

BREAST FEEDING

It is an act of putting baby to breast immediately after delivery.

THE FIRST FEED

Unless individual circumstances dictate otherwise, the mother should have her baby with her immediately after birth. Early and extended contact will ensure the cues that indicate that the baby is ready to feed will not be missed. Early feeding contributes to the success of breast feeding but the time of the first feed should to a large extent depend on the needs of the baby. Some may demonstrate a desire to feed almost as soon as they are born. Other babies may show no interest until an hour or more later.

THE NEXT FEED

Newly delivered mothers should be offered help with the next feed, so that the baby would feed satisfactorily from the mother. She should be urged to seek help if problems do arise i.e. she should be told about the changes that will take place in her breast during the next few days.

An explanation about the changes in the pattern of feeds and reasons for the variations in the length of feeds will enable her to accept these changes with confidence.

Helping mothers to understand that breast feeding is learnt, not an instinctive skill, will enable them to be patient with themselves and their babies during this time.

POSITIONING THE MOTHER

There are two types of position for the mother to adopt while she is breast feeding.

THE FIRST IS LYING ON HER SIDE: And this may be appropriate at different times during her lactation. If she had a c/s or if her perineum is very painful, this may be the only position she can tolerate in the first few days after birth.

It is likely that she will need assistance in placing the baby at the breast in this position, because she will only have one free hand. When feeding from the lower breast, it may be helpful if she raises her body slightly by tucking the end of a pillow under her ribs. Once she can do this unaided, she may find this a comfortable and convenient position for night feeds, enabling her to get more sleep.

THE SECOND POSITION IS SITTING UP : In the early days it is particularly important that the mother's back is upright and at right angle to her lap. This is not possible if

she is sitting in bed with her legs stretched out in front of her, or if she is sitting in a chair with a deep backward sloping seat and a sloping back.

Both lying on her side and sitting correctly in a chair with her back and feet supported enhance the shape of the breast and also allow ample room in which to maneuver the baby.

POSITIONING THE BABY

The baby's body should be turned towards the mother's body. So that he is coming up to her breast at the same angle as her breast is coming down to him.

BENEFITS OF BREAST MILK TO BABY

- Is the most complete form of nutrition for infant.
- Is accessible, affordable and always available at the right temperature
- It has the right amount of fat, sugar, water and protein that is needed for a baby's growth and Development.
- Easily digestible
- It contains antibodies that help to protect infants from bacteria and viruses.
- Infants who are not breast fed have a higher neonatal infant mortality in Nigeria.
- Breast fed babies score higher on IQ test in children especially babies who were born prematurely.

BENEFITS FOR THE MOTHER

- Nursing uses up extra calories, making it easier to lose the weight gained during pregnancy.
- It also helps the uterus to get back to its original size and lessens any bleeding you might have after giving birth.
- It lowers the risk of breast and ovarian cancers.
- It serves as bonding between the mother and the baby.
- It's convenient

DISADVANTAGES OF BOTTLE FEEDING

- Five times more likely to be hospitalized with gastroenteritis within the first 3 months of life.
- Five times more likely to suffer from urine infections within the first 6 months of life.
- Twice as likely to suffer from chest infection within the 1st 7 years of life.
- Prone to ear infections within the 1st year of life.

BREAST PROBLEMS

SORE AND DAMAGED NIPPLES: i.e. trauma from baby's mouth and tongue which results from incorrect attachment of the baby's mouth to the breast. Other causes of soreness are; infection with *Candida albican*.

- Long nipples
- Short nipples
- Abnormally large nipples
- Inverted and flat nipples.

PROBLEMS ASSOCIATED WITH BREAST FEEDING

ENGORGMENT:- It occurs around the 3rd or 4th day postpartum. The breasts are hard, painful and sometimes flushed. The mother may be pyrexial. Engorgement is usually an indication that the baby is not in step with the stage of lactation.

It occurs if feeds are delayed or restricted or if the baby is unable to feed efficiently because he is not correctly attached to the breast.

To correct this, the baby has to be positioned well to feed on the breast; also breast pump can be used to relief the engorged breast.

DEEP BREAST PAIN:- This may be due to ductal thrush infection.

MASTITIS – Means the inflammation of the breast. It is not as a result of infection, but milk stasis i.e. the milk is been forced into the connective tissue of the breast and it may be reddish and swollen.

If the milk is forced back into the bloodstream, the woman's pulse and temperature rise and in some cases shivering attacks or rigors may occur. Therefore engorgement can lead to mastitis.

BREAST ABCESS - Swelling in a previously inflamed area. Pus may be discharged from the nipple. It may not be possible to feed from the affected breast for a few days. Milk removal should be continued and breast feeding should be recommenced as soon as possible.