A Breastfeeding Handbook for Mothers

Babafunke Fagbemi
A
Breastfeeding
HANDBOOK FOR MOTHERS

BABAFUNKE FAGBEMI
DEDICATION

This book is dedicated to every mother who has laid a healthy foundation for her children through breastfeeding
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My sincere thanks go to the various breastfeeding mothers that I have counselled as they have added to my knowledge and experience.

I also appreciate the staff of Staywell Foundation who worked with me to put this book together.

Many thanks also go to UNICEF for supporting the Staywell Breastfeeding program during which I acquired a lot of experience that has helped tremendously in writing this handbook.

I am extremely grateful to my husband, Fisayo for his moral support, my children Babafemi, Gbemisola and Gbeminiyi for giving me a chance to learn about breastfeeding and my parents who were ever so supportive.

Finally, I want to thank God, by whose Grace this book has become a reality.
Promoting Breastfeeding continues to be one of the most important strategies of ensuring the survival of children in Nigeria and other parts of the world.

Every child has a right to survive and therefore a right to be breastfed.

Exclusive breastfeeding for about 6 months is the optimal method of infant feeding. This will ensure better health outcomes for the baby.

The mother has a right to breastfeed too. She has a right to adequate and accurate information which will help her to make an informed choice about infant feeding. She also has a right to have her choice supported by her family, community, health care provider and indeed her employers.

Ensuring that these rights are not violated is the responsibility of every one of us.

This book which is easy to read and understand will contribute immensely to the provision of adequate and accurate information to the woman who has chosen to breastfeed. It will be an important resource material for every one who supports and promotes breastfeeding.

It is a reader friendly book and I recommend it to every one who considers breastfeeding as important.

DR. IRENE OLUMESE
UNICEF B ZONE
Breastfeeding is really the most natural way of feeding the child. It can be a very enjoyable and fulfilling experience. Though breastfeeding is natural, it still has to be learnt.

Every mother will want to provide her child with a solid foundation in life, by giving her child the best start. You can give your best to your child by breastfeeding him. However, you need to be patient, tolerant and also learn to develop and build your confidence. Whilst you are pregnant and preparing for childbirth, also prepare yourself for breastfeeding by finding out the basics of breastfeeding from your health centre, breastfeeding counsellor or mother support group.

During pregnancy, your breasts get bigger in preparation for milk production. Special breast preparation is not necessary. You should only wash and dry your breasts as in normal routine washing. Really, the size or shape of the breast does not affect the success of breastfeeding. You need to eat lots of nourishing food in preparation for breastfeeding to make sure that your own body reserves are not depleted to supply breast milk.

Breastfeeding a New Born

After your baby is born and the milk comes in, (most mothers especially first timer’s find this time quite rough), a lot of body changes are going on. Your breasts could get painful or sore. You may still be going through a rough time with the labour, coping with stitches or recovering from...
After a cesarean delivery, it is possible to start breastfeeding immediately. The only comfortable position to assume is lying down. The assistance of the nursing health staff will be required to help put baby to breast and make you feel comfortable.

As soon as possible, immediately after birth, (within the first hour of delivery), the mother should be assisted to put her baby to the breast. Mothers are not the only ones learning, the baby is learning too! She needs help to learn how to position the baby correctly to avoid breastfeeding difficulties.

In the first few days after birth, the breasts produce a yellowish watery substance called colostrum. Some mothers may however notice a few drops of colostrum leaking from the breasts during the later stages of pregnancy towards delivery. Colostrum is most important for your child. It contains lots of antibodies, which prevents the child from infections and helps the baby to get rid of meconium. It is also very rich in vitamins, proteins and minerals. Colostrum is not produced in large quantity but it has a protein content that is five times higher than that of mature milk. The amount produced by the mother is just enough in quantity and quality for the baby’s growth.

After the first few days, true milk starts being produced. As the quantity of food a child can eat gradually increases as he grows, so does the constituents of breast-milk change constantly accordingly to the age of the baby. (Milk produced by a pre-term mother is different from that of a full term mother). It also changes even during the feed. The first milk produced at each feed is slightly watery and contains less fat and its purpose is to quench the baby’s thirst. This is called the foremilk. The hind milk is quite thick, contains 4-6 times fat and almost 1½ times more protein and its purpose is to satisfy the baby’s hunger. It has a high calorie content essential for growth. This is one of the important reasons why feeds should not be interrupted or timed. Mothers should be guided by her baby’s cues. Do not interrupt except maybe for re-positioning. A baby needs both fore and hind milk. A baby who is not allowed to suck for long enough may be getting only the fore milk, (which has a low calorie content) and will keep on crying because...
his hunger has not been satisfied. Such a baby will definitely not show an appreciable weight gain and may not seem to thrive well on breastmilk. Allow your baby to feed for as long as he wants, he will soon settle down and you will be able to recognize his “I am satisfied” cues.

When your baby seems to have had enough milk, he will suck more slowly, fall asleep, push the nipple between his gums, or keep milk in his cheeks and slowly throw it out. Your breasts will feel softer and your baby will be content and happy.

You should try to feed a baby on both breasts at a feed. However, some babies are quite satisfied feeding just on one breast at a feed. The baby’s intensity of sucking is stronger at the beginning of a feed and since milk production responds to suckling action, there is automatically increased stimulation of the breast to produce more milk.

The second breast offered at the last feed should be the first one offered at the next feed to see that they both get equal stimulation to produce more milk.

At times, it seems as if the baby eats more frequently than he used to. Some mothers interpret it as the baby is not getting enough satisfaction from breastmilk, mother is not producing enough milk, or baby needs adult food. The baby is merely going through a growth spurt that can be experienced from about 4-6 weeks and around 3-3½ months.

Really, you can cope beautifully well. All you need to do is to be patient and let your feeding schedules be guided by your baby’s demands.

**TIPS FOR CORRECT POSITIONING**

When breastfeeding, make sure your baby is correctly positioned. A properly positioned baby at the breast will have the nipple and most of the areola in his mouth such that more areola will show on top of his mouth than below. It is very important that you ensure your baby does not suck only the nipple. The mother should assume a position that is most comfortable for her by either sitting down, lying down or if she feels comfortable even standing up! She should be in a relaxed mood. The baby should then be moved to the breast. DO NOT move the breast toward the baby. Before attempting to fix the baby’s mouth on to the breast, check that his mouth is well open. You can assist the baby to open his mouth wide by brushing the nipple against his mouth. The baby then begins a frantic search for the nipple especially if he’s hungry. This is the rooting
reflex. With his mouth wide open, aim the nipple well and firmly into his mouth (not just inside his lips) so that he has the nipple and a sizeable portion or most of the areola in his mouth before he latches on.

**THEN CHECK FOR THE FOLLOWING SIGNS.**
- The baby’s whole face is facing the mother.
- The baby’s chin is touching the breast.
- The baby does not need to twist or turn his neck.
- His head is opposite the breast and the nose is lined up with your nipple.
- Your baby should be supported with your hand along his back. Do not put your hand only behind the head.
- Baby’s lower lip is curled outward.
- More of areola is showing above than below the baby’s lip.
- Baby’s tongue is under the nipple.
- Mother does not feel any nipple pain.
- Swallowing sounds are audible.
- Baby is relaxed and happy at the end of the feed because he is satisfied.

With all these signs properly in place, the mother should be rest assured that the baby is being fed in a good position and will notice that the baby takes slow deep sucks.

**Make sure you breastfeed every 1 1/2 - 3 hours. Make sure night feeds are included.**
- If your baby seems to just love to sleep for longer than 3 hours in between feeds please wake baby up for feeds, so that baby is not at risk of being underfed.
- Exclusively breastfed babies might not necessary move their bowels regularly. When they do, stools are loose and might not be much. Bowel movements could be daily or once in three days or even once a week! Baby does not have constipation or diarrhea.
- Mother should make herself comfortable so that muscles and back-aches will be prevented.

**Remember:** Breastfeeding should not hurt. If it does, check your baby’s position and try again.

**Mother’s want to be sure that baby is getting enough milk. Watch out for the following signs.**
- For the first 1-2 days, baby’s messy diapers will be greenish black and later on, they will change to yellow and get softer.
- You should hear or feel your baby swallowing (It may take several minutes before your baby starts to swallow).
- Baby’s weight should increase.
Find a comfortable place to feed your baby. Breastfeeding shouldn’t hurt. Many babies and mothers need some help finding the right position for breastfeeding. Ask for help if it doesn’t seem right.

NIGHT FEEDS
Don’t restrict breastfeeding to daytime only as night feeds are not only equally required but also absolutely important. The hormone involved in breastmilk production, prolactin, is produced at its highest levels during the night. Night feeds are also important to ensure that the contraceptive cover that breastfeeding provides during the first 6 months is effective. Night feeding stimulates the breasts to produce lots of milk during the day. Night feeds can be made easy by sleeping with your baby in the same room. Your baby can actually sleep with you on the same bed. Feeding your baby while lying down is quite relaxing and most comforting. This practice called “rooming-in” is one of the strategies employed by UNICEF’s Baby Friendly Hospital Initiative to encourage and promote exclusive breastfeeding and also to initiate breastfeeding soonest after delivery.

It is quite advantageous to have your baby in bed with you because all you have to do when he needs to be fed is lift him towards you and fix him to your breast. There is no fear of your baby rolling off your hands and falling off just in case you doze a bit, which mostly happens anyway! For babies who have started rolling or crawling, please protect the baby by placing pillows around him, placing your mattress on the floor or using bed with bed guards at the sides.

If you are breastfeeding and he falls asleep (night or day), it is not necessary to burp him. It is not advisable for alcoholic parents to keep their baby in bed.

BREASTFEEDING IN PUBLIC
Breastfeeding in a public place can be made easy, done discretely, without attracting attention. Make sure you are wearing clothes appropriate for feeding. Loose tops and skirt, trousers or wrappers, iro and buba, blouse and other clothing are ideal. Tight or figure hugging tops might not make breastfeeding in public an easy task. With a loose top such as T-shirt or blouse, three-piece suit with a camisole top, you simply need to pull up your top from the middle, while your baby covers your middle and your top actually covers your breasts.

BREASTFEEDING AND SEX
Your husband’s attitude towards breastfeeding is very important to enable you breastfeed successfully. You really need a lot of his support. Most women normally lose interest in sex for sometime just after childbirth especially if the baby is being breastfed. This phase will soon pass and should not/does not last long. Childcare can be quite energy consuming and tiring. Reassure your husband of your love for him but explain that you need some time.
to adjust. Your body is getting used to the different changes and emotionally, you are trying to find your balance. Your child too demands your attention.

If your husband is not left out of the whole process of bringing up your child, and he’s quite supportive of you breastfeeding, you will both get over this phase quickly.

**Fathers and Breastfeeding**

The birth of a new baby in the family is a happy occasion. Your husband too has a right to share this happiness.

Most men feel left out of caring for a baby who is only being breastfed. They often feel breastfeeding is taking attention away from them. There are so many ways they can help and assist. Changing nappies, bringing babies to be fed and burping after feeds. Some mothers especially new ones tend to get too fussy and refuse other family members and even their husbands from picking up or helping out with their baby. Such fathers after encountering lots of hostility and resistance tend to give up, lose interest in the baby and then conflict sets in. The father might be made to feel as if he is no more important, being neglected and not being cared for. Most men however don’t find it easy (while some find it utterly impossible) to relate to their kids until they are about 3-5 months old.

However, if your husband indicates his interest to get involved and helps even at an earlier stage, (count yourself lucky) Do let him. Remember that it’s his baby too. He can’t deliberately hurt him and he might even want to learn how to change the baby’s nappies, bathe him etc. When he is not doing something as perfect as you would (which they most probably do) go about correcting him in a subtle manner. Do not nag, scream or throw tantrums. He is only trying to make friends with the baby. With his cooperation and affectionate support, you can breastfeed successfully.
MOTHERS’ DIET

A breastfeeding mother needs to eat good nourishing food for herself and for her baby. The quality and quantity has to increase. She needs a little extra than her normal meals. Breastfeeding usually consumes the mother’s energy. For the baby’s growth, other diet should consist of protein, carbohydrates, minerals, vitamins etc. Apart from food, she also needs to drink a lot of fluids to quench her thirst. Don’t force yourself to drink more than your appetite requires because research has shown that taking large amounts of fluid does not influence milk production. It will only quench the mother’s thirst.
The first 6 months of life of your child are the most vital for healthy development. Breastmilk is the best food for your baby. No other food is needed for the first 6 months of life. Breastfeed your child exclusively.

- Breastmilk is the only natural food that is created by God for every child and comes with protection for your child from common infections and diarrhea. Breastfeeding passes on immunization and other health benefits to the baby. The first milk produced called colostrum, passes on immunization to the child as it contains a lot of antibodies, which protects the baby and helps to fight infection. Breastmilk also protects the child from diarrhea.
- Breastfeeding, especially exclusive breastfeeding is the most convenient way to feed your child without having to worry about cleaning or sterilizing bottles. It needs no other preparation unlike other breastmilk substitutes.
- Exclusively breastfed babies digest breastmilk easily and so do not get constipated.
- Breastmilk is always clean, ready and not too hot or too cold. It is always available at the right temperature and needs no extra packaging.
- Breastfeeding exclusively allows you to save a lot of money. It does not have to be bought.
- Breastfeeding makes you regain your shape faster. Suckling at the breast allows the uterus to contract and returns it back to its normal size after sometime.
- A breastfeeding mother has a ready supply of breastmilk wherever she goes.
- Breastfeeding makes children healthy. Hospital visits are reduced and less money is spent on drugs.
Mothers are encouraged to do the following to ensure optimal benefits from breastfeeding for baby, mother and the entire family:

- Start breastfeeding your child within one hour of delivery. Colostrum is the first milk and it is very important for the child because it's the child's first immunization against infections.

- Breastfeed whenever the baby is hungry. Feed your baby on demand.

- Give Breastmilk only for the first 6 months of life.

- Do not feed your baby with water, agbo or any other fluids. Do not feed from a bottle. Discourage bottle feeding as much as possible.

- When you have to go to work, or leave your baby for a while, express breastmilk to ensure you have a continuous milk supply.

- Eat nourishing energy, protective and body building foods.

- Decide on a family planning method so that you can space your children and live a healthy life.
ESTABLISHING A GOOD MILK SUPPLY

Baby’s suckling at the breast actually increases production of breastmilk.

The following tips will help you establish a good milk supply:

- Breastfeed baby frequently, babies feed up to 8-12 times in 24 hours. Avoid intervals exceeding 2½ hours maximum between feeds. Be sure to include night feeds.
- Prevent breast engorgement as much as possible. If your breasts feel too heavy or tight, massage before and even during feeds. This will definitely make you feel much better.
- Take fluids each time you are breastfeeding and whenever you feel thirsty.
- Your diet should be adequate. Eat rich, nourishing food when ever you feel hungry. Feel free to take snacks in between.
- Prelacteal feeds such as agbo, glucose water and herbal concoctions should not be encouraged before milk starts to flow.
- Avoid use of pacifiers.
- Be relaxed and try as much as possible to rest or take a quick nap whenever possible.

To improve milk supply

- Breastfeed baby more often. Up to 10-12 or more times per day in the first few weeks. More importantly, breastfeed at night too!
- Use both breasts at a feeding; do not restrict baby to one breast.
- Breastfeed for at least 15-20 minutes per side.
• Remember to drink to thirst. Make sure you take drinks with each feed. This will quench your thirst.

• Contact your health care provider if you are not sure baby is gaining weight.

• Breastfeeding should be relaxing. Make yourself very comfortable and relax as much as possible.

To assess breastmilk supply

• Check baby’s weight frequently. Discuss with your health care provider. Baby should have appreciable weight gain. Use growth chart to determine milestones.

• Watch and monitor baby’s output: baby urinates six or more times a day with no extra water: after milk starts to flow. Stool may be as frequent as each feeding or every 3 - 4 days.

• A sleepy baby or a baby placed on a strict schedule often has less than 8 feedings in a 24-hour period. These will have two major effects, baby will have poor weight gain and mother’s milk supply starts to diminish.
Congratulations on the birth of your twins. This chapter is designed to address some of the concerns you might have about breastfeeding your twins.

Is breastmilk the best food for twins?
Yes, breastmilk is the best food for any baby. The benefits are numerous. Breastmilk contains the adequate nutrients needed by your growing children in the right proportions and amount. Breastmilk is free. It does not have to be bought.

Is it possible to breastfeed my twins successfully?
Yes, most twin mothers are discouraged from breastfeeding their twins because of stories they have heard from mothers of even one child. Such complaints include impossibility of mother producing enough milk, babies refusing breastmilk or breastmilk alone not sufficient. Mothers with such experiences did not really learn about breastfeeding and it’s techniques. Breastfeeding twins is quite similar to breastfeeding one baby.

The requirements for breastfeeding a child whether one, two or three in number are universally the same. You need guts, determination and love. Be rest assured, you can successfully breastfeed your twins exclusively if you are determined to.

What then do I do?
Make up your mind to breastfeed them. It is the greatest gift you can give to them at such a tender age. Get to know your babies. As much as possible, carry or touch them. Put them to the breast as early as you can after delivery. You will need assistance to do this even if it’s a normal delivery talk less of a caesarian.

Inform your health care provider about your decision to breastfeed the twins. Make arrangements for a breastfeeding counsellor to be around during delivery. She will be of great assistance. Get your breastfeeding counsellor to get the correct positioning for breastfeeding. When they are small, they may have the tendency to want to breastfeed all the time. After a few days, you will discover certain trends such as which baby
seems to be hungrier, sleep through out, sucks for longer period, and also fretful signs indicating hunger.

Try as much as possible not to restrict one baby to one breast (especially if one twin is smaller or weaker) switch them between the two breasts. The larger twin will definitely suck stronger.

*Will my milk be enough?*

Remember that suckling at the breast stimulates breastmilk production. The more you breastfeed, the more milk you will have. As long as you allow them to suckle whenever they want and for as long as they want, you will definitely have abundant milk supply.

- Do not wait till baby cries. Use your discretion. After a nap, or when you can notice the hungry cues e.g. opening their mouths, turning their heads frantically from side to side, or putting their hands near their mouth, offer them the breast.
- If one baby seems to be hungrier or tends to suck more, breastfeed the hungriest baby on the fullest breast. You need to learn the correct position to breastfeed your babies. This makes you comfortable and ensures that babies are getting enough milk.
- To save time, energy and to place them on the same approximate feeding schedule, it is easiest to feed both babies together. If only one baby wakes up, try and wake the other twin. Do not let either (or both) sleep 4 or 5 hours at a stretch in the daytime.
- You can always breastfeed babies separately if you like. To save time however double breastfeeding is advisable. Most mothers of twins prefer to breastfeed separately because it seems less awkward especially where you are not entitled to privacy.
- Make sure your clothing will allow you to breastfeed your babies. Loosen your bra straps in readiness for breastfeeding.
- To make you and your babies comfortable, you will need as many as four pillows for support. There are a few positions that mother of twins can adopt but your choice depends on what position(s) you find most relaxing or comfortable.

**BREASTFEEDING POSITIONS**

**Regular (normal) breastfeeding position**

Where babies’ heads are supported in the crook of mother’s elbow with mother’s arm supporting babies’ body. You will need to put pillows beneath your arms to rest your arms and support babies’ bodies. Babies’ legs could lie on top of each other; it does not cause them discomfort.

**“Football” hold.**

In this position, you have to use pillows for support and comfort. Each baby is carried lying down with babies’ head on mother’s lap and babies’ body underneath mother’s arm.
Combination of normal and football hold.

It’s also possible to combine both positions. One baby in a football hold and the other in the regular position.

In the first few weeks, you will need extra assistance before you get used to twin positioning. Always make sure the mouth of the baby is properly fixed on the breast so that most of the areola is covered, not just the nipple. This helps prevent sore nipples.

Other Tips ...

- Eat lots of good food. Your body needs to be replenished. Eat nourishing and body building foods. Make sure there is someone around to assist you to cook whatever you feel like eating. Breastfeeding twins places you on a tight busy feeding schedule (at times you might feed every couple of hours with double breastfeeding or feed every hour if they feed separately).
- Drink fluids every time you breastfeed.
- Get someone else to do your shopping for you.
- Despite your tight schedule, there’s still need to rest as much as possible. Make sure you take a nap if the twins are taking one too!
- You need a supportive breastfeeding environment.

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CHAPTER FIVE

BREASTFEEDING AND WORKING

While the promotion of exclusive breastfeeding can be said to yield positive results, there are still obstacles that the working mother faces which make it difficult if not impossible to practice.

Women are choosing breastfeeding over the use of artificial formula as the best choice for their babies. However, most working mothers have to return to work while the baby is still breastfed. Nearly 70% of all working women are back at work within six months of having their baby.

To assist working mothers overcome this obstacle, employers need to support employees who find themselves in this position.

Employers in Nigeria need to recognize the importance of enabling women to combine work and breastfeeding.

THE BUSINESS CASE FOR SUPPORTING BREASTFEEDING.

Supporting employees who want to combine work & breastfeeding make business sense.

- LOWER ABSENTEEISM: Giving your employee the opportunity to carry on breastfeeding reduces the chances of her baby becoming ill. Consequently, the employee is less likely to need time off to attend to a sick child.

- HIGHER RATE OF RETURN FROM LEAVE: Your breastfeeding employee is more likely to return to work after maternity leave if she knows she will come back to a supportive environment. You will avoid loosing her skills and incurring recruitment costs.
• **INCREASED MORALE:** Enabling employees to continue breastfeeding if they want to is a simple and cheap strategy to increase morale, job satisfaction and loyalty to the company.

• **EQUAL OPPORTUNITIES:** Support for breastfeeding is crucial to enable women to continue work & family and therefore a key part of an equal opportunities strategy.

• **RECRUITMENT INCENTIVE:** Being known as a family-friendly employer is good not only for corporate relations but also for recruitment.

As an employer, by offering enhanced maternity leave and pay for nursing mothers, staff loyalty and morale will be greatly increased.

**THE SCIENTIFIC EVIDENCE SUPPORTING BREASTFEEDING.**

Every new mother is faced with the challenge of deciding how she should feed her baby. The first 6 months of life of the child are the most vital for health development. Breastmilk is the best food for your baby. No other food is needed for the first 6 months. Because of the health benefits of breastfeeding, health professionals recommend that a woman should breastfeed exclusively for the first 6 months of life. Scientific evidence bears witness to the fact that the longer a woman continues breastfeeding while also introducing her baby to solid foods, the greater the ongoing health benefits for her and her family.

The more the baby feeds, the more breastmilk is produced. If the baby does not feed, less breastmilk will be produced. If a mother is separated from her baby, she has to express breastmilk or else her breastmilk supply will diminish and she will not have sufficient breastmilk.

In order to give the baby the advantages and benefits of feeding only on breastmilk, she needs to have a supply of breastmilk with the child minder. This is fed to the baby with cup and spoon whenever the mother is not around.

The best time to express is the time when the baby would normally be feeding because the mother’s breasts are full. This will be while she is at work.

**GUIDE TO GOOD PRACTICE**

The first element in a good practice policy to support breastfeeding is providing adequate paid maternity leave for every employee who has a baby.

Without a doubt, combining breastfeeding with work needs a level of commitment and energy that not all new mothers have. Being given the privilege to remain at home with the baby for the most crucial periods would be ideal. When the time comes to return to work, being faced with the option of working shorter hours
is something many breastfeeding women would appreciate and find helpful to maintain their breastmilk supply.

**CRECHE FACILITIES.**

A method that has been known to work wonders (already adopted by few companies) is setting up a creche on site manned by experienced childminders. Being able to have their child taken care of on-site or in the alternative at a nearby creche is of tremendous benefit to all working breastfeeding mothers who can then visit their babies during the day. The greatest burden any nursing mother has is where to keep the baby or who will take care of the baby while she is at work.

**FACILITIES FOR BREASTFEEDING OR EXPRESSING BREASTMilk**

For a mother to express her breastmilk successfully, she needs an environment where she will indeed be comfortable and relaxed. Otherwise, milk flow is disturbed if she is not at ease with herself and the environment. Privacy is important so she will not be embarrassed by unexpected interruptions by colleagues or even visitors. Facilities for refrigeration would be a plus though milk can stand alone on the shelf for up to 6 hours without fear of contamination.

**PROVISION OF NURSING BREAKS.**

Breastfeeding or nursing breaks should be given to mothers to assist her to continue breastfeeding after her return to work.

Different babies have different feeding patterns due to the variation in age, health and peculiarities of the individual child. As a starting point it is suggested that for good practice, employee's request about nursing breaks should be listened to.

- Bear it in mind that the number and duration of breaks needed may vary over time.
- Expressing milk under pressure or within constraints may be difficult for the mother.
- Where shifts are done, consider the employee's needs as a breastfeeding mother. Remember she has to maintain her milk supply.
**OTHER WAYS:**

- You could employ a mature, trained childminder who fully understands and appreciates your desire to exclusively breastfeed your child. You could probably spend some time informing her about exclusive breastfeeding and expression.
- Express your breastmilk manually or with a pump and store appropriately.
- Teach childminder how to feed baby with cup and spoon.
- For this method to work, you will have to introduce cup feeding yourself even before you return to work.

Expressing breastmilk though looks easy, is a technique that needs to be learnt.

The advantages of expression are enormous. Baby gets all the benefits of your milk even when you are not there. Remember that your milk is the best.

**HOW TO EXPRESS AND STORE BREAST MILK**

*Hand Expression*

- Wash your hands.
- Express into a clean, wide cup or container.
- Massage, stroke or shake breasts to help milk flow.
- Support the breast with one hand and lift back onto rib cage.
- Place first two fingers and thumb about 1½ inches behind base or nipple.
- Compress the breast with your thumb and fingers.
- Your thumb may roll slightly but should never slide or rub the skin.
- Compress and roll in a rhythmic motion 10 minutes each side.

*Pumping*

- Pump 3-4 hours after you last breastfed the baby.
- Wash your hands.
- Use clean equipment.
- Adjust pump setting on low to start. Then increase it to your comfort level.
• Wet the horn with water or a few drops of breast milk.

• Centre your nipple in the horn.

• Pull the plunger gently about half way out for the first minute or two.

• Pull plunger about once every second - this imitates the baby’s nursing rhythm.

• First your milk will come in drops, then sprays.

• Pump 10-15 minutes on each breast.

Storage
• Breastmilk looks thin and bluish-white.

• When it sits in the refrigerator, the fat rises to the top. Shake gently before using.

• Chill milk in the refrigerator.

• Freeze COLD breast milk for:
  • 2 weeks in a freezer compartment inside the refrigerator.
  • 6 months in the frost-free freezer.
  • 6 months - 1 year in a deep freezer that is 0° or colder.

• Many women use disposable bottle bags to freeze breast milk.

• Plastic cups with covers are also recommended for storage. Where there is no refrigerator. breastmilk should be well covered and left on the shelf. It can safely be kept for six (6) hours without any fear of contamination.

Never microwave.
Never heat on the stove.
Where the milk is cold or frozen, put in a cup of water for some time and shake bottle gently to mix the milk. It is important that the mother tells the minder to throw away all milk that the baby did not finish. Germs grow quickly in milk.
A fair number of mothers who breastfeed encounter some breastfeeding difficulties. A very common one is sore nipples.

**Causes of Sore nipples.**
- These are caused primarily by poor or incorrect positioning of the baby at the breast, as a result of which the baby latches on incorrectly.
- Rubbing harsh creams, soaps, astringent lotions and alcohol based body sprays and perfumes can also cause dry skin which is liable to cracks leading to sore or cracked nipples.
- Incorrect use of the breast pump can also lead to sore nipples.

**Prevention of sore nipples.**
- Learn to position your baby correctly.
- Feed your baby as soon as he demands a feed, before he gets too fretful.
- After a feed, let your nipples dry naturally by exposing them to the air as breastmilk itself promotes healing.
- Feed your baby starting on the least sore side first (and you can feed longer on that side) because the intensity of sucking is always stronger at the start of a feed.
- If your breasts are engorged as well, hand express a little breastmilk so you will feel more comfortable and it will be easier to feed.
- Ascertain that bra and breast pads are dry and clean.
- Plastic or rubber backed pads are not advisable because they have the tendency to retain moisture to the skin and these also leads to sore nipples.
• Avoid the use of tissue paper or cotton wool, which may stick to the nipple.

• Avoid tight bras; they will make you feel some pain and are quite uncomfortable. If the pain is very bad, take a mild pain killer such as paracetamol. Rest and relax as much as possible.

**Remember:**
Sore nipples does not mean the end of breastfeeding. Even though breast and nipple problems can frustrate even a determined mother’s intentions to breastfeed, all she needs to be able to overcome this phase is patience, determination, help, encouragement and lots of support.
It is important that a breastfeeding mother delay her next pregnancy until she is ready and feels she can cope. In certain instances, the survival of the child depends on continuing to breastfed.

It is recommended that a child is breastfed exclusively for about 6 months and breastfeeding sustained well into the second year of the child.

For the mother and child to derive the optimal benefits of breastfeeding at least a minimum of two years spacing should be considered. Family planning helps everyone.

**LACTATIONAL AMENORRHEA METHOD (LAM)**

For mothers who have decided to practice exclusive breastfeeding, one of the benefits is that they receive effective protection from pregnancy for the first 6 months only.

This method is called the Lactational Amenorrhea Method (LAM) Lactational because it is related to breastfeeding and Amenorrhea means not having menstrual bleeding)
L.A.M is effective ONLY when:

- The woman is on exclusive breastfeeding. Baby is being fed on demand both day and night.
- Menstrual periods have not returned.
- Baby is less than 6 months old.

For exclusive and sustained breastfeeding after 6 months, protection from pregnancy may last longer than 6 months or for as long as 9 months.

By using LAM you are sure that baby gets required nutrients and is adequately protected from disease.

How does it work?

It stops ovulation. This means it prevents the eggs from being released from the ovaries.

AN INTRAUTERINE DEVICE (IUD)

This is usually a small, flexible plastic frame. It often has copper wire or copper sleeves on it. It is inserted into a woman’s uterus through her vagina.

Almost all brands of IUD’s have one or two strings or threads tied to them. The string hangs through the opening of the cervix into the vagina. The user can check that the IUD is still in place by touching the strings.

How does it work?

They work mainly by preventing sperm and egg from meeting. It makes it hard for the sperm to move through the woman’s reproductive tract, and reduces the ability of sperm to fertilize an egg. It could also prevent eggs from implanting in the wall of the uterus.

CONDOMS.

It is a sheath or covering designed to fit over a man’s erect penis. Most are made of thin latex rubber.

Female condom inserted into a woman’s vagina is also available in few places.

How they work.

When used correctly, they prevent both pregnancy and sexually transmitted diseases. They prevent the semen and any disease organism from getting in contact with the vagina. They also stop disease organisms in the vagina from entering the penis.

These benefits can be enjoyed only if the condom is used correctly with every act of sexual intercourse.

The female condom is also similar to the male condom. Before sex, woman places the closed end of the female condom high in her vagina.
TUBAL LIGATION

Is a surgical method of family planning for women who are sure they will not want more children. It is a safe and simple surgical procedure.

*How does it work?*

A small incision is made on the woman’s abdomen and this blocks off, or cuts the two fallopian tubes. This makes sure the woman’s egg cannot meet the man’s sperm.

VAGINAL METHODS

They are contraceptives, which a woman places in her vagina shortly before sex. Some of them are spermicide, cervical cap and diaphragm. Most of them are however not widely available.

*How do they work?*

Spermicide kills sperms while the diaphragm and cervical caps block sperm from entering the uterus and fallopian tubes.

HORMONAL METHODS TO CONSIDER

Progestin only methods are recommended for breastfeeding mothers since oestrogen can reduce the quantity and quality of breastmilk.

**PROGESTIN-ONLY ORAL CONTRACEPTIVES.**

They only contain small amounts of progestin. They do not contain oestrogen. They are the best oral contraceptives for breastfeeding women. They do not seem to reduce milk production.

*How do they work?*

A pill is swallowed every day at about the same time.

- Thickens cervical mucus, making it difficult for sperm to pass through.
- It stops ovulation in about half of menstrual cycles.

The pills are most effective when taken at about the same time every day.
LONG ACTING INJECTABLES

The most common type of injectable contraceptive is DMPA. Women who use this method receive injections to prevent pregnancy. DMPA is given every 3 months. It contains a progestin similar to the natural hormone that a woman’s body makes. The hormone is released slowly into the blood stream.

DMPA IS ALSO KNOWN AS DEPOT-MEDROXYPROGESTERONE ACETATE.

Another common type is NET-EN. This is given every 2 months. These are long acting injectables. Monthly injectables are also available but they do contain estrogen and progestin and are therefore different from DMPA and NET-EN. The monthly injectables are not recommended for breastfeeding mothers.

How does it work?
• Mainly, it stops the release of eggs from ovaries.
• Thickens cervical mucus making it difficult for sperm to pass through.

FERTILITY AWARENESS - BASED METHOD

These methods are otherwise commonly referred to as Natural family planning methods. Fertility awareness means that a woman learns how to tell when the fertile time of her menstrual cycle starts and ends. (The fertile time is when she can become pregnant)

A woman can use several ways to tell when her fertile time begins and ends.

CALENDAR CALCULATION; A woman can count calendar days to identify the start and end of the fertile Time. The number of days depends on the length of previous menstrual cycles.
Cervical secretions: when a woman sees or feels cervical secretions she may be fertile.

Basal body temperature: A woman’s resting body temperature goes up slightly around the time of ovulation (release of an egg) when she could become pregnant.

Feel of the cervix: As the fertile time begins. The opening of the cervix feels softer, opens slightly and is moist. When she is not fertile, the opening is firmer and closed.

A woman may use one of these or a combination. To tell when the fertile time starts, she can use calendar calculations and cervical secretions. To tell when the fertile time ends, she can use the basal body temperature, and calendar calculation.

How do they work?

Fertility awareness helps a woman know when she could become pregnant. The couple avoids pregnancy by changing their sexual behavior during fertile days. They can:

- Abstain from vaginal intercourse
- Avoiding vaginal sex completely during the fertile time. This is called periodic abstinence and Natural family planning.
- Use barrier methods - condoms, diaphragm or spermicides.
- Use withdrawal-taking the penis out of the vagina before ejaculation. Also called coitus interruptus.

To decide on which method to use, it is important to visit your family planning clinic where your health provider will examine you investigate your medical history and offer counselling just in case there is any known medical condition that will prevent you from using a particular method.
MYTH: Colostrum is dirty and should be discarded

FACT: Colostrum is the baby’s first immunization from infections. It contains antibodies that protect baby from infections especially diarrhoea. It is naturally yellowish in colour and thick. It is the first substance produced by the mother’s breasts after delivery. It should be given to babies and not discarded.

MYTH: Breastmilk in mother’s breast goes sour when mother has been separated from baby. Before breastfeeding, it should be expressed and discarded.

FACT: Breastmilk for as long as it is in the breast does not go sour. When the mother has been separated from the baby, she should just offer the breast to the baby. Do not discard. Milk that has been expressed and put in a container if not refrigerated will go sour after about 6 hours. It is safe for up to 24 hours in the fridge.

MYTH: When a breastfeeding mother has sex, it affects the baby because baby will suck sperm from the breast.

FACT: This is not true. Sperm cannot get to the breast. Sexual intercourse does not interfere with breastfeeding nor affect the breastfeeding child. A breastfeeding mother can resume normal sexual relations with her partner anytime she feels like.

MYTH: The more the amount of fluids taken by the mother, the more the breastmilk produced.

FACT: Breastmilk production is not controlled by the quantity or quality of fluids taken by the mother. The suckling action of baby at mother’s breast stimulates the brain to release the hormone involved in breastmilk production. The longer the baby is allowed to suckle at the breast, the more the breast milk that will be produced.

MYTH: Baby being breastfed still needs water. Breastmilk quenches hunger and only water will quench the thirst.

FACT: Baby’s 0-6 months should be fed only on breastmilk. Though baby needs water, breast-milk contains all the water baby needs for the first 6 months of life. Breast-milk is a complete food. It contains adequate water. It has enough water in the right proportions to quench baby’s thirst. 90% of its constituents is water. Once baby is 6 months and placed on solid foods, he should however be given additional water.
SUPPORTING BREASTFEEDING

Breastfeeding is easy but you have to get the hang of it. To every problem there is a solution. If you have an identified problem(s) with breastfeeding do not give up. Seek support. There are a lot of resources in the community where you can get help and assistance.

It is every woman’s right and responsibility to ask for help and support when she needs it.

Supporting breastfeeding is everyone’s responsibility. Everyone also benefits from breastfeeding. Though breastfeeding remains the biological function of the mother, it is not her sole responsibility.

The father should be supportive and not leave it all to the mother.

Other practical ways fathers can help include;

- Being well informed about breastfeeding so as to be better advocates.
- Assist with caring for older children and household chores (if possible) to reduce mothers’ workload.
- Provide nutritious foods for the breastfeeding mother.
- Give your approval for practicing breastfeeding. Tell everyone you are proud that your baby is being breastfed.
- Make sure the mother is relaxed and happy. Avoid quarrels and unpleasant situations, as these will reduce breastmilk production.

Our children even in their schools should be exposed to the need for exclusive breastfeeding.

The religious institutions could provide the youth with information on benefits of exclusive breastfeeding and reinforce positive messages during lectures.

The Grandparents should be willing to declare that exclusive breastfeeding does work, and that they are in support.

The community should take a stand against traditional practices that discourage exclusive breastfeeding. Women should join existing support groups or form such groups, which will in turn visit mothers in the community and give them support.

The role of hospital and maternity services to support breastfeeding are contained in these ten steps in a joint statement by UNICEF/WHO.
Every facility providing maternity services and care for newborn infants should follow these.

Ten steps to successful breastfeeding.
- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within a half hour of birth.
- Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
- Give newborn infants no food or drink other than breastmilk, unless medically indicated.
- Practice rooming-in. Allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.
What I like most about breastfeeding is the absolute lack of luggage. No bottles, sterilizing units, flask, etc. I can usually go out with just my baby in a carrier and a bib to wipe her mouth. Very rarely do I even have to change her nappy while we are out because one major advantage of breastmilk is that most of its nutrients are absorbed into the body with very little being excreted. I am starting work soon and I have started expressing milk for her to take when I am at work. We are coping!

I used to imagine that in mothers who breastfeed. Their milk automatically dries up after a few months. I found this not to be so as I managed to breastfeed my second son for 15 months and there was no shortage of milk supply.

Although I experienced some problems with my mother-in-law and some visitors concerning exclusive breastfeeding. They were however reassured when they saw my son thriving.

So far I have exclusively breastfed my 9-week-old son. It has really been a very rewarding experience. The rate of his growth has been quite encouraging. I am hoping to continue for 6 months.

I think breastfeeding is quite interesting and cheap. I really do enjoy doing it though this is my first baby. I have been doing it for the last 5 months. My baby is very healthy. It’s helping me to get back in shape.

Breastfeeding my baby has been a wonderful experience though very demanding and time consuming. It has drawn my baby and I closer. I can also see the tremendous effect on good health, growth and development of my baby.

I breastfed my last baby exclusively and went on for 1 year and 3 months and I think that is the reason why he is so strong and healthy till date.

Breastfeeding is economical and convenient. It makes babies strong and healthy.
Breastfeeding for me has been an interesting experience since there was the determination and agreement between my husband and I to breastfeed our husband exclusively for six months. Secondly I had enough time to stay at home (Annual leave and maternity leave combined) and breastfeed the baby.

It was a bit difficult at the beginning because my milk did not start flowing properly until the second day. Ever since I have had my daughter 1 year and 7 months ago, we have visited the hospital only for immunization. She is very healthy, alert, interactive, and has started daycare.

Breastfeeding for me has its ups and downs but the most important advantage was the fact that my babies were hardly ever sick - They were very healthy and strong.

By and large I was able to survive breastfeeding the twins exclusively because I enjoyed a lot of support. My husband has been very supportive encouraging me to go on. My in-laws were always quick to come to my rescue when visitors try to encourage the use of artificial food supplements.

Breastfeeding saved me so much money. A tin of SMA gold in 1994 cost N600 so I reckon I must have saved close to a total of N150,000 on all my 3 babies i.e N50,000 each.

It was traumatic for me to go back to work when they were 3 months. I wish I could stay home and breastfeed my twins exclusively.

I have been telling everyone around me about how good breastfeeding is - It was a wonderful experience with my 1st baby who will soon be 2 years and as I am expecting my 2nd baby I am getting prepared because it definitely has to be exclusive.
FOR FURTHER INFORMATION AND COUNSELLING CONTACT:

The nearest Baby Friendly Hospital

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Thank you

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