

# Breastfeeding

This booklet is developed by GeboorteKeten a cooperation of midwives practices in Rotterdam, Krimpen aan den IJssel en Nieuwerkerk a/d IJssel  
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## 1. Introduction

Deciding how to feed your child is one of the first things you will have to deal with as parents-to-be. Important questions arise: Will I breastfeed the baby? Why do I choose to breastfeed? Why is breastfeeding good for my child and for me? How often and when do I breastfeed? What should I pay attention to when breastfeeding?

We think it is important that you are well informed about breastfeeding.

Women who prepare for breastfeeding are better prepared to prevent problems or to solve them faster should they arise.

We provide you with this booklet with breastfeeding information to make sure that the cooperation between you, the maternity care (kraamzorg) nurse and the midwives runs as smoothly as possible during your childbed.

Our ambition is that after reading this booklet you will be better prepared for the postpartum period and start breastfeeding with confidence. We all hope for a very pleasant first week!

We recommend that you place this information booklet under the changing mat, so that the maternity nurse can also easily find it. It is also useful after the 10 days as a kind of reference. You can always contact us for questions and comments.

Midwives GeboorteKeten

## 2. Why breastfeed

Breastfeeding provides health benefits for you and your child. In the first year of life, it improves:

- Development of the baby's brain and eyes.
- Construction of the baby's nervous system.
- Jaw development and motor skills of the oral muscles.

Breastfeeding reduces your baby's chances of:

- Respiratory infections and asthma
- Meningitis
- Intestinal disorders
- Eczema
- Middle ear infections
- Allergies

You also transfer important antibodies that your baby cannot yet make himself. After six months, your baby will start to make antibodies on its own.

At a later age there is less chance of, among other things:

- Heart and vascular disease.
- Diabetes mellitus.
- Obesitas.

The benefits for the mother are:

- Less blood loss and faster recovery after giving birth.
- Uterus shrinking faster to pre-pregnancy proportions.
- The risk of breast cancer, rheumatoid arthritis and osteoporosis later in life is reduced with prolonged breastfeeding.
- Favorable effect on mother-child bonding.

The WHO (World Health Organization) recommends exclusive breastfeeding for six months. During the first six months, your baby needs nothing but your milk for proper development. Only after six months the baby starts to need other foods such as fruit and vegetables in addition to breast milk. The most important thing is that you breastfeed for as long as you and your baby feel comfortable.

### 3. Your partner

Breastfeeding is a responsibility you share together.

The role of your partner is very important for successful breastfeeding.

This important factor is sometimes underestimated. If you know both how important breastfeeding is for your child's health and how breastfeeding works, it will be easier to breastfeed with confidence and pleasure. It's nice to know you're not alone. To be well prepared together, we recommend that you attend an information meeting about breastfeeding together.

When your partner knows what can play during the breastfeeding period, what is or isn't part of breastfeeding, it is no longer just a mother/child affair, but it is part of your family.

Your partner can support you and together you can enjoy this beautiful period. Skin-to-skin contact is encouraged immediately after childbirth, but also in the following days.

Fathers/partners also benefit from this. Recent research has shown that because of this skin-to-skin contact, fathers have a different hormonal response and experience a better bonding with their child.

#### 4. Conditions for breastfeeding successfully

The midwives of Stichting Bovenmaas and the maternity care organizations we work with have drawn up a policy based on the Ten Rules of Thumb (or 5 standards) for breastfeeding success from WHO and UNICEF. UNICEF and the WHO (the World Health Organization) are convinced that health care professionals, and in particular pre- and post-natal care pros, have a major impact on the success of breastfeeding.

Formula-fed babies are also offered care based on their needs.

These are the ten rules of thumb for breastfeeding successfully The starting point for the ten rules of thumb are the following three principles:

- Every child has the right to an optimal start in life.
- Parents are treated with respect, taking into account their cultural background and supported in their own choices based on objective information, so that they can feed their children optimally in the first years of life.
- Good dietary habits, and in particular breastfeeding, ensure optimal health for mother and child.

##### **Rule of thumb 1**

*The midwifery practice has a policy with regard to breastfeeding, which is made known to all employees involved as standard.*

Maternal and childcare organizations have established policies to help every child get the best possible start, with special attention being paid to nutrition in the first two years of life.

##### **Rule of thumb 2**

*All employees involved are taught the skills necessary to implement that policy.*

The midwives, but also the maternity nurses, attend annual training courses on breastfeeding. This way they stay informed of the latest developments and they can provide good quality care, in which the mother's request for help is central.

##### **Rule of thumb 3**

*All pregnant women are educated on the benefits and practice of breastfeeding.*

As midwives, we think it is important to inform you about breastfeeding during your pregnancy.

We do this at different times during pregnancy:

- At one of the first pregnancy checks, we discuss the advantages of breastfeeding compared to formula with you, so that you can make an informed choice. Some practical aspects will be discussed too.
- You will receive a leaflet with information about breastfeeding support meetings.
- We hand you this booklet to be better prepared to feed your baby yourself. At the same time, this booklet is a reference work to refer to if necessary, during and after the childbed period.
- At the end of the pregnancy, we will discuss the birth, your birth plan with you and also answer any questions regarding this breastfeeding policy.

#### **Rule of thumb 4**

*Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.*

If all goes well with mother and child, all mothers will have their baby skin to skin with them immediately after birth. The skin contact lasts at least an hour. This skin-to-skin contact is extremely important for the start of the baby outside the womb.

Here are a few important points to mention:

- The first contact between mother and baby takes place undisturbedly until the first feeding.
- If necessary, help is offered with feeding.
- The first feed is given in skin contact, regardless of the mother's choice of food.
- If skin contact is not possible or was interrupted for medical reasons, it will be made up later.

Most baby's are very awake and alert after birth. It important to use this time. Your baby will use his reflexes to find the breast, latch on and start drinking. Latching on within an hour of birth has even more advantages:

- -Your baby gets colostrum right away. This is your baby's very first food. The colostrum is always immediately available to your baby.
- This colostrum contains, among other things, valuable antibodies. Colostrum also has a laxative effect, which stimulates the intestines well and allows the meconium (the first black, sticky stools after birth) to be discharged quickly.

- Because the intestines are then empty, the mother's milk can be absorbed into the body quickly, which also reduces the risk of jaundice in the first week of life. The amount of colostrum available per feeding ranges from 1 ml to 30 ml.

This is sufficient for a healthy, full-term baby. A healthy baby has enough reserves for the first 3 days and does not need anything extra besides colostrum.

Around the third or fourth day, your milk will come in. Colostrum starts to change to milk and your milk production increases.

If your baby drinks at the breast after birth, the uterus will contract well, limiting blood loss.

The very first skin-to-skin contact with your baby improves your hormonal response which is very positive for your milk production. It also has a positive effect for your baby: more stable breathing, heart rate, temperature and blood sugar levels.

### **Rule of thumb 5**

*Support mothers to initiate and maintain breastfeeding and manage common difficulties.*

Women are taught how to latch on their baby and how to maintain milk production, even if the baby has to be separated from the mother.

The midwife, but especially the maternity nurse, will help you during the first few days. To get milk production going, it is good to put your baby to the breast within 1 hour, otherwise as soon as possible, after the birth. The first week preferably at least 8 feedings per 24 hours. If your baby does not wake up on its own, feed the baby at least every 3 hours. Feel free to wake him up. Night feedings are part of this and ensure better weight gain and development of your baby. At each feeding, try to offer both breasts to stimulate milk production. Your baby may breastfeed until he/she stops drinking effectively, falls asleep, or lets go on its own.

When you and your baby are separated due to circumstances, it is important that you start pumping as soon as the situation allows. This should be done at times when you would normally breastfeed your



baby. This equates to about 8 times a day. When milk production is up and running, this may be less frequent.

The maternity nurse teaches you how to respond to the baby's hunger signals. By responding to the baby's hunger signals, you will be able to practice latching on regularly and your baby will drink small quantities of milk frequently.

### **Rule of thumb 6**

*Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated*

Breast milk contains all the nutrients your baby needs for optimal development. After a full-term pregnancy, a healthy newborn has reserves for the first 48 hours. There is no need for extra fluids, so no watering. Expressed breast milk can be given if necessary.

Medical reasons for supplementing are:

- A baby who has lost 10% or more of his birth weight.
- Temporary use of medication by the mother. This applies to a limited number of medicines. You can breastfeed with most medicines.
- A baby who has low blood sugar.

Supplementary feeding is always done in consultation with the pediatrician.

It is normal for babies to lose weight during the first few days. This is therefore no cause for concern. Your baby will be weighed regularly during the postpartum period.

However, it is good not only to rely on your baby's weight, but also on the other signals. The number of wet and pooped diapers that the baby produces will give an indication whether breastfeeding is well established.

After the 4th day, a baby should have about 4-6 wet diapers per day.

The 1st month of life, a baby defecates about 4 times a day (the color changes from black to mustard yellow). After the first month of life, a large variation in the number of dirty diapers is normal, from 6 times a day to 1 time per 10 days.

In very warm weather, you may offer the baby extra breastfeeding. Do not offer any other fluids. If you have been breastfeeding for a while, the consultation office will give you more information about:

- How to combine breastfeeding with other foods

- That there is no need to wean your baby as long as you both relish the breastfeeding
- How to introduce solids and how to recognize your baby's needs.
- How to combine breastfeeding with work or study outside the home.

### **Rule of thumb 7**

*Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.*

Rooming-in means that you and your baby stay together in a room day and night. A newborn baby generally does not cry from hunger during the first few days, with some exceptions. For the first 48 hours, your baby will regularly be in deep sleep, alternating with periods of light sleep. It is important to latch on your baby when he/she is in a light sleep (moving hands and feet and eyes behind the eyelids, during sleep). By rooming-in you can respond well to these signals and your baby will latch on. This benefits your milk production.

The rooming-in also contributes to:

- Bonding, feeding on demand and preventing cot death;
- Parents are encouraged to touch, hold, feed and care for their baby, even if it is premature or ill;
- Parents learn to comfort their child by responding to the baby's signals.

### **Rule of thumb 8**

*Support mothers to recognize and respond to their infants' cues for feeding.*

The aim is breastfeeding on demand.

Breastfeeding works ideally as a "supply and demand" system. Feeding on demand means that your baby can drink as often and for as long as he/she wants (effective drinking behaviour). Milk production starts quickly due to secretion of the hormone prolactin.

Prolactin is the hormone responsible for producing milk. Because your breasts are still soft, you and your baby can practice well. It takes some time to get used to breastfeeding for both of you.

After a few days, breastfeeding is well under way. Your baby will now get more food and the times between feedings will naturally become longer.

Being flexible will cause the baby to cry less and be more content, therefore reducing parental stress. The maternity nurse will teach you how to distinguish hunger signals from the need to suckle a dummy or cramps.

### **Rule of thumb 9**

*Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.*

The first few days after birth, the baby's mouth area is extremely sensitive. This is necessary to learn to drink properly at the breast and to start and keep the milk production going. By using the dummy, the baby tires himself on the pacifier and will drink less effectively at the breast.

This can make it difficult for your milk production to start or your production may dwindle. The use of the dummy also makes the indication of feeding signals less clear, so that longer intervals between feeding may occur. That too may be ruinous for your production.

4-6 Weeks may be a good moment to start teaching your baby to drink from a bottle with expressed milk. Do this weekly a few times. Your partner can enjoy giving the bottle and you will get used to pumping which may come in handy when you return to work.

### **Rule of thumb 10**

*Coordinate discharge so that parents and their infants have timely access to ongoing support and care.*

The midwifery practice maintains contact with other institutions and disciplines about breastfeeding support and refers parents to breastfeeding support organisations.

After the care provided by the midwives has been concluded, you can turn to the breastfeeding organization La Leche League. When a really difficult situation arises, we would like to refer you to a lactation consultant.

Lactation consultants are health care providers specialized in the field of breastfeeding.

Their profession is providing guidance and support with problems and/or questions regarding breastfeeding. This care is (partially) reimbursed by various health insurers. You can find a lactation consultant at [nvlborstvoeding.nl](http://nvlborstvoeding.nl)

## 5. Medication during labour and birth

Medication during labour can interfere with the baby's reflexes to nurse properly. A baby's search, swallow and suckle reflex can be less effective, which means that breastfeeding can start less quickly. This contributes to a shorter breastfeeding period.

An epidural carries the risk of mother and baby developing a fever. This can have a negative impact on the start of breastfeeding. Especially when mother and baby are separated after the birth. The use of synthetic oxytocine during childbirth can also impact the start of breastfeeding.

Due to the above, it is possible that your milk will come in a few days later. After a cesarean section the milk often comes in at day 5 instead of day 3. When you take this into account your childbed will hopefully become less stressful.

## 6. Latching on

When feeding your baby, it is important that you have a comfortable position. By adopting a relaxed position, the baby will also be more relaxed to look for the breast and to drink.

Points of attention:

- A relaxed and well-supported position for you and your child; the baby is lying with the head and body in line with his/her belly against yours; if necessary, you support the breast (the fingers next to the areola/outside, the thumb on the other side of the areola/inside) so that the nipple points upwards.
- The baby's nose is level with the nipple; the nipple is above the upper lip so that the tongue can get below the areola.
- The search reflex is stimulated by stimulating the upper lip with the nipple, until the baby opens its mouth wide (bite reflex); only then do you bring the baby to you.
- The baby first makes short and fast sucking movements and then starts to drink intensely with large gulps (gulping sounds).

Well latched on and effective drinking:

- The mouth is wide open, the jaws are wide apart and the lips (particularly the lower lip) are curled outwards.
- The baby's mouth fits nicely around the nipple and a large part of the areola.
- The chin depresses the breast slightly, so that the baby's nose touches the breast or is completely free but does not sink into the breast.
- The cheeks are round, and the baby does not suck in the cheeks while drinking.
- The baby does not smack its lips but swallows audibly.
- No nipple pain during feeding!
- You can feel whether the baby has latched on properly: it is pleasant to breastfeed after the first (pulling feeling) in the first few days.
- The baby releases the breast on his own after drinking enough. When the baby is not drinking effectively, it can be taken off the breast by breaking the vacuum (your little finger in the corner of the mouth).

## 7. Feeding position

You can feed your child in almost any position. The first few days it takes a lot of practice, and it all seems quite difficult. Rest assured: every mother / baby combination experiences this. Try out the various feeding positions with the help of your maternity nurse. You don't have to like them all equally. You'll find one or two positions that you like, so you will feed comfortably and relaxed in this positions.

### Madonna or cradle pose

Feeding is often done while sitting with the baby on the arm: In this position, the baby lies on the left arm, if the left breast is given (and vice versa). Body of mother and child against each other. Cross cradle means simply shifting the baby to the other breast rather than turning it.

### Lying on the side

Enjoying rest after childbirth, with painful perineum, night feeding, sometimes with a caesarean section.

You lie on your left side and give the left breast (and vice versa). Make sure the baby is close to you with its tummy.

### Football Pose

For heavy breasts, engorgement, caesarean section, premature baby, baby with neurological abnormalities. The baby is supported by the right arm and breastfeeds on the right (and vice versa).

The baby lies with the tummy against mother's side, it's feet under the mother's arm

### Biological nursing (lying on back)

For with mothers a violent let-down reflex or a milk overproduction. Or simply because it is a wonderfully relaxing posture.

You support the baby's head with your hand or towel roll.

Having the baby upright on your lap. For example, milk overproduction, a baby with a cleft lip/palate, baby with a respiratory infection. But of course, it can

also be done when the baby is older. Support the baby in the neck and behind the head. When the baby is older his neck and back are firmer.

Always try to make for a quiet environment.

Make sure you are sitting/lying down in a relaxed position. the body supported with pillows and possibly your feet on a footstool.

## 8. Expressing, storing and warming breast milk

The first days when there is still little milk, the expressed milk can be given with a teaspoon. If more milk needs to be given, you can give the milk with a feeding syringe and your finger (finger feeding). The maternity nurse will teach you how to do this and help you with this.

When you and your baby are separated due to circumstances, it is important that you start pumping as soon as the situation allows. For example, if your baby was born prematurely or after a caesarean section. This should be done at times when you would normally breastfeed your baby. This amounts to about 8 times a day.

If this is too stressful for you, try to pump as often as possible. Frequent and short pumping has more effect on milk production than less often and longer. So rather pump 8 x 5 minutes than pump 5 x 8 minutes. In both cases you pump for 40 minutes, but the effect for initiating breastfeeding is better with 8 x 5 minutes of pumping, because your breasts are stimulated more often to produce milk.

After a caesarean section, put your baby to the breast as soon as possible. There are people who would like to help you with it. Preferably also within 1 hour. This will save you a lot of time and energy later in the maternity period.

Pumping after a premature birth is even more important.

The composition of breast milk for a premature baby is completely adapted to his/her needs at that time. It contains extra proteins (the baby must grow well), specific substances for the maturation of the organs and antibodies that reduce the risk of infections (including intestinal and respiratory infections). It is especially important for a premature baby that he is breastfed. Start pumping as soon as possible after giving birth so your baby can benefit from your breast milk as soon as possible.

### Pump by hand

If there is a medical indication to pump, then the first recommended method is manual pumping. Research has shown that pumping manually during the first 3 days yields more production and fatter milk. In addition, it also gives the mother room to properly control her breasts and to develop self-confidence in her body.

When and for whom is pumping manually suitable?



This method is suitable for mothers who want to express milk every now and then, but not on a regular basis, such as to initiate, maintain or increase milk production.

Hand pumping takes some practice. Here are some tips.

- Wash your hands before pumping.
- Have a good posture.
- Stimulate the let-down reflex by:
  - To ensure a quiet environment/privacy.
  - To pump next to your baby.
  - To roll the nipple between two fingers or to massage the breasts beforehand.
- Provide warmth on the breasts and a pleasant room temperature.
- Use a cup to collect the milk.
- Rest your breast in your hand, fingers underneath, thumb on top, at the edge of the areola. Make sure your hand forms a "C". Don't squeeze the breast!
- Move the fingers towards the chest. (Avoid spreading fingers).

With larger breasts; first lift the breast and only then press towards the chest.

- Make a rhythmic scissoring motion forward with thumb and fingers. The fingers should not slide over the skin. Repeat this movement - Place, press, roll... place, press, roll...
- Move your hand around your breast regularly.
- If the milk doesn't come easily, pause, drink, massage the other breast and start pumping on that side.
- You can switch between breasts a number of times.
- If necessary, you can wipe your hands and breasts dry.
- When the flow stops, you stop. Pump again later.

Pump approximately 8-12 times (this is as often as if you were to put the baby to the breast) per day on both breasts and give the breast milk with a teaspoon, cup or syringe or a bottle in consultation with the midwife or lactation consultant. In the meantime, keep practicing and get expert advice when needed.

If you're pumping for a stock, pump in the morning after a feed. This is useful practice.

### Pump with a hand-pump

The use of a hand-pump to initiate breastfeeding is usually not sufficient. It is better to rent an electric one.

### Single- or double-sided pumping

The choice for single- or double-sided pumping depends on several factors. Do you want to pump for a stock or do you have to pump at work later. If you work 1-3 days, you can possibly do with a single-sided breast pump. If you want to boost production, you work 3 days or more and it is a busy job in which you cannot really find the quiet time to express, double-sided pumping is recommended. This way your production remains stable for longer and you are done twice as quickly. Before purchasing a breast pump, also check your insurance. Some health insurers reimburse the purchase of a breast pump!

The let-down reflex plays an important role in breastfeeding. This ensures that the milk flows. The let-down reflex can be influenced. There are inhibitory and stimulatory factors. Examples of stimulating factors are:

- your baby latching on properly;
- a quiet environment;
- seeing your baby, smelling your baby or hearing him cry.

Inhibiting factors are, for example,

- stress;
- a restless or hostile environment;
- cold.

When you start pumping, you sometimes have to trigger consciously the let-down reflex. You can do this by pumping in a comfortable position, make sure you are not cold and try to relax as much as possible (breathing exercises can help with this).

Here are a few more tips to trigger the letdown reflex:

- Massage your breasts with warm hands before pumping.
- Warm up the breast shield before pumping, this promotes blood flow and the let-down reflex.
- Play a tape with your baby's sounds on it and/or look at a picture of your baby.
- You can pump when your baby is drinking from the other breast, but this requires some skill.
- Use a pump with a two-phase system. This stimulates the let-down reflex.
- Expressing with a double electric pump, this sometimes promotes the let-down reflex and, moreover, the pumping time is shorter.

If the let-down reflex does not occur, stop pumping and try again later. Not much will come out the first time you pump. That's okay. Give yourself time, you have to learn how to pump!

Expressing immediately after a feed can help you express more milk. You tap into the hormonal response to your baby.

If you feel that nothing works, contact an expert.

How long should you pump?

You will continue pumping as long as the milk continues to flow. If it becomes droplets, you stop. Pumping should not be painful. Always adjust the vacuum according to your comfort. If pumping is painful, turn the vacuum down a notch. If pumping continues to be painful or if you have any questions or doubts, please contact a lactation consultant.

How often should you pump?

How often you should pump depends on the reason you are going to pump for. (Going back to work, too little milk, too much milk, getting your baby used to a bottle, a day out, pain, ...).

See for yourself when it suits you best to express, you can be flexible with that. It is best to discuss how often you should pump with your midwife or a lactation consultant. Expressing breast milk is quite a commitment! In the beginning it takes some time getting used to and it will require extra effort. After a while you get used to it. Remember that you are giving your baby the best there is!

Always handle breast milk carefully and hygienically!

To freeze breast milk, you can use glass or plastic bottles, trays, boxes, ice cube bags (note: colorless bags and without BPA), special breast milk storage bags, etc.

Choose what suits you and what you find convenient to use. Always write down on the container the date and the amount of milk in it.

How do you thaw and warm breast milk?

You can thaw breast milk in 2 ways: in the refrigerator (this takes longer) or under running water that is turned from cold to warmer. Heating can also be done in different ways: in a bottle warmer or 'au-bain-marie' (in a pan with warm water). The breast milk must always be completely thawed before you warm it up. It is important that the milk does not get warmer than 30-35°C, body temperature.

Expressed milk loses protective substances at temperatures above 50°C. Heating in the microwave is therefore not recommended.

Always check the temperature of the milk with a drop on the inside of your wrist. Note: most bottle warmers heat up to 37 degrees.

If you use a bottle warmer, make sure you take the milk out a little earlier.

How do you clean the pump?

Boil all parts of the pump once a day in a pan of water or a microwave bag or container. After a pumping session, it is sufficient to rinse everything well with cold water and then with hot water. Dry everything with a clean cloth and place in a clean covered container. After four months it no longer needs to be boiled. Washing up by hand is then sufficient. The motor can be cleaned once every 2 months, this is stated in the package leaflet!

## 9. Milk production

### Enough milk

A baby who is well latched on, drinks visibly and audibly, continues until he is satisfied and urinates and defecates regularly, apparently feeds well enough. A baby produces at least 5 wet diapers and at least 1 poop diaper per day during the first 4 weeks. After the first 4 weeks some baby's only poop once per week. This is normal provided that the baby continues to urinate sufficiently and gains weight well. A baby gains at least 100 grams per week.

When milk production is well established, a baby needs about 6-8 feeds per 24 hours, with a night feed being quite normal. A feeding can take 5 to 45 minutes. Normally the baby drinks one breast, then a short break for a diaper change or a burp and then the second breast.

### Too much milk

Too much milk is harmless but can be a bit of a nuisance. It requires a little extra attention. Signs can be:

- continuously leaking breasts,
- still full breasts after a feeding,
- your baby chokes on the large flow of milk.

Here are some useful tips for too much milk: first of all, it is important that your breasts are well supported with a well-fitting nursing bra.

Block feeding' is a method that can help reduce milk supply in just a few days:

- Choose a time frame, usually from 3 to 4 hours, and feed your baby from only 1 breast during that time.
- Then change to the other breast for the same time period.
- Continue this pattern for a few days.
- You might need to hand [express](#) a small amount from the unused breast to relieve pressure or discomfort, but don't empty it — the residual milk in the unused breast triggers the reduction in milk production.

The first milk is mainly to quench the thirst. As the breast becomes emptier, the milk is fatter and contains more calories. Therefore, offer your baby 1 breast per feeding and make sure that this breast is completely emptied. This way you ensure that production is slightly inhibited and that your baby also gets to the fatty hindmilk.

Feeding your baby in a biological position or sitting more upright can also reduce choking. Don't hesitate to contact a lactation consultant for advice and additional tips.

#### Not enough milk

When the engorgement of the breasts is gone after the first few days, it says nothing about the amount of milk. Your breasts are then responding to the supply and demand principle.

The milk looks less creamy, the color is different, and it seems watery, that's normal. This is mature milk. You never have to doubt the quality of breast milk.

In cases of undersupply, your baby can become sleepy and less alert and have none or very few wet and pooped diapers. The poop diapers will not turn to a mustard yellow color but remain brown. greenish. This can be very insidious. Therefore, always remain alert to sufficient pee and dirty diapers, 6-8 feedings per 24 hours, and proper weight gain.

If you have any doubts about your production or the condition of your baby, always contact an expert (lactation consultant or the consultation bureau), they can check whether your feeling is correct and help you look for the cause. In addition, they can help you to get your milk production back to normal.

## 10. Regulation days

Breastfeeding is a supply and demand system. Your baby determines the amount of milk produced by the number and duration of the feedings he takes. The more often the baby drinks at the breast, the more the production. As a child gets older, the stomach capacity will increase. As a result, he will drink larger quantities at one time and the frequency of the feedings can decrease.

At the time of a growth spurt, the baby will need more energy and nutrition. The great thing is that your baby will arrange this on his own. What you then see is that your baby wants to drink much more often, and instead of every 3-4 hours, for example every hour. We call these regulation days. It is often observed that your baby is restless after a feed and is not satisfied and wants to keep drinking. It is important to give in to this. By drinking much more often, you meet the increase of the supply you're your baby demands. These regulation days last about 2-3 days, after which your baby will return to a more stable rhythm. You can expect these days when the baby takes a leap in his development. This is different for every baby.

## 11. When breastfeeding is painful

Breastfeeding should never be painful. Pain is a signal for further research. If pain occurs when the baby is latching on, then the advice stop and start again. Pain can have a number of causes. Usually it has to do with the latching or suction technique, which causes cracked nipples for example.

Always keep a critical eye on your baby and yourself during latching on and feeding. Regularly check your posture and that of your baby.

Thrush can also be a cause. In any case, it is important to contact a lactation consultant in case of prolonged or permanent pain. She can work with you to find the cause of the pain and try to remove it.

### Cracked nipples

Cracked nipples are painful sores on the nipple. These are usually caused by incorrect latching on, suckling or sometimes by a wrong suckling reflex of the baby due to a tongue tie. Contact a lactation consultant: she will look for the cause with you and ensure that the fissures are treated and disappear (permanently).

Until then, it is good to keep a critical eye at the latching on and feeding: baby should open its mouth very widely, then bring the baby to the breast, so that part of the areola also enters the mouth. The ear, shoulder and hip should be in a straight line. The chin against your breast. These are aspects that you should pay attention to.

You can also treat the fissures: after a feeding, rub a drop of milk on the nipple and let it air dry.

There are many creams on the market, don't expect miracles. In any case, make sure that it is an unscented cream based on lanolin or pure coconut oil.

Sometimes it is necessary to pump to give your nipples some rest, do this in consultation with your midwife or a lactation consultant.

### Thrush

The causative agent of thrush is a fungus. The fungus lives normally in your intestines, but it can start to proliferate when a mother's resistance is reduced. It develops easily in warm, moist places, such as the baby's mouth and a damp nipple with a moist nursing pad. Thrush can manifest itself in your baby as a light or white rash in the mouth, on the tongue, on the cheeks or on the palate that cannot be wiped away with gauze. Sometimes you also see that a baby drinks



restlessly and / or makes a smacking sound while drinking, but this is not necessary.

As a breastfeeding mother, you may experience stinging or burning pain or itching during and after feeding. There may be a flaky nipple or a pearlescent nipple or a shooting, stabbing pain in the breast. If you suspect thrush, contact your doctor.

## 12. Mastitis

As a breastfeeding mother, you sometimes have to deal with a (beginning) mastitis. A breast that is not emptied properly due to simply too much milk or due to a blocked milk duct can become inflamed and this can be the start of a breast infection.

Most women with (beginning) mastitis experience painful hard spots on the breast that are often a fiery red. These spots can be painful, but they don't have to be. You can also suffer from a flu-like feeling and eventually you can even develop a high fever.

To prevent this last stage, it is important that the breast is emptied properly during a feeding by the baby (or by a pump). Warm your breasts before a feed or before you start pumping. In this way, the let-down reflex is optimally stimulated, and the flow improves.

You can cool your breasts between feedings, this has an anti-inflammatory effect and often feels pleasant. If you notice that the spot is still there after a feed, pump again until the entire breast feels smooth again.

If you do develop a fever despite following these recommendations, it is sensible to contact your doctor. You can also ask for advice about pain relief. It is not recommended to stop breastfeeding in case of breast infection or during its treatment. A lactation consultant can help to prevent a beginning mastitis to develop to a full-blown mastitis.

### 13. Breastfeeding and work

The Working Hours Act states that you can spend 25% of your working time to pump at work or - if you live nearby - to feed your baby at home or at the day care center ([www.arbeidstijdenwet.nl](http://www.arbeidstijdenwet.nl)).

This means that you can use 2 hours for this on an 8-hour working day. This is allowed until your baby is 9 months old. Most women pump at work. By law your employer must provide a private space where you can retreat for a while. There should be a clean refrigerator to store the milk until you take it home.

To promote the let-down reflex, you can massage your breasts before pumping. Try to relax, drink something warm and think about your baby. Sometimes it helps to look at a photo or video of your baby or listen to some relaxing music. Often women like to develop some kind of pumping ritual. Such as, for example, grab a drink, prepare the pump, grab a photo, do some breathing exercises, massage and then start pumping.

Going back to work when your baby is 3 months old usually means pumping twice a day. Once around 11am and once around 3pm. You can also handle this flexibly. If, for example, it is more convenient to pump around noon, and your breasts do not bother you, then that is not a problem.

## 14. Breastfeeding and contraception

Breastfeeding reduces your fertility, but it is not contraception. The following means are a possibility to prevent pregnancy: Condoms, IUD (without hormones, or very little), minipill, injection (without oestrogens). Natural family planning is notoriously unreliable since many women don't have periods when they are lactating. Let your midwife or GP inform you about this.

## 15. Breastfeeding and medication

Many medications are safe to use while breastfeeding. Always read the package leaflet. You can get full information at the pharmacy about whether you can take a certain medicine in combination with breastfeeding and what the safe replacement medicine might be. Your GP or lactation consultant can also obtain information about the safety of a medication.

## 16. Addresses and Internet Sites

Especially if you are breastfeeding for the first time, a problem or question may arise over time. You can then call the midwife, or if the care has been terminated, you can contact special organizations with volunteers who are committed to breastfeeding mothers, such as La Leche League.

[www.lalecheleague.nl](http://www.lalecheleague.nl)

Most maternity care organizations have their own lactation consultant that you can contact during the childbed period. After the postpartum period you can look for the nearest lactation consultant in the region at

[www.nvlborstvoeding.nl](http://www.nvlborstvoeding.nl)

Some midwifery practices also have a lactation consultation service that you can use.

For a breastfeeding growth curve you can look at the back of this booklet and at: [https://www.tno.nl/media/8614/weight\\_loss010dagen2.pdf](https://www.tno.nl/media/8614/weight_loss010dagen2.pdf)

[www.borstvoeding.com](http://www.borstvoeding.com) for general information about breastfeeding. See also the multidisciplinary guideline for postnatal care KCKZ.

Pump rental

To rent a breast pump, you can go to the Thuiszorg shop, Vegro, Medipoint.

Some hospitals and maternity care agencies have a rental point.

A very nice book, both to prepare and use as a reference book: the positive breastfeeding book by Amy Brown.

Accountability

On behalf of all collaborating midwives within the Bovenmaas Foundation, we wish you a successful breastfeeding period.

This information folder has been developed by Stichting Bovenmaas, Jessie van Dijk-Budding, lactation consultant IBCLC, [www.praktijkjessie.nl](http://www.praktijkjessie.nl) and Astrid van der Linden, midwife and lactation consultant IBCLC.

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