

Secrets of breastfeeding

The Princess Anna Mazowiecka Clinical Hospital



A close-up photograph of a woman with dark hair, looking down at her baby while breastfeeding. The baby is lying on its side, latched onto the breast. The woman's hands are gently supporting the baby's head and body. The background is a plain, light-colored wall.

Find out from the booklet:

- Why is it worth breastfeeding
- How to do it
- How to cope with difficult moments.

If, for any reason, you are separated from your baby and unable to breastfeed, we will tell you how to stimulate and support lactation, how to store and transport breast milk.

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Benefits of breastfeeding

Breast milk is the ideal food for your baby. The appropriate composition of individual nutrients ensures a very easy digestibility, optimal growth and development of the infant. Breast milk contains, among others, enzymes that support the digestive system, fats that are necessary for the growth and development of nerve cells and retina cells, growth factors, vitamins, minerals, antibodies that prevent infections by supporting the baby's immature immune system and stem cells that act as a repair system and can be the source of various other cells in the body.

What we should know about the colostrum

Colostrum appears in the mammary glands from about the 20th week of pregnancy. It is usually present for the first 3-4 days after giving birth. Colostrum is a thick yellowish liquid. In comparison with mature milk, it contains more proteins of high biological value, vitamin A, less fat and lactose. Thanks to its laxative properties, it accelerates the expulsion of meconium and reduces the severity of neonatal jaundice. It contains a significant number of immunological factors and anti-inflammatory cells which provide protection against infection. The immunoglobulin contained in colostrum has a protective effect on the intestinal mucosa. Colostrum has a beneficial effect on the formation of healthy microbiota thanks to the presence of "beneficial bacteria". Between 7th and 14th day, mammary glands secrete the so-called transitional milk which precedes the period of secretion of mature milk.



Benefits of breastfeeding for the baby

- Immediate - lower risk of:
 - Diarrhea
 - Middle ear infections
 - Urinary tract infections
 - Meningitis
 - Pneumonia and bronchitis
 - Necrotizing enterocolitis
 - Colds
 - Sepsis
 - Sudden infant death syndrome
- Distant - lower risk of:
 - Cancer
 - Obesity
 - Type I and II diabetes
 - Intestinal diseases
 - Asthma
 - Crohn's disease



Breastfeeding - It is a portion of health and love for the child and mother.

It is not just giving food, but also:

- Satisfying the need for closeness;
- Strengthening the bond between mother and baby;
- Fostering maternal feelings.

Mother's milk is always fresh, warm and easily accessible.

NO FORMULA CAN REPLACE MOTHER'S MILK

Benefits of breastfeeding for the mother

- Short-term (early) benefits
 - Faster uterus involution
 - Shorter bleeding period after childbirth
 - Lower levels of depression in breastfeeding mothers (less stress hormones)
 - Faster weight loss and return to pre-pregnancy figure
 - Lactation infertility
- Long-term benefits - lower risk of:
 - Breast cancer and ovarian cancer
 - Diabetes
 - Hypertension
 - Hyperlipidaemia and cardiovascular disease in the postmenopausal period
 - Osteoporosis

10 steps to successful breastfeeding

Breastfeeding is the healthiest way to feed your baby after giving birth, which is why the staff at our hospital supports mothers during lactation and uses the **10 steps to successful breastfeeding at their work.**

1. We have written down the rules to promote breastfeeding and breastmilk. You will find them in this booklet and on the hospital's website under Lactation Clinic.
2. Our hospital staff is trained and ready to support women during lactation. If you have questions, concerns, or need help with feeding your baby, you can count on a midwife, nurse, or doctor working in our hospital.
3. We inform pregnant women about the benefits of breastfeeding and proper lactation management during educational workshops organized by our Polyclinic and during your stay at the Pregnancy Pathology Ward. You can also make an appointment for individual education in the Lactation Clinic operating in our hospital (information about the Lactation Clinic is available in this brochure).
4. Immediately after giving birth, we allow the baby "skin-to-skin" contact with the mother. During this contact we help to initiate breastfeeding within the first two hours, when the baby begins to give the first signs of hunger. After a cesarean section, "skin-to-skin" contact is carried out as soon as possible. Dad can also kangaroo his baby.
5. If it happens that the baby is separated from the mother after birth, we help to initiate lactation earlier by pumping colostrum and teach how to stimulate and maintain lactation at the proper level. You can read more about manual colostrum pumping in the brochure. We only want to give your baby your milk in the neonatal wards.
6. For the protection of the baby's health, exclusive breastfeeding and effective stimulation of lactation, we do not feed the newborn baby anything other than breast milk (except for specific medical indications, bearing in mind that **bottle feeding is not compatible with nature and can interfere with learning to suckle.**
7. Moms are always allowed to stay in the same room with their baby from the time of birth and throughout their stay in hospital, unless there are contraindications, and parents whose babies are in the neonatal units are invited to visit as often as possible.
8. We encourage breastfeeding on demand - read more in the booklet about when to breastfeed and what are the signs of hunger in your baby.
9. Breastfed babies are not given a pacifier because in the first few days the baby should suck frequently the breast to stimulate lactation. **A pacifier cannot replace feeding. Sucking on a pacifier can disrupt the learning to suck the breast.**
10. If you have questions about breastfeeding after you leave the hospital, you can always call our Lactation Clinic or make a paid appointment. You can also ask questions during a follow-up visit in the Neonatology Clinic or the Polyclinic Examination Room. For parents of premature babies, we run weekly Workshops for Parents of Premature Babies. Remember that there is a Family Midwife in your place of residence, who will visit you at home and help you with breastfeeding.

THE WORLD HEALTH ORGANISATION RECOMMENDS:

Exclusive breastfeeding of infants for the first 6 months of life. Then continuing to breastfeed for 2 years and longer, with the simultaneous introduction of age-appropriate complementary food from the 7th month of age.

How to recognise when your baby is hungry?

It is worth paying attention to the first signals of hunger:

- Waking up
- Opening mouth
- Putting hands in mouth, sucking fingers
- Smacking
- Increasing agitation and activity

How often should you feed your baby? - On demand!

A healthy baby manages its own feeds.



The baby's first day of life

- The baby, placed immediately after birth on the mother's body, spontaneously crawls towards the breast;
- In the first hour of life there is a pronounced sucking reflex. This is the optimum moment to attempt feeding;
- The baby sucks at the breast during skin-to-skin contact;
- There is little colostrum, but the baby does not need more, you may not hear it swallowing;
- For the next 12 hours your baby may be less active and may not want to eat
- Offer to breastfeed every few hours, but don't force him - cuddle him close to the breast; you can squeeze a drop of milk onto his lips
- The number of feeds that day can vary greatly

The baby's second day of life

- A number of feedings is increasing
- The baby may cry for food every **1-2 or 3 hours** and want to stay at the breast **for a long time**
- After 15-20 minutes offer him the other breast
- Frequent, active and long sucking at the breast stimulates lactation, the prolactin receptors become active
- Prolactin is the hormone responsible for milk production

The third and following days of your baby's life

- There is more milk in the breasts, the breasts are getting fuller, and milk let-downs may be starting. Frequent breastfeeding makes your body learn how much milk your baby needs
- You may hear your baby swallow ("Kuh" is the sound from the larynx when milk is swallowed)
- There should be 8-12 feedings a day, including 1-2 at night.
- The baby sucks actively for about 15 minutes, then offers the other breast
- You can hear the "Kuh" sip for at least 10 minutes
- If you are in doubt about whether you have a good feeding position, ask your midwife for help

Frequent breastfeeding of the baby in the first few days after birth

- Increases the number and activity of prolactin receptors, ensuring good lactation in the future
- Keeps the baby hydrated and reduces weight loss
- Stabilises the baby's **blood glucose level**
- Reduces the risk of neonatal jaundice because colostrum has a laxative effect, and the baby gets rid of bilirubin more quickly

Note!

- The baby loses weight during the first few days. This loss usually amounts to 6-7% of birth weight and then starts putting on weight. Do not worry about this, it is physiological. The equalization of the baby's birth weight usually occurs between the 7th and 10th day of life. In the hospital we weigh the baby every day. After being discharged home you can check your baby's weight at your clinic. If the growth is normal, further measurements will be taken every few weeks during vaccinations. During the first three months the weight gain should be 26-30 grams per day (180-220 grams per week).

How to start breastfeeding?

- Start with a comfortable position for you and your baby, this is the first step to successful breastfeeding.
- **If you are breastfeeding in a sitting position:** Sit comfortably, support your back, if necessary, prop your legs up on a footstool.
- **If you are breastfeeding lying down:** put a pillow under your head so that you can see your baby well, do not support yourself on your elbow. Place your baby facing you, with his belly against your stomach, so that his face is in front of your nipple and he doesn't have to turn his head as this makes swallowing difficult.
- **In all positions:** place the baby so that the baby's ear, shoulder and hip are aligned. If necessary, put a pillow or blanket under the baby, this could also be a nursing pillow, so that you don't have to carry the baby in your arms or lean over him.
- The baby should be close to you. Unwrap him from the baby's sleeping bag and leave him in light clothing for feeding.



Breastfeeding positions

1. Position for lying down

Side lying

Mom:

- Lie comfortably on your side
- Put your arm on the mattress and your head slightly higher on a pillow
- Place a small pillow behind your back and between your knees

Baby:

- Place the baby close to you (facing you – in a tummy-to-mommy position)
- Support the baby at the back, e.g. with a rolled-up blanket, so that he does not move away during sucking
- Position yourselves so that the baby's face is opposite the nipple and the baby's ear, arm and hip are aligned

Putting the baby to the breast:

With your upper hand you can hold the breast or pass it to your baby so that he can deeply grasp the nipple with the areola. With your lower hand, hold your baby close to you and when he starts to suck on the breast, place your hands comfortably, for example as in the picture.



- Laid back position
- Mom:
 - Lie comfortably on the bed (with the headrest raised) on your back in a half-lying position
 - Put a pillow under your head so you can see your baby
 - With your opposite hand, give the breast, and when the baby starts sucking, put your hand in a position that is comfortable for you
 - Your arms should be comfortably supported, for example, on a nursing pillow.
- Baby:
 - Lay the baby on top of you, with the face in front of the breast
 - Hold his head with your arm around his elbow, hug him with your forearm
 - The child's ear, arm and hip are in one line.



1. Sitting positions

Cradle position (Classic position)

- Mom:
 - Sit comfortably
 - Rest your back
 - Put your feet on the floor or a footstool (do not lift your heels up)
 - Your arms should be comfortably supported, e.g. on a nursing pillow.
- Baby:
 - Place your baby on a folded blanket, pillow or nursing pillow
 - Place his belly against your belly
 - The baby's face should be at the same height as your nipple
 - The head rests loosely on your forearm in elbow bend
 - Support your baby's back and buttocks with your hand
 - The child's ear, arm and hip are in a straight line.



Cross-cradle position

- Mom:
 - Sit comfortably
 - Rest your back
 - Put your feet on the floor or a footstool (do not lift your heels up)
 - Your arms should be comfortably supported, e.g. on a nursing pillow
 - If you are breastfeeding with your left hand, support the breast with your left hand.
- Baby:
 - Place baby on a folded blanket, pillow or nursing pillow
 - Press his belly against your stomach
 - The baby's face should be at the same height as your nipple
 - Embrace your baby with the opposite hand to your breast so that the baby's head is in your hand
 - Ear-arm-hip in a straight line.



Football hold

- Mom:
 - Sit comfortably
 - Rest your back
 - Put your feet on the floor or a footstool (do not lift your heels up)
 - Your arms should be comfortably supported
 - With your opposite hand to the breast you can give your baby the breast.
- Baby:
 - Place on a folded blanket, pillow or nursing pillow
 - Place his belly against your side
 - The baby's face should be at the same height as your nipple
 - Put your arm around your baby so that the baby's head is in your hand
 - The legs will be sticking out behind the back, there needs to be some room, so put a pillow under your back
 - Ear-arm-hip in a straight line.





Putting your baby to the breast

Now you have to put your baby to the breast. It is very important to grasp the breast deeply. Once you have got the right position, hold your baby close to your breast, with your nipple lightly touching the baby's upper lip. Point the nipple towards the baby's nose. As soon as the baby opens his mouth wide and lays his tongue down, firmly hold the baby to your breast. The position of the nipple in the baby's mouth should be on the palate.

A baby is well attached to the breast if:

- The lower lip is turned up, the upper lip is slightly tilted
- The angle between the upper and lower lip is open (>130 degrees)
- A large part of the areola (1.5-2 cm) is in the baby's mouth, more from below, i.e. from the side of the baby's jaw
- The areola is not creasing
- The chin is tucked into the breast, the nose is close, in contact with the breast.

If the nose is very tightly pressed against the breast, making it difficult for the baby to breathe, hug the baby's torso and buttocks together, then the head will spontaneously tilt back gently, and the nose will move away from the breast.

- The baby's head is not pressed against the chest
- The cheeks do not collapse
- No smacking sounds
- Sucking is not painful; only a slight pulling or tingling sensation may be felt
- After a few quick, shallow movements, the baby starts to make slower, deeper movements with his jaw so that even his ears move
- Swallowing can be heard ("Kuh" sound).

After feeding

Your nipple should be round after feeding, if it is flattened or hurts and is sore then check that you are putting your baby to the breast correctly. The most common cause of sore nipples is incorrect feeding technique. If in doubt, ask your midwife for help.

Eat healthy according to the Healthy Food Pyramid

During lactation, the energy requirement increases by approx. 500 kcal per day. An increased intake of protein and calcium is recommended. There is also an increased demand for phosphorus, magnesium, iron, zinc, selenium, iodine, fat-soluble vitamins - A, D, E and water-soluble vitamins - C, B1, B2, B12, and folic acid. Drink enough so that you don't feel thirsty! During lactation, you do not need to follow an elimination diet to prevent the onset of allergies in your baby.

Avoid:

Chemical ingredients in foods - preservatives, dyes.
Fast food, products based on hydrogenated fats containing trans isomers.

If you have concerns, contact the Lactation Clinic.



How to recognise that your baby is full?

Be calm if:

- You feed 8-12 times a day, i.e. every 2-3 hours - including at night
- You are both in the correct, comfortable position and feeding is not painful
- The baby is properly positioned and grasps the nipple along with a large part of the areola
- The baby is active at the breast, and you can hear regular and steady swallowing of milk for at least 10 minutes
- The breast is tighter before feeding and looser after feeding
- The baby poops and wets diapers several times a day.

Daily number of diapers wetted by the baby:

- 3-6 (3rd-5th day)
- 4-6 (5th-7th day)
- 6-8 (from 8th day)
- 5-6 (from 6th week onwards)
- The baby wakes up for feeding, finishes feeding on his own by releasing the breast or falls asleep, is calm.

You can put your baby on one breast and after 10-15 minutes of active sucking, you can offer him the other breast if he still wants to suck (the next feeding will start from the other breast).



Breast fullness - what it is and how to deal with it?

It is a physiological state characterised by an increased milk production, usually between the 2nd and 4th day after birth. This is due to the release of the hormonal (lactogenic) complex. If the breasts are very tense, softening the areola or expressing a small amount of milk before feeding will help the baby to properly grasp the nipple and areola. During this time, milk can flow spontaneously from the breast.

Breast fullness is a sign that lactation is going well. If you feed your baby often, or if you have twins, you may not notice the breast fullness.

What treatment will be effective during the breast fullness?

- Observing the proper position and the proper way of feeding

- Frequent feeding according to the baby's needs 8-12 times a day

- Frequent feeding according to the mother's needs (overfilled breasts) during the day and night)

- Feeding exclusively with breast milk

- Avoiding the use of soothers in the first 4 weeks while lactation is stabilizing

- Expressing small amounts of breast milk before feeding to soften the areola if it is tense

- Expressing small amounts of breast milk between feedings, if a full baby does not want to suck (until you feel relief, never fully).

Note! The breast milk can be expressed by hand.

After feeding, you can make a cold compress on your breast for 5-10 minutes.

How to express by hand?

1. Wash your hands.
2. Prepare a suitable container - steamed or boiled with a wide opening (e.g. a bottle).
3. Place your thumb, second and third fingers in a C-shape about 3 cm from the nipple.
4. Press the breast lightly against your chest without moving your fingers.
5. Bring your thumb and forefinger together, rotating slightly and moving your fingers forwards so that your milk flows out, then release the pressure.
6. Press down on the areolae rhythmically and in a sweeping motion without moving your fingers across the skin.
7. Change the position of your fingers around the nipple.
8. Do not forcefully massage or knead the breast during the expression.

Mechanical expression (if necessary)

In the next few days, when there is more milk, it will be easier to express using the electric breast pump available in the ward. Ask your midwife for help.

Express every 3 hours (including at night) or 8 times a day for 15 minutes from each breast or alternately:

- 7 minutes from one breast, 7 minutes from the other,
- 5 minutes from the first breast, 5 minutes from the second breast,
- 3 minutes from one breast and 3 minutes from the other.

Position the breast pump funnel centrally against your breast. Note that every electric breast pump has an adjustable suction, so adjust the strength to suit you. Expressing breast milk cannot cause any pain.

Hygiene of accessories

Immediately after expressing your breast milk, wash all parts of the breast pump that come into direct contact with your milk, as well as the bottles, in warm water with some washing-up liquid and rinse thoroughly.

Disinfect in the microwave in a special bag or container with water (according to the manufacturer's instructions) or place the accessories in a plastic container and pour boiling water for 10 minutes, so that all parts are immersed in the water.

After disinfecting, you can wipe the accessories with a clean paper towel after washing your hands thoroughly with soap and water.

Wipe a part of the breast pump with the motor and accessories that have not been disinfected (e.g. tube, diaphragm) with a disinfectant tissue or keep them clean in accordance with the manufacturer's instructions.

Zone for premature and newborn babies separated from their mothers

For mothers of babies born prematurely and treated for a long time in the Neonatal Intensive Care and Neonatal Pathology units

Even a few drops of mom's milk are vital for a premature baby.

If your baby is born prematurely, needs observation, treatment, is separated from you and you cannot breastfeed, you can stimulate lactation by breast milk pumping. A newborn baby is born with all the elements of the immune system necessary to perform its protective function, but it needs time for this function to take place. This is why mother's milk is so important in this process; it has a wide range of antibacterial effects, contains factors that accelerate the maturation of the gastrointestinal mucosa, controls metabolism and the energy balance of the body.



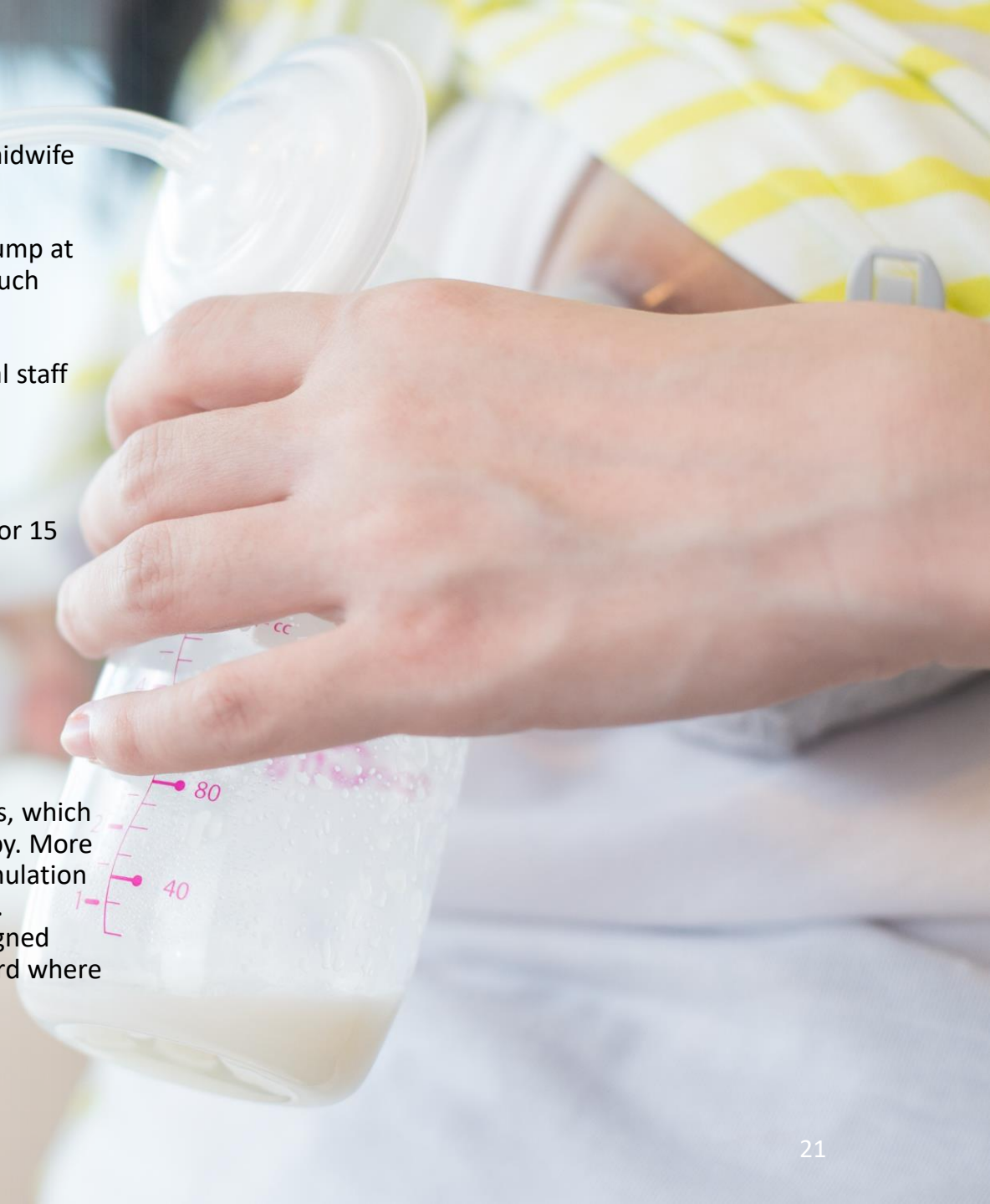
Expression of breastmilk

- Start stimulating the lactation as soon as possible.
- Express the first colostrum by hand into a small sterile container or syringe. Ask your midwife for help.
- Always wash your hands first with soap and water and dry them with a paper towel.
- For optimal lactation, it is recommended that you express manually or with a breast pump at your baby's feeding pattern for the first 10-14 days, after that it will depend on how much breastmilk you express.

Remember! When your baby is ready, you will learn how to breastfeed him or her. Hospital staff will support you in this.

Stimulation of lactation / expression of breastmilk

- Express breastmilk at least **8 times a day** (every 3 hours from starting the expression) for 15 minutes from each breast or alternately:
 - 7 minutes from the first breast
 - 7 minutes from the second breast
 - 5 minutes from the first breast
 - 5 minutes from the second breast
 - 3 minutes from the first breast
 - 3 minutes from the second breast.
- Don't expect abundant amounts of milk right away. At first it will just be droplets, which you can also use to lubricate your nipples or collect with a syringe and take to your baby. More milk may not appear until the next expressing cycle, but don't give up. Mechanical stimulation increases the amount of hormones responsible for the production and outflow of milk.
- Immediately after expressing the milk, the container should be closed tightly, signed (mother's first and last name, date and time of expressing) and handed over to the ward where the baby is staying. If you are at home, place the container in the refrigerator.



Ways to express effectively

When you start to express:

- Relax
- Place a warm compress on your breast or take a shower for a few minutes before expressing
- Apply a gentle massage to the nipple, gently shake the breast
- Gently rolling the nipple also helps
- Sit in a place of privacy
- Take a comfortable position
- Think of your baby, look at a picture of your baby or something that reminds you of your baby
- If possible, express in the presence of the baby or after a visit to the baby.

Kangaroo care

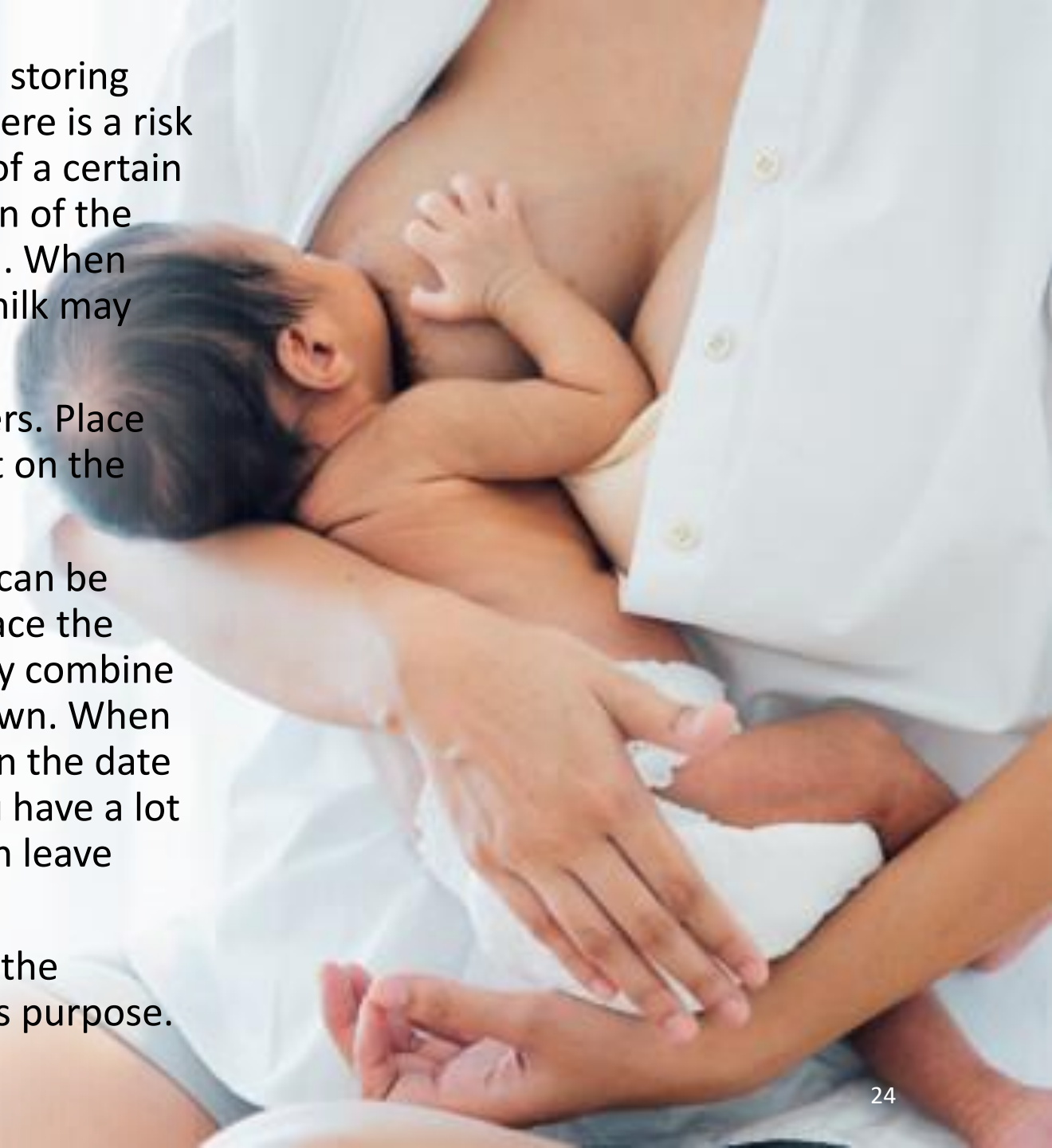
- We encourage skin-to-skin contact as early as possible. Touching and kangaroo care is very important for your baby and will help you to increase your milk production.
- Kangaroo care is very important for babies. During skin-to-skin contact their body temperature regulates, blood pressure and heart rate stabilise, babies breathe better, have fewer apnoeas and gain weight much more quickly. Kangaroo care satisfies the need for affection, love and acceptance.

Store breastmilk only in tightly closed bottles or containers intended for food storage.

Tab. 1. Wiliński M., Bernatowicz-Łojko U., Nehring-Gugulska M., Wesołowska A. *Appendix to the Standard for Early Lactation Stimulation* Stand. Med. 2014.

Fresh milk	Storage time
Room temperature +18 degrees C to 25 degrees C	optimally 4 h, max 6-8 h
Refrigerator +4 degrees C (+/- 2 degrees C)	96 h
When heated to +25 degrees C to 37 degrees C	up to 4 h
Storage in the freezer - 20 degrees C	6 months
Transport at +4 degrees C to +15 degrees C	up to 24 h
Frozen milk	Storage time
Storage at +4 degrees C (+/- 2 degrees C)	up to 24 h
Maintenance at room temperature +25 degrees C to 37 degrees C	up to 4 h
After heating to + 25 degrees C to 37 degrees C	up to 4 h

- For premature infants we do not recommend storing milk in pouches as they are not very stable and there is a risk of the milk spilling out, as well as due to the loss of a certain amount of fats, which are essential in the nutrition of the newborn, which remain on the walls of the pouch. When thawing the milk, micro-damage may occur and milk may spill out of the pouch.
- Do not store breastmilk in urine test containers. Place milk on shelves in the back of the refrigerator, not on the refrigerator door.
- Portions of milk from successive expressions can be combined with each other within 12-24 hours. Place the expressed milk portion in the refrigerator and only combine it with the previous portion once it has cooled down. When you label the container with your milk, write down the date and time of the first expression of milk in it. If you have a lot of milk, you can freeze some of it. You should then leave some free space in the container.
- Leave the milk you brought to the hospital in the lactation room in the refrigerator provided for this purpose. Put the frozen breastmilk in the freezer.



1. Heating breastmilk before each feeding of the newborn:

- In the heater - a temperature of approx. 37 degrees C (+/- 2 degrees C) - water bath or warm air.
- If milk has not been used, it can be administered within 4 hours of heating.

1. Thawing breastmilk:

- A. Quick defrosting at +37 degrees C - to be used within 4 hours of heating.
- B. Slow defrosting - once removed from the freezer, leave in the refrigerator until completely defrosted. From the moment of complete defrosting, store in the refrigerator and use within 24 hours.

• BREASTMILK MUST NOT BE HEATED IN A MICROWAVE OVEN!

• Transporting breastmilk

- When transporting milk from home to the hospital you need to maintain the cold chain. Transport your milk in an insulated bag, a travel cooler or a car refrigerator with cooling pads.
- Remember that even after a few weeks of expressing milk, you can try to breastfeed your baby. The staff of the ward where your baby is located will help you to do this. When you are discharged from hospital, you can also visit the Lactation Clinic.



Workshops for parents of premature babies

- If your child was born too early and needs care in the Neonatal Intensive Care Unit or in the Neonatal Pathology Unit, we invite you to take part in our "Workshops for Parents of Premature Babies".
- In this workshop you will meet members of the therapeutic team who are responsible for the health of your baby. You will have the opportunity to learn more about the needs of premature babies and to exchange experiences with other parents whose babies are in our hospital.
- The classes are of an open group nature. The series of meetings is planned for eight weeks, which gives you the opportunity to meet different people who deal with your babies on a daily basis. We want to get to know your expectations and needs, and at the same time to provide you with basic information which will allow you to better understand your babies.
- During the classes, we talk about the most common health problems of your babies, about feeding and care, about touching and kangaroo care, as well as providing emergency assistance.
- The meetings take place every Wednesday in the Conference Room of our Hospital, ground floor, room no. 27, from 1:00 pm to 2:30 pm. All information is provided by the attending doctor. The classes are free of charge.

Lactation Clinic

If you have any questions about feeding your child, you are welcome to contact the Lactation Clinic in the Specialised Polyclinic of the Princess Anna Mazowiecka Clinical Hospital in Warsaw.

We can talk about, among other things:

- How to breastfeed your baby properly
- Whether your baby is full and is putting on weight well
- How to avoid sore nipples and what to do if they are hurt
- How to deal with breast fullness
- How to feed yourself during lactation
- How to stimulate lactation and keep it going if you are expressing milk for your premature baby.

You can also contact us if you are pregnant - we will tell you how to prepare yourself for breastfeeding. These are just some of the topics; there are many, many more - please feel free to contact us.

Lactation counselling includes elements of education, medical advice and support. During the visit we provide:

- Observation of the mother including assessment of general and psychological state
- Mother's breast examination
- Observation and examination of the baby including assessment of its general condition, activity, tension, dehydration characteristics and weight gain
- Examination of the baby's mouth and assessment of sucking function
- Observation of feeding.

Telephone and stationary consultation is provided by Agnieszka Muszyńska, Master Degree in Midwifery, Certified Lactation Consultant, specialist in gynaecological-obstetrics nursing, acting as a Lactation Educator in the hospital.

Telephone enrolment at (22) 59 66 279 from Monday to Friday, from 7:30 a.m. to 2:00 p.m. The advice is provided from Monday to Friday, according to the enrolment.

The Lactation Clinic service is not contracted with the National Health Fund, therefore the consultation is payable.

Price:

- first visit - 75 PLN;
- next visit - 50 PLN.



Principles of breastfeeding

- proper, comfortable position for the mother and the baby
- the baby has a large part of the areola in his/her mouth, a wide angle between the lower and upper lip
- feeding does not cause pain to mom
- 8 to 12 feedings a day, every 2-3 hours, including at night
- the baby actively sucks on one breast for about 15 minutes
- a steady sip for at least 10 minutes (a series of 10-30 sips, every 1-2-3 sips, a swallow of "Kuh" can be heard, with short pauses between sips)
- a second breast can be offered during one meal
- the baby poops and wets diapers several times a day
- the baby wakes up to be fed, finishes the feeding himself/herself by releasing the breast or falls asleep, is calm.

Note! Feeding with a bottle and giving a pacifier are not compatible with nature and can disrupt proper breast-feeding.

Where to find help if you are already at home and have doubts about whether your gets enough food?

- In our hospital:
- You can call the Lactation Clinic: (22) 59 66 279
- You can make a paid appointment in the Lactation Clinic
- You can ask a midwife in the Examination Room of our Polyclinic.
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- If you or your baby have any disturbing symptoms, you can go to the Emergency Room.
- We run workshops for parents of premature babies (you will find information in this brochure). You will find further information and tables for monitoring your baby's feeding on our hospital website www.szpitalkarowa.pl.

Outside the hospital:

At your GP surgery you can get support from:

- Family Midwife
- Paediatrician
- General practitioner
- Gynaecologist



Feeding control table

Date	Hour	Breastfeeding in minutes R - Right L - Left	Poopy +/-	Urine +/-	Baby's body weight, Comments