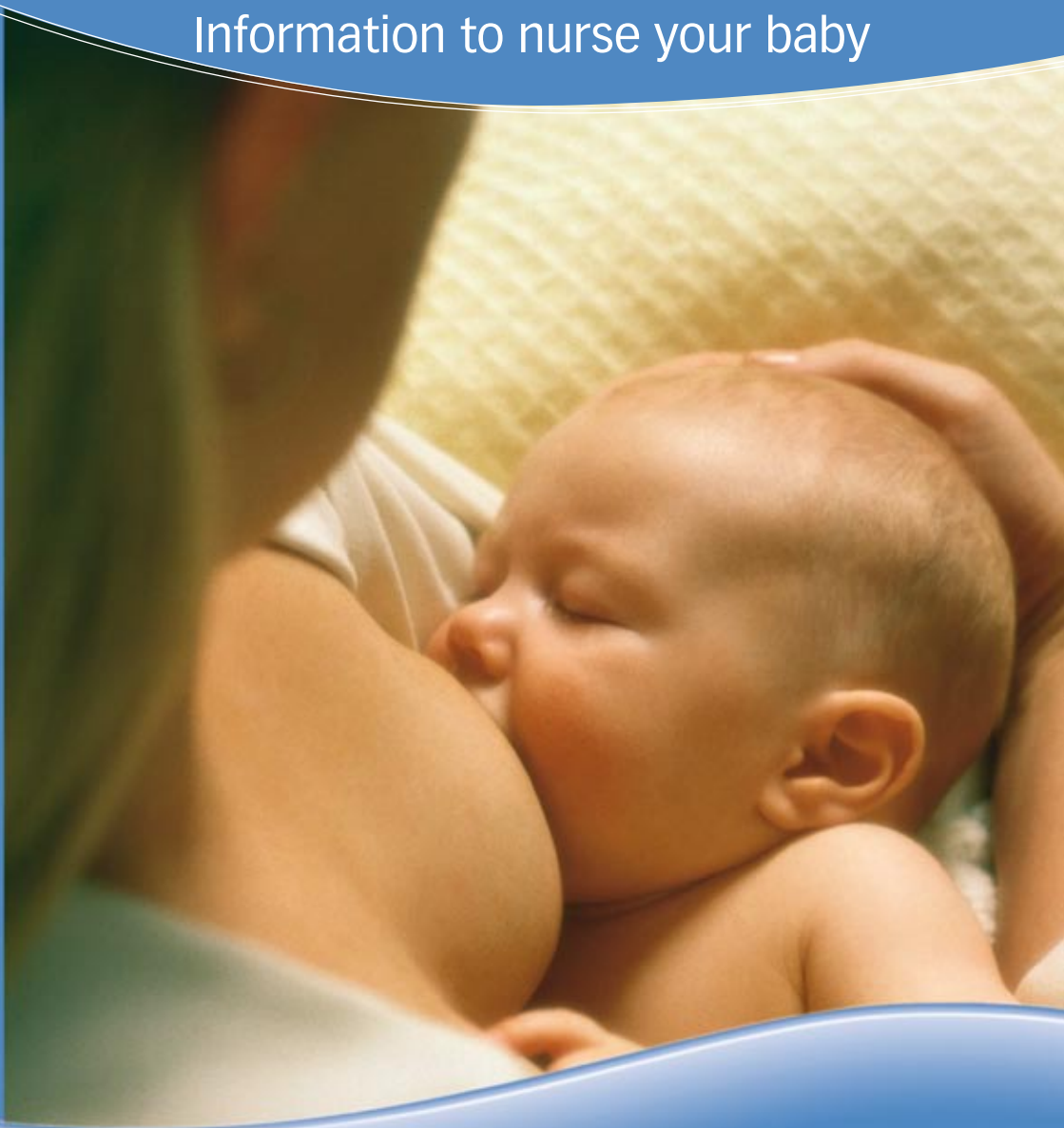


BREASTFEEDING:

Information to nurse your baby



Gobierno de La Rioja
www.larioja.org

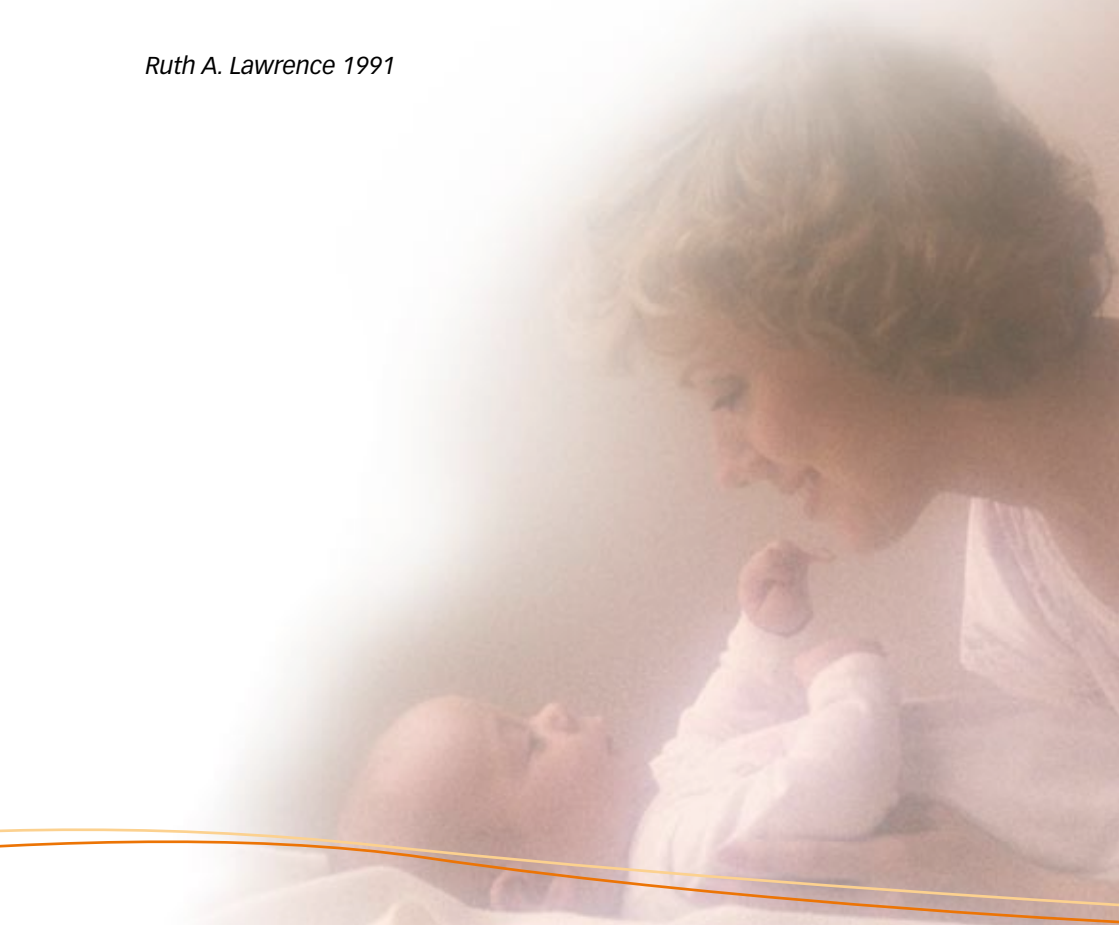


BREASTFEEDING: **Information to nurse your baby**

"Breastfeeding is the most precious gift a mother can give her infant."

"The more information we have about macro and micro specific nutrients in the breast milk, the clearer it is that this composition is perfect for breast-feeders "

Ruth A. Lawrence 1991



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**Breast milk:
Only benefits**

1

Breast milk: Only benefits

The first year is the fastest growing and development period in a baby's life and, at the same time, when he is more immature and unprotected. On this basis, it is especially important to provide him with the best alimentation.

Breastfeeding is the natural nutrition for the nursing baby and its nutritive, immune and psychological benefits are well known. It is the perfect nutriment and its composition is ideal for the best growth, development and maturation during the first six months of life. Moreover, it is free and it comes warm, hygienic and ready to be consumed.

1.1 Benefits for the baby

Breast milk is the best nourishment that parents can offer their newborn. Not only considering its composition, but its emotional characteristic, because the affective link established between a mother and a baby constitutes a special, singular and intense experience.

It gives everything that is needed during the first months of life. It has antibodies (defences) that protect him against infective diseases (respiratory illness, ear infection, pneumonia, Diarrhoeal disease ...), even against possible future illness like obesity, asthma or allergies. Some studies have concluded that breastfed children are less likely to suffer from Sudden Infant Death Syndrome (SIDS) and it even helps intellectual development. It develops a close relationship between the baby and you, giving him comfort, care and security.

1.2 Benefits for the mother

Mothers who breastfeed are less likely to suffer “postpartum” depression and anaemia, moreover it increases their self-esteem and confidence.

Recuperation in terms of weight loss is more physiological and faster, in fact, the uterus returns to normality faster and it is less likely to suffer *postpartum haemorrhage*. Moreover, in the long term, it reduces the risk of developing breast or ovarian cancer.

We cannot forget either that breast milk is always available at a suitable temperature and at no cost. Therefore, the comfort of being always “ready” is added to the described advantages and the economical benefits for the family. It is also perfect for the society and environment because it does not produce any waste.

1.3 Breast milk composition: continuous adaptation to baby’s necessities

Until the milk comes in, the newborn properly put to breast at least 8 times every 24 hours, takes his only nourishment that covers needs and that is “made” in an exclusive way for him and for her; is **colostrum**.

It looks thicker than milk because it contains more proteins, antibodies, mineral salts and less fat than the definitive milk. Because of its high content of antibodies it is especially beneficial to protect the baby from infections.

★ Spanish women use the expression “subida” of the breast milk and the Latin-American women “bajada”.

Besides, its special composition is a great help for a better digestion of the food and helps the expulsion as a result of first bowel movements (meconium).

After the 4th day and until the 10th-15th day, the calostrum little by little becomes **“transition milk”**, and it is from then that the milk reaches the composition of **“mature milk”**.

Nature is wise and these physiologic changes which take place in the milk do no more than adapt to the needs of the baby to enable its better digestion and overall use.

It is interesting to know that even when the milk reaches its “mature state”, its composition varies throughout the day and during actual feeding. At the beginning of the feeding the milk is lighter (in order to adapt to the digestive apparatus) and in the end the milk has a higher fat content (like the dessert in a meal), therefore, it is what “fattens” and satisfies the most. For this reason it is not convenient to look at the time to know if “he has or hasn’t finished feeding”, only the baby knows it and he will show it by spontaneously letting go of the nipple.



**How to successfully
breastfeed**

2



2

How to successfully breastfeed

2.1 When to start

It is recommended to put the baby to breast as soon as possible after delivery, if it is possible within the first half an hour. In this way, apart from helping the contractions of the uterus so as to diminish the haemorrhage after delivery, a good sucking instinct in the baby is established and, also, through sucking the nipple is stimulated and leads to the production of necessary hormones so as to produce milk. Therefore, the more you put the baby to the breast the more milk you will produce.

It is advisable to feed the baby on demand, but if he tends to be a little sleepy it's convenient to wake him up to give him at least 7-8 feedings per day. **On demand means to breastfeed when he wants, during the time that he prefers and from one or both breasts as he prefers.**

It is not recommended to use dummies the first few weeks, at least until breastfeeding is properly established. In the same manner, is not recommended to give him any feeding bottle with saline solution, water, milk,... because the breastfed baby **does not need any complementary food** and it would only add to confuse him.

The sucking of the baby's dummy is "like sucking the finger" and the sucking of the nipples is like a "suction cup", therefore, to offer the two methods complicates the learning and it favours the election of the one that requires less effort.

2.2 How

The success and later satisfaction of obtaining an adequate breastfeeding broadly depends in placing the baby on the breast in the proper position. Before anything else, you must be comfortable and then position the baby the closest to you (“tummy to tummy”) as possible.

Regardless of the position chosen, it must be **the baby who gets closer to the breast** and not the breast to the baby. To encourage the baby, you must brush your baby’s lips with your nipple, to open wide the baby’s mouth and his lips must embrace the nipple and **most of the areola**. If this is not the case, take the baby off your breast, placing your little finger in his mouth and start again.



It is essential to have the nipple and most of the areola inside the baby's mouth, as a correct technique will avoid pain while the baby is sucking and also cracked nipples. Moreover, under and behind the nipple are the conduits that must be squeezed and filled during the feeding and the glands that, through various mechanisms, order the production of necessary hormones for the constant milk production.

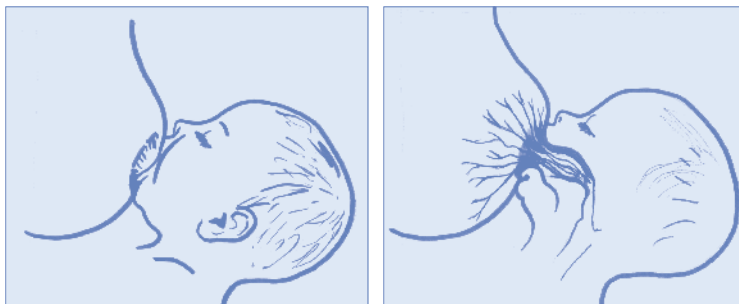


Diagram of the baby's mouth in the **right position** and with good grasping

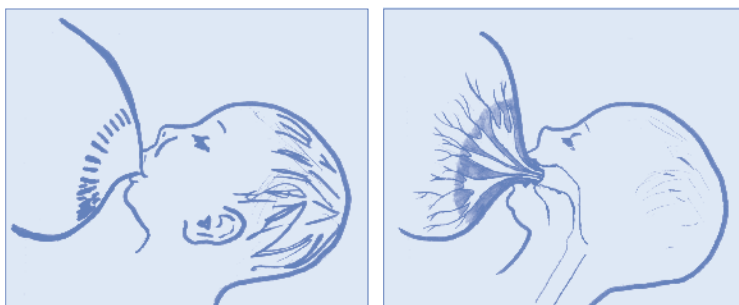


Diagram of the baby's mouth in the **wrong position** and with bad grasping

Therefore, if the baby is latched on well and his mouth embraces both the nipple and the areola, his nose will be free to breathe. In the same way, if he makes a noise when he/she is sucking it means that he is not in the right position. If he is not well positioned, take the baby off your breast and try again. To that end, place your little finger in the corner of his mouth, to break the vacuum and take him off gently from the breast.

2.3 Ways and techniques

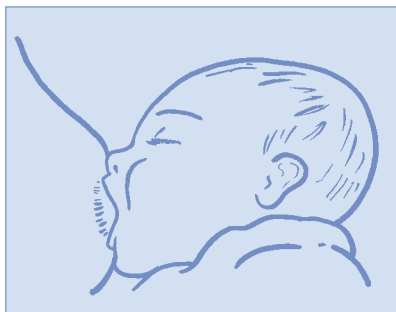
Before feeding you must have at hand everything that you think you can need, like water, pillows, towel, etc... and wash your hands before holding the baby.

First try with a position which is comfortable for you. If you choose to stay in bed, especially the first days after delivery or after a caesarean birth, lie on your side with your head and shoulder over a pillow. Put your arm around the baby and turn him towards your breast and with the other arm turn his body towards yours, you know “belly button to belly button” or tummy to tummy. If you are tired, relax during the feeding and enjoy your daughter or son.

If you decide to sit to breastfeed your baby, pull your baby as close to your breast as possible. His head must lie on your forearm and not over your elbow so it can help to support the arm that is holding the baby with a pillow and maybe you can also be comfortable putting your feet on a stool or low chair.



Always put the baby's body in front of yours, as we have said before "tummy to tummy" or belly to belly, in a way that his nose is level with your nipple and his head is on our forearm.



Right position



Wrong Position

In a word, the baby's face should not be "facing the ceiling" but facing the mother's breast. The baby must be able to see his mother's face and the mother must be able to see his.



There is another position that is named “Clutch or Rugby Ball Hold”: the baby is placed at the mother’s side laying on a pillow and resting against the mother’s ribs, facing her. This technique is used if the baby is small and premature, after a caesarean birth, for large breasts or to breastfeed two babies at the same time, one on each breast. *(see drawing on page 20)*

2.4 Length of feeding

We have said that milk changes throughout the **actual feeding!**

At the beginning of the feeding the milk is more “watery” to quench the baby’s thirst and to prepare his stomach, and as the milk comes out the amount of fat increases, in a way that in the last phase of the feeding gives the biggest caloric contribution (like the dessert) and it gives him a feeling of satisfaction.

We must allow the baby to feed until he is full, **and not to remove him from the breast even if he has been some time on the same breast**, only the baby knows when he has had enough.

Some babies get tired and need a break to rest, if this is the case, we will offer him the breast again. Each baby has his own feeding pattern, like each mother has her own let-down pattern; mother and baby must adjust. Some babies nurse for 20 minutes and receive the same amount as others do in 4/5 minutes.

It is important in this period of breastfeeding to forget about the time and to breastfeed the baby on demand. Especially at the beginning some babies need to feed very often.

If you offer him the breast and he accepts it, it is because he needs it. It is not true that we spoil the baby and that they can wait up to three hours between feedings. Some will be able to wait for three hours and even they will have to be woken up and others need to nurse more often.

Always offer him both breasts alternating the first; but if he rejects the second it will be because he has received enough from the first one. Always respect what he wants. If he has eaten enough he will let you know, **pay attention to him**.



Do not worry, if you feel that there is still a significant amount of milk in your breast. Realize that in the next feeding you are going to start with that breast to empty the accumulated milk. If it bothers you, pump a little bit of milk and apply cold compresses.

Moreover, do not forget that when you nurse him, you are not only feeding him, you are also offering him the comfort, safety, warmth and love needed for the baby's entire development.



If he swallows air while sucking, it is advisable to help him to burp after feeding him, being sufficient to hold him over your shoulder or **over the father's**. It is not necessary to gently pat the baby on the back; with a soft massage it is sufficient. Neither is it necessary to spend a long time, if he does not burp in 2 minutes, take him to bed and he will do it if he needs to.

2.5 At night

There isn't any medical reason to stop the feeding at night. It is important to establish a right feeding during the first days and weeks and there are other benefits like:

- Breastfeeding is more comfortable.
- The nightly feeding prevents problems with the breast like mastitis because not so many hours go by without emptying the breast.
- Night feeding produces more hormones that start the breastfeeding and help to maintain the breast milk production of the mother.

It enables a close mother-son/daughter relationship in some conditions that usually do not exist during the day.



2.6 Where

Every place is adequate to quench your baby's thirst, hunger or unhappiness. To breastfeed in a public place does not break any law and it is socially accepted.

So as to be comfortable and breastfeed discreetly, it is advisable to wear suitable clothing. Therefore, wear nursing-bras and front-opening shirts or sweaters.



2.7 Until When?

The World Health Organization recommends that babies **should be only fed with breast milk the first six months of life**. Until then they do not need supplements of food or fluids, not even water, unless there is a specific recommendation from the pediatrician.



When your baby is six months old, it is recommended to continue breastfeeding and to add other complementary food, little by little.

Time limits for continuing breastfeeding is established by mother and baby. Remember that is possible to continue nursing for a long period with only two daily feedings.

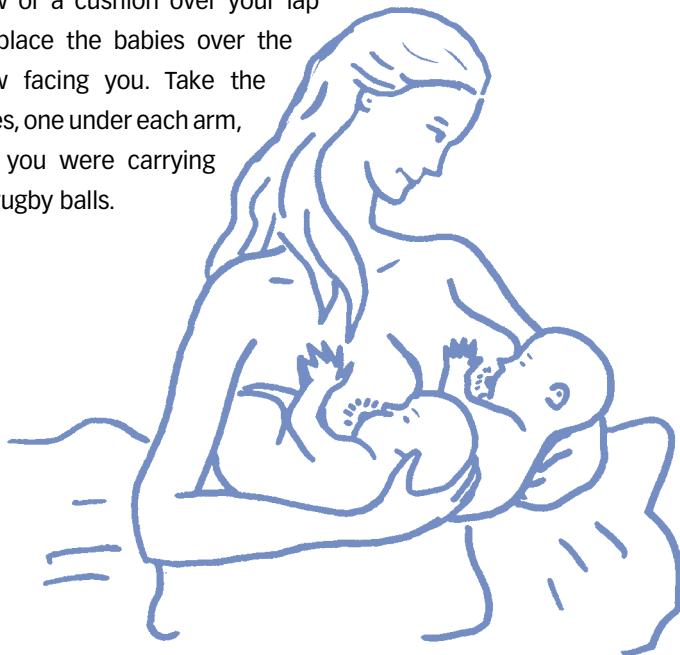
2.8 Also to twins?

Yes, it is possible to breastfeed twins. In this case the sucking stimulation will be double, and therefore, it will double the breast milk production.

Whenever you can, try to nurse them at the same time and remember: offer alternate breasts to your baby in the successive feedings. For these cases we recommend some positions to you:

Lateral Position.

Sitting up or laying down, place a pillow or a cushion over your lap and place the babies over the pillow facing you. Take the babies, one under each arm, as if you were carrying two rugby balls.




Crossed Position.

It is the same situation as the previous one; but placing both babies along the pillow (or over your lap) one baby facing one breast and the other baby the other one, so that their bodies cross.



Mixed Position.

Combine the previous two positions. Place a baby in the clutch hold and the other over your lap or over a pillow or cushion.



Mother Care

3

3

Mother care

3.1 Hygiene

Breastfeeding does not need any special hygiene. It is sufficient with a daily shower using water and your usual soap.

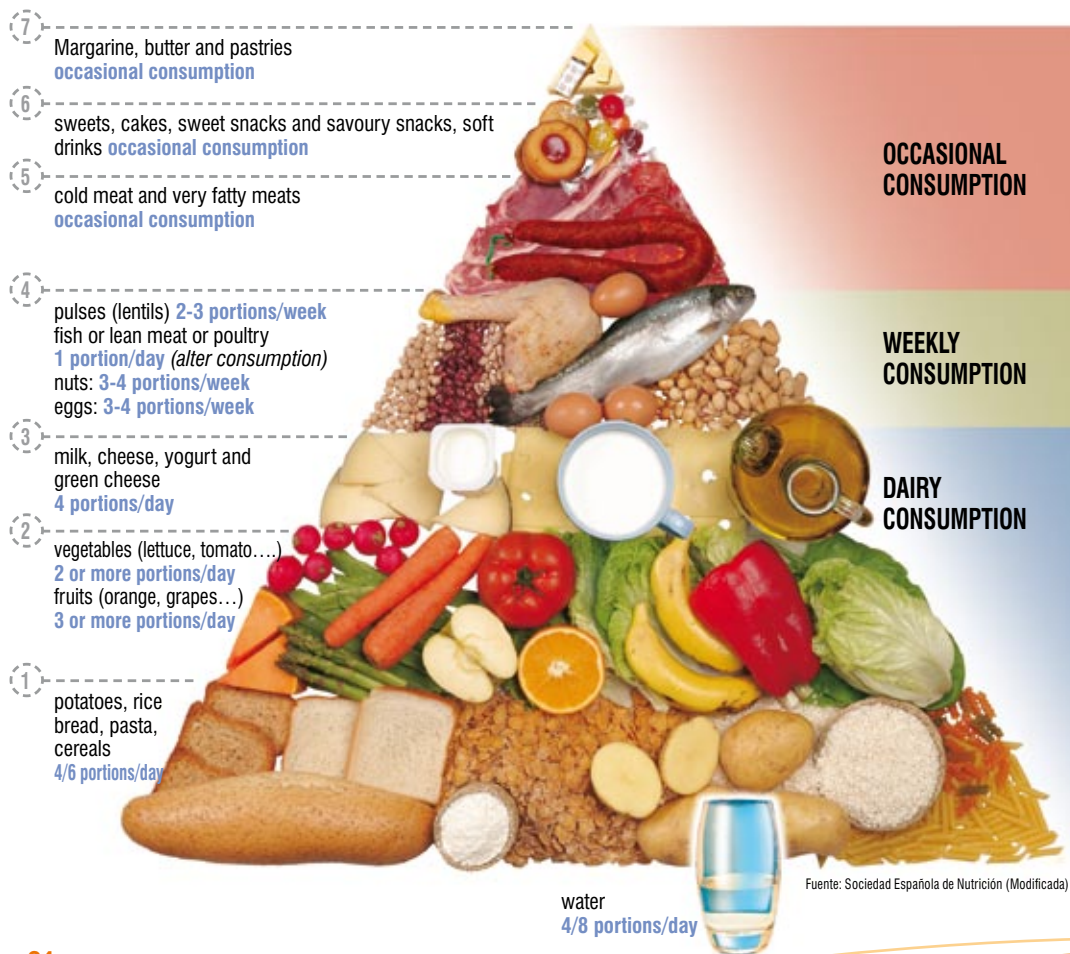
Before and after the feeding it is better not to have rigorous washes and even less use “special” soaps, that are usually more aggressive on the skin and only leave more moisture in the area and a greater predisposition to cracks. At best, before nursing you can gently rub your nipples and areola with a tissue or clean cloth.

Nipples must be kept well dried and for this, use nursing pads between the breast and the bra, to soak up possible dripping and change them when they get wet. However, to prevent cracked nipples and even to heal them, in the case that they should appear, it is recommended to squeeze out a few drops of your milk and to rub it over your nipple areola after feeding.

During the first days, breasts can be more sensitive and you have not acquired the feeding habit yet, you can apply a few drops of olive oil, use some “Beeswax nipple- shields” between feedings (they can be bought in the pharmacies),... if you have any doubts about this matter or contradictory information, **ask your midwife or pediatrician** and follow their recommendation.

3.2 Diet

There is no reason to justify “eating for two”. Your diet must be varied and healthy containing milk and dairy products, fresh fruit, vegetables, cereals, pulses, meat, fish and abundant liquids. Pay attention to feelings of hunger and thirst. During breastfeeding “you burn more calories” which helps you recover your normal weight.



It is known that almost every food can modify taste of the milk, but contrary to being harmful it is good, because the baby gets used to new flavours and when he has to take them they will not be “unknown” for him. Therefore, apart from food that can disagree with you, do not cut out what you like and what is healthy. You must avoid or moderate the consumption of stimulating liquids like coffee, tea or cola.

As for nutritional supplements, the best vitamin that you can offer your daughter or son through the breast is a healthy and balanced diet and you do not need to take “pills” of calcium or vitamins and/or minerals. If you have any doubts, ask your paediatrician or midwife.

3.3 Medicaments and/or toxic substances

- Medicaments transfer to breast milk. Some are harmful for the baby and others are not. This is only known by the health personnel. **DO NOT MEDICATE YOURSELF INDEPENDENTLY** and always ask.
- Clearly EVERY TOXIC SUBSTANCE transfers to breast milk, and so **YOUR BABY IS TAKING THAT TOXIC SUBSTANCE** (pills, cocaine, alcohol, nicotine...) **DO NOT TAKE TOXIC SUBSTANCES** and always ask advice from health personnel.
- It is recommended to completely remove alcohol from your diet, this includes beer, because it is not justified on any medical basis that “it increases the milk production”.

- If you are a smoker decrease the number of cigarettes and **do not smoke in front of the baby**, not even in the rooms where the baby is going to be. If you are going to smoke, it is preferable to smoke **after breastfeeding**, never before. Neither should you allow anyone to smoke in front of your daughter/son nor in the rooms where both of you are going to be, and remember that smoke “passes” through the aperture of the doors.

3.4 Exercise



Doing exercise during the **pregnancy** increases physical and psychological wellbeing and moreover it creates healthy life habits. The most accessible exercise from those recommended is walking on flat surfaces, with appropriate clothing and shoes. Have a break when you get tired as you mustn't wear yourself out. Other exercises, like swimming, help to keep a right corporal position, but it is not recommended in the last six weeks of pregnancy, because of the risk of getting infections.

You must avoid contact sports, the ones that increase abdominal pressure because they are practised on hard surfaces, or the ones that demand excessive working of the abdominal muscles.

During breastfeeding you do not have to stop practicing exercise. The physical activity does not affect the composition nor the amount of milk.

Always ask your midwife or gynaecologist.

3.5 Contraception

As you have already probably been advised, it is convenient to avoid sexual relations with penetration during the first month after delivery. There is a popular belief that during the time that you are nursing you cannot get pregnant. **THIS IS A MISTAKE.** In fact, there are many cases of pregnancy during the period. So, when you start full sexual relations remember that these **methods ARE NOT SAFE:**

- Breastfeeding
- Coitus Interruptus or “Withdrawal Method”
- Vaginal Wash
- During menstruation

Instead, **the SAFE and appropriate METHODS during breastfeeding** are:

- The condom
- Diaphragm with spermicidal
- Diu

Specific hormonal contraceptives are compatible with breastfeeding.
Ask your health personnel.



**Some possible problems
(and solutions)**

4



4

Some possible problems (and solutions)

Cracked nipples

The best way of preventing cracked nipples is the right positioning of the mother and the baby and, moreover, that the baby's mouth embraces **the main part of the areola** (see drawing on page 11).

At the beginning of breastfeeding, nipples can be more sensitive so in order to avoid cracked nipples it helps to use "beeswax nipple-shields". You can use them from the first day as prevention.

- Change nursing pads often
- Avoid creams, unless they have been recommended by your family doctor.

If, in spite of everything, you get cracked nipples, the most important thing is to keep nipples dry. In order to do that, do not wash yourself after feeding; let the air dry them or even dry them with the hairdryer for a few seconds.

Swollen and sore breasts

Milk accumulation and blood flow increase so as to produce more milk, is what causes enlarged and hard breasts. You can apply ice between feedings, placing a "frozen vegetable packet" covered by a towel.

Breastfeeding:



Local heat prior to feeding, improves milk flow. You can apply it with a warm shower, a warm cloth, a hot water bottle, ... and you can even try squeezing out a little milk before breastfeeding.

Breastfeed more frequently and make sure the baby is latched on correctly.

It is convenient to empty the breast, so leave the baby as long as he wants and if in spite of this you still have some milk accumulation, try hand expressing or pumping a little milk. After the feeding you can apply something cold for some minutes on the breast.

Mastitis

This is a breast infection, mainly caused by the infection of a plugged milk duct. Therefore it is important not to leave accumulated causing congestion in the breast after each feeding.

It shows up with localized tenderness, redness, and heat. It can produce systemic reactions of fever, malaise, and sometimes nausea and vomiting. If this happens, call your family doctor, he will tell you the antibiotic that you must take, **but do not stop breastfeeding**, because it would aggravate the problems. If you follow his instructions it will go away in few days.

Returning to work: how to continue breastfeeding



5

Returning to work: how to continue breastfeeding

Returning to work is perfectly compatible with nursing. In fact, some studies show that mothers who work are the ones that breastfeed longer.

5.1 Pumping methods

When the mother returns to work there are several options to continue breastfeeding. One option is to bring forward the addition of complementary food (fruits, vegetables,...) and to make them correspond with the mother's working hours. The rest of the time that the mother stays with the baby, as well as the days off, she can perfectly continue breastfeeding.

Some mothers have the possibility of taking the baby to her work place to be breastfed or they can go where the baby is at breastfeeding time; children older than three months breastfeed very quickly so the one or two half an hour time breaks can be enough to breastfeed. If this is not so, do not worry, there is always the possibility of pumping the milk and feeding the baby when you are not there.

Breast milk can be pumped at work or beforehand at home. Practice for some days before you go back to work, because at first you may not get much milk.

Make a habit of **washing your hands** before pumping and gently **massage** the breasts, and have everything that you can need at hand:

- A pump, if you chose this option
- A well washed **plastic** container (do not use glass containers, because the breast milk defences can adhere to the sides of a glass container and are not taken advantage of.
- A freezer milk bag



Below we explain different breast milk pumping methods:

Hand Expressing

When the baby starts sucking he stimulates your let-down reflex. To cause a similar effect you can stimulate the let-down reflex by massaging the breast.

★ Spanish women use the expression “subida” of the breast milk and the Latin-American women “bajada”

In order to do that, massage with your fingertips from the base of the breast to the areola. You can also try a warm shower directly on the breast.

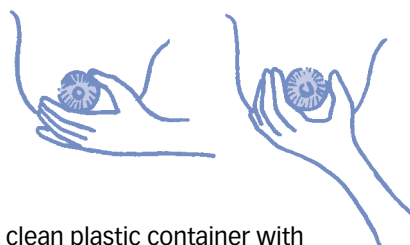


Then place the hand on the breast with a “C” shape, leaning your thumb on the upper part of the breast about 3 cms from the areola and the palm of the hand on the lower part.

Right hand



Left hand



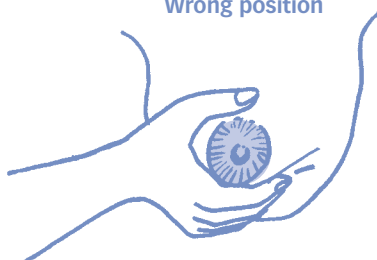
A special container is not needed, only a clean plastic container with a wide mouth to collect the milk.

Make a “milking” movement, that is, massage the breast backwards (like collapsing the breast) and forwards, at the same time pressing as if you need to join your fingers.

Right position



Wrong position



Do not slide your fingers over the skin, when you “milk” you have to move not only the skin, but also the mammary tissue.



This movement must be repeated slowly and rhythmically, in a way that is comfortable for you.

Take into account that manual extraction can last between 20-30 minutes. It is convenient to alter every 5-10 minutes.

This technique requires practice, so if at first you express a little bit of milk, do not be disappointed, keep trying and you will feel that each time you do it better.

With the help of a breast pump

Even if you choose a pump it is convenient to massage your breast before pumping milk, as we have already explained about the hand expressing.

Not every pump is adequate. It is important to weigh up advantages and disadvantages before buying. In order to help you we have compiled some advice that can be useful. Keep in mind that your success mainly depends on the choice of a good breast pump.



Manual Breast Pumps:

Some are horn or syringe shaped. The horn type hurts the breast more (they can damage the nipple) and it is difficult to clean them, however, they are the best known. Recently, a pump, even though it works with a lever, has come out onto the market. Nevertheless, it maintains the vacuum, and as a result, does not cause any harm.

The syringe types are also called cylinders and are better than the previous ones. They create the vacuum with a plunger and they do not hurt the breast. They can be useful in specific moments.

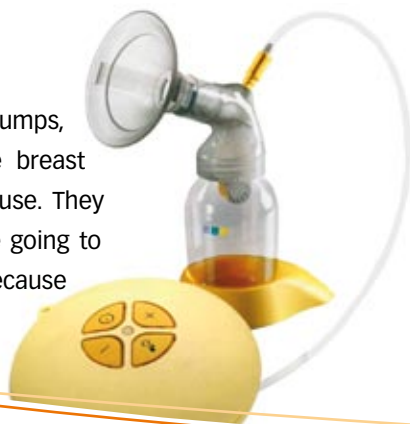


Mini electrical or battery operated breast pumps:

Some can be connected to the mains, and are more efficient if a little more expensive, than the afore-mentioned.

Automatic Breast Pumps:

These are the **most efficient** breast pumps, because they keep and stimulate the breast production and moreover are easy to use. They are most recommended when they are going to be used during a long period of time, because they are **the most expensive ones**.



5.2 Appearance of pumped milk

At the beginning of the guide you read that breast milk changes its composition throughout feeding. Remember, at the beginning it is more watery and at the end is more fatty and sweeter (like a dessert). It is completely normal for the milk to be at first semitransparent and even a little bit bluish, and at the end to become more whitish.

5.3 Milk storage

Breast milk must be stored in a plastic container, not glass. We have already said that the “antibodies” that you give when you breastfeed stick to glass and in this way they are lost.

It is convenient to keep it in small amounts (50-100 cc) or calculate the amount that the baby is going to take in each feeding. It is advisable to label the container with the date that has it has been pumped.



Depending on where you keep the milk, we will indicate to you the time that it will be in optimum condition:

Freshly expressed breast milk:

- **Room temperature:** 6-8 hours (if the room temperature is not over 25C°)
- **In the fridge:** 3-5 days
- **In the freezer:** 2 weeks. But if it's a self-contained freezer unit of a refrigerator or 3 stars, it can be stored for 3 months.
- **Separate deep freeze (chest-type freezer):** even up to 6 months.

Previously defrosted milk:

When you have slowly defrosted it in the fridge and it has not been heated:

- **Room temperature:** 3 hours, usually until the next feeding.
- **In the fridge:** 1 day.

Defrosted and heated milk to be used:

When it has been thawed and heated for use or defrosted or heated in warm water it maintains the optimum conditions:

- **Room temperature:** Until the feeding is finished, if it hasn't been used up, throw it away.
- **In the fridge:** 4 hours

5.4 Milk transportation

Freezer milk bags powered by ice storage batteries can be very useful to transport breast milk from one place to another. In this way you can transport breast milk to your nursery, the house of your relatives ... and the breast milk will be kept at an adequate temperature. When you arrive it is convenient to take it out of the freezer bag and keep it in the fridge.

5.5 Milk thawing

The most adequate way of thawing milk is to do it in the refrigerator, so it does not suffer any drastic temperature change.

If you need a quicker method, hold the container under water (first use cool and then warm water)

NEVER USE FOR THAWING:

- A microwave
- Bain marie
- Heated directly on the stove

DO NOT FREEZE THE BREAST MILK ONCE IT HAS BEEN THAWED

5.6 When and how to give the pumped breast milk

Do not use a microwave for warming the milk up, because milk does not heat uniformly and loses a part of its attributes. In this case, you can use the method of placing the container in a bowl of water that is heated, although always watching that **it does not boil**.

Remember that when the baby takes it directly the temperature is 36°C; therefore you must not heat it to a higher temperature.

Breastfed children may not know how to suck from an artificial nipple; therefore it is convenient to offer them the breast milk with a teaspoon or a syringe (without a needle).

5.7 How long it takes for a baby to get used to the new "way of breastfeeding"?

When you nurse you satisfy his hunger, thirst and you give him warmth and comfort ... therefore is good to get him used to the "new technique"



1 or 2 weeks before returning to work. It is good that the father or another person who is not the mother feeds him. Children are really "clever" and they know perfectly who can give them what they like the most.

5.8 Useful keys for the breastfeeding and working mother:

- Exclusive breastfeeding gives you the guarantee of a good production of breast milk when you return to work.
- One or two weeks before returning to work, it is convenient to rent or buy a good quality electrical or manual breast pump to pump at work and to get used to it .
- The use of a “double” electric breast pump , reduces the pumping time. The pumping time can be reduced by to 10-15 minutes when you pump both breasts at the same time.
- If there are problems with the let-down reflex, it is useful to breath deeply, listen to gentle music and to look at a picture of your baby.
- Leave clear instructions to the person who is going to take care of the baby, written instructions about how to thaw and heat the pumped milk.
- Explain to the person that takes care of the baby, if it is possible, not to offer him any feeding 2 hours before the mother returns home, in order that the baby avidly breastfeeds.

5.9 Legislation

The legislation is being changed to balance work and family life (Plan Concilia).

Next we explain some basic aspects about general legislation regarding this matter, although it is always **convenient to ask first in your company because maybe in your collective agreement, there are more advantageous rules for you.**

- **Maternity leave**

Every female employee is entitled to 16 weeks leave after the birth of a single baby. If you have multiple births, those 16 weeks are extended to 2 weeks more per child up to the second one. This continuous period of time can be extended to 4 weeks before the expected date of birth.

In the case that both parents work the mother has the option of transferring a determined and continuous part of the maternity leave to the father, always after the delivery, that can be taken after the mother's leave or at the same time as hers.

The wage during this period of time is the equivalent to 100% of the regulatory base.

- **Breastfeeding Break**

Up to the time the child is nine months old, the mother has the right of limiting one hour of her working hours. The absence from work can be one hour during the working day, or two half hours. The schedule agreement corresponds to the worker although she will always have to tell the company 15 days in advance.

- **Leave**

The female employee is entitled to enjoy unpaid extended maternity leave to take care of the children under three years of age. During the first year she has the right to return to her same position, and during the following two years to return to a position in the same professional group or category.

All leave is according to seniority.

- **Reduced working schedule**

The mother or the father has the right of a reduced working schedule for the custody or guardianship of the child under 8 years of age. Salary reduction will be proportional. For the calculation of retirement days, etc... it will be taken in account for as if she worked full time, although the contribution corresponds with salary earned.



Frequent Questions
or Doubts

6



6

Frequent Questions or Doubts

How can I know if he is getting enough with my breast milk?

When you breastfeed you do not see the amount of milk that the child takes. But the majority of mothers have sufficient breast milk to feed their children.

The health personnel, in the paediatric controls will estimate if the baby is developing in the proper manner, and you will tell him if he/she is happy and if he/she pees and has liquid, yellowish poos several times per day.

It is not convenient to weigh him before 8 days because not all of them gain the same amount of weight and it only contributes to generate a needless preoccupation.

Does breast size affect the amount of breast milk?

Any woman is able to breastfeed her child, except for specific illnesses that your gynaecologist /paediatrician will tell you. It is only a matter of being determined and to set your mind on it during the period of pregnancy. Breast size is not related to the amount of milk that can be “produced” but to the accumulated fat that does not produce milk.

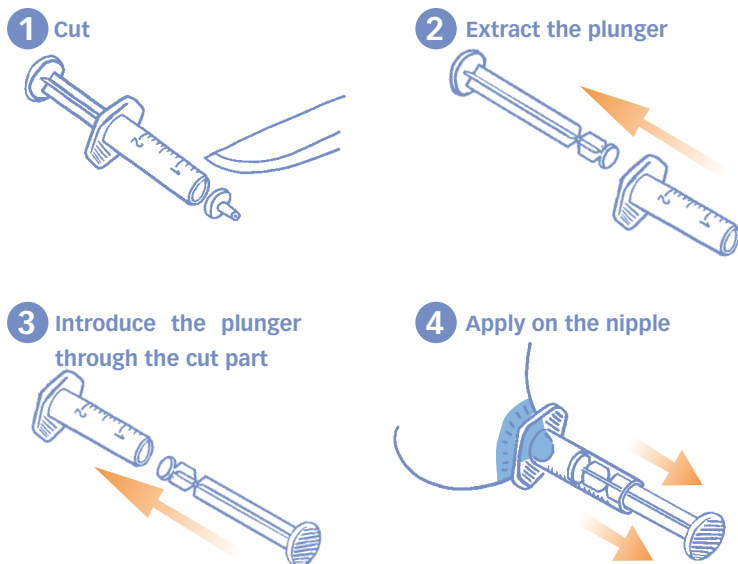
Therefore, women with small breasts have been and are capable of feeding their baby only by breastfeeding.

Shape and Nipple Size

Every woman is able to breastfeed their children, also those women that have flat or inverted nipples because the suction is done through “cupping glass”. Even though you will need more practice and patience in order that both of you learn.

Some “tricks” are:

- Before breastfeeding stimulate your nipples rubbing them with the index finger and the thumb for some minutes. You can also apply cold.
- You can use breast shells half an hour before feeding; they are also called nipple correctors. Do not confuse them with nipple shields.
- Before placing the baby, put the hand in a C-Shape and pull the areola backwards to get out the nipple. Try this stimulation several times per day.
- You can also try to extract the nipple using a plastic syringe of 10 ml (without the needle). Cut the mouthpiece of the syringe and change the plunger from one side to the other. In this way you can try to lay the wider and softer part of the syringe and to suck with the plunger. Hold on for 30-60 seconds and try to repeat it several times per day. It is something simple, cheap and you can obtain excellent results.
- Recently a new gadget to stimulate the nipple has been put in the market.



Breast milk Shortage

Throughout breastfeeding there are transitory periods of time when less breast milk than the baby needs is being produced. You will know this because the baby wakes up more often to be fed.

They are stages that correspond with growing periods of the baby, or with some days that you are busier, stressed, menstruating... Rest, relax, take more liquids and put him more often on your breast. Do not use artificial milk, because although he will accept it, in the end, it will aggravate the problem.

The solution is to offer the breast to the baby more frequently during some days and the situation will be solved by itself.

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IN SHORT

- Breastfeeding is the natural and affective feeding for newborns. It is amply demonstrated that is the best nourishment during the first six months of life and after as a supplement to other food.
- The breast works on demand: the more you offer it to your baby, the more breast milk you will have.
- It is recommended to start nursing within the first two hours after delivery, and as soon as it is possible after a caesarean.
- Nurse the baby always on demand, with flexible schedules; try during the first week that the baby takes 7 or 8 feedings per day, although respecting his nightly rest.
- Leave your baby on breast as long as he needs.
- Babies until six months old only need breast milk. Do not give him water, juices or infusions.
- Do not offer him dummies or feeding bottles, he does not need them and they could damage him.
- Your breast does not need any special hygiene, a daily shower is sufficient.

REMEMBER:

ALWAYS FOLLOW THE RECOMMENDATIONS OF YOUR PAEDIATRITIAN, MIDWIFE AND NURSE.

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9

INTERNET LINKS WITH BREAST MILK USEFUL INFORMATION, CONTACT INFORMATION AND SUPPORTING ASSOCIATIONS

Next we present some internet links available in English, where answers to very frequent questions between breastfeeding mothers can be answered, forums, supporting groups and telephones or addresses where you can ask about any doubts or interests.

Gobierno de La Rioja. Servicio Riojano de Salud (SERIS)

www.riojasalud.es/ficheros/lactancia.pdf
materno.infantil@larioja.org

Alhalda: Breastfeeding supporting group in La Rioja.

Telephone: 941 58 19 02 651 19 67 34.

www.alhalda.es

alhalda@gmail.com

1. Spanish Paediatrician Association: Breastfeeding Committee.

www.aeped.es/lac-mat

2. UNICEF

www.unicef.org/ffl/04/1.htm

3. La Leche League International: non-profit breastfeeding supporting association.

www.lalecheleague.org

4. World Health Organization: Breastfeeding

www.who.int/nutrition/publications/gs_infant_feeding_text_eng.pdf

5. The Pan American Health Association

www.paho.org

6. Groups that work around the world to reduce child morbidity.

www.ibfan.org/site2005/Pages/index2.php?iui=1

7. « Via Lactea » supporting group, with links to other breastfeeding supporting groups.
www.vialactea.org

8. Breastfeeding Supporting Association from Aragon
www.lactaria.org

9. Alba-breastfeeding: non-profit breastfeeding supporting association (Barcelona), it offers information and help to breastfeeding mothers.
www.albalactanciamaterna.org

10. Breastfeeding supporting group.
www.iespana.es/grupolactanciamaterna

11. Breastfeeding supporting association from Asturias
www.amamantarasturias.org

12. Breastfeeding course
www.amamanta.es

13. Web about compatibility of breastfeeding with Pharmaceutical Drugs and other Products
www.e-lactancia.org/ingles/inicio.asp

14. Some Advice about breastfeeding and how to treat children.
www.dardemamar.com

15. Midwife association from Valencia.
www.matronas-cv.org

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Breastfeeding:

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Breastfeeding:

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BREASTFEEDING:

Information to nurse your baby

Gobierno de La Rioja
www.larioja.org



*If after reading this guide you have any questions or
suggestions you can send them to:
materno.infantil@larioja.org*