Breastfeeding
Information and advice

This brochure provides support and additional information on top of the verbal information provided by staff at the Woman-Mother-Child Center.

Máxima MC (MMC) encourages breastfeeding, and we are pleased to offer you this brochure with information and advice on breastfeeding. This brochure provides general advice on breastfeeding, ranging from what to do during the first few days after giving birth to tips for expressing breast milk. Even if your baby needs to stay in hospital, you can still breastfeed.

Please note:
To make this brochure easier to read, we use “he” when referring to babies. Any reference to “he” should also be taken to mean “she” or “they”.

Advice on breastfeeding a healthy baby

Breastfeeding for the first time

Breastfeeding is a natural process that requires subtle teamwork between mother and baby. Your baby is born with a number of reflexes when it comes to feeding. For example, a healthy newborn will have the ability to look for your breast.

During the first hour after giving birth, your baby will usually be calm and alert. When he is laying on his belly on top of his mother, he will usually be able to make his way to the mother’s nipple after a while. This is the ideal situation for the mother and baby to get to know each other. That’s why it’s important—if the condition of both mother and baby allows—for a baby to lay on his mother’s bare chest immediately after giving birth. We refer to this as skin-to-skin contact. After a little while, your baby will start "rooting", meaning he starts looking for your nipple so he can suckle. Allowing skin-to-skin contact encourages your baby’s natural ability to root, latch on and suckle. The only outside help that’s usually needed is extra warmth for your baby.

Evidence suggests that encouraging your baby’s natural reflexes shortly after birth is beneficial for breastfeeding,
but is by no means necessary for breastfeeding to be a success.

As your baby suckles, two hormones are released in the mother:
- prolactin, which encourages the production of breast milk, and
- oxytocin, which allows you to release milk ("let-down" reflex). This hormone can cause a tingling feeling in your breast. It also causes your

The information in this brochure is general in nature and is intended to give you an idea of the care and guidance you can expect. In your own situation, other advice or procedures may apply. This brochure is therefore only an addition to the specific (verbal) information from your specialist or practitioner.

- womb to contract during feeding, which you may notice and can even be painful. If necessary, you can take paracetamol to relieve the pain.

Latching your baby right after giving birth helps
encourage the suckling reflex and allows the breastfeeding process to get going sooner.
If you are unable to breastfeed for any reason, skin-to-skin contact alone will also help your baby get off to a good start.

Colostrum
During the first seven days after birth, we refer to the milk produced by your breasts as "colostrum". Colostrum is thicker and yellower in colour than the milk you produce later on, and contains extra protein, vitamins and minerals. It has a laxative effect on your baby and is easier to digest. It also contains lots of antibodies and white blood cells to protect your baby against infections. Colostrum is extremely important for your baby, even if he only gets small amounts to start with.

Taking care of your breasts
Hygiene is important for both you and your baby when breastfeeding.
- Always wash your hands before feeding, and wash your breasts and nipples once a day without soap.
- Change your bra regularly, and make sure it is not too tight.
- Wear nursing pads, if necessary. Change nursing pads regularly; moist pads are a feeding ground for fungi and bacteria.

Rub a drop of breast milk on your nipples after feeding and allow them to air-dry. Avoid using creams and oils.
If you or your baby develop thrush (a yeast infection), do not rub breast milk on your nipple. To treat thrush, both you and your baby will need medicinal treatment.

Advice on latching your baby
- Feed your baby in a quiet and familiar environment.
- Get into a comfortable, relaxed position (laying down or sitting up; see Chapter 3).
- Your baby should be on his side, with his ears, shoulders and hips in one line. His body should be turned towards you.
- Your baby’s mouth should be at the same height as your nipple.
- If necessary, support your breast by placing your fingers underneath and your thumb on top (known as the
- C-hold).
- Allow your baby to find your nipple by using his rooting reflex.
- Gently rub your nipple along your baby’s top lip.
- Allow your baby to open his mouth wide. When his mouth is wide open, bring him closer to you so that he takes your nipple in his mouth and starts suckling.
- Make sure your baby’s nose remains clear. Do not press down on your breast with your fingers, but turn your baby's hips to bring him closer to your body.

- You may feel a little pain from your nipple stretching when your baby first latches, but the pain will go away after five to seven days. The pain should also go away while your baby is feeding. If not, remove your baby from your breast and re-latch him.

Your baby is properly latched when:
- his chin is against your breast;
- his bottom lip curls out;
- his tongue is underneath your nipple;
- his cheeks stay nice and round;
- his nose is clear;
- the suckling and swallowing rhythm changes after letting down milk. Your baby will suckle quickly at first to trigger the let-down reflex and will slow down after milk let-down;
- you do not feel any pain while feeding;
- his mouth stays wide open without your nipple being sucked back and forth.

How long and how often should I breastfeed my baby?
In principle, your baby can breastfeed as often and for as long as he likes. This is called ‘feeding on demand’. Feed your baby when he is awake and showing feeding cues. This works best if your baby sleeps in the bedroom with you; this is called "rooming in". Make sure he gets fed at least eight times a day, though eight to twelve times is also normal during the first few days. It is normal for your baby to sleep a little longer in the morning and feed more frequently towards late afternoon or early evening. Switch breasts as soon as your baby lets go of your nipple by himself, or when drinking changes to mouthing. To stimulate optimal milk production, offer both breasts to your baby during a feeding session, starting with the breast he was last fed from.

Once feeding has started, it is a good idea to allow him to empty your breast before offering your other breast.

How do I know my baby is hungry?
When your baby is hungry, he will tell you through a number of changes in behaviour:
- he will sleep less deeply;
- he will start showing the rooting reflex;
- he will suck on his hands;
- he will get restless;
- he will start making noises;
- he will start moving his mouth.

Loud crying means your baby needs feeding urgently. After a few minutes of crying, your baby can get so upset that it may be difficult to latch him properly. It is better to feed your baby as soon as he starts showing feeding cues, as this will keep stress to a minimum for both you and your baby.

How do I remove my baby from my breast?
The best way to remove your baby from your breast is by pushing your little finger into the corner of his mouth. This will release the vacuum, meaning your baby can let go of your breast more easily and without causing pain.

The first few days after giving birth

Contact between mother and baby
Plenty of physical contact between you and your baby helps with breastfeeding. When your baby is with you, he will get to know you and you will get to know him more quickly. It will soon become clear whether your baby is hungry, just wants to be with you or is in some other discomfort.

Which breast should I start feeding with?
In the early days of the breastfeeding process, it is best to have your baby feed from both breasts during a single session. Always start with the breast he has most recently been fed from, and let him drink until he lets go by himself or starts mouthing.

If you have lots of milk, you may prefer to offer just one breast per feeding session. In this case, your baby will drink from your breast until it is empty. In doing so, he will also get the hindmilk, which contains more calories and a little more fat, leaving him feeling fuller. If your baby still wants more, you can offer your other breast for "dessert".

Engorged breasts
A few days after giving birth, you may experience engorgement: a tight, sometimes painful feeling in your breasts. Engorgement is a sign that the milk production is starting. Frequent feeding can relieve engorged breasts, as your baby empties them more regularly. Frequent feeding also helps start your milk production sooner.

Feed from the breast that feels most engorged before switching to your other breast. If necessary, empty a tight areola by massaging it, making it easier for your baby to latch on. Feed your baby more often when your breasts are engorged.

Putting a cold towel on your breast after feeding can help relieve the pain. Putting a warm towel on your breast before feeding will help you let down milk more quickly. If necessary, you can massage out any hard spots in your breast when you shower. Wearing a bra that is not too tight also helps. Engorgement will disappear by itself after a few days. From that point onwards, your milk production will be adjusted to your baby's needs.

Nipple confusion after using a bottle or dummy
Breastfeeding requires a different technique to bottle feeding. Babies who are bottle fed before their fourth week can become confused; they may not accept your breast as easily, and they may even refuse it in some cases.
The use of a dummy or nipple shield can also cause nipple confusion. Sucking on a dummy leaves your baby feeling more tired, meaning he may breastfeed poorly and less frequently. Your baby may also miss a meal when you allow him to use a dummy.

All of these factors can lead to poorer milk production, so it is best to avoid using a dummy until the breastfeeding process is properly up and running.

Additional feeding
A healthy baby who is born on time will generally not need additional feeding or liquids aside from breastfeeding. The obstetrician, nurse or maternity support worker will check whether your baby is drinking enough by counting the number of nappies and monitoring your baby's weight.

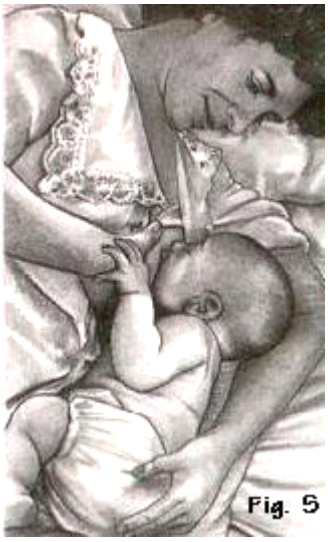
If additional feeding is needed during the first few days for medical reasons, it is best to provide this with a spoon, cup feeding or finger feeding. This should be done in consultation with the obstetrician, maternity support worker or nurse at the hospital.

Nappies
During the first few days, your baby will pee two to three times a day, on average. Once breastfeeding is going well, your baby will wet his nappy six to eight times every 24 hours. For the first few days after birth, your baby's stool will be black (this is called meconium). A few days after birth, his meconium will gradually start to change colour. This is referred to as transitional stool. Eventually, your baby's stool will be thin, soft and mustard yellow in colour, occasionally containing a few pellets. The colour of your baby's stool will also vary depending on what he is eating.

Your baby may do a poo (stool) anywhere from two to more than six times a day. When your baby is three to four weeks old, his stool pattern may start to change. Normal stool patterns for babies can vary greatly: from six times a day to once a week or even once every ten days. The important thing is that your baby's stool remains soft. Constipation is rare in breastfed babies.

Different positions for feeding your baby

Feeding your baby laying down
Your baby should lay next to you on his side, with his ears, shoulders and hips in one line. His face should be turned towards you, and his mouth should be at the same height as your nipple. When your baby opens his mouth wide, calmly move him towards your breast without pushing. Feeding your baby laying down is particularly comfortable right after giving birth and during night and morning feeding sessions.



Feeding your baby sitting up

- Madonna hold
  Get into a relaxed position, supported by plenty of pillows. Rest your baby's head in the hollow of your elbow. Use your lower arm to support your baby, while holding his buttocks or upper leg using your hand. Once you are comfortable in this position, follow the steps under "Feeding your baby laying down".

- Rugby hold
  Place your baby on a pillow next to you, with his head on your lap. His body and legs should be under your arm, and your hand should be supporting his head. Your baby can lay against your side on his back or side in this position.
  The rugby hold is particularly comfortable if you have larger breasts, engorged breasts or if you are producing a lot of milk. This position is also recommended for smaller babies, if your nipples are sensitive, if you have a blocked milk duct or after a caesarean section.

There are other positions that may be more comfortable in your situation. However you choose to breastfeed, the important thing is that your baby is at the right height, with his ears, shoulders and hips in one line and his mouth level with your nipple.

Your own diet

General dietary advice

Generally speaking, you can maintain your normally diet while breastfeeding. We recommend having a few nutritious snacks every day in addition to your three main meals, such as fruit, yoghurt or a sandwich. The main thing most mothers need to do is drink more, as your body will lose extra fluid while you are breastfeeding. We recommend that you do not try to lose weight while you are feeding your baby, as the waste products expunged by your body as you do so will end up in your breast milk.

Food intolerance

Most breastfeeding mothers can eat anything without their baby being affected. That said, some babies may be sensitive to certain foods eaten by their mother, such as onion, some cabbage varieties or other irritating foods. Possible reactions to these foods include excessive crying, stomach cramps or excessive farting.

To know for sure whether the reaction in your baby is caused by something you ate, we recommend keeping a food diary. Traces of certain foods can be found in your breast milk around 6–24 hours after eating them. If you suspect your baby may be intolerant to a certain food, avoid the suspected product for at least two weeks. Once those two weeks have passed, eat the food in question once. If your baby's symptoms return, it confirms that your baby is intolerant to that food, and you should avoid it altogether.

Remedies that supposedly boost breastfeeding
Various cultures have developed ancient traditions
said to benefit the wellbeing of new mothers and their babies. This includes certain remedies that are alleged to boost breastfeeding. The effects of most of these remedies remain unproven, but generally speaking, they are harmless. If using these remedies makes you feel better, the peace of mind they give you will have a positive effect on your milk production.
Please note: herbs are not always harmless and should not be taken without first seeking advice.

Use of medicines and stimulants
Moderate amounts of coffee, tea, cola and chocolate do not usually cause any issues with breastfeeding. A small amount of caffeine will make its way into your breast milk,
as will the substance in chocolate similar to caffeine.
If your baby is very restless or not sleeping enough, using products with less caffeine can reduce the problems.

Limited use of alcohol during your breastfeeding period does not appear to be harmful for your baby. However, any alcohol you drink will end up in your breast milk. If you regularly drink alcohol or if you drink large amounts, it will have a negative effect on your baby's cognitive development and growth. As such, we discourage the use of alcohol for safety reasons.

We strongly advise against using drugs. Drugs can seriously harm your baby's growth and development.

Smoking (nicotine) has an effect on a mother’s milk production. The more you smoke, the lower your milk production will be, and your let-down reflex will also be negatively affected. Nicotine will end up in your breast milk. If you smoke, avoid smoking right before feeding your baby. It is also best not to smoke in the vicinity of your baby.

If you are vegetarian
If you are vegetarian but eat animal protein such as dairy and/or eggs, you and your baby will get everything you need while you are breastfeeding.

If you do not eat animal protein, you and your baby are at greater risk of deficiencies in certain nutrients. In this case, it may be a good idea to contact a dietician.

Expressing tips
There are various reasons why you may need to express milk. You may be returning to work, your baby may need to be admitted to hospital, or you may simply want to go out for an evening. How often you need to express depends on the situation.

Various expressing methods are available, including manual and electric pumps. The nurse or a lactation consultant will be able to provide more information.

Tips for expressing milk from your breasts

- Think hygiene: wash your hands beforehand and use clean equipment.
- Find a quiet space and get into a comfortable position; a hot drink can help too.
- Stimulate your let-down reflex by massaging your nipples before expressing or by placing warm towels on your breasts.
- It is better to express frequently than to express for a long time all at once.
- Expressing is a skill that takes time to learn. We recommend starting early.
- Expressing should not be painful.
- It is best to express around 60 to 90 minutes after a breastfeeding session, to ensure that you have enough milk for the next feeding session.
- If you are only feeding from one breast, you can express from the other.
- If you are using a single breast pump, express milk from one breast at a time. Switch breasts when the milk stops flowing.
- If you plan to express milk over a longer period, we recommend expressing from both breasts at the same time, using a double pump.

Storing breast milk

Different rules apply depending on whether you are storing breast milk at home or at the hospital. If your baby is in hospital, always follow the rules that apply there. When at home:

- Work hygienically and with clean equipment.
- Breast milk is best stored in plastic containers, plastic bottles or plastic freezer bags. Whichever option you use, make sure you write the date and time on it.
- Breast milk should be given fresh, if possible.
- You can store breast milk:
- for five to ten hours at room temperature (20 °C);
- up to three days in the fridge (4 °C);
- up to two weeks in the freezer compartment of your fridge;
- up to three months in a freezer (-15 °C);
- up to six months in a deep freezer (-18 °C or below).
- Let your breast milk cool before freezing it.

Once it has cooled, freeze it as quickly as possible—within 24 hours at most. Never add warm milk to cold milk; always allow the milk to cool before mixing smaller portions.

Defrosting and heating up breast milk

- Breast milk is best defrosted in the fridge or under running water (start with cold water and gradually increase the temperature).
- Defrosted breast milk can be kept in the fridge for 24 hours.
- Never refreeze defrosted breast milk.
- Bring breast milk to the right temperature in a bottle warmer or a tray of warm water.
- Any unused heated breast milk must be thrown away after around an hour. Never reheat breast milk.
- Never defrost or heat breast milk in a microwave oven, as it is unclear exactly which effect this has on its composition.

Breastfeeding when your baby is in hospital

In some cases, your baby may need to be admitted to hospital or stay in hospital after you are ready to return home. The reasons for this may include:

- your baby was born too early (premature);
- your baby has had a poor or bad start to life;
- your baby has a low temperature;
- your baby has low blood sugar (glucose) levels;
- your baby refuses to drink.

On the pediatric ward, the pediatrician will decide how often and how much to feed your baby. In principle, you will always be able to breastfeed or express milk, but your baby's condition may require a different approach.

If your baby unable or not allowed to breastfeed, he will be given your breast milk through a feeding tube, by cup feeding, finger feeding or in some cases, bottle feeding. The method of additional feeding depends on the reason for additional feeding. In some cases, he may be partially breastfed, with additional breast milk given through a feeding tube. For more information, ask about the feeding procedures on the ward.

If your baby is unable or not allowed to breastfeed, you will be able to express your milk. We will adjust the feeding approach as needed on a daily basis. We will also work with you to make breastfeeding on the pediatric ward as easy as possible.

Discharge

If you and your baby are both doing well, you'll be able to leave the hospital after a couple of days. The maternity support worker will continue to provide any care you need.

In some cases, you may be discharged from the hospital before your baby. The NICU and NMCU both offer the option to stay with your baby 24/7 (rooming-in). Another option is to stay at the Ronald McDonald House for as long as your baby needs to stay in hospital. These facilities enable you to stay close to your baby, feed him yourself, if possible, and help care for him. For more information, speak to the staff on the ward where your baby is staying.

More information about breastfeeding

If you have any questions about breastfeeding after returning home, contact:

- your own obstetrician;
- the maternity support worker;
- a child health clinic;
- a lactation consultant;
- support groups or networks for new mothers.

Breastfeeding organisations

- **La Leche League**
  If you have any questions or issues regarding breastfeeding, or if you need more information, the nationwide La Leche League helpline can help: +31 111 41 31 89. More information can also be found on www.llli.org/breastfeeding-info/

  The LLL volunteers (Leaders) organize information sessions in various regions. These sessions are aimed at expecting and breastfeeding mothers and their babies and other parties involved. Subjects covered include:
  - the importance of breastfeeding for mother and baby;
  - postnatal care;
  - preventing and solving breastfeeding issues;
  - what happens as your baby gets older.

  The volunteers share information and there are opportunities to exchange experiences.

  La Leche League offers brochures on most aspects of breastfeeding. The organization also offers various breastfeeding aids, and most volunteers will be able to help you rent an electric breast pump.

- **Neonatal centres**
  Various neonatal centres regularly organize evening information sessions around breastfeeding.

- **Lactation consultant** — specialized breastfeeding support