

Breastfeeding my baby

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NB:

- In this document, the baby will be referred to using either the personal pronoun *he* or *she*.
- You will find a list of all the videos illustrating the different techniques and chapters on the last page of this document.

When can I offer my baby the breast?

From 0 to 3 months, a newborn's sleep consists of 50-minute cycles, each made up of 2 phases: 1 phase of restless/light sleep and then 1 phase of calm sleep. Baby can go through 2-3 cycles in quick succession, thus dozing off for 3-4 hours before waking up according to his primary needs (drinking, eating, weeing/pooping).

- In **restless sleep**, baby moves her arms and legs, is tonic, her breathing is irregular and she makes little noises. Her face is animated by small movements, and she can sometimes open her eyes.
- In **calm sleep**, baby doesn't move, his face is relaxed, his muscles loose and his breathing calm. A few gentle sucking movements may punctuate this serenity from time to time.

For the first few weeks, **breastfeeding should be done as soon as** your baby is **awake**, i.e. as soon as your baby shows signs of being calmly awake.



- When **awake and calm**, baby moves a little, opens his mouth quietly, looks for things by turning his head, is calm and attentive, and looks at the world around him.
- When **awake and agitated**, they actively show that they want to suckle: they stretch, their movements are more lively, they smack their lips, they bring their hands to their mouth, turning their head sharply to look for the breast.
- **Late signs**: baby cries, is agitated, turns red and gets upset. It becomes more difficult to put baby at the breast.

Don't wait for her to cry or scream: it's **much easier to put your baby at the breast while she's still calm**.

If she gets upset and doesn't know how to take your breast in her mouth:

- take a break: put your baby **skin-to-skin** to soothe everyone
- **hand over to your partner** for skin-to-skin contact
- **express your milk manually and give it to your baby with a teaspoon**: your baby will be a little fuller and therefore calmer when it comes to breastfeeding.

How do I express / pump my milk manually?

(video n°2



- link at the end of the document)

- Make yourself comfortable after washing your hands
- You can gently massage your breasts to help relax and ease the flow of milk.
- **Place your thumb and forefinger on either side of your areola (a good 1 cm apart).**
- Using your fingers, and without sliding them, initiate a **horizontal movement, in the direction of the ribcage**: in this way, your fingers will encompass a large part of the mammary gland and not just the nipple and areola.
- **Gently press and massage the breast tissue between your fingers in the direction of the nipple (without stretching it!).**



- Relax your fingers
- **Repeat the movement in rhythm**
- Rotate regularly around the areola to drain the entire mammary gland.
- Express your milk as long as colostrum/milk is coming out: often **5-10 minutes for the first few days**, 15 minutes thereafter.

Is my baby well positioned at the breast?

(videos n°1



and n°6



- links at the end of the document)

One of the simplest positions to learn is the **Cross-cradle hold**

You support your baby behind the neck, with the opposite hand and arm than the breast you are offering.

For example, if you are breastfeeding on the right, support your baby with your left arm.

Benefits

You can see the opening of her mouth and can easily bring her to the breast.

You can check that she is taking your nipple and areola correctly into her mouth.



CROSS CRADLE

How do you know if she has latched on correctly?

(videos n°3

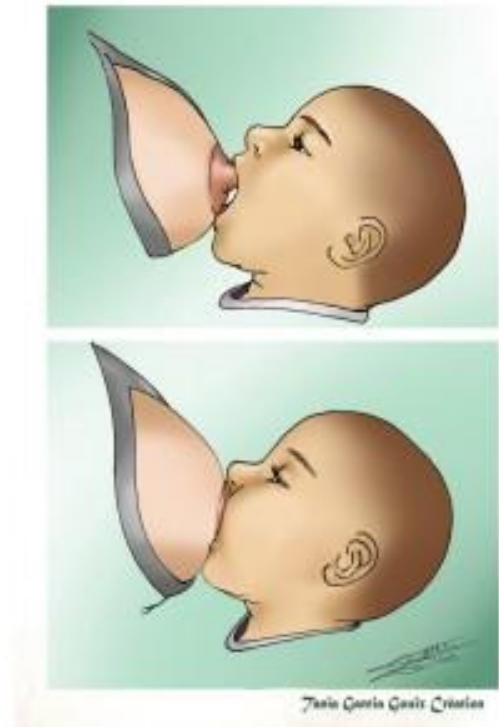


and n°1



- links at the end of the document)

- First, make yourself comfortable in the desired position
- To make it easier, hold your baby with your hand behind his neck and shoulders (not his head).
- **Use your nipple to stroke the space between baby's nose and upper lip**
- Wait for **baby to open his mouth wide**, as if yawning, with his head slightly tilted back.
- At this point, **move her firmly towards the breast** so that she can take it in her mouth.
- She should take the **whole nipple and part of the areola** ("big bite").
- **Her chin is stuck to her breast**
- Her lower lip is turned up, or both.



Your baby's nose is blunt, to allow her to breathe through the sides when she drinks. It is *therefore pointless to put your finger on your breast to make a hollow*. On the contrary, you run the risk of causing an engorgement by pressing on a milk duct (the duct that carries milk to the nipple), or injuring your nipple by pulling on it.

If you want to clear your baby's nose, **press down on the bottom with your elbow to reposition her**: this will keep her chin to the breast and clear her nostrils.

If her bottom lip isn't tucked up: gently press her chin downwards so that her mouth opens wider and her lip curls downwards.

Another latch technique: the [Nipple Flip](#)

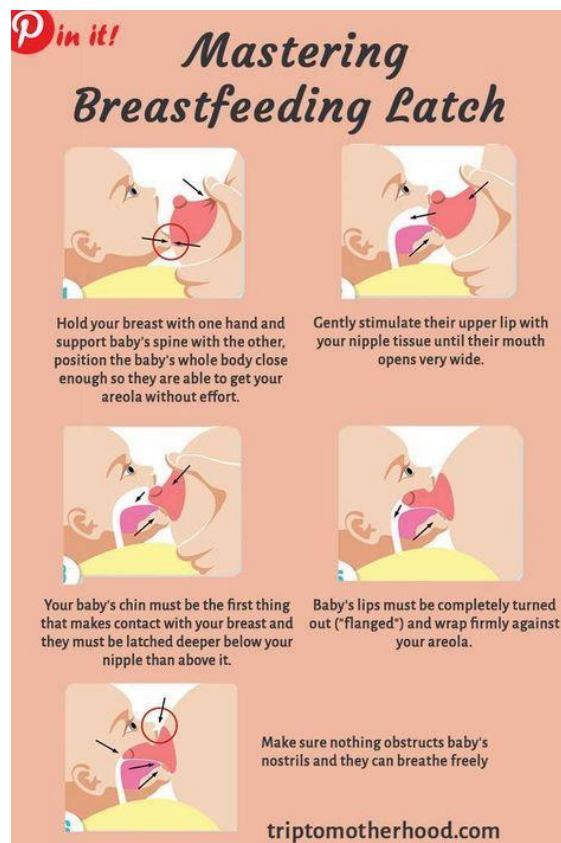
(video n°8



- link at the end of the document)

You may find it easier to put your baby to the breast this way:

- hold baby's chin to your breast, nose leveling with nipple
- with your hand forming a C-shape, hold the breast you are about to nurse with
- with your index finger, squeeze the areola just above the nipple, so that the nipple points upwards
- as soon as baby opens his mouth wide (as if yawning), use your index finger to slide the nipple and breast into baby's mouth



How can I be sure that my baby is suckling effectively?

(videos n°4



and n°1



- links at the end of the document)

- She is correctly positioned at the breast and **you observe the sucking movement as far as her temples** and ears, which move.
- You may feel a little pain at the start of the feed in the first few weeks, but this should not last for the whole feed or prevent you from being comfortable.
- **You hear and/or see your baby swallowing milk:** you observe a certain rhythm of sucking/deglutition, as well as a little pause in her chin when she swallows.
- **There is no noise other** than that of swallowing: no clicking, no sound of air passing through, etc.
- At the start of the feed, the **sucking rhythm is rapid, then slows down once the let-down reflex (= milk ejection reflex) has been triggered: the sucking rhythm then becomes fuller**, with pauses from time to time.
- **Your breasts will feel softer at the end of the feed.**
- At the end of the feed, when baby comes off the breast, **your nipple is not deformed.**

What should I do if sucking doesn't seem to be working?

If baby falls asleep at the breast, to stimulate him:

- Gently scrape the soles of her feet and the back of her neck.
- **Change his nappy**
- Put him **skin-to-skin** for the feed
- **Change your breast:** you can change your breast very often, like a **windscreen wiper**.
- [Gently compress the breast](#) as soon as baby falls asleep and starts "suckling" instead of suckling effectively: this facilitates the transfer of colostrum/milk and helps to empty the breast properly.



Take your breast in your hand, thumb far away from the areola. Squeeze your breast between your fingers as if you were squeezing a sponge, hard enough to increase the pressure in the breast but without causing pain. This should not change the shape of your areola.

You gently squeeze your breast while baby sucks. You can then hear him swallowing milk again.

When baby pauses, you release the pressure, then resume when he starts suckling again, and so on.

(video n°5 - link at the end of the document)



What should I do if my nipples are sore?

(“Dealing with cracked nipples”, video n°1



– link at the end of the document)

To enable you to breastfeed, your body secretes two major hormones: prolactin (which enables milk to be produced) and oxytocin (which enables milk to be ejected).

When lactation begins, the very high levels of prolactin in your body and the intense rhythm of suckling can make your nipples more sensitive. At the very start of breastfeeding it is therefore common for a young mother to feel pain when the baby latches on to the breast, but this sensation should not last throughout the feed or beyond the first few weeks of breastfeeding.

To prevent this:

- take the time to make **yourself comfortable**
- take the time to **wait for baby to open his mouth wide before you attach him to the breast**
- get into the habit of **always spreading the last drop of milk on your nipple at the end of each feed** (100% lanolin-based creams are also useful)

- **if it hurts when you feed, talk** to your midwife: breastfeeding should become comfortable for you and your baby!

If your nipples are too painful, and/or you see a crack appearing

- **Talk to your midwife about latching on, opening baby's mouth and the breastfeeding position.**
Don't stay alone with this problem.
- consult an **osteopath** for your baby: tensions in the neck and jaw are one of the main causes of poor mouth opening and nipple pain!

Talk to your midwife about the various [aids](#) available to help [your nipples heal](#), so that she can monitor you closely until they are completely healed:

- **breast milk compresses**
- **nursing shells (mother-of-pearl)**
- **silver cups**
- **rest your breasts for 24-48 hours** to allow healing to take place, during which time you should express your milk at least 8 times a day, double pumping, using an electric breast pump.
- Silicone nipple shields are not the most suitable for this type of situation.
- **hydrogel compresses**
- **healing creams**
- **medical honey**

Breastfeeding positions

Why is it important to change breastfeeding positions regularly during the first few days?

- To avoid [cracked nipples](#): depending on the position, the point at which the nipple rubs against the roof of your baby's mouth differs.
➔ changing positions at each feed prevents repeated rubbing at the same place
- To prevent [excessive engorgement](#): when feeding, baby drains the area under his chin in particular
➔ by changing position, each part of the breast is effectively drained
- To stimulate lactation
➔ A breast that has been emptied will fill up again!

Here are a few examples of breastfeeding positions. The midwives in our team are here to help you, so don't hesitate to ask us (*video n°6 - link at the end of the document*).





THE CRADLE



SIDE-LYING



THE FOOTBALL



CROSS CRADLE

BREASTFEEDING POSITIONS

Have You Tried Them All?



LAID-BACK
BREASTFEEDING



THE TANDEM

Signs of effective breastfeeding and breastfed babies' rhythm

Do I have enough milk?

Good milk production is achieved **by putting baby to the breast frequently, with no restriction on the length of time per breast, and without wanting to impose a particular rhythm**, particularly during the first months. It is also linked to a **proper latch** for effective milk transfer.

(videos n°3



n°6



and n°1



- links at the end of the document)

Breastfeeding teas and other galactogenic foods should not be taken systematically or continuously. They may be useful for baby's development peaks at 3 weeks, 6 weeks and 3 months of life, for example. Only **fenugreek** (2 capsules x 3 /24h) has been scientifically proven to be effective in increasing milk production. No serious studies have been conducted on barley malt, almonds/peanuts, fennel seeds, aniseed, etc.

From birth to stage II lactogenesis (copious milk production)

You know that you are breastfeeding effectively if:

- Baby feeds at least **8x/24h** (at least 6x on the day of birth)
- A feed lasts an average of 20 to 45 minutes, when both breasts are offered.
- **You see and/or hear your baby swallowing**
- His urine is clear
- His stools are black and slimy at first (this is meconium), then they become softer and darker green/brown (transitional stools).

From copious milk production and throughout the 1st month

- Ideally, **at least 10-12 feeds per 24 hours** until baby gets back to his birth weight, **then at least 8 feeds/24h** for the 1st month.
- **At least 5-6 wet diapers** a day: urine is clear, nappies are heavy
- **At least 2-3 stools** a day: they are soft/grumbly (or even liquid), golden yellow/orange in color.
- **Feedings are frequent and often irregular**: during the first 6 weeks, they are often grouped together in clusters (close feedings), especially at the end of the day.
- **You can hear your baby swallowing at a regular rate**

"From birth, breastfeeding doesn't have to be limited: there's no special interval between 2 feeds, and no timekeeping during the feed" (LLL 2005).

What should I do if I experience a breast engorgement in the first few days?

These techniques can be used **often** (up to once an hour) **but not for too long at a time** (3 to 5 minutes, depending on how you feel): this is to relieve you without over-stimulating your lactation.

Hot water glass technique

(video n°7



- link at the end of the document)

Fill a glass to the brim with hot but not scalding water

Apply it to the breast: the nipple is in the water and the glass surrounds the areola.

A vacuum is created and milk flows into the water (this may take a few minutes).

Gently massage your breast, in the direction of the nipple. You can also press gently on indurated areas to drain them.

Manual expression of breast milk

(see the relevant chapter at the beginning of the document + video n°2 of the document)



- with link at the end

To relieve engorgement, express your milk manually for a maximum of 5 minutes to soften your breast without emptying it completely.

Local applications

To reduce the oedema caused by breast congestion linked to the rise in milk production, you can also apply:

COLD before and/or after feeding

- cool pack
- packets of frozen peas (prepared in 4 small pieces that you can place on and under each breast)

WARM before feeding

- hot pack
- hot shower, hot washcloth









White cabbage leaves after feeding

- crumpled leaves
- on the whole breast (except nipples)

GREEN CLAY poultice after feeding

- all over the breasts (except the nipples)
- apply a thick layer of clay (about 1 cm) and rinse it off with warm water after 15 minutes

Videos

1. Learn the basics of breastfeeding (Sikana.tv)		
https://www.sikana.tv/en/health/learn-the-basics-of-breastfeeding		SCAN ME
2. Expressing breastmilk (Global Health Media)		
https://globalhealthmedia.org/videos/expressing-and-storing-breastmilk/		SCAN ME
3. Breastfeeding attachment (Global Health Media)		
https://globalhealthmedia.org/videos/breastfeeding-attachment/		SCAN ME at 1min11
4. Recognizing the signs of an effective breastfeeding (Sikana.tv)		
https://www.sikana.tv/en/health/learn-the-basics-of-breastfeeding/reconnaitre-les-signes-d-une-tete-nutritive		SCAN ME
5. Breast compressions (La Leche League France)		
https://www.youtube.com/watch?v=1zPWZ9-BGKI		SCAN ME
6. Breastfeeding positions (Global Health Media)		
https://globalhealthmedia.org/videos/breastfeeding-positions/	Cross-cradle hold at 0min45	 SCAN ME
7. Hot water glass Trick		
https://www.youtube.com/watch?v=i8zackCEYg4		SCAN ME
8. Nipple Flip		
https://www.youtube.com/watch?v=gvvhMih8ThM	à 0min20	 SCAN ME

Sources

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- La prise du sein, Dr J. Newman and T. Pitman, Ed. du Hêtre 2010
- Traité de l'Allaitement Maternel, N. Mohrbacher, Ed. Ligue La Leche 2006
- IBCLC exam preparation course, H. Bonneau, 2014-201
- La Leche League France videos and documents <https://www.lllfrance.org>
- Global Health Medias videos on breastfeeding: in English, French and other languages: <https://globalhealthmedia.org/topic/breastfeeding/>
- Sikana "Discover breastfeeding" videos, in English, French and other languages: <https://www.sikana.tv/fr/health/learn-the-basics-of-breastfeeding>