



My Breastfeeding Success

My baby's name is:

He/She was born on: at

He/She weighs: g He/she measures: cm

Dear parents,

You're expecting a baby and the birth is just around the corner.

Take advantage of the remaining weeks to prepare for your baby's arrival and get informed.

This brochure is designed to guide you in feeding your baby. Whether you choose to breastfeed or bottle-feed, you'll find useful recommendations.

We're here to support you on this unique and very personal journey, and to help you get through this new adventure.

*The entire team of the Woman-Mother-Child unit
and the IBCLC lactation consultants of the Hôpitaux Robert Schuman*

Breastfeeding is a natural act, a way of communicating and establishing a close relationship with your baby. Breast milk is a one of a kind live biological product, a renewable resource that is always available, and of unrivalled quality. In this booklet, you can find out about how the lactation process works and we provide you with guidance by giving you key tips for maintaining the lactation process.

Our health platform "Acteur de ma santé" www.acteurdemasante.lu offers a series of articles and videos on breastfeeding:



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General information

How does lactation work?

Lactation is activated naturally after giving birth. It is then maintained by frequent feeds and close contact between yourself and your baby 24 hours a day.

Keep your baby close by day and night

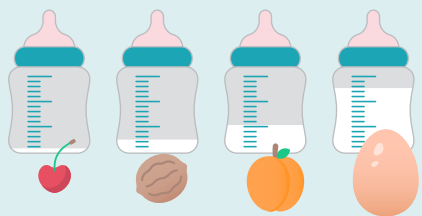
● **INITIALLY**, you produce colostrum. This is the first milk. It is of a thick consistency and yellowish orange in colour. It is produced in small quantities, but it is extremely nourishing. It is particularly suited to the nutritional needs and digestive capacities of a newborn which has a very small stomach (*Image 1*). During the first 48 to 72 hours, it will give your baby **lots of energy** due to its high concentration in immediately usable proteins, vitamins, mineral salts and sugars. The colostrum is rich in **growth factors and immunological components**.

The colostrum is therefore your child's first antimicrobial barrier, the mineral salts prevent dehydration and the sugars limit weight loss. Its laxative effect facilitates the passage of **meconium** (the first stools of the newborn).

Image 1

Size and volume of a baby's stomach:

Day 1	Cherry	5-7 ml
Day 3	Walnut	22-27 ml
1 Week	Apricot	45-60 ml
1 Month	Large egg	80-150 ml



● **AROUND DAY 4**, you will feel the production of breast milk or more precisely **breast engorgement** which is due to an influx of blood under the influence of hormones.

Gradually, the colostrum is enriched with fats and lactose. This becomes the **transitional milk** secreted during your baby's first weeks, which then becomes the **mature milk** after 4 to 6 weeks.

Its components are slightly different: more fats, sugars and particularly more water but they continue to provide a nutritional and immunological source suited to baby's needs.

Lactation hormones

With each feed, your baby stimulates the breasts and allows the brain to release hormones that activate the production of milk (**Prolactin**) and its ejection (**Oxytocin**) into baby's mouth. The production of milk is regulated according to your baby's needs (*Image 2*). The more your baby feeds, the more breast milk you'll produce: it's the law of "supply and demand".

Tiredness, stress and emotions have a considerable impact on these hormones.

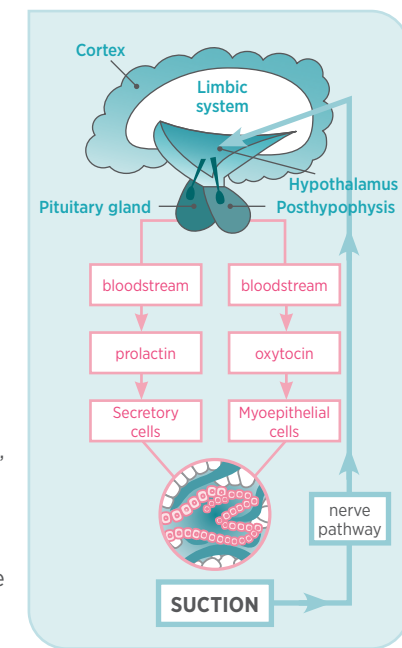


Image 2

Source: Semantic Scholar

The functions of breastfeeding

There are three functions of breastfeeding which correspond to your baby's basic needs:

- to meet the need for suction
- to meet the need for nutrition
- to meet the need for contact

If any of these needs are not met, your baby will repeat its demand until such need is met.

There are also different types of suckling:

- 1) Nutritive suckling, actual feeding during which your baby is nourished by your breast milk.
- 2) Non-nutritive suckling which provides contact and calms baby.

Your baby's needs will develop as the days progress.

Precautions to take

Risk of a lactation reduction:

Sleep requirements vary from one baby to another. Newborns benefit from waking times for feeding. A reduction in the number of feeds may lead to a reduction in milk production. It is therefore recommended that you offer your breast to your baby at each waking time. You will need to be flexible to adapt to your baby's needs.

When your baby is suckling the breast = stimulation of your milk production

Supplements:

Except when medically indicated, it is not recommended that you give a supplement of water, sugar water or artificial milk to baby.

The breast milk promotes the settlement of bacterial flora in your baby's intestines. This flora is beneficial for baby's digestion and immunity, it is called the **microbiota**. Adding a supplement of artificial milk disturbs the development of this flora.

Confusion:

Until breastfeeding has been established, avoid giving baby bottles, pacifiers, bottle teats or the nipples as this may alter the newborn's sucking reflex. This may mask the signs of hunger and could lead to a reduction in the number of feeds and quantity of milk taken by your baby. This may lead to a congestion and/or reduction in your milk production.

Find out more information
on sleeping habits in babies.



How do you position yourself and your baby to the breast?

Take the time to find a comfortable position in a calm and private place. It is important that you feel at ease and relaxed.

“The more you go with the flow, the better the milk will flow”

Positioning baby correctly to the breast will allow breastfeeding to get off to a good start, ensure a better production of milk and will prevent nipple cracking.

During feeding, your baby's head should be in line with its body: ears, shoulders and hips in alignment. You must not turn baby's head to position him/her to the breast. *(Image 3)*



Image 3

Further information ...



Your baby's entire body should be facing you “tummy to tummy”, **with baby's nose positioned towards the top of your nipple**, his/her head slightly deflected, mouth open and chin resting against the breast *(Image 4)*.

The suction is effective when the sucking action is deep and rhythmic without any smacking sounds. After each sucking motion, swallowing is audible.



Image 4

A few positions

Biological Nurturing or BN is not a position but a posture, in other words, a state, a way of interacting with your baby, connecting with baby, taking care of baby and loving baby. This posture allows you to reconnect the mother and baby dyad, as it was in the period prior to delivery.

Lying on your back, with your upper back raised, position your baby over you in a face-down position. His/her arms and hands should have free movement. You can easily encircle your baby with your arms to form a nest. There is no one model, each mother and baby dyad will find its own most comfortable posture, whatever works best for mother and baby.

The correct positioning (of mother and baby), the change of position and alternating breasts as well as the application of expressed breast milk prevents the risk of cracked nipples.



Rugby Position Lying Position Classic or Madonna Position

© La Ligue League France

Feeding

1. Position yourself comfortably
2. Place your baby's body facing down against you.
Your baby's nose should be positioned above your nipple.
3. Allow your baby to tilt his/her head back a little so that his/her upper lip is in contact with your breast. This contact will encourage your baby to open his/her mouth wider.
4. Your baby's mouth is wide open, with his/her chin resting against your breast, with his/her head still tilted back slightly so that his/her tongue covers a larger area of your breast (the full nipple and as much of the areola as possible).

The role of your partner

Breastfeeding allows you to establish a **special bond with your infant**, but this bond, as close as it may be, should not exclude others, particularly your partner. **A mother who is breastfeeding needs support from her loved ones.**

The period following your delivery is a period of strong hormonal influence, you may feel more sensitive than usual, and more vulnerable with lots of new things to manage. Your partner therefore, as a supportive observer, has a significant role to play during your breastfeeding by maintaining a calming environment for you and baby... You can ask him, for example, to make sure that you don't receive too many visitors at the same time. His support and care will also prove to be invaluable in the success of your breastfeeding and its continuance.

2

The breastfeeding period during your stay at the maternity ward

Day of birth: (Day of birth to Day 1)

The importance of the first few hours of life:

"I'm getting to know my baby"



To optimise your breastfeeding, it is important to have skin-to-skin contact as early as possible.

This contact reassures your baby and encourages bonding. It allows baby to adapt more easily to his/her new environment. This closeness will facilitate the monitoring of your baby and will allow for longer and more effective feeds.

The first few hours after giving birth

also known as the "awake windows" are the most suitable time to bring your baby to your breast for the first time as it is at this time that your baby will be the most active. Afterwards, your baby will return to recovery phase and may sleep for up to 6 hours in a row. If your baby has not fed in the first 2 hours following birth, it is important that you reattempt skin-to-skin breastfeeding upon your return to your room or feed your baby some colostrum.

Around 6 feeds are recommended during the the first 24 hours in order to optimise the start of your breast-feeding. If your baby doesn't wake up by him/herself within 4 hours, it is important to stimulate baby by positioning baby in skin-to-skin contact and offering him/her the breast.

During latching, it is important to always offer both breasts. When your baby has emptied the first breast and unlatches, you can then offer him/her the second breast. On the next feeding, start with the last breast offered.

Think ABBA: breast A, then breast B, breast B, then breast A.

Breastfeed your baby each time that he/she shows **signs of waking** as this means that he/she is ready to feed (stretching, licking or sucking actions, hands towards the mouth, wakefulness, etc) (*Image 6*). It is important not to wait until baby cries: the calmer baby is, the better the feed. Nurse baby on demand as long and as often as baby desires.

The signs of waking that your baby shows when he/she is ready to feed

FIRST SIGNS
I'm starting to feel hungry



Baby moves



Baby opens their mouth



Baby turns their head (looking)

CLEAR SIGNS
I'm really hungry



Baby stretches



Their movements are more lively



They put their hand to their mouth

LATE SIGNS
I really need to calm down



Baby cries



They are agitated



Their skin becomes red



SOOTHE AND CONSOLE YOUR BABY
Talk to them, make skin to skin contact, rock them, cuddle them...

Source : The Royal Brisbane and Women's Hospital (RBWH)

Image 6

To ensure that you receive the best guidance, it is preferable that you have a professional visually check the nursing position and suction of your baby at least once or twice every 24 hours.

You can also complete the feeding and passage chart provided by the maternity team to assess the effectiveness of your breastfeeding each day.

USEFUL TIPS

Night-time feeds

Prolactin (a hormone that promotes milk production) is mostly produced at night-time. Night-time feeds are therefore important for the start and continuance of your lactation and allow for a significant increase in your production.

Day 1: Baby is finding his/her feet:

"I breastfeed my baby and learn to monitor my baby"

24-36 hours after birth, baby is more awake and the frequency of feeds increases. Always offer both breasts during feeding to ensure that both breasts are evenly stimulated. If this is not the case, speak with a professional, who will show you how to stimulate your areola (Image 7), monitor your baby's suction and check your production of colostrum.

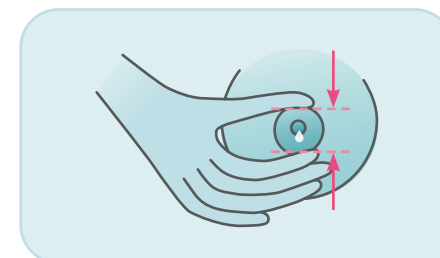


Image 7

Your baby will be weighed every day to assess his/her physiological decrease in weight which can be as high as 7% of his/her birth weight. This decrease in weight is due to the passage of meconium and surplus water. To limit the loss of weight, it is recommended that you give feeds on demand from the first signs of waking, without any time restriction. **8 to 12 feeds every 24 hours is recommended.**

Stools and urine

Within the first 48 hours, your baby may only have 2 to 3 wet nappies. Meconium, the first stools of your baby is black, viscous and sticky.

USEFUL TIPS

Crying of your newborn

It is normal for your baby to cry. It's a means of communication. Baby is expressing his/her emotions, tension, discomfort and/or need for contact. This can be stressful and/or worrying for you and your partner. Place your baby skin-to-skin on your body and offer him/her a feed: this will have the effect of soothing and reassuring baby.

Day 2: Baby's needs increase

and he/she is perfecting his/her techniques

While your baby is perfecting the feeding technique, baby's behaviour may be more agitated and he/she may be more demanding, even inconsolable. Faced with this new situation, you may feel discouraged and lose your confidence in baby's ability to feed and your ability to breastfeed. This period is transitional and of short duration.

It marks the arrival of the transitional milk.

Your breasts increase in size and are firmer, you will also feel a warm sensation. This is a sign of milk production.

You can alleviate your discomfort and any tension with:

- Frequent latching of your baby
- Showers alternating between hot and cold water
- Gentle massages, coldpacks at the end of feeds

On the second day, your baby's needs increase and the quantities of milk produced are therefore higher. Naturally, it is after 48 to 72 hours of stimulation, that the "milk comes in" or "breast engorgement" begins. Your baby is still losing physiological weight, but his/her weight curve stabilises.

Stools and urine

Within the first 48 hours, your baby may only have 2 to 3 wet nappies. The appearance of the stools changes: it becomes lighter, brownish green in colour and less sticky.

Your milk production could be delayed if your baby doesn't breastfeed. It is important that you request assistance from the carers. They will provide you with guidance for increasing stimulation and maintaining your lactation and will check to make sure your baby has enough energy to feed. If necessary, this energy can be provided by a supplement of your breast milk; The carers will explain how to express your breast milk.



Day 3: Your production increases...

Baby is still in stimulation phase. It is quite normal for baby to demand feeds more often in the evening and during the night. At this time, your baby has regained weight or his/her weight is stable. Your baby is adapting to his/her new feeding routine.

8 to 12 feeds every 24 hours is recommended. Your baby should swallow and this swallowing must be audible: this is a sign that your breastfeeding is effective. At the end of the feeds, baby is calm and replenished. Make the most of your baby's calm wakeful moments, he/she will be more attentive, will feed more effectively and will accept more milk. It is therefore recommended that you place your baby to your breast before he/she becomes agitated. By monitoring your baby, you can quickly identify whether he/she needs to feed, and the latching will be all the more serene, pleasant and relaxed for you and your baby.

Your breasts become larger, firmer and feel warmer, this is a good sign: you are producing milk. Frequent latchings will alleviate any tension. In the case of breast engorgement, you can manually express your breast milk (*Image 7*), which will alleviate any tension in your breast or pain.

SUCCESS CHART

To guide you through your breastfeeding period, the use of the SUCCESS chart provides a means of monitoring baby which will allow you to understand your baby's development. If your baby cries or sleeps a lot or if you have checked two warning signs in this chart, this could be due to different things. Call a member of the nursing staff who will help you to establish the cause by verifying the behaviour of your baby, the number of feeds, his/her passage pattern over the past 24 hours as well as your baby's weight curve.

Stools and urine

Urination is now more frequent, the urine is lighter in colour and more abundant. The stools passed are in increasingly larger amounts and are now yellow in colour, lumpy and liquid.

The “baby blues” hormones

Naturally around the 3rd day, your hormones drop, which will make you feel emotionally more vulnerable: crying, tiredness and feeling discouraged is quite common. If you feel overwhelmed and this phase lasts too long, speak to a health professional.



SUCCESS TABLE

POSTIVE SIGNS	WARNING SIGNS
STOOLS <ul style="list-style-type: none"> ○ 3-4 /24h lumpy and yellow ○ Liquid or soft ○ Equivalent of a tablespoon 	STOOLS <ul style="list-style-type: none"> ○ Hard or absent
URINE <ul style="list-style-type: none"> ○ 4-5 wet nappies /24h ○ Clear urine 	URINE <ul style="list-style-type: none"> ○ Fewer than 4 wet nappies /24h
CRY <ul style="list-style-type: none"> ○ Vigorous crying 	CRY <ul style="list-style-type: none"> ○ Cries a lot ○ Doesn't cry ○ Wails
AWARENESS <ul style="list-style-type: none"> ○ Baby is aware and tries to make eye contact 	AWARENESS <ul style="list-style-type: none"> ○ Baby sleeps all the time
BEHAVIOUR <ul style="list-style-type: none"> ○ When awake, baby pushes with their legs ○ Baby raises their head when placed on their stomach ○ They are lively 	BEHAVIOUR <ul style="list-style-type: none"> ○ Baby is floppy ○ “Ragdoll” demeanour
SATISFACTION <ul style="list-style-type: none"> ○ Baby is relaxed ○ Calm after feeding 	SATISFACTION <ul style="list-style-type: none"> ○ Baby is agitated ○ Cries ○ Rejects the breast

Some advice before leaving the maternity ward, continued use of my SUCCESS chart

When discharge day approaches, think about organising your return home. You and your baby are getting to know each other and you have lots of new special moments of connection to look forward to. Continue to build confidence between yourself and your baby.

For your reassurance at home, to better assess the effectiveness of your breastfeeding and to ensure that your baby is drinking enough, we recommend that you continue to use the SUCCESS chart.

It will be useful to you from the start of breast engorgement or “lactation” from the 3rd day after birth and for the first 6 weeks of your baby’s life (i.e. the **calibration period**).

A few guidelines to optimise your breastfeeding:

- Allow your baby to drink on demand, i.e. without a schedule, without any limitation as to the number of feeds or duration of feeds, both day and night, i.e. equivalent to **8 to 12 feeds every 24 hours**.
- Offer both breasts on each feed (the 1st breast should be emptied before baby latches onto the 2nd breast, think ABBA).
- Proper positioning: baby’s head slightly deflected, mouth wide open, his/her chin resting on the breast, nose unblocked, lips upturned, cheeks puffed out with an asymmetric latch onto the areola.
- The feed progresses in two phases: at first the sucking is quick, then the sucking is deeper with audible swallowing from the first 5 to 10 minutes onwards.
- Usually, your baby will regain its birth weight between the 7th and 10th day of life. If this is not the case, arrange an appointment with a lactation consultant.

Information in brief

Monitoring of stools and urine

The colostrum (1st milk) facilitates the passage of the first urine, which may be temporarily accompanied by pink-coloured crystals. It also assists the passage of meconium (the 1st stools) which are initially black and sticky, and which then develops into brownish green transitional stools and then into nursing stools which are lumpy, golden-yellow and liquid.

Within the first 48 hours:

your baby may only have 2 to 3 wet nappies.

From Day 3:

urination becomes more frequent with at least 6 wet nappies per 24 hours. The appearance of the stools changes: they become lighter in colour and less sticky.

From Day 4

and for the first 6 weeks: There should be at least three passages of stools per day. It is important to underline that a breast-fed baby may not pass stools for a full day but only from the 6th to 8th week of breastfeeding.



The lactation

Breast pump

You can rent or purchase a manual or electric breast pump from a pharmacy or from certain health centres; a list will be provided to you. In France, you will need a prescription for the breast pump and its accessories. Please note: the size of the nipple shields should be adjusted to the size of your nipple, a health professional will be able to assist you in this choice.

Assessment of your baby’s needs

During growth peaks, your baby will demand more: more feeds, more contact, this demand may continue for 24 to 72 hours, the time that it takes your production to adapt to the new needs of your baby. Growth peaks are identified around the 3rd week, 6th week, 3rd month, 6th month and 1st year of your baby. Monitor and support your baby’s needs.

4

You and your baby are separated

The neonatology department of the Woman-Mother-Child Unit of the Hôpitaux Robert Schuman take care of premature infants (between 32 and 37 weeks) and full-term infants that require specific monitoring.



Conservation
of breast milk



If your baby is unable to breastfeed directly, you can express your milk using a pump in the maternity room or within the neonatology department. Your baby will then receive your breast milk using a bottle or lactation aid. If your baby does not have the strength or maturity to feed, a nasogastric tube can be fitted.

It is advised that you stimulate lactation at least 8 times each day, including twice during the night. The neonatology and maternity team as well as the team of lactation consultants are available to answer any of your questions concerning your breastfeeding and the storage of your breast milk.

On demand feeding of baby is encouraged but this depends on the condition of health of the infant, his/her behaviour and maturity.

Feeding of premature infants



5

Artificial feeding

If you wish to feed your baby with a bottle, you will receive guidance in making this choice. The first baby bottle is given within two hours following birth. In the maternity ward, we will provide you with ready-to-use bottles, stored at room temperature.

The importance of proper positioning:

Position yourself comfortably in a semi-seated position, holding your baby's head in the crook of your elbow. To ensure baby opens his/her mouth, stroke his/her upper lip with the teat, then gently insert it above his/her tongue.

Tilt the bottle sufficiently to ensure that there is no air in the teat (the teat must be completely filled with milk). The presence of bubbles on the surface is proof that the milk is flowing properly.

After taking the bottle, hold your baby in an upright position to facilitate his/her digestion and burping. Sometimes, this may be necessary during the feed.

Baby's feeding patterns and quantities:

Usually, baby will accept 6 to 8 bottles per 24 hours. However, during the first weeks of life, baby's patterns are not regular. You should monitor your baby for signs of waking *(Image 6, page 12)*.



DAY OF LIFE	QUANTITIES
Day of birth	0 - 10 ml
1 st day	10 - 20 ml
2 nd day	20 - 30 ml
3 rd day	30 - 40 ml
...	...
7 th day (1 week)	70 - 80 ml
2 weeks	80 - 90 ml
3 weeks	90 - 100 ml
4 weeks (1 month)	100 - 110 ml

When you leave the maternity ward, you will receive the necessary information for the continuance of this feeding.

In addition to this, articles on the stages of bottle preparation, the choice of teats, maintenance and storage and the choice of milk are available by clicking here:



Breastfeeding guidance and support at home

SUCCESS TABLE

If you observe **2 warning signs** in the first 6 weeks, you should contact a breastfeeding professional.

POSTIVE SIGNS	WARNING SIGNS
STOOLS <ul style="list-style-type: none"> ○ 3-4 /24h lumpy and yellow ○ Liquid or soft ○ Equivalent of a tablespoon 	STOOLS <ul style="list-style-type: none"> ○ Hard or absent
URINE <ul style="list-style-type: none"> ○ 4-5 wet nappies /24h ○ Clear urine 	URINE <ul style="list-style-type: none"> ○ Fewer than 4 wet nappies /24h
CRY <ul style="list-style-type: none"> ○ Vigorous crying 	CRY <ul style="list-style-type: none"> ○ Cries a lot ○ Doesn't cry ○ Wails
AWARENESS <ul style="list-style-type: none"> ○ Baby is aware and tries to make eye contact 	AWARENESS <ul style="list-style-type: none"> ○ Baby sleeps all the time
BEHAVIOUR <ul style="list-style-type: none"> ○ When awake, baby pushes with their legs ○ Baby raises their head when placed on their stomach ○ They are lively 	BEHAVIOUR <ul style="list-style-type: none"> ○ Baby is floppy ○ "Ragdoll" demeanour
SATISFACTION <ul style="list-style-type: none"> ○ Baby is relaxed ○ Calm after feeding 	SATISFACTION <ul style="list-style-type: none"> ○ Baby is agitated ○ Cries ○ Rejects the breast

"Where do I find help if I need it?"

USEFUL NUMBERS

At the Woman-Mother-Child unit of the Hôpitaux Robert Schuman:

Make an appointment
with an IBCLC
lactation consultant:
+352 26 333 9020

Maternity
department:
+352 26 333 9310

Paediatric outpatient
emergencies:
+352 24 68 55 40

Liberal midwives of the country of residence
(According to the list distributed to the maternity ward/available on-line at
www.sages-femmes.lu)

Ligue Médico-Sociale in Luxembourg, ONE in Belgium, PMI in France

Initiativ-Liewensufank

Leche League of the country of residence



www.acteurdemasante.lu

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