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## Breastfeeding works best

**When** a mother and baby have skin-to-skin contact immediately after delivery and the baby starts breastfeeding within an hour or so<sup>10</sup>. This stimulates breast milk production and the baby gets colostrum.

**When** the baby is *properly attached* at the breast and can *suckle effectively*, with slow deep sucks<sup>11</sup>.

**When** the baby can suckle whenever he or she wants – day and night. This is called demand feeding or baby-led feeding. This is easiest if the baby is near the mother, in her bed or in a sling.

**When** the baby may continue suckling for as long as he or she wants at each feed and is allowed to decide if he or she wants one breast or two.

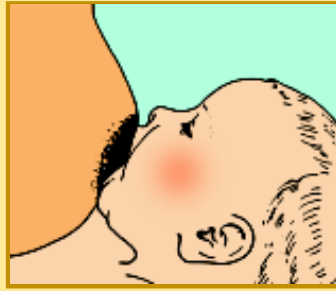
**When** the baby does not have a pacifier (or dummy), which make him or her less interested in suckling at the breast.

If a baby breastfeeds in this way, there is plenty of milk, and the baby is more contented and grows well. He or she passes urine at least six times a day, and soft abundant stools – though after the first week or so there is nothing to worry about if stools are not passed every day.

Breastfeeding in this way also promotes emotional bonding between the mother and baby, which helps her to enjoy mothering, and improves her self-esteem.

## Less than the Gold Standard

If other foods or fluids are given during the first six months, they replace breastmilk, and feeding is less than the Gold Standard. The baby suckles less, and milk stays in the breasts, which may



### Good Position

- baby's body straight (not bent or twisted)
- baby facing breast, start with nose to nipple (looking up at mother's eyes)
- baby close to mother's body
- baby's whole body supported (not just the head, or the bottom)

### Good Attachment Helps Exclusive Breastfeeding

- more areola visible above baby's mouth than below
- baby's mouth wide open
- lower lip turned out
- chin touching breast

### Effective Suckling

- slow deep sucks, sometimes pausing



become engorged and swollen. Then the breasts produce less milk and the mother may think that she does not have enough. Babies do not grow as well as infants fed exclusively on breastmilk, and they have more illnesses.

Similarly, a poorly attached baby may suckle often but not be satisfied, and the mother may conclude that she does not have enough milk, and give other feeds. Good attachment can prevent this, and also problems such as sore nipples and mastitis.

## Work need not be an obstacle

Exclusive breastfeeding for six months may be achievable for women who need not return to work immediately or who can be with their babies most of the time. It is more challenging if a mother has to return to work soon after delivery. She may consider expressing breastmilk and letting somebody else feed the baby while she is away. Breastmilk expression does not need extensive facilities, but a mother-friendly workplace that provides privacy and convenience to express milk, and which helps her to feel confident.

## A caring environment

A mother needs support and reassurance before, during and after delivery, and while breastfeeding. Supportive companionship during labour and reducing stress during childbirth helps her to be prepared to breastfeed immediately after delivery<sup>12</sup>. Health professionals, family and community, and mother support groups, can help by listening to her worries, and giving her confidence that she can breastfeed exclusively. A woman may also need help to reduce other stresses such as having too much housework or caring for other family members.