



# Feeding your baby

**It is never too early to start thinking about breastfeeding your baby**

**E**very parent wants the best for their baby and it is important to start right. Breast milk is the perfect nourishment for your baby.

## Why is breastfeeding best for my baby?

- Breast milk meets all of your baby's nutritional needs as it contains all the essential vitamins, minerals and nutrients for your baby's complete growth and development.
- Breast milk is more easily digested and your baby is less likely to develop stomach upset, constipation and diarrhoea.
- Breast milk is supercharged with antibodies which improve your baby's immunity and reduce the risk of infections.
- The close body contact and interaction during breastfeeding aids in creating a special bond between you and your baby.
- Breastfeeding reduces the risk of Sudden Infant Death Syndrome (cot deaths), obesity and diabetes in adulthood.
- Babies who are breastfed are known to have higher IQ scores and better eyesight.

## Why is breastfeeding best for me too?

- Early suckling helps your womb contract faster and reduces blood loss after childbirth.
- It delays the return of your menstrual period and exclusive breastfeeding is a natural (although imperfect) contraceptive.
- You burn calories during breastfeeding and this helps you shed some of the weight gained during pregnancy.
- Your risk of developing breast, ovarian and womb cancers, and heart disease is lower.
- It lowers the risk of osteoporosis (brittle bones).

## Why is breastfeeding good for the family and the community?

- Breastfeeding is free and convenient.
- It is environmentally friendly.
- Your baby would not fall sick so easily, so medical cost is reduced. You are also less likely to miss work.
- You can save money from the direct cost of formula milk and fewer visits to the doctor.

### HOW LONG SHOULD I BREASTFEED?

For optimal growth, development and health, the World Health Organisation (WHO) and Health Promotion Board (HPB) recommend exclusive breastfeeding (with no other food or drink) for the first 6 months (i.e. 180 days) of a baby's life. Mothers are encouraged to continue breastfeeding their children until they are 12 months old and thereafter as long as mutually desired, together with the timely introduction of solid food from 6 months of age.

### How do I prepare for breastfeeding?

**Attend antenatal classes:** Experts will give you valuable tips on how to breastfeed, as well as answer your queries.

**Read up on breastfeeding:** Ask your doctor for information booklets on breastfeeding, borrow books from the library or research online. Books often feature step-by-step guides on how to latch on your baby and the different positions you can adopt.

**Talk to other mums who have successfully breastfed:** Having a strong support network is important as they will encourage you and share their experiences on how they overcome obstacles.

**Get support from your spouse, family members or confinement nanny:** Share with them your intention or decision to breastfeed. This is important as sometimes, anxious family members or others may stress you out by questioning you on the need to breastfeed. They may doubt if your baby has drunk enough or if you have adequate milk for your baby.



**Inform your doctor and nurses that you intend to breastfeed exclusively:**

Successful breastfeeding depends on early initiation and a good latch. Make sure your doctor and the nurses know that you do not want your baby to be given any formula milk. You can request for your baby to room-in 24 hours a day with you in the postnatal ward to facilitate breastfeeding.

**What is required for breastfeeding?**

You just need to have some knowledge and a bit of perseverance for breastfeeding. In the initial stage, you may wish to consider getting:

- **Nursing bra:** The cups come with clips so you can breastfeed your baby without having to remove the bra. For better fit, get the bra in the last trimester.
- **Breast pads:** These are placed inside your bra to absorb leakage from your breasts especially when they are full or if you are expressing from only one side.
- **Nursing wear:** These are specially designed with cleverly hidden openings to make it easier for you to breastfeed, especially in public.
- **Breast pump:** Available in single and double pump which can be hand-operated or electric. A breast pump is a good investment as you can express and freeze your excess milk which can later be reheated in a bottle. It is a necessity for mothers returning to work.
- **Breast milk containers or bags:** These let you store and freeze your milk hygienically.

Some items you may consider getting later on:







### When and how should I initiate breastfeeding?

If you and your baby are well with no medical concerns, place your baby on your chest for at least an hour of skin-to-skin contact within five minutes after delivery. Your baby's suckling reflex is most intense in the first hour after birth. Being close to each other after sharing the birth experience helps your baby to calm down, keeps him warm and encourages him to breastfeed. Guide baby when he shows signs of readiness to feed.

You are also encouraged to room-in 24 hours a day in the postnatal ward with your baby to promote bonding, facilitate breastfeeding and allow you to recognise the early feeding cues. Do not be afraid to seek help from the nurses or lactation consultants if you need to.

Observe for early feeding cues. Feed your baby when he does any of the following:

- Increases his eye movements under closed eyelids or open eyes.
- Opens his mouth, stretches out the tongue and turns his head to look for the breast.
- Makes soft sucking sounds.

- Shows a strong rooting reflex such as sucking or chewing on hands, fingers or other objects that come in contact with the mouth.
- Moves towards your finger when you place it near the corner of his mouth.

### What are the signs of a good latch?

- Your baby's upper and lower lips flare out to form a good seal on the breast.
- Your baby's chin is touching the breast and the nose is slightly away from the breast.
- The areola is drawn into your baby's mouth.
- The baby's cheek is round.
- You may feel the initial tug on the nipple when your baby suckles but you should not have nipple pain or discomfort.
- You can observe your baby's sucking rhythm to ensure good milk transfer. Suck > Swallow > Breathe (pause) rhythm



Tongue over gum ridge. Nipple drawn far into mouth and milk flows.



Tongue behind gum ridge. Nipple is pinched and milk cannot flow.

## HOW SHOULD I POSITION MY BABY TO FEED HIM?

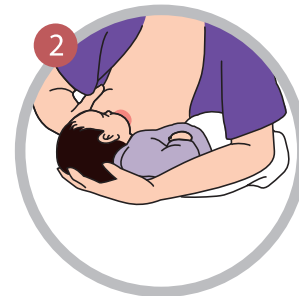
You can breastfeed sitting or lying down.

- Sit comfortably making sure that your back and the arm with which you hold your baby is well supported (with a pillow or cushion).
- Gently massage your breast to clear any blocked milk ducts.
- Hold your baby at the breast level with your baby facing you (chest to chest). Support your breast with the other hand.
- Tease your baby to open his mouth as wide as possible and direct your nipple to the roof of your baby's mouth.
- Make sure your baby takes in the whole areola and not just the nipple.
- Finally, take a breath, sit back and relax.

You can breastfeed in various positions. Pick a position that is comfortable for you.

- 1. Cradle hold** is suitable when you and your baby are able to co-ordinate well and latch on easily. Support your baby's head in the crook of your arm and hold buttocks with your hand with your baby's face and body turned towards you.
- 2. Cross cradle hold** is ideal for newborn, small or premature babies. It is also good for mothers with a short nipple. Support the back of the baby's head and shoulder at the nape of neck using your palm and the baby's body and buttock with your forearm.
- 3. Football hold** is ideal for small babies, mothers with large breasts and short nipples or mothers who have undergone a caesarean section. Support your baby's head and shoulder at the nape of neck with your palm and the baby's body and buttock with your forearm. Tuck your baby under your arm so that the legs are behind you and the head is at your breast.
- 4. Lying down** is ideal for mother after a caesarean section, forceps delivery or for feeding at night. Lie on your side with a pillow under your head and behind your back with the baby facing you.

If you have any problems, approach your hospital's lactation consultants for help.



## BREASTFEEDING AT WORK

There is no need to stop breastfeeding just because you are returning to work. With a bit of planning, your baby can still be fully breastfed and receive the best nourishment. Here are some tips to help you juggle with resuming work and the desire to continue to breastfeed:

- Two weeks before your maternity leave ends, start expressing and storing your milk.
- Feed your baby just before you go to work, and as soon as you return home.
- While you are at work, express and store the breast milk in the fridge (usually at lunch break and just before leaving).

If you have problems with lactation or are worried, speak to your doctor, lactation consultants or even mothers who have balanced breastfeeding and work.

### Expressing breast milk

You can express your breast milk manually by using your hands or with a manual or electrical breast pump.



### How to express breast milk with a breast pump?

- Wash hands thoroughly before expressing milk.
- Ensure all the equipment are clean and sterilised.
- Use your pump correctly, starting with low pressure and switching between breasts after 5 - 10 minutes of expressing milk.
- Express your breast milk every three hours and store the breast milk in the refrigerator or freezer.



## Storage of the expressed milk

### Place of Storage

Expressed milk at room temperature of 25°C  
Expressed milk in a cooler with ice pack at 15°C  
Breast milk freshly expressed and stored in the fridge at 4°C

Frozen milk in 2-door fridge stored at -5°C to -15°C  
Frozen milk in deep freezer at -20°C

Thawed breast milk stored in the fridge at 4°C

### Recommended Storage Duration

4 hours  
24 hours

48 hours  
3 - 6 months  
6 - 12 months  
24 hours

### Thawing process

- Thaw frozen milk in the refrigerator or in a cup of warm water.
- Use the milk immediately or within one hour.
- Avoid boiling or heating breast milk in a microwave.



# Some frequently asked questions on breastfeeding

Breastfeeding may sound challenging initially, but once baby latches successfully, it is fulfilling and enjoyable. These are some common questions you may have:

## Q1. What is “let-down reflex”?

When your baby starts suckling, a hormone called oxytocin releases milk into the breast ducts causing it to flow towards the nipple. This is called the “let-down reflex”, which has a tingling or tightening sensation on the breast. If you are stressed, the let-down reflex can be inhibited. So, relax!

## Q2. If milk production comes later, will my baby “starve” in the first few days?

When you first start breastfeeding, your first milk is colostrum which is:

- Yellow, thick and sticky, very rich in protein, minerals and antibodies.
- Small in quantity, but that is all your baby needs in the first few days. Breast milk changes to mature milk by about 7 - 10 days after birth.

Mature breast milk consists of:

- The initial foremilk which is watery, low in fat and serves to satisfy the baby’s thirst.
- The later hindmilk, which contains more fat, calories, nutrients and antibodies, and will satisfy the baby’s hunger and ensure weight gain.

## Q3. Will I have sufficient milk?

It is normal for mothers to worry that they may not have enough milk for their babies. Milk production occurs regardless of the mode of feeding. Frequent and effective milk removal is important to ensure a good supply. Hence,

- Ensure that your baby latches on correctly.
- Breastfeed regularly every 2-3 hours a day according to your baby's demand and avoid supplementary feeding with formula milk.

- Express and store breast milk if your baby is not feeding well or is separated from you.
- Rest, eat well and drink plenty of fluids.
- Reduce caffeine intake and totally avoid alcohol and tobacco products as these can inhibit milk “let-down reflex”.

## Q4. How do I know that my baby is getting enough milk?

If your baby has had enough,

- Your breasts will feel soft after nursing.
- Your baby is contented and satisfied.
- Your baby is passing clear urine and has bowel movements 2 - 5 times or more in a day.
- Your baby’s weight is increasing after the initial drop in birth weight. Your baby will gain about 150 - 200 grams per week.

## Q5. How long and how often do I feed my baby?

- Allow your baby to suckle for as long as possible on one breast until satisfied to ensure he gets the high caloric hindmilk. This takes about 20 - 30 minutes. Avoid looking at the clock; instead, observe his suckling and swallowing. Offer the other breast if he desires more.
- Alternate the breasts for subsequent feed.
- Your baby may come off the breast when full. If you have to take him off your breast, insert a small finger at the side of the baby’s mouth between the gums to release the suction before removing the nipple from his mouth.
- As breast milk is easier to digest, feed on demand (every 2 - 3 hours) round the clock.



**Q6. If I latch my baby on and at times feed him expressed breast milk from a bottle, will it confuse him?**

This is known as “nipple confusion”, which occurs when a baby is offered both the breast and a bottle. Suckling from the breast and drinking from a bottle need different techniques. Some babies who have been fed expressed milk from a bottle at the start may refuse to latch directly. To avoid confusing your baby, feed exclusively from the breast where possible. If you need to express milk for various reasons, give him expressed milk in a cup, a spoon or from a syringe.

**Q7. My baby gets hungry very quickly all of a sudden. Is it because I am not producing enough milk?**

During growth spurts — around 2 - 6 weeks, 3 and 6 months of age — there will be an increased demand for nursing. The increased frequency of feeding will help to increase the milk supply to meet the baby’s needs. Do not worry; it only lasts for a few days.

**Q8. What about breastfeeding premature babies?**

Premature babies often have medical problems that require close monitoring in the hospital.

Mothers of premature babies can:

- Initiate expressing of breast milk 6 - 8 times a day including at night and store the milk.
- Learn how to express, collect, transport and store breast milk correctly.

**Q9. What are the risks of not breastfeeding?**

Babies who are not breastfed are at greater risk for:

- Gastrointestinal infection
- Urinary tract infection
- Respiratory disease
- Allergies
- Obesity and diabetes later in life

Mothers who do not breastfeed are at greater risk for:

- Breast and ovarian cancers
- Osteoporosis

**Q10. Can I breastfeed after six months?**

You can breastfeed up to one year and beyond. Although your baby may be getting nutrients from other sources of food, breast milk is still an important form of nutrition. Breastfeed as long as you and your baby desire. You can continue to breastfeed even if you are pregnant again.

*Please refer to page 98 for contact details of hospital lactation consultant services, breastfeeding support groups and helplines.*

**TIPS FOR SUCCESSFUL BREASTFEEDING:**

- If you and your baby are well with no medical concerns, place your baby on your chest within five minutes after delivery for at least an hour of skin-to-skin contact. Guide baby when he shows signs of readiness to feed. Room-in 24 hours a day in the postnatal ward with your baby to promote bonding, facilitate breastfeeding and allow you to recognise the early feeding cues.
- Ensure a good latch to ensure smooth flow of milk.
- Make sure you have a well-balanced diet, limit caffeine intake and avoid alcohol and tobacco products. Get enough rest and sleep.
- Feed your baby on demand. Allow him to suckle for as long as possible.
- Avoid supplementary feeds as far as possible because your baby will have no desire to suckle to maintain the milk production and flow.
- Avoid feeding from a bottle or using a pacifier in the first few weeks until breastfeeding is established as that will discourage the learning process of breastfeeding for your baby.

