Breastfeeding

Gynaecology and Obstetrics, Paediatrics
Breastfeeding is more than just a way to provide nutrition; breastfeeding strengthens the bond between mother and child and offers a unique way of satisfying the baby’s need for love, warmth and security.
Benefits for the mother

Breastfeeding
- strengthens the bond between mother and baby
- helps speed up the return of the uterus to its pre-pregnancy state
- lowers the risk of osteoporosis, breast cancer and ovarian cancer
- helps to speed up the return to pre-pregnancy weight
- saves time and money and is environmentally friendly

Bonding – the first feed

Bonding: the baby lies naked on the tummy or chest of the mother, father or significant other person with skin-to-skin contact.

This first feeling of closeness, this getting to know each other, is a unique experience for all – mother, father and baby – and marks the start of a strong emotional attachment. This early skin-to-skin contact is very important with regard to breastfeeding since the sucking reflex is exceptionally strong at this time. The foremilk (colostrum) provides the baby with a particularly high concentration of antibodies (a first natural immunisation!).

Benefits for the baby

Breastfeeding
- encourages skin-to-skin contact – this has a positive effect on the baby's physical, emotional and intellectual development.

Correct positioning and latching-on

Milk transfer is best achieved when the baby is lying in a good position and is properly attached to the breast. The correct feeding position and proper latching-on to the breast minimise the risk of sore nipples.
Rooming-in promotes and simplifies breastfeeding

- Breastfeeding on demand means the baby can feed any time
- More frequent feeding stimulates milk production
- Early signs of hunger can be more easily recognised
- Rooming-in eases the transition from hospital to home
- Babies are calmer and cry less when with their mother

Breastfeeding positions

In order to effectively stimulate milk production, proper latching-on is just as important as the correct feeding position. By alternating feeding positions – cradle position, underarm position, feeding lying down – pressure is put on different parts of the nipple which helps prevent soreness. Normal hand hygiene is important before breastfeeding, but no other special precautions are necessary. To prevent and treat nipple soreness, coat the nipples with breast milk and use a nipple cream if necessary.

Massaging the breasts before or during feeding is a highly effective way of encouraging milk flow, relieving breast engorgement and stimulating milk production.
Breastfeeding on demand

The more often the baby feeds, the more milk your breasts will produce. Unlimited breastfeeding (8 to 12 times within 24 hours)
- prevents the milk from “coming in” too fast
- reduces the risk of hyperbilirubinemia (jaundice) requiring treatment
- stabilises the newborn’s blood sugar levels
- reduces initial weight loss and enhances weight gain
- stimulates an earlier production of mature milk
- prolongs the duration of breastfeeding

Initially it may be necessary to wake a sleeping baby.

 Signs of hunger

Watch for the early signs that your baby is hungry.
1. Sucking movements and turning the head from side to side looking for the breast
2. Sucking noises, baby noises, sighing
3. Hand-to-mouth movements

Respond to early signs that your baby is hungry (points 1 – 3).
4. Restlessness, crying (= late signs of hunger)

When the milk “comes in” – the start of a plentiful milk supply

Early, frequent and long feeds are vital to ensure a gentle “coming in” of the milk. When the milk does come in, frequent feeding, warmth (showers or warm compresses) and gentle breast massage before feeding can be helpful. After an epidural or general anaesthesia, it may take one or two days longer for the milk to come in.
Breast massage using the Plata Rueda method

A short breast massage – particularly helpful during the first days of breastfeeding – enables the baby to drink the colostrum (foremilk) faster. This massage can also be used in the later stages of breastfeeding to increase milk transfer.

Place your hands flat on the breast and massage the glandular breast tissue with gentle pressure. (Fig. 1 and 2). Afterwards, in order to trigger the milk ejection reflex, stroke the breast from the chest wall and down over the nipple (Fig. 3).

Source: Schweizerische Stiftung zur Förderung des Stillens. www.allaier.ch
Exclusive breastfeeding

Breast milk provides sufficient nutrients for the first 6 months of the baby’s life. If the mother breastfeeds exclusively, then there is no need for any additional formula milk, tea or water – not even during the night. Only in exceptional cases might temporary supplementary feeding be necessary. Should supplementary feeding be required, then a method should be used that does not interfere with breastfeeding (e.g. supplementary feeding with a cup or syringe).

Dummies (pacifiers)

The use of a dummy can cause the following

- The signs of hunger in the baby can be missed
- The dummy might satisfy the baby’s need to suck resulting in less stimulation of the breast which, in turn, has a negative impact on milk production
- The baby might stop sucking properly on the breast which can lead to sore nipples

Which medication can I safely take while breastfeeding?

Sometimes taking medication may be unavoidable. There are medicines available for a wide range of illnesses that can be taken while breastfeeding (e.g. antibiotics, thyroid medication, painkillers), and that pose no threat to the baby’s health. Should you have any questions about taking medication while breastfeeding, please contact the breastfeeding clinic (Stillambulan).
Breastfeeding and oral and speech development

What you may not yet know is that breastfeeding, that is the sucking at the breast, creates the ideal pre-requisites for oral muscular activity and for the forming of the bones in your baby’s mouth and jaw area. A baby proficient at drinking from the breast will learn to eat, drink and talk more easily. The closeness and bonding between mother and child during breastfeeding has, in addition, a positive effect on the child’s speech development as a whole. Breastfeeding may not be a cure-all, but it is the most effective way to prevent or reduce oral muscle weakness, jaw and tooth misalignment, articulation problems, sucking habits and frequent ear, nose and throat disorders.

There are several factors that can lead to breastfeeding being impossible or limited. If that is the case, what should you do? What formula should you buy? What teats should you use and how do you feed your baby with a bottle? Such questions can be answered during an advisory consultation with a professional in the field, and together you can decide on suitable alternatives that are as close to breastfeeding as possible.

If you would like more information, contact a speech therapist and/or a breastfeeding counsellor.
Muscles
Sucking at the breast promotes the development and the balance of the muscles both inside and outside the mouth.

Jaws and teeth
The strength of these muscles plays a major role in the forming of the palate, in the development of jaw growth and, subsequently, in the correct positioning of the teeth.

Eating and drinking
Breastfeeding is the best preparation for eating later on, both as regards muscle strength in and around the mouth and as regards the sensitivity of the mouth.

Breathing and voice
Breastfeeding also promotes the necessary lip contact during breathing, eating and talking and creates the conditions necessary for good voice quality.

Speech sound production
When sucking at the breast the lips and the tongue have to work hard. This prepares them for later speech sound production.

Speech development
The physical closeness and bonding between mother and baby during breastfeeding intensifies the mother-child relationship, has a positive impact on the child’s socio-emotional development and promotes eye contact, an important aspect in communication. In this way breastfeeding has a positive effect on the child’s language development.
Recommended reading

Maria Guoth-Gumberger und Elisabeth Hormann, Stillen, GU-Verlag
La Leche Liga, Handbuch für die stillende Mutter
La Leche Liga, Schlafen und Wachen
William Sears

www.frauenklinik.at
www.i-med.ac.at/kinderklinik/
klinische_abteilungen/neonatologie
www.who.org
www.stillen.at
www.stillbuch.at
www.lalecheleague.org
www.docs4you.at
www.logopaedieaustria.at

WHO Recommendation

The WHO recommends “exclusive breastfeeding during the first six months of life, i.e. no other food or drink, then the baby should receive suitable complementary foods while continuing breastfeeding for up to two years or more as long as mother and child both wish to continue.”

Further international recommendations (e.g. Baby-friendly Hospital Initiative)

Mothers should find out about breastfeeding groups/self-help groups in the area in which they live. There they can meet other (breastfeeding) mothers, get helpful information with regard to life with a baby and caring for the baby during the first year and they can exchange their experiences with other mothers.

Information on breastfeeding groups in your area are available from your midwife, the nursing staff, breastfeeding counsellors or from your doctor.
**Innsbruck University Hospital, Dept. of Gynaecology and Obstetrics**
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Anichstrasse 35, 6020 Innsbruck, Austria
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E-Mail: lki.fr.klinikleitung@tirol-kliniken.at
Website: www.frauenklinik.at

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Website: www.frauenklinik.at

**Midwifery Clinic**
Midwifery Clinic
Telephone +43 50 504-814 63
E-Mail: lki.fr.hebammenambulanz@tirol-kliniken.at
Outpatient opening times
Mon – Fri 8 am – 3.30 pm
By appointment only
Acute cases require no appointment
Location: Dept. of Gynaecology, (Frauen-Kopfklinik building), 2nd floor

**Mother-and-Baby Ward**
Mother-and-Baby Ward
Telephone +43 50 504-241 30
E-Mail: lki.fr.muki@tirol-kliniken.at
Visiting times: daily 2 pm – 4 pm
Fathers: 9 am – 9 pm
Location: Dept. of Gynaecology (Frauen-Kopfklinik building), 5th floor

**Neonatal Intensive Care Ward**
Neonatal Intensive Care Ward
Telephone: +43 50 504-235 35
Location: Paediatric Centre (Kinder-Herz-Zentrum), 2nd floor

**Neonatal After-care Ward**
Telephone: +43 50 504-235 28
Location: Paediatric Centre (Kinder-Herz-Zentrum), 2nd floor

**Breastfeeding Counselling Service**
Mother-and-Baby Ward
Telephone +43 50 504-241 26
E-Mail: lki.fr.stillambulanz@tirol-kliniken.at
Please call for an appointment
Information can be given over the phone at any time
Location: Dept. of Gynaecology (Frauen-Kopfklinik building), 5th floor

**General Out-Patients Dept.**
Breastfeeding Counselling Service
General Out-Patients Dept.
Paediatrics Dept.
Telephone +43 50 504-234 83
Every second and fourth Friday in the month
From 2 pm – 4 pm
Location: Paediatric Centre (Kinder-Herz-Zentrum), 2nd floor