

Technique of Breast Feeding - “There is no Substitute for Mother’s Love, There is No Substitute for Mothers”

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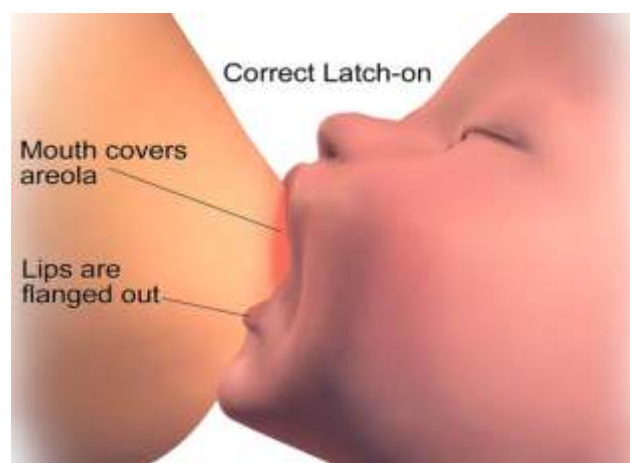
Abstract: Globally, there is decline trend of breastfeeding reasons for declining breastfeeding includes lack of knowledge and confidence regarding breastfeeding techniques. The strategy of the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) has recommended a systematic assessment of breastfeeding and it has emphasized on the counseling of the mother on the proper positioning and the attachment of the infant to the breast. Breastfeeding confers benefits on both child and mother; including helping protect children against a variety of acute and chronic disorders. Mothers' poor knowledge about the correct breastfeeding attachment and positioning technique and negative attitude toward breastfeeding, particularly in developing countries, may influence practice of effective breastfeeding. Health education and supporting the mothers while they were breastfeeding is useful tools in improving the positioning and the attachment of the baby to the breast.

Keywords: Breast feeding, Techniques, Positioning, Health education, IMNCI, Mother infant

1. Introduction

The birth of the baby is an important event in the family. It is therefore important for the mothers to have a healthy baby. Breast milk is the best food for the babies as breast fed babies are healthier than formula fed babies.¹ Breastfeeding is the optimal source of nutrition. The Human Milk is specie specific and it provides all the essential nutrients necessary for the growth and development of the newborn infant. The AAP, AAFP and WHO recommend exclusive breastfeeding for the first six months of life, and continuous breastfeeding for at least 12 months of life. The Target of USDHHS “Healthy People 2010” initiative is to achieve breastfeeding at birth of 75%, 50% at 6 month and 25% at 12 months of life. 2008 data published by the CDC shows that 77% of mothers in the US initiate breastfeeding at birth. Only about 30% of women continue with breastfeeding of the infant to 6 months of age.¹ Effective breastfeeding is a function of the proper positioning of mother and baby and attachment of child to the mother's breast. Positioning of the baby's body is important for good attachment and successful breastfeeding. Most difficulties can be avoided altogether if good attachment and positioning are achieved at the first and early feeds. An effective sucking technique is considered important to establish breastfeeding, to ensure milk transfer, and to prevent breastfeeding problems. ¹ The baby's positioning and attachment to the breast during breastfeeding are fundamental toward the occurrence of different sorts of nipple trauma. Most of the mothers don't know the correct technique of breast feeding. This leads to many unnoticed and biased problems in babies and lactating mothers. These include improper nutrition to baby, altered growth, Oral thrush, low secretion of milk, inadequate feeds, nipple problems etc. There are few simple ways to practice the art of breast feeding techniques like starting breast feeding immediately after birth, proper positions, latching up and burping up the baby. Minor problems may occur during breast-feeding. But with proper planning, knowledge, and support, mothers can overcome these challenges and continue breast-feeding. Before the baby is born, attending

classes, reading books, and watching videos that demonstrate breast-feeding techniques will help the mothers in promoting breast feeding practices.²



Definition

Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts (i.e., via lactation) not from a baby bottle or other container.⁴

2. Importance of Breastfeeding

The Proper Way to Breastfeed

- Stimulate the baby mouth to open by touching the nipple.
- Let the baby open the mouth wider.
- Bring the baby near to the breast
- Latch the baby to the breast

Proper Latch-On

- 1) Baby opens the mouth wider.
- 2) The chin touching the breast
- 3) The chick looked flatulent.

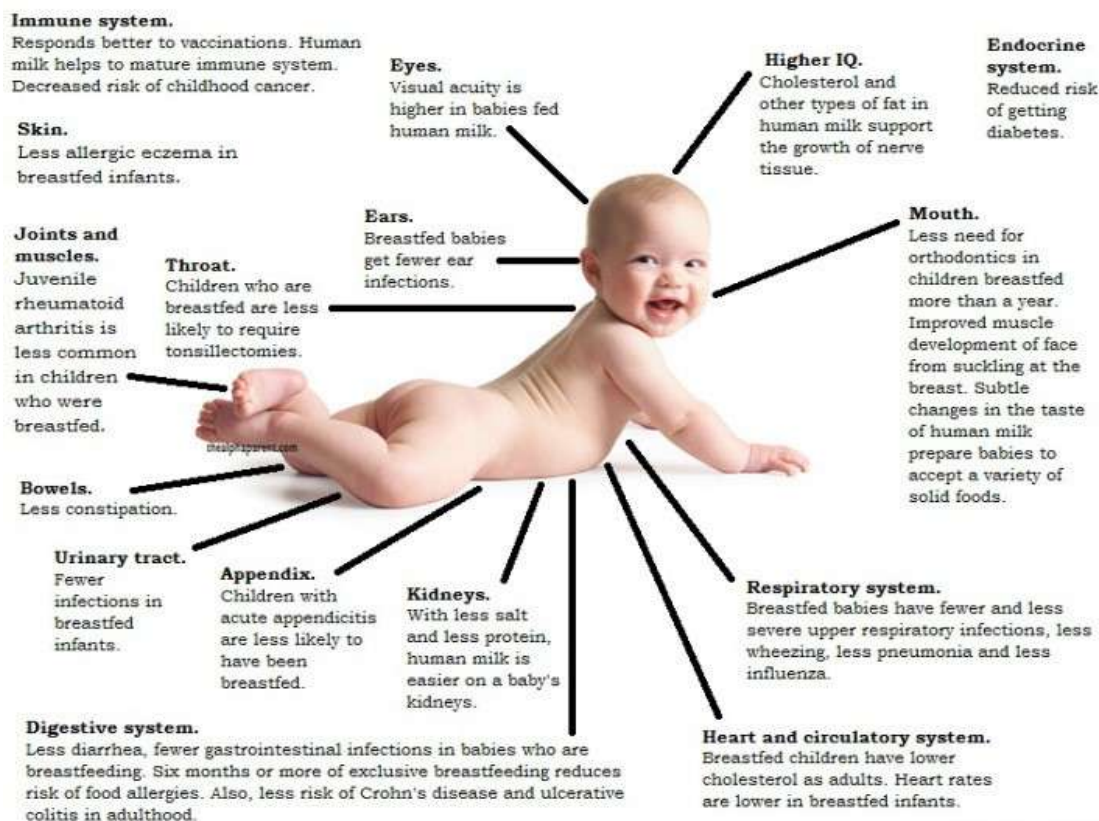
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- 4) The lips are flanged out.
- 5) The breast looked full and round
- 6) Can hear the sound suck and swallow
- 7) The nipple looked long and round after breastfeed.

The Breastfed Baby



Dislatch Baby after Breastfeeding

Used little finger press on the gum to open the baby mouth to dislatch from the nipple

Roper Positioning Techniques for Breastfeeding

The following links will take you directly to instructions for those particulars holds. NMC recommends you read everything on this page before deciding on a technique to try—each has its advantages.⁶

- Traditional or cradle position
- Cross-cradle hold
- Football or clutch hold
- Lying down

Although breastfeeding is the natural method of feeding a baby, it is a skill that must be learned in order to be effective and enjoyable. The first thing you must learn is how to correctly position the baby at the breast.

Proper positioning has far-reaching implications. First, it allows the baby to empty or "milk" the breast efficiently. In turn, efficient milking stimulates the breasts to produce exactly the amount of milk your baby needs. Secondly, correct positioning can help prevent or greatly minimize sore nipples or other complications.³

When a baby has learned to grasp the breast properly and obtain milk efficiently, that baby is said to be "latched" onto the breast. Many nursing couples master latching easily; where as many others need instruction, practice, time and patience. The first few days are critical to the success of a nursing relationship. Therefore, take time during the early period to correctly position your baby so that he/she will latch correctly to your breast. The breast, a veritable "milk factory", works on a supply-and-demand basis. Therefore, in order to produce milk, you must stimulate the breasts effectively.⁴

When you are pregnant, your breasts fill with colostrum, the first vital, nutritive substance your baby gets. After you give birth, both a complex hormonal response and the stimulation received when the baby sucks colostrum from your breasts tell your body to produce milk. Upon yet another hormonal signal, the milk travels through the duct system deep within the breast to the sinuses directly behind the areola, the darkened area surrounding the nipple. Your job is to position your baby so that his/her jaws compress these sinuses, and the baby can draw both the nipple and the areola towards the upper back of his/her mouth. The baby's palate cushions and protects the nipple as his/her tongue thrusts upward in a milking motion which helps to empty the sinuses. An "empty" breast signals the body to make yet more milk, and thus the process continues, providing exactly the amount of milk your baby needs.⁵

In Order for this Process to Work Efficiently You Must:

- Hold the baby so that he/she is facing the nipple
- Keep your fingers away from the area to be drawn into the baby's mouth, allowing the baby to draw in the entire nipple and as much of the areola as possible
- Press your fingers slightly towards your ribs to keep the nipple extended as much as possible
- Guide and insert the areola by centering the nipple in the baby's mouth and pointing it toward the top back section of the baby's mouth
- Hold the baby in close to your body⁶

The Baby Must

- Face the mother's body
- Open his/her mouth wide (like a big yawn)
- Draw the nipple in to the upper back part of his mouth
- Place his gums beyond the nipple, taking in as much of the areola as possible
- Have his tongue out, over his lower gum, "cradling" the nipple and areola

Most mothers commonly use the following four positions to nurse. Although you may prefer one over another, it is suggested that you try them all so you can alternate positions for variety and even stimulation. If you develop sore nipples, it is advisable to alternate positions at each feeding. In all positions, make yourself as comfortable as possible. Wear clothing that permits easy access to the breasts. Choose quiet, comfortable surroundings; have pillows, tissues, and a glass of water or juice available; and if desired arrange for a support person to coach and encourage you.⁶

Traditional or Cradle Position

This is the most convenient nursing position for many mothers and one you will use often.



- Sit upright in a comfortable chair. Place a pillow behind your back so that back can remain straight. Feet may rest on a low footstool to elevate your lap. .
- Hold the baby so that the baby's arm closest to your body can go around your midriff and his head is cradled on your arm. Your hand can then grasp his thigh or buttocks so that your arm supports his entire body.
- The baby's body should face you. The baby should not have to turn his/her head in either direction to receive the breast. You should position your baby's face so that your nipple is easily accessible to his mouth without the need for you to turn your body. Lining your baby's nose up with the nipple will help position the nipple so that it is pointed

toward the back of the palate when the baby opens his/her mouth.

- With your free hand, you may want to support the breast by cupping the breast so that your thumb and forefinger lie on opposite sides of the nipple and the rest of your hand supports the breast from underneath. Be sure that your fingers are far enough back from the nipple to avoid interfering with the baby's mouth. Slightly pressing the breast tissue back toward your ribs helps the nipple to protrude.
- Guide your nipple so that it brushes the baby's lips, causing the baby to "root" or open his/her mouth widely. (If he/she doesn't root, you can use your finger in his mouth to get him/her ready to suck, then transfer him to the breast.) At first, this may take a few minutes and may require patience.
- When the baby's mouth opens wide, quickly use your supporting arm to pull the baby close to your body.
- As the baby begins suckling, relax your shoulders, but continue to hold the baby in close. Use pillows if they are helpful. If you feel any nipple discomfort after the first minute, start again using the above steps. Check to be sure the baby has the nipple pulled back into his/her mouth and that his/her gums surround the areola. Don't allow the baby to slip away from you and suck or chew the tip of the nipple. This will lead to sore nipples.⁸

Cross-Cradle Hold

This position is similar to the traditional Cradle hold, but it allows more control over the baby's head.



- Sit upright in a comfortable chair. You may want to place a pillow behind your back so that your back can remain straight. You can also put a pillow on your lap to support the baby. Your feet may rest on a low footstool to elevate your lap. You may prop your arms with pillows or armrests.
- Hold the baby so that the baby's arm closest to your body can go around your midriff. One hand can then hold his head, with your arm along his back, while your other hand can hold your breast.
- The baby's body should face you. Hold the breast so that your thumb and forefinger lie on opposite sides of the nipple and the rest of your hand supports the breast from underneath. Be sure that your fingers are far enough back from the nipple to avoid interfering with the baby's mouth. Slightly pressing the breast tissue back toward your ribs helps the nipple to protrude.
- When the baby's mouth opens wide, quickly bring the baby firmly to the breast.

- As the baby begins suckling, relax your shoulders, but continue to hold the baby in close. Use pillows if they are helpful. If you feel any nipple discomfort after the first minute, start again using the above steps. Check to be sure the baby has the nipple pulled back into his/her mouth and that his/her gums surround the areola. Don't allow the baby to slip away from you and suck or chew the tip of the nipple. This will lead to sore nipples.⁸

Football (Or Clutch) Hold

This position is especially helpful for mothers who have had Cesarean deliveries or who have any abdominal discomfort.



- Sit in a comfortable position in a large chair or on a bed. Place pillows next to you up to the level of your breast and behind you to move your body forward from the back of the chair.
- The baby should be lying on his back supported by your arm and pillows. He/She should be at the level of the breast.
- Put your arm over and around the baby and hold him close to your body. The baby's feet should be extended behind your back and his/her face should be toward you. Use your forearm to keep the baby's body next to you and to support his/her shoulders. Use your hand to support his/her head and neck.
- With your free hand, cup the breast with your thumb on top and forefingers supporting the breast. Be sure that all of your fingers are far enough back on the breast from the nipple so that the baby can grasp as much of the areola as possible.
- Use your nipple to tickle the baby's upper lip to cause him/her to take root or open his/her mouth widely. At first, this may take a few minutes and may require patience.
- When the baby's mouth opens widely, bring the baby quickly and firmly to the breast. Your nipple should be centered in the baby's mouth pointed slightly towards his/her upper back palate, with his tongue over his bottom gum. Be sure that the baby's gums surround the areola, bypassing the nipple itself.
- As the baby begins sucking, relax your body as much as possible, but continue to hold the baby in close. Use pillows if helpful. Be sure the baby continues to hold the areola. If you feel any nipple discomfort, after the first minute, start again using the above steps. Check to be sure the baby has the nipple pulled back into his/her mouth and that his/her gums surround the areola. Don't allow the baby to slip away from you and suck the tip of the nipple.

Lying Down

- Lie on your side on a flat surface positioning pillows around your head and shoulders for support. Your "nursing" breast should be resting against the bed surface so that the nipple is pointing toward the baby. Throughout

the feeding, there may be a tendency to roll to your back thereby causing the baby to pull the tip of the nipple in an awkward position. To prevent this, place pillows behind you to keep your body on its side. Some mothers prefer to begin nursing by raising their head upon an elbow and then lowering it to rest on a pillow once the baby begins suckling.

- Lay the baby on his/her side, positioning his/her face directly in front of the nipple you are offering. A rolled baby blanket or pillow will prevent the baby from rolling back.



- The baby's ears should be in direct line with his/her shoulders. Positioned so, the baby will not need to turn his/her head. Pull the baby's legs in close to you, angling his/her body slightly to keep his nose free.
- Cup your breast with your thumb and forefingers above and below the nipple being careful to keep all fingers far back from the nipple.
- Guide the nipple to brush the baby's upper lip. This will cause him/her to root.
- When the baby's mouth opens wide, bring the baby firmly to the breast. Your nipple should be centered in the baby's mouth pointed slightly towards his/her upper back palate. The baby's gums should be surrounding the areola, and the baby's tongue should be over the bottom gum.
- As the baby begins suckling, relax your body being careful to remain on your side with the baby held in close to you. Use pillows if helpful. Start again if there is any nipple discomfort after the first minute.⁹

Benefits Breastfeeding for Baby

- 1) This provides the best possible nutrition to the young child.
- 2) It reduces the incidence of coughs and colds, ear infections, bronchitis, pneumonia, meningitis and diarrhoea through its protective factors.
- 3) It protects the child from colic asthma, eczema, nose and food allergies.
- 4) It is essential for the optimal physical, emotional and mental development of the child. Breastfed child are also smarter.¹⁰

Benefits of Breastfeeding To Mother

- 1) This promotes mother and child bonding.
- 2) It prevents uterine bleeding in the mother after delivery.
- 3) This is a natural form of Family Planning.
- 4) This reduces the risks of breast and ovarian cancer in the mother.
- 5) This saves time and precious expenses need not be used for buying milk powder and health care.

3. Conclusion

Breastfeeding is and will always remain the best way of feeding a child. Children who were exclusively breastfed for 6 months and were given supplemental food at this age with continued breastfeeding till 2 years were found to grow properly with a healthy weight. It was also found that those children who were not breast fed as recommended probably gained more weight despite the fact that supplemental food was introduced at the right time. Therefore, exclusive breastfeeding for 6 months with the right age of introduction of complementary food in the baby's diet together with prolonged breastfeeding till 2 years old is essential for the proper growth and development of a child. Mothers should be given knowledge on breastfeeding so that they can practice it in a more effective manner.

References

- [1] Introduction to Breastfeeding by Vincent Iannelli, M.D.
<http://pediatrics.about.com/cs/breastfeeding/a/introduction.htm>
- [2] Dusdieker L.B Social Science and medicine, 1985, Page No.695-703. <http://www.Orf.sg/smj/3912/articles/3912a4.html>.
- [3] B.T Basavanhappa. Text book of midwifery and reproductive health nursing, 1st Edition 2006, Jayee brothers medical publishers (P) ltd. Newdelhi; Page No-410-411.
- [4] Ghai O. P. "Ghai Essentials of Pediatrics ". 4th edition. Newdelhi: mehta Publications; 2005; P no.96-150.
- [5] Techniques of breastfeeding. Available from <http://www.Breastfeeding.Com>.
- [6] M.Jessie M Chellappa, pediatric Nursing, 1st Edition; 1995 prithvi book agency Bangalore, Page No.70-72.
- [7] Subbaiah. Nursing Journal of India 2003; Page No.1 & 2 <http://findarticles.com/p/articles/miqa4036/is200308/ain9246479/>.
- [8] Huang MZ. Journal of clinical nursing, 16 2007; Page No.1571-1579.
- [9] C.C.Hung, BA Judol. Journal of Clinical Nursing, 2007, page No1571-1579.
- [10] J.K Chye C.T. Lim, Singapore medical journal, 1998, page No-1-8
- [11] N.Dewan, Breastfeeding and attitude of teenage mothers in liverpool, 2009; Page No.1-2. 5QA.UK E-mail:l.j.taylor@liv.ac.uk.
- [12] Y.R kadam, Indian Journal of Community Medicine; 2004, Vol 31 No.3, July-September2006.