

WELCOME BABY

BREASTFEEDING

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01 CONGRATULATIONS !

You've just become a mum or dad. That's quite an experience!

During your stay the maternity team will be on standby to help you settle into your new role. Just ask for help if you need it.

In this brochure we will give you practical information for the first days after the birth. It also contains your baby's data and a diary. Just like the information checklist, feel free to fill in the diary.

We wish you a pleasant stay and a smooth start with your baby.



02 BREASTFEEDING

During the pregnancy the baby receives all the nutrients it needs to grow through the placenta and the umbilical cord. After the birth the mother still provides all these nutrients through breast milk. Breastfeeding your baby is therefore a logical next step after the pregnancy.

Breast milk contains everything a baby needs. It is sometimes called 'living milk' because it contains antibodies that protect against infections. Scientific research shows that breast milk plays an important role in the development of the baby. Obviously breast milk also contains all nutrients (proteins, carbohydrates, fats, minerals and vitamins) a child needs to grow properly.

Breastfeeding also has some advantages for the mother: reduced risk of breast cancer, reduced risk of diabetes ...

The World Health Organisation (WHO) advises giving children only breast milk until they are six months old. After the age of six months breastfeeding is complemented with solid food.

Mum makes milk

Just after the birth an ingenious system is set in motion which ensures that you will start producing breast milk.

Every time your baby drinks from the breast, the hormone prolactin is released. This hormone makes sure your milk glands will produce more milk.

The more often your baby drinks from your breast, the quicker and the more milk will be produced.

Mums magically make milk, but babies as well, who seem so helpless, can already do a lot. They are born with a rooting, sucking and swallowing reflex. This allows babies to drink from the breast by themselves.

Feeding on demand

You can latch on your baby as often as he or she wants to. The first days after birth babies will frequently drink small amounts of milk. Most children drink 8 to 12 times a day.

Babies each have their own rhythm. They often ask for a few feeds in short succession, which is normal. You do not have to leave a minimum of time in between feeds.

Hunger signs

Your baby tells you when he or she wants to drink by:

- ▲ making movements with mouth and/or tongue
- ▲ moving more actively
- ▲ bringing his hand to the mouth
- ▲ sucking his or her fists
- ▲ ...

These are early hunger cues. Crying is a late hunger sign.



We recommend feeding your baby as soon as you notice early hunger cues: latching on will be easier and frequent feeding is important the first few days after the birth.

Sometimes the baby does not eat enough because early hunger signs are not noticed or because the baby is soothed with a dummy. The baby could miss an important feeding moment.

Putting the baby to the breast

Some babies drink from the breast easily and actively from the first time. When feeding is smooth and painless, you do not have to worry about the right position. You can put this brochure aside and continue to enjoy.

Other babies need some more time. That is normal.

Tip

Give yourself and your baby the time to learn how to feed.

When latching on does not come natural, the following tips may help:

▲ **Skin-to-skin contact**

Skin-to-skin contact is very pleasant for babies. Close to mummy they are better able to maintain their temperature and sugar levels and they will more easily start looking for the breast. As a mother it will also help you to recognise early hunger cues more easily. When holding your baby, it is important that you can see his face and that his nose and mouth are free.

▲ **Express a drop of milk from the breast and let your baby lick it up**

▲ **Tummy-to-tummy feeding**

If your baby lies with his tummy against yours, he will be able to support himself and does not need to turn his head to reach the nipple. He will look straight ahead. And this will make latching on easier for your baby.

▲ **Baby has a straight or hollow back**

If your baby is in foetal position, his chin may touch his chest. This makes it more difficult to latch on. With a straight or hollow back more space will be freed between the chin and chest, and your baby will latch on more easily. Your baby's chin presses down into the breast and his nose is free.

▲ **Bring your baby to your breast**

Find a position which brings your baby's nose and mouth close enough to your nipple. This will avoid having to take your breast closer to your baby's mouth. Your baby will now be able to hold onto the breast more easily.

▲ Shaping your breast

Shaping your breast from corner to corner of the mouth, as if offering a sandwich, makes it easier to latch on.

▲ Deep latch

Take the time to make your baby latch on deeply, ensuring your baby takes a large portion of your breast in its mouth.

If your baby is latched on properly, he can drink as often and as long as he wants. If your baby lets go, you can also offer your other breast.



Step 1



Step 2

Shaping your breast

Did you know that

... your milk, every drop of it, is incredibly valuable?

... mother's milk contains extra antibodies during the first days?

Breast care

Normal hygiene is enough for breasts, areola and nipple. Just wash with water. Soap is not necessary (it can cause dry skin).

Wear a comfortably fitting bra, which is not too tight and offers adequate support. Keep the nipples dry. Leaking can be controlled by means of breast pads. Breast pads should be replaced when wet.

How do you know if your baby drinks enough?

A baby who drinks enough ...

- ▲ has a different kind of stool after a few days. The colour changes from black-green (meconium) to yellow, light brown or orange.
- ▲ has 5-6 wet nappies per day after one week. The urine is clear.
- ▲ has regained his birth weight after 10 days.
- ▲ is lively and happy.

You do not have to weigh your baby every day after you go home. The midwife who comes to your home, as well as the regional nurse from Kind and Gezin and/or the doctor, will weigh the baby at regular times.

What if your baby does not seem to be asking for feeds or does not drink from your breast?

Some babies drink less than 8 times a day e.g. because they haven't managed the right technique yet or because they sleep a lot.

In that case you can wake the baby up by taking him out of the crib or changing his nappy. Keep him close to you. We recommend that you pay extra attention to hunger cues. As soon as you see the first hunger signs, you can latch him on. Keep the tips under 'Putting your baby to the breast' in mind.

If your baby continues to sleep or does not drink well, we recommend that you express your milk by hand. By expressing drops of milk from your breast by hand, you will make sure that you will continue to produce milk (see Expressing milk by hand, step by step).

Express milk at least 8 times a day, or every time after your baby tried to drink.

8 times /24 hours

This will usually be a temporary situation and your baby will automatically latch on after a while.

Expressing milk by hand, step by step

- ▲ Wash your hands
- ▲ Massage your breast (this will ensure that the milk is released more easily)
- ▲ Place your thumb and fingers around the breast
- ▲ Press your fingers softly towards your chest without moving them
- ▲ Press the breast tissue together between your fingers. Make a rolling, softly kneading movement towards the nipple (do not squeeze!)
- ▲ Relax your fingers
- ▲ Repeat this movement rhythmically
- ▲ Frequently change sides, e.g. when the milk flow decreases



Express as long as milk is released. If no milk is produced yet, which is normal the first few days, express for 5 to 10 minutes. The drops of expressed milk are given to the baby straight away. You can also collect the drops on a spoon or in a syringe or milk container first and then give it to your baby. Are you expressing when you are discharged from the hospital? Are you using a breast pump? Just ask for our brochure “Expressing breast milk”.

On the site www.uzgent.be you will find a film about expressing milk by hand (manual expression)

Storing breast milk

	Home	Hospital
ambient temperature (18-25°C)	max. 4 hours	max. 2 hours
refrigerator (0-4 °C)	max. 72 hours	max. 48 hours
fridge freezer compartment	2 weeks	/
deep freezer (-18 °C)	3 months	3 months
deep freezer (-20 °C)	6 months	

What if your baby wants to drink all the time?

It is normal that your baby asks to be fed frequently the first days after birth. Most babies ask to be fed 8-12 times per 24 hours. This is how they ensure that their mother will produce a lot of breast milk. Every time they suck, prolactin is released. This is important for the milk production.

Cluster feeding

Children do not always drink exactly every three hours. They usually spread their feeds irregularly over the day. Sometimes they sleep a couple of hours and then want to drink a few times in a row. This is called cluster feeding and is perfectly normal.

You do not have to restrict the number of feeds. As long as your baby **actively** drinks from the breast, it's fine.

Switching breasts

Does your baby drink for very long? Is your baby comfort-sucking your breast instead of actively drinking? Does he wake up and get upset each time you take him off your breast?

If the answer to these questions is 'yes', you could **switch breasts** during the same feeding the first days after birth:

- ▲ Put your baby to the breast. As long as he drinks actively, he can continue to do so.
- ▲ As soon as your baby is 'comfort sucking' or falls asleep, apply breast compression (breast compression = exert pressure on your breast with your hand). This will release more milk from your breast when your baby sucks. This will usually make babies start to suck more actively again.
- ▲ If your baby falls asleep again or when he is comfort sucking, take him off your breast and latch him onto the other breast.

Repeat those three steps as often as needed. By switching breasts, your baby will drink more efficiently.

This can be quite tiresome for the mother, but you have to know that this is only temporary and that your baby will drink more calmly after a few days. By restricting visits the first days after the birth, you will also have the chance to rest during the day.

Some parents are tempted to give dummies or formula. This will disrupt the demand and supply system and is detrimental to the mother's milk production. Without medical indication we advise against giving formula.

Switching breasts is ideal during the first days after the birth. As soon as more milk is produced, it is important that the breast is emptied and switching breasts during one feed is no longer recommended.

Painful nipples

Feeding your baby should not hurt.

Nipple pain often occurs when the baby does not latch on deep enough. The nipple will not be in the baby's mouth deep enough, which will cause pain and irritation. Just after feeding the nipple will look flat or reverted. This is not normal.

Make sure to ask your midwife for help when putting your baby to the breast, if you suspect your baby is not latching on properly. Together you can look for a position that allows your baby to latch on deeper. If the baby latches on deeper and your nipple is far enough in his mouth, you will immediately feel that nursing is less painful.

Use the tips under 'Putting the baby to your breast' to help you with this.

Some children latch on deeper in the biological nurturing position (also called the natural breastfeeding position or laid-back feeding).

Lanolin or hydrogel pads can help the nipple to recover more quickly.



Difficult feeding due to flat or inverted nipples

A nipple is not always erect. Sometimes it is flat or somewhat inverted. If this makes it more difficult for your baby to drink, you should take into account the tips under "Putting your baby to the breast".

Some nipples may become erect after stimulation (rolling between thumb and index finger). Shaping the breast in advance may help your baby to latch on (see image under "Putting your baby to the breast").

Sometimes we notice that the nipples become more erect due to the feeding, which then makes latching easier.

A nipple shield is an option, but we recommend giving your baby a few days to learn to latch onto your breast. If you use a nipple shield, extra expression is recommended to guarantee the production. In that case make sure to ask the midwives for help and information.

Engorgement

After a few days (usually around day 3-4) of feeding both breasts may feel engorged. This tension is the result of the greater milk production. You can just continue to feed. The engorgement will automatically go away after a few days.

If the engorgement is really bad, latching on may be difficult. The milk seems to be stuck in the breast, and the breast feels hard and tense. The milk will be released more easily when you put hot compresses on the breast and massage softly. Rolling the areola between your thumb and index finger just before latching makes it softer and easier for the baby to latch onto your breast. If this does not work, you can ask for help.

Don't worry if you don't have breast engorgement.

Breastfeeding after the first days

During the first days after birth mums sometimes have the impression that not a lot of milk comes out of their breast. That is normal.

After a few days (this moment is different for everyone) you will notice that more milk is produced. You will hear the baby swallow more clearly when he is drinking and your breast is heavier before than after feeding.

From that moment on it is important that your baby empties the breast completely before offering the next breast (most children always ask for both breasts, but your baby may drink only 1 breast.)

Hunger days

On some days your baby may seem to want to drink all the time. That is perfectly normal. This will increase your milk production to adjust it to your baby's needs.

These hunger or adjustment days usually occur after 2 weeks, 3 weeks, 6 weeks and 3 months. After a few days your baby will start drinking more calmly.

Breast infection

When your breast is infected (usually only 1 breast), it may feel painfully engorged. The breast may look red. The mother may sometimes have flu-like symptoms and also develop a fever. Continuing to feed is important because milk stasis (milk staying in the breast) is usually the cause of breast infection. It is sometimes more difficult to put your baby to the inflamed breast. Applying heat and massaging the breast during latching may help. If you suspect that you have a breast infection, it is important to ask for help e.g. from an independent midwife. She can help your baby to latch on or to express the remaining milk if this should be necessary.

If the breast infection persists, you should see a doctor. You can continue to feed your baby in the meantime. If medication is required, ask for a medicine which you can take when breastfeeding.

Sickness and medication

It is rarely necessary to interrupt breastfeeding because you or your baby are sick.

Most medication will end up in the breast milk only in small amounts. It rarely is a reason to stop breastfeeding all together. In case of doubt, ask your doctor.

Breastfeeding policy at UZ Gent

At UZ Gent we attach great importance to adequate breastfeeding support. That is why our policy is based on the “Ten steps to successful breastfeeding” published by the World Health Organisation.

1. There is a written breastfeeding policy that is known to all our staff.
2. All our staff are trained in assisting mothers with breastfeeding and they adhere to the breastfeeding policy.
3. All pregnant women get information about the advantages and the practice of breastfeeding.
4. Mother and child have skin contact as soon and as long as possible after the birth. Mum learns how to recognise the baby's hunger cues.
5. All mothers learn how to maintain the milk production, even when they are separated from their baby.
6. The baby only receives breastfeeding. He or she is not given any other food or fluid, unless on doctor's advice.
7. Mother and baby stay together 24/24 (rooming-in).
8. Responsive breastfeeding (demand and supply) is encouraged.
9. A baby who is breastfed should preferably not be given a dummy or pacifier as long as the milk hasn't come in.
10. At the time of discharge mothers are referred to breastfeeding groups.

UZ Gent applies the recommendations of the “International Code of Marketing of Breast Milk Substitutes and the resolutions of the World Health Assembly”. This implies, for example, that the hospital will not make any publicity for formula, feeding bottles or dummies.

That is why we don't provide formula samples when mother and baby are discharged.

03 BABY CARE

At the hospital we will help you with the first baths. At home it is not necessary to give your baby a bath every day. Make sure that your baby's face, hands and bottom are washed daily.

The umbilical cord does not require any additional care. It will dry up nicely and fall off on its own. This usually happens within 2 weeks after birth, but can take up to 4 weeks. It is normal for the drying umbilical cord to have limited moisture at the junction with the skin. Even after the umbilical cord has fallen off, the navel may have limited moisture. Make sure you keep the navel dry after bathing. If the skin around the navel becomes very red and smells strongly, it is best to report this to your doctor or midwife. If the drying umbilical cord has not fallen off after 2 weeks or the umbilical stump is and remains very moist, it is also best to contact a healthcare provider.

Your baby's temperature will be checked at the hospital. The temperature may fluctuate between 36.5°C and 37.5°C. If your baby's temperature is above 37.5°C he may be overdressed or has just cried a lot. Take some layers of clothes off, soothe your baby and check the temperature again an hour later. If the temperature is still too high (above 38°C), contact your doctor.



04 SCREENING FOR METABOLIC DISEASES

We recommend to have your baby screened for genetic disorders which are not visible at birth. The idea is to detect these diseases early on and start a treatment. This may avoid serious disabilities or chronic disorders.

Blood is drawn by the midwife at the hospital or at home between 48 and 96 hours after birth. A drop of your baby's blood will be collected on a card. One half of the card is sent to the lab, you keep the other part as evidence that it was taken. The results will be ready after two weeks. No news is good news.

05 VITAMIN D

Your baby should get a vitamin D supplement. Drop the supplement directly into your baby's mouth. The midwife and/or paediatrician will explain how, how many and when you should administer the vitamins when you leave the hospital.

All children get 400 IU vitamin D per day until the age of 6. For children with a dark (negroid) skin, 600 IU/day is recommended.

Preferably use a mono preparation.

In some specific cases the doctor will prescribe another dose.

After birth, your baby will be given vitamin K once by the midwife. You don't have to repeat this at home.

06 EXAMINATION BY THE PAEDIATRICIAN

Your baby will be examined extensively by the paediatrician, after the birth and before the discharge from the hospital. The discharge examination can only be performed correctly if your baby is more than 48 hours old.

Early discharge (less than 48 hours) is possible subject to the paediatrician's approval and adequate follow-up at home from an independent midwife. The appointment with the midwife must be made before the discharge. You also have to make an appointment with the paediatrician within one week following the birth.

07 DIARY

Adrema baby

Boy / girl

Date of birth:

Weight:

Time of birth:

Length:

Pregnancy term:

Head circumference:

Apgar: / /

Blood group:

Konakion:

PKU screening:

Remarks:

.....

.....

Adrema mum

Mother's blood group:

Feel free to fill in the diary below.

08 CHECKLIST

This checklist allows you to indicate if you were given enough information / if you know where you can find the information.

The checklist can be an aid to use when talking to care providers: midwife, maternity care provider, K&G nurse, paediatrician, gynaecologist ...

BABY	
Care/baby bath	
Nappy change	
Urine / stool	
Umbilical cord	
Weight	
Temperature	
Skin colour	
Baby's behaviour	
Sleeping	
Crying and soothing	
Carrying	
Metabolic disease test	
Vit D	
Safe living environment	
Hearing test	
Vaccinations	
Safely on the road	

MOTHER	
Physical recovery	
(blood loss, stitches ...)	
Lifestyle: sleep, rest, food, hygiene	
Pain control	
Baby blues	
Birth control methods	
Sexual life	
Physiotherapy and pelvic floor	

BREASTFEEDING	
Feed on demand	
Hunger signs	
Putting the baby to the breast	
Latching on	
Difference drinking well and suckling	
Expressing milk by hand	
Engorgement	
Breastfeeding after the first days	
Adjustment days	
Nipple pain (sore, irritation ...)	
Breast infection	

09 USEFUL ADDRESSES

UZ Gent contact details

Maternity department
Phone 09 332 20 43

Lactation expert
Phone 09 332 24 36
lactatiekundige@uzgent.be

Flemish Professional Midwives Association

www.vroedvrouwen.be

Breastfeeding assistance

For breastfeeding assistance you can always contact an independent midwife, but the organisations below can also provide the help you need. Those organisations can consist of professional care providers (midwives, lactation experts) or experts (mother with a broad breastfeeding experience, volunteers).

Belgian Association of Lactation Experts

www.bvl-borstvoeding.be

Vzw Borstvoeding

www.vzwborstvoeding.be

La Leche League Vlaanderen

www.lalecheleague.be - tél. 015 55 79 43

Association for the Assistance and Promotion of Breastfeeding

www.vbbb.be - tel. 03 281 73 13

Maternity Care Expertise Centre

Expertise centres provide, besides home care by midwives and maternity carers, also extra services such as a telephone info line, sometimes a shop/lending desk (e.g. breast pump), organisation of courses/workshop ...

www.expertisecentrakraamzorg.be

Child and Family (Kind en Gezin)

Kind en Gezin is an organisation subsidised by the government. Its mission consists in providing a maximum of opportunities to every child, no matter where and how it is born or growing up. A lot of information can be found on their website and in their brochures.

www.kindengezin.be.

Phone (Brussels) 02 533 12 11 - Info line 078 15 01 00

Independent midwife and/or lactation expert who will follow you up after your discharge:

Name:

Phone number:

Paediatrician who will follow you up after your discharge:

Name:

Phone number:

10 IMPORTANT

Contact a care provider in the following exceptional circumstances:

Mother

- ▲ suddenly has very abundant blood loss
- ▲ has persistent fever
- ▲ has persistent headache, visual disorders, stomach ache ...
- ▲ has pain in the lower legs with redness and, possibly, swelling, shortness of breath, shoulder pain
- ▲ has persistent feelings of depression
- ▲ has a painful red engorged breast (possibly accompanied with feeling sick and/ or fever)

Baby

- ▲ has blue lips
- ▲ looks pale or grey
- ▲ does not drink for several feeds in a row
- ▲ urinates less
- ▲ is drowsy and weak
- ▲ has a fever (more than 38°C)
- ▲ looks yellow over his entire body
- ▲ has blood in the stool
- ▲ vomits green fluid
- ▲ has a swollen foul smelling belly button

Maternity department

T +32 (0)9 332 20 43

Lactation expert

T +32 (0)9 332 24 36

Deze brochure werd enkel ontwikkeld voor gebruik binnen het UZ Gent. Alle rechten voorbehouden. Niets uit deze uitgave mag worden veeveelvoudigd, opgeslagen in een geautomatiseerd gegevensbestand of openbaar gemaakt, in enige vorm of op enige wijze, zonder voorafgaande schriftelijke toestemming van het UZ Gent.

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Volg ons op

