at least 2 weeks and they are no longer considered contagious.

- Mother is taking certain medications that can harm the baby (alkaloids, antineoplastics, some anticonvulsants and certain levels of cyclosporine, amiodarone and lithium)



Mothers can offer breast milk without breastfeeding by using hand expression or a breast milk pump to remove milk from breasts and then offer to baby in a bottle.

COMMON BREASTFEEDING POSITIONS^{16,17}

There are many different positions for breastfeeding a baby. The most common are shown in this manual. Each mother and child will find which position(s) works best for them. Each position offers different benefits; however, one benefit remains the same for all positionings: closeness for a mother and baby. When a mother is just beginning to breastfeed and learn about her baby, she may need extra support for the first few weeks. Although some babies quickly learn to latch to the breast and feed well from the start, many babies can be uncoordinated and extra support can be valuable.



If the current position does not feel right for a mother or for the baby, it's all right to try a different position. Sometimes mothers must try multiple positions until they find the "just right fit."

HOW TO CHOOSE A POSITION

Finding a good breastfeeding position for mother and baby will:

- ① Assist baby with getting a good latch, which helps baby receive the most milk
- ② Prevent sore nipples and breasts or nipple injuries (mastitis)
- ③ Support adequate weight gain of baby
- ④ Be comfortable for both mother and baby
- ⑤ Support longer durations of breastfeeding by the mother

A good latch is when a baby is well connected to the breast so that she can feed easily and be well nourished. A good latch can reduce the likelihood of soreness and discomfort for the mother when breast feeding.



CRADLE HOLD



HOW TO:

- Mother sits in a comfortable position.
- Baby lies facing mother on his side. (Use pillows, cushions or blankets if more comfortable for baby and mother.)
- Baby's body and side of head rest on mother's forearm.
- Baby's stomach should be facing mother's stomach.
- Baby's ear, shoulder and hip should be in a straight line with his head raised higher than his hips.

BEST FOR: All babies 0-12 months old

CROSS-CRADLE HOLD

HOW TO:

- Mother sits in a comfortable position.
- Baby lies facing mother on her side. (Use pillows, cushions or blankets if more comfortable for mother and baby.)
- Baby's body and side rest on mother's forearm that is opposite of the nursing breast.
- Mother's arm supports baby's shoulders and neck allowing her to tilt her head for opening her mouth and latching.
- Baby's stomach should be facing mother's stomach.
- Baby's ear, shoulder and hip should be in a straight line with her head raised higher than her hips.



Mother supports baby using the opposite arm and nursing breast.

BEST FOR: All babies 0-12 months old

FOOTBALL HOLD



HOW TO:

- Mother sits in a comfortable position.
- Baby lies on his back, tucked between his mother's arm and chest. (Use pillows, cushions or blankets on mother's side or lap if more comfortable for mother and baby.)
- Baby's body is supported by mother's forearm.
- Mother's hand supports baby's shoulders and neck.

BEST FOR: All babies 0-12 months old. Mother's with larger breasts and/or discomfort after surgical birth.



Baby is on the side of mother and her legs are under her mother's arm.

SIDE-LYING POSITION

HOW TO:

- Mother lies on her side in a comfortable position.
- Baby lies on her side next to mother, stomach to stomach. (Use pillows, cushions or blankets if more comfortable for mother and baby).
- Mother supports baby's back using her arm that is closest to the floor, bed, blanket, etc.
- Can use rolled towel or blanket behind baby to support her back.



Baby and mother are both supported by a bed, couch, mattress, floor, etc.

BEST FOR: Most babies 0-12 months old. Recommended when baby is already nursing well sitting up.

SEMI-RECLINING POSITION

HOW TO:

- Mother sits/lies in a comfortable position.
 - Mother leans back (semi-reclined) seated in a chair, a bed or on the floor using pillows, cushions and blankets. (If in a chair, a footrest is helpful to use.)
- Baby lies on top of mother (usually on his stomach).

BEST FOR: Most babies 0-12 months old. Mothers with fast flowing milk. Babies who need a slower flow of milk.



Baby is supported by mother's body, leaving his body and head free to move.



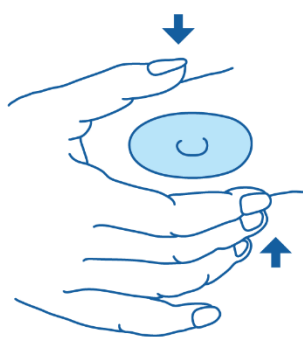
HOW TO GET A GOOD LATCH

When a baby is well-positioned, he will likely be well-latched. When a baby is well-latched, he will take in more nutrition leading to greater weight gain and growth.

Step 1



Step 2



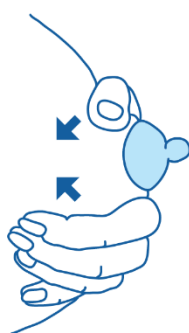
Below are four steps for getting your baby to latch using the “nipple sandwich” technique:

Step 1: Mother places hand in “C” position around her breast, keeping her fingers and thumb away from the nipple.

Step 2: Mother gently squeezes her breast using her fingers and thumb, creating a narrower breast for baby to latch on. The nipple changes shape (from circular to oblong).



Step 3



Step 4

Step 3: Mother pushes her breast inward toward her chest/ribs, helping the nipple project forward for baby to latch on.

Step 4: Mother pushes her thumb inward even more, helping the nipple point slightly upward toward the inside-top of baby’s mouth, which assists with latch. Then, mother encourages and supports baby with opening her mouth widely to latch by supporting the back of her head and gently pulling baby toward her breast.

Additional Latch Tips:

- ① Baby’s body should be at the same height or lower than mother’s nipple.
- ② Prior to latching, baby’s head should slightly extend backward (while supported by mother’s hand), allowing the baby’s mouth to open wide for latching.
- ③ Bring the baby to breast — avoid bringing the breast to baby.
- ④ Touch baby’s top lip to the nipple to encourage an open mouth and latch.
- ⑤ Run nipple along baby’s upper lip from corner to corner to encourage an open mouth and latch.
- ⑥ Position baby asymmetrically on the nipple by aiming baby’s nose to the nipple. (Baby’s mouth will appear off-center” – with the nipple.)
- ⑦ When latching, baby’s tongue and bottom lip should connect with mother’s breast first and then the top lip touches the breast.



KEY ELEMENTS OF BREASTFEEDING

KEY ELEMENTS	SUCCESSFUL BREASTFEEDING SIGNS
Feeding position matches baby's needs	<ul style="list-style-type: none"> ○ Safe and supportive position that allows for good latch ○ Baby is comfortable ○ Position allows appropriate milk flow for baby ○ Position takes into consideration baby's size, skills and needs ○ Position allows for feeding to take 30 minutes or less
Feeding position matches mother's needs	<ul style="list-style-type: none"> ○ Safe and supportive position that allows for good latch (and no pain for mother) ○ Mother is comfortable ○ Position can be maintained (comfortably) by mother for entire feeding ○ Position takes into consideration mother's size and needs
Feeding cues are understood and respected	<ul style="list-style-type: none"> ○ Mother anticipates baby's hunger before baby starts to cry ○ Mother watches for baby's signs that he is hungry (Refer to Appendix 9L-1) ○ Mother watches for baby's signs that he is full (Refer to Appendix 9L-2) ○ Baby and mother enjoy feedings together
Mom and baby find a good latch	<ul style="list-style-type: none"> ○ Baby able to latch in a timely manner ○ Baby able to nurse easily and efficiently ○ Baby feeds efficiently for 30 minutes or less ○ Baby gains weight and grows, showing she is getting enough milk ○ Mother is not in pain during, after or in between feedings
Social interaction is provided often	<ul style="list-style-type: none"> ○ Mother smiles, talks, sings and gazes at baby during feedings ○ Baby enjoys feedings and actively participates ○ Mother enjoys feedings ○ Baby grows and thrives ○ Mother and baby grow closer and more well-connected



Signs of Trouble: Mothers and caregivers should watch for common signs that breastfeeding may not be going well such as nipple pain with feedings, breast engorgement, poor baby weight gain, infrequent wet or soiled diapers, frequent fussiness at the breast or difficulty getting baby to latch.




BREASTFEEDING TIPS

TIP 1:	<u>Consider the individual needs of a mother and baby when choosing a feeding position.</u> Every mother and child are different. Each pair are different shapes and sizes and have unique skills and needs. Each of these differences inform which position will work best.
TIP 2:	<u>Consider the comfort of the mother.</u> How does the mother's body feel when she breastfeeds her child? Does her back hurt? Does her arm become tired holding baby? Can she maintain the position for the length of the feeding? Find a position that not only meets the needs of the baby but is also sustainable and healthy for the mother. Healthy and happy mothers are vital for growing healthy and happy children.
TIP 3:	<u>As children grow, positions may change.</u> As a child gets bigger and as their skills develop, the position they breastfeed in may need to change with them. It's normal and essential for positions to change over time to fit a child's growing needs.
TIP 4:	<u>Finding the best position can take work.</u> Sometimes mothers will need to try several positions until they find the one that works just right. Take your time, watch and see how a baby responds and make small changes as needed.
TIP 5:	<u>Healthy mothers = healthy babies.</u> It's important for mothers to take good care of themselves. This means eating healthy foods, drinking plenty of liquids, getting plenty of rest and avoiding high stress, smoking, drugs and alcohol, and certain medications.
TIP 6:	<u>Seek out support as soon as possible.</u> Although breastfeeding seems simple, it can take time and practice. It's common and acceptable for women to seek help, especially new mothers or mothers of babies with disabilities or medical needs. When mothers are struggling with breastfeeding, it's important they seek support as soon as possible from skilled family or community members.



FINAL THOUGHTS

Breastfeeding is a beautiful act of love that a mother offers to her child. And with this great act, come many incredible benefits for both baby and mom. Some mothers will not need any additional support when breastfeeding their child. However, many mothers do greatly benefit from the assistance, support and care of family and community members. Use this manual as a helpful resource for yourself if you are a mother, or when supporting mothers in your community. Additionally, when met with questions about breastfeeding or challenges, seek out the support of others. Often, sharing challenges or questions with other mothers, caregivers and team members can lead to greater problem-solving and creative solutions as well as alleviate caregiver distress.



For more information on Breastfeeding, refer to Appendix 9J-1, Appendix 9I-1 and Appendix 9N.