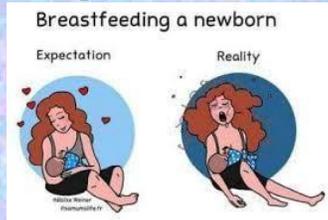


# FEEDING YOUR BABY !

Feeding is one of the primary concerns for your new baby. The decision as to how you will provide nourishment for your baby is a personal one. Choose a comfortable chair in a quiet room. Try to prevent any possible distractions.

**We hope this brochure will help you have a wonderful experience.**



**Most mothers want to breastfeed. Even though it has been done for centuries, like all skills, it needs education, advice, and support. It is important to remember that feeding should be a happy, loving experience for parents and the child.**

**No matter how you feed your baby, remember you are feeding your baby with Love!**

There are many advantages to breast-feeding. It is convenient, inexpensive and provides the most natural, complete and high-quality nutrition for your child. The sucking itself will help your uterus shrink down. You may even feel uterine contractions during your first few nursing sessions. Nursing also relieves the discomfort of full breasts. Breast fed infants are less likely to develop allergies and infections. There are also protective factors that can be transmitted from mother to infant through the milk.

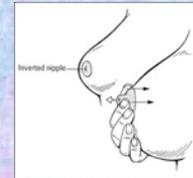
**Breastfeeding offers many health benefits** for infants and mothers, as well as potential economic and environmental benefits. Nutritionally balanced meals, some protection against common childhood infections, and better survival during a baby's first year, including a lower risk of Sudden Infant Death Syndrome.

Early skin-to-skin contact and suckling may have physical and emotional benefits. Breastfeeding may reduce the risk for certain allergic diseases, asthma, obesity, and type 2 diabetes and may help improve an infant's cognitive development.

Continue prenatal vitamins and eat a balanced diet with extra 200-500 calories and 20 grams of protein a day. Extra fluids should be taken as determined by thirst.



**Mothers need to start preparing for breast feeding even before the birth of the baby.**



Breasts increase in size during pregnancy and often the nipple is flat or even inverted. Lactating breasts are big and it is difficult for a baby to latch on to a nipple which is flat or inverted.

Gently massage the breast starting from the chest toward the nipple. Do this in a circle. Then from the near the axilla (underarm area) to the bottom of the breast. This way all parts of the breast are massaged.



Pull the nipple out to prevent it from inverting. Start doing this as you approach your due date and continue doing it after the baby is born.

For the first 2 days, the breast will produce colostrum. It is the clear fluid which is full of antibodies and immunoglobulins, which help protect the baby. This is usually enough for the baby. Generally, the milk will 'come in' on day three. The breasts feel heavy and often painful. To relieve the congestion, continue massaging your breast as described above.

Rinse your breasts with clean water during your daily bath or shower. Avoid soap, disinfectants, and any substances that could dry or damage your skin, nipples, or areolae.

Before you begin to nurse, seat yourself in the most relaxed position with great back support. Wear comfortable clothes and drink lots of fluid. Pick a nursing position most convenient for you. Place a pillow on your lap if needed.

Make sure your baby is tummy-to-tummy with you at all times. Make sure you bring your baby to you, and do not try to lean into the baby as this will cause severe strain on your neck and shoulders. The baby's nose should be opposite the nipple.

During the first one or two postnatal days, **colostrum** provides adequate nutrition for your baby and sucking gives the signal to increase milk production in your breasts. Your breast milk will go into full production around the third postnatal day. At that time, you will notice a “letdown” reflex which will be felt as fullness in your breasts.

Nurse your baby for 15-20 minutes on each breast before switching. Alternate the breast you offer first at each feeding. If you let your baby suck longer, you may develop sore, cracked nipples which will become painful with every feeding. If your breasts become persistently swollen, red or painful contact your doctor.

Breast-feeding mothers are very concerned that they are not sure if their baby has got enough. If your baby has a wet diaper every 4-6 hours, latches on vigorously, appears satisfied, and quiets down after a feeding, these are all good indications that your breast-feeding was successful.

Now you need to help the baby latch on to the breast. Your baby's mouth should cover most of the bottom of your areola and some of the top, not just your nipple, so those glands are stimulated when the baby sucks.

If your breasts are large or your baby's mouth is small, you can make it easier by holding your breast to help guide the nipple to your baby's mouth. Grasp the breast on the sides, using either a “C” hold or “U” hold. Make sure to keep fingers far from the nipple so you don't affect how baby latches on. Aim the nipple toward the baby's upper lip/nose, not the middle of the mouth. You might need to rub the nipple across the top lip to get your baby to open his/her mouth.

The baby's head should be tilted slightly back.

### The correct latch !



### Breast feeding should not hurt!

Contact your doctor if you have painful, Cracked or bleeding nipples

### when breastfeeding.

If you feel pain beyond the first 30 seconds, stop, break the suction and get the baby to open the lips to grasp as much of the areola as possible.

As a daily treatment for your nipples you may express a few drops of milk after feeding, massage it gently into the skin, and let it dry.

You may apply a small amount of purified natural wool-based emollient, also known as Lanolin, to your nipples and areolae. Lanolin supports moist wound healing.

### Breastfeeding positions!

### Breast feeding twins!



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