

# ***Breastfeeding***



**A GUIDE FOR MOTHERS**

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City of Helsinki

Social services and health care department

Services for families

Maternity and child health clinics



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A GUIDE FOR MOTHERS

*The purpose of this guide is to give you information about breastfeeding and how you can prepare for it while you are pregnant. The guide gives information about the breastfeeding recommendations, lactation and the first few days of breastfeeding, and also about the possible challenges you may face. Breastfeeding is one of the topics that the maternity and child health clinic (Finnish: neuvola) will be happy to help you with. If you have any questions, please do not hesitate to ask the staff at the clinic.*

## RECOMMENDATIONS

The World Health Organization (WHO) recommends that babies should be exclusively breastfed for the first six months, and that breastfeeding may continue until the child is two years old. Breastfeeding exclusively means that in addition to breast milk, the baby is only given vitamins or medication he needs. In Finland, the recommendation is the same, that babies should be exclusively breastfed for the first six months. The baby must be at least 4–6 months old before you can offer him small ‘tasting portions’ of solid food. This recommendation is based on the idea of helping the baby’s digestive system develop. A ‘tasting portion’ is 1–2 teaspoons of solid food that you can offer the baby on a spoon or with your fingers, after breastfeeding. Meanwhile, you also continue to breastfeed the baby, feeding on demand.

Breastfeeding as a supplement to solid foods is recommended up until the baby is one year old, and you may continue for longer if it suits your family. In the case of special groups, such as premature babies, you may be recommended to introduce solid foods at the age of 4 months. All children need solid foods as a supplement to breastfeeding from the age of 6 months. The recommendation is to introduce solid foods in the form of finger foods.

## THE IMPORTANCE OF BREASTFEEDING FOR MOTHER AND CHILD

Breastfeeding is important for both the mother and the baby. Research has shown that breast milk and breastfeeding have

many health benefits for both mother and child. Breast milk contains antibodies that help support the baby's immune defence. This means that breastfeeding protects the baby from various infections such as diarrhoea and ear infections. Children who have been breastfed are less likely to become overweight or obese in adulthood. They are less at risk of high blood pressure. Low blood pressure helps prevent cardiac and circulatory diseases.

Breastfeeding helps the mother get back to her normal weight after pregnancy. A breastfeeding mother runs a clearly lower risk of contracting type 2 diabetes or breast cancer. Breastfeeding may also provide protection from ovarian cancer and rheumatoid arthritis. Breastfeeding has an effect in preventing depression and it helps the mother recover from childbirth. During breastfeeding, the hormone oxytocin is released, and this helps the uterus and other organs recover after the birth and also promotes wound healing.

Breast milk contains important elements that the baby needs. Breast milk contains the right proportions of all the nutrients that your baby needs. The exception is vitamin D, of which all babies need a supplement from the age of two weeks on. The baby is best able to absorb all these important nutrients in the form of breast milk. Your breast milk will adapt to the needs of your baby as he grows, so it is always the best nutrition for your baby.

Breastfeeding provides food for the baby, but it is also important in other ways. Breastfeeding helps calm the baby, and provides comfort, interaction and helps the baby develop its perception of itself in relation to others. Whenever the baby cries, you can always try breastfeeding.

Breastfeeding helps strengthen the bond between mother and child. Interaction with the mother during breastfeeding provides for the baby's need to be heard, cared for and safe. Breastfeeding helps the mother to better understand the baby's expressions, strengthening mutual communication. Breastfeeding plays an important role in building the bond between mother and baby.

Breastfeeding, and especially the oxytocin that is released during it, is soothing for both the mother and the baby. Oxytocin helps the mother relax. Your oxytocin levels will be higher the more you breastfeed your baby.

Breastfeeding will usually help the mother go back to sleep quickly afterwards. Many mothers also find that their sleep is deeper. This is particularly helpful when the baby is small and still needs feeding at night.

From an ecological and economic perspective, breastfeeding is also a good choice.

## WHAT IF I DO NOT WANT TO BREASTFEED?

Although it is true that breast milk is the best nutrition for a newborn, there can be situations when the baby is only breastfed to a limited extent, or not at all. In such a case, the baby is fed completely or partially on formula (breast milk substitute). All mothers do not want to breastfeed. You can give your baby closeness and interaction even if you do not breastfeed him. It is important to give a bottle-fed baby a lot of skin-to-skin contact and cuddles. Even if you are bottle-feeding your baby, you will still be interacting with the baby and you can still feed on

demand. It makes sense to talk with the staff at the maternity clinic about your plans for feeding the baby even before you give birth, when you have pregnancy check-ups at the clinic.

## LACTATION BEGINS DURING PREGNANCY

Breasts begin to develop when girls reach puberty. At this time, the milk duct system in the breast develops. The breasts develop with each menstrual cycle, reaching full development during pregnancy. During pregnancy, the pigment of the areola increases, so the areola grows darker. The breasts and the nipples increase in size, and the number of fat cells in the breast decreases. During pregnancy, the milk duct system and the alveoli develop further.

Lactation begins during pregnancy, before the birth. The type of breast milk that forms at this time is called colostrum, and it is very important for the baby. The birth and the delivery of the placenta alter the hormone activity so that lactation is no longer automatic. After the baby is born, the breasts need stimulation, i.e. the baby feeding, to stimulate continued lactation.

## THE BABY'S FIRST FEED

The important first feed usually takes place at the maternity hospital within about 30–60 minutes of your baby being born. Babies are usually very alert immediately after birth and actively seek to breastfeed.

After birth, the baby is placed in skin-to-skin contact on the mother's chest. The baby can be naked or wearing a nappy. The



baby is then allowed to seek the breast in its own time without disturbances. The baby will find the mother's breast, using its sense of smell.

Skin-to-skin contact immediately after birth is important for the baby. Skin contact helps the baby steady its vital functions (temperature regulation, breathing, blood sugar) and allow the baby to seek the breast to feed. Skin-to-skin contact reinforces the baby's crawling reflex and its reflexes to seek the breast and suck. Skin-to-skin contact also promotes the release of oxytocin, which in turn helps breastfeeding. Oxytocin contributes to lactation and to the so-called let-down reflex.

If it is not possible to place the baby in skin-to-skin contact with the mother immediately after birth (e.g. due to a caesarean), it is important for the baby to have skin-to-skin contact with the father or the birth support person. As soon as the mother and the baby are well enough to allow it, the baby should be placed in skin-to-skin contact with the mother to help support breastfeeding.

A newborn will seek the breast with determination and suck for a long time during the first feed, even for a few hours, before falling asleep. The mother does not yet have much breast milk at the first feed, but it is enough for the baby. The first milk, called colostrum, is very high in fat and nutrients and contains important elements that strengthen your baby's immune defence. The first drops of breast milk help the baby's intestines work better.

After the first feed, the baby is often tired and sleeps for a few hours. Towards the end of the first 24 hours after birth, the baby becomes more alert again and begins an intense few days

of breastfeeding. Over the next several days, he will be feeding often. The baby may, in practice, spend all its time at the breast. This is the baby's natural way of ensuring that lactation is started.

This period of intense breastfeeding does not mean that your own breast milk is not enough. The baby is supposed to suck at the breast energetically, to bring lactation to the level the baby needs. The maternity hospital will monitor the baby's weight and overall wellbeing. After the first few weeks, breastfeeding generally settles into a rhythm.





## THE BABY'S NATURAL EATING PATTERN: FEEDING ON DEMAND

Breastfeed your baby according to the baby's needs and in response to the baby's signals. This is called feeding on demand (it can also be called responsive feeding). The baby will want to feed every few hours, or sometimes a few times in an hour. The time that the baby sleeps also varies from between 10–20 minutes up to about four hours. Over a period of 24 hours, the baby will get an average of 12–20 hours' sleep. Newborns cannot tell the difference between day and night.

Feeding on demand ensures that you build up a good milk supply for your growing baby. Feeding on demand also supports the baby's ability to regulate its own feeding.

The newborn baby's belly is still very small and the amount of milk the baby needs will vary from one feeding to the next, much in the way that adults alternate between full meals and snacks. The baby will usually want to be breastfed about 8–12 times in 24 hours, but even more often is still normal. The time

## THE SIZE OF THE NEWBORN BABY'S BELLY

1 DAY	2 DAYS	1 WEEK	1 MONTH
			
GRAPE 5-7ML	STRAWBERRY 22-27ML	PLUM 45-60ML	EGG 80-150ML

*In the first days after birth, the baby's belly is very small, so even a small amount of milk is enough!*

it takes for the baby to feed can vary a lot too: anything from a few minutes to hours. The length of time that the baby spends at the breast does not tell you how much milk he has managed to have. The rhythm and time spent breastfeeding are always very individual.

It comes as a surprise to many people how much time breastfeeding takes up, especially at the beginning. However, this is the baby's natural way to eat. Breastfeeding is easy for the mother. You always have a supply of milk the right temperature and ready to use. Breast milk is also always right for the baby's development needs at any given time. The consistency of the milk changes as the baby grows.

## HOW TO TELL IF YOUR BABY IS HUNGRY

The baby shows that he is hungry by licking and smacking his lips, opening his mouth, and sucking on his own hands. If you are able to understand the baby's hunger signals in time, the

baby has enough time to seek the breast and latch on properly. When the baby is attached properly he can feed well and breastfeeding does not hurt.

Newborns seek the breast by reflex through certain specific movements. The baby's reflex behaviour at the breast is called the rooting reflex. When the baby is brought to the breast, in skin-to-skin contact, he will begin to nuzzle the breast, lick it, push his hands against it and latch on. In this way, the baby prepares the breast for breastfeeding. It is best to let your baby seek the breast undisturbed, because this will help him latch on properly.

Crying is a late indicator of hunger. Sometimes it is difficult to help a crying baby settle enough to latch on. If this happens, it is best to try to calm the baby down first by, for example, rocking him in your arms or stroking him, until the baby is calm enough to try to feed. The father/partner or a support person can be a great help in calming the baby.

Once the baby has settled at the breast and latched on, he begins to suck. The baby starts feeding with rapid, intense sucks, even greedily. Once the milk is flowing, the sucking rhythm settles down and gets slower. At this point you will be able to see a clear rhythm of sucking, swallowing and breathing.

At the start of each feed, the baby gets breast milk that flows easily and that the baby can suck quickly, getting a lot of milk. When this type of milk has been used up, the baby's sucking rhythm changes again. The milk then becomes thicker, with a higher fat content, and the baby tends to take breaks in sucking. Often towards the end of a feed, the baby may be taking long breaks from sucking, but he is still not ready to come off the

breast. A baby that has had enough milk and is feeling content comes off the breast on his own when he is ready.

## YOUR MILK SUPPLY

The amount of breast milk you make will increase noticeably about 2–4 days after your baby has been born. The milk supply will increase faster, the more the mother breastfeeds her baby in the first few days. Sometimes the increased milk supply may cause a swelling of the breasts, a sensation of heat or sometimes even a fever. The situation will settle after a few days and the tight sensation in your breasts will ease. All these symptoms are typically strongest for someone giving birth for the first time. Women who have given birth previously will have milder physical symptoms of their milk supply increasing, i.e. the milk 'coming in'.

In some cases the tightness of the breasts may make it difficult for the baby to attach properly to the breast. If your breasts are very swollen, you can try a warm compress before breastfeeding, or perhaps express some milk before you start to feed the baby. You can also reduce the swelling with the following technique: use your fingers to apply pressure around the nipple for 1–2 minutes; this will reduce swelling in that area.

## AFTER THE FIRST FEW DAYS

The baby's first weeks are important for breastfeeding. This is the time when the baby learns how to suck efficiently, and

the sucking stimulates milk production according to the baby's needs. It is a good idea to let the baby breastfeed whenever he wants to, and as often as possible, at least 8 times a day. Pacifiers (dummies) or feeding bottles are not recommended. Use of a pacifier can cause difficulties in learning the right sucking technique and cause a drop in milk supply. Bottle feeding can also cause difficulties with latch on and sucking technique.

*Your milk supply builds up in response to the baby's needs. The more the supply is used, the more milk your body will make. The reverse is also true: if the milk supply is not used for a long time, you will make less milk. So if you want to increase your milk supply, you need to breastfeed more. If the baby is offered part of the food he needs in the form of milk substitute (formula), your milk supply will decrease and it will not be enough for the baby.*

When the baby sucks the mother's breast, this stimulates the production of a hormone called prolactin in the mother. This is the hormone responsible for milk supply. Natural levels of prolactin are at their highest at night. For this reason, breastfeeding at night is an effective way of improving your milk supply and helps ensure that you can continue to breastfeed. We recommend that at least one of the baby's feeds is given at night.

All babies go through periods when they feed more often than usual. The first of these periods comes immediately after birth and the following ones tend to come with a few weeks in between. The periods when the baby feeds more often than

usual typically last for a few days. They are a way for the baby to ensure that the milk supply will continue to come in. Feeding more often increases the milk supply.

## HOW CAN YOU TELL IF THE BABY IS GETTING ENOUGH MILK?

If the baby is alert, wakes up by itself to feed, and usually is content to fall asleep after being fed, he is usually getting enough milk. The baby's weight will also tell you whether he is getting enough food. The child health clinic monitors your baby's weight. During the first few weeks, the baby should ideally be gaining at least 20 g a day or 140 g a week.

At home, you can check the following signs to see if the baby is getting enough milk:

If the baby

- pees at least five times a day (from day four onwards)
- poos at least once a day (babies under 6 months old)
- the baby is breastfed at least 8 times a day

then the baby is getting enough milk. Please do not hesitate to contact a nurse at your child health clinic if you worry about the health of your baby or that it is not getting enough milk.

## CORRECT ATTACHMENT AND BREASTFEEDING POSITIONS

It is important that the baby is properly attached at the breast so that he can feed well. It is easy to tell if the baby is proper-

ly attached, because then breastfeeding is not painful. Sometimes breastfeeding can be painful for the first 30 seconds as the milk lets down. There should not be pain from breastfeeding any longer than that.

The correct attachment is when the baby's mouth is wide open, as if he was about to bite into a big hamburger. When the baby's mouth is wide open enough in the attachment, you can see more of the areola (the area round the nipple) above the nipple than below the nipple. Also, the baby's chin is in contact with the mother's breast. This also often means that the baby's upper and lower lips are turned out in 'fish lips'. The baby's sucking motion comes from the jaw. This means that the correct sucking motion is not very noticeable when you watch what is happening. Only the baby's lower jaw will be moving.

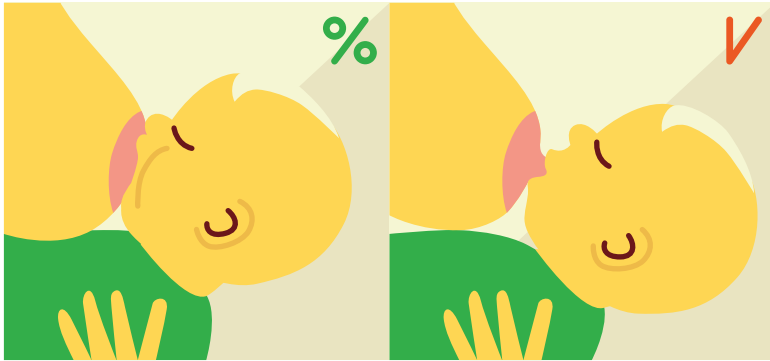
If you can see that the baby is sucking in its cheeks (like an adult sucking a straw), if you can hear sucking noises, or if breastfeeding is painful, the best thing to do is get the baby to let go of the breast, then let the baby latch on again. Skin-to-skin contact before you begin breastfeeding helps the baby latch on properly.

When it comes to breastfeeding positions, there are lots of alternatives. It is best to try different positions to find out what works best for you and your baby. The following tips can be really helpful:

1. The baby should be able to tip its head back as he latches on to the breast.

As the baby reaches for the breast, it helps to keep the baby's nose on the same level as your nipple. When the baby latches on





*Correct attachment*

*Inefficient, narrow attachment*

from this position, he will tip his head far enough back to attach properly. It can be hard for the mother to see if the baby is properly attached. The partner or support person can help the mother by saying when the baby is in a good position to latch on.

2. When the baby is at the breast, the baby's chest is always turned towards the mother, i.e. the baby's body is straight.
3. The baby's head can move freely.

The baby must be able to move his head in order to latch on properly. Free movement of the head is also important so that the baby can let go when he has fed enough. If you are holding your baby close to breastfeed, it is usually a good position if you support the baby's neck against your wrist. Another good position is if the baby lies upright against the mother's chest. If you want to lie on your side to breastfeed, you can place a pillow or folded blanket under the baby's back for support.

When you are guiding the baby to take the breast, it is not a good idea to support the back of the head of a small baby, or even to touch the head. The baby has a reflex that will make him push the back of his head against your hand, and this will make the head move away from the breast rather than towards it.

#### 4. The baby should be close to the mother.

The mother can support the baby's upper back firmly, letting the baby tip his head backward, which allows for a wider latch-on position.

When you are trying out new breastfeeding positions, it is a good idea to use pillows and cushions and other types of support to help you find a relaxed and comfortable position. The most common problem with attachment is usually that the baby is held too far from the mother and his head is not tilted far enough back. Breastfeeding is a new skill that you are learning together with your baby. You will get better at it. Please do not hesitate to ask your child health clinic (neuvola) for more tips and advice.

## BREASTFEEDING INVOLVES THE WHOLE FAMILY

It is important for the whole family's welfare that the mother's partner gets involved with breastfeeding and baby care. Studies show that mothers find support from their partners important, and that it has a real effect on successful breastfeeding. This means that the partner will also need information on breastfeeding and baby care. Family coaching classes

provide information on breastfeeding. The family can also look for information on breastfeeding in other ways, for instance on the internet.

It is natural that breastfeeding takes up a lot of the mother's time when the baby is newborn. The partner can help with moral support for the mother. He or she can also help the mother with actual baby care or household chores. The partner could, for example, give the baby a bath and change diapers. He or she could take responsibility for household chores and care for the family's other children. The partner can make sure that the mother has time to breastfeed undisturbed by making sure that the mother gets enough rest, and that she is eating properly and drinking enough water. The partner can provide valuable help in the early days of breastfeeding if the mother needs help in



*When the baby's head is tilted back, it helps the baby latch on correctly, giving both mother and child a relaxed breastfeeding position.*

finding the correct attachment position for the baby.

The partner can also check that the mother does not get tired out from too many visits from friends and family. Breast-feeding is easier if the home can have a calm and undisturbed atmosphere. Family and friends can show support by bringing food for the family and for guests, and by offering to look after the family's other children. There will be a natural bond between the baby and both parents if both parents are involved in caring for the baby.

Particularly in families with one parent, support from family and friends can be very important in helping the mother to breastfeed. The child health clinic can also provide some help for families with newborns. For example, home help services have often been a great help to families with twins.

## HOW TO PREPARE FOR BREASTFEEDING

It is a good idea to find out about breastfeeding basics while you are still pregnant, before giving birth. You will usually only spend a short time in the maternity hospital and the focus there will be on learning the practical aspects of breastfeeding. It is usually easier to learn a new skill if you have studied information about it in advance.

All you really need in order to breastfeed is a mother and baby, and ideally also a supportive partner, but there are some things you can buy to make things easier.

A nursing bra is a good idea; it should fit you well and the material should be stretchy. Buying more than one or two bras in advance is not a very good idea, however; your bra size

will change and this can be hard to guess correctly in advance. Bring one nursing bra with you to the maternity hospital. Underwire nursing bras are not recommended in the first days of breastfeeding, as they may increase the risk of blocked breast milk ducts. When lactation begins, the breasts can be swollen to begin with, which can cause a tight underwire bra to feel very uncomfortable. Some mothers prefer to use nursing tops at the beginning. Try different alternatives to find the best choice for you.

Many mothers find that while the baby is feeding at one breast, the other breast will leak milk. You can let the milk leak into a breast pad that protects your clothing, or into a milk collection shell. If you collect the milk in a shell you can then store it and freeze it for later use. You can buy breast pads that are disposable and ones that are washable.

Sometimes you may be in a situation where you will need to express milk, but you cannot do it by breastfeeding the baby. In this situation, many mothers find it convenient to express milk by hand. Read the instructions for expressing milk by hand before you baby is born. Good instructions are available on the internet, see the last page for suggested web-sites. It is best to practice express-



ing only after the baby has been born. If you find expressing milk by hand to be difficult or if you have to do it very often, a breast pump can be a great help.

Some mothers use a nipple shield when breastfeeding; this can help for example if the mother's nipples are small and the baby has difficulty latching on. Actually you cannot really know until after your baby is born what you might need to help you with breastfeeding. You can buy nipple shields (Finnish rintakumi) at pharmacies and bigger supermarkets.

## HOW TO CARE FOR YOUR BREASTS

Many mothers find that they have sore nipples in the early stages of breastfeeding. If breastfeeding is painful or if you get sore or cracked nipples, it is a good idea to have the child health clinic help you check that the baby latches on properly. There are special creams for treating sore nipples; you can buy these creams at pharmacies. You can also express a drop of milk at the end of a feed and leave it to protect the nipple. Letting your nipples air dry between feeds can help the soreness. If the nipple is bleeding, you can still breastfeed your baby. If the skin on the nipple is broken, it is better not to let the sore scab over and then be broken again at the next feed. You can keep a milk collection shell, or a compress soaked in saline solution or breast milk on a sore nipple to maintain humidity. If you have open sores on your nipples it is very important to keep your hands clean, so you do not accidentally pass bacteria into the sores.

Dress warmly if you go outside and protect your breasts

from the cold with an extra layer, for example a warm wool scarf wrapped under your coat. Change into dry breast pads before going out in the cold.

If you suffer from a blocked milk duct, it is important to drain the breast properly, primarily by breastfeeding your baby. A breastfeeding position where the baby's chin is pointing towards the blockage can often help relieve it. You can also drain the breast by expressing milk by hand or using a breast pump. It is also a good idea to have the baby's attachment position checked.

A blocked milk duct feels like a hard lump in your breast. The area is usually sore or painful and you may develop a fever. A warm shower or a warm compress may also help, followed immediately by breastfeeding or by expressing milk. The swelling can be relieved by cool compresses. Warm the breasts to help milk flow before expressing milk to drain the breasts. You can also try putting cool cabbage leaves on your breasts (first, use a fork to break the surface of the cabbage leaf and then put the cabbage leaves in your bra, against your breasts). In addition to draining the breasts frequently, rest is also important.

Contact your local health centre if the pain and fever do not get better within 24 hours even if you have been draining your breasts frequently. You may have developed mastitis and if that is the case, you will need antibiotics. Even if you have mastitis, it is still important to breastfeed your baby often.

## NEED MORE HELP AND ADVICE?

When you are still at the maternity hospital after giving birth, you will be able to take some time to learn about baby care and practice breastfeeding. If you have problems with breastfeeding after going home from the hospital, you can contact the hospital ward where you were after giving birth. You can do this any time in the first two weeks after giving birth.

The child health clinic will give breastfeeding help and advice. All the nurses at the clinic are trained breastfeeding 'coaches'. In Helsinki, there are also some nurses who have advanced training in helping families that face bigger challenges in connection with breastfeeding.

The City of Helsinki offers peer support for breastfeeding mothers and families. See *www.hel.fi*.

The most important thing about all breastfeeding challenges and problems is that you do not have to deal with them alone. Please do not hesitate to contact your child health clinic to ask for help. The clinic will work together with you to find a solution.

There is a lot of useful information available on breastfeeding, and it is well worth finding out more about it before your baby is born. Then you will know where to find more information if you have a problem.



Here are few examples:

- [www.hel.fi/sote/perheentuki-en](http://www.hel.fi/sote/perheentuki-en)
- [www.espoo.fi/en-US/Families](http://www.espoo.fi/en-US/Families)
- [http://www.vantaa.fi/health\\_care\\_and\\_social\\_services/support\\_for\\_families\\_with\\_children/maternity\\_and\\_child\\_welfare\\_clinics](http://www.vantaa.fi/health_care_and_social_services/support_for_families_with_children/maternity_and_child_welfare_clinics)
- [www.naistalo.fi/raskaus-ja-synnytys/imetys](http://www.naistalo.fi/raskaus-ja-synnytys/imetys)
- [www.thl.fi](http://www.thl.fi) (syödään yhdessä. Ruokasuositukset lapsiperheille 2016)
- [imetys.fi/in-english/\(Imetyksen tuki ry\)](http://imetys.fi/in-english/(Imetyksen_tuki_ry))
- [www.hus.fi/en/medical-care/medical-services/Teratologgy\\_information\\_service/Pages/default.aspx](http://www.hus.fi/en/medical-care/medical-services/Teratologgy_information_service/Pages/default.aspx)
- [www.suomenmonikkoperheet.fi/finnish-multiple-births-association/](http://www.suomenmonikkoperheet.fi/finnish-multiple-births-association/)



Helsingin kaupungin imetyskouluttajat  
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