

Breastfeeding

Benefits of breastfeeding

Breast milk

- provides the ideal nutrition for infants
- is the perfect composition of vitamins, protein and fat, which is everything your baby needs to grow
- contains antibodies that help your baby fight off viruses and bacteria
- helps your baby develop good jaw and tongue mechanics and decreases the incidence of ear infections

Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight children.

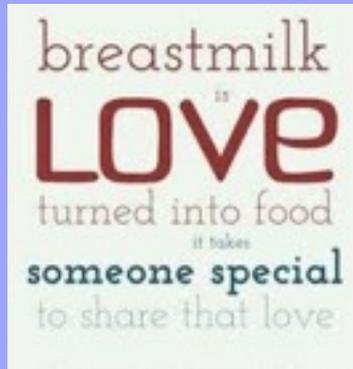
For mum, breastfeeding reduces the incidence of pre menopausal breast and ovarian cancers, aids in post delivery weight loss and helps the uterus contract, reducing the risk of haemorrhage and air embolus.

Breastfeeding Positions

Ensure you are in a comfortable environment for mum and baby. Use pillows where possible, to support yourself and baby.

You could try the following positions:

- * **Madonna** : stomach to stomach across tummy
- * **Rugby Ball** : baby positioned same side as breast under armpit
- * **Side lying**: baby/mother on sides facing each other



Correct latching

To stimulate latching, rub the nipple on lips and cheek. When baby's mouth opens, hold breast with thumb above and forefinger beneath nipple and bring baby gently onto breast. Don't lean forward to baby.

Correct latch is when baby's mouth is wide open with tongue protruding over lower lip, the areola should be barely visible at the top.

Keep baby close to chest. You will see baby's jaw muscles working, ears wiggling and hear a suckling sound, this will verify baby is in fact drinking and not using nipple as a pacifier.

To break latch, place your little finger in the corner of babies mouth and with a swift sweep of your finger, break latch from nipple.



Onset of Breast Milk: What to expect?

Colostrum is produced after delivery. It is thick, creamy and yellow in colour. This is usually a small volume (5-15 ml).

True breast milk is produced on the 3rd day. This is more fluid in texture and totally white in colour.

Engorgement can occur from the 3rd day and may last between 3 to 7 days. This can cause pain and discomfort to mum and can make latching difficult.



How to cope with Engorgement

- Feed baby 4 hourly
- Use both breasts at each feed
- Prepare nipple for latching
- Cabbage leaves can be useful. Place a cooled cabbage leave, (cut to size of breast with a hole in centre for nipple) into feeding bra to ease discomfort.
- Hot showers and hot towelling placed on breasts may also provide relief.
- Contact your physiotherapist, who can assist by using electrotherapy modalities to ease pain and decrease swelling.

Breast Care

- Use nipple creams to treat cracked nipples and consult with your physio.
- Avoid scrubbing breasts or using surgical spirits that will lead to cracked nipples

Care of the Breastfeeding Mother

- Get adequate rest, try to sleep whenever baby sleeps.
- Diet: Maintain a healthy balanced diet. Drink 8 or more glasses of fluid a day. Continue with antenatal vitamins. Avoid alcohol, nicotine and limit garlic, caffeine and cabbage consumption.

Weaning

When you start the weaning process, take it slow. Slowly tapering off how long and how often you breast-feed each day – over the course of weeks or months – will cause your milk supply to gradually diminish and prevent discomfort caused by engorgement.

“Unlike peaches, babies can't be spoiled. They are perfect in-the-moment beings who know when they're hungry, so trust your own instincts to know when it's time to breastfeed and for how long.”

Complications Of Breastfeeding

Sore or cracked nipples

This results from incorrect latching. Treatment includes correcting the latching technique, breast and nipple care advice and photo- or laser therapy. Your physiotherapist is able to use these modalities to effectively treat these complications.

Blocked milk ducts

Commonly occur and may lead to pain, decreased milk supply, mastitis and breast abscess. Physiotherapy (including heat, ultrasound, specific massage techniques and patient education) significantly reduces pain, stress and difficulty breastfeeding. Often progression to mastitis can be avoided by treating the blocked duct.

Mastitis

Mastitis will not go away without treatment. Treatment includes antibiotics, breastfeeding advice and resolving any blocked ducts with massage techniques and ultrasound. It is perfectly safe to continue to breastfeed or to express milk for the baby while mastitis is present.

Breast abscess

If mastitis is not treated timeously a breast abscess may develop. This might require drainage of the abscess and definitely requires an antibiotic. If possible continuation of breastfeeding is advised.



To contact a Physiotherapist
please call

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