Breastfeeding gives your baby all the nutrients it needs for the first six months of life, and continues to benefit your baby along with solid foods for many months. It helps to protect your baby from infection and other diseases. And it reduces your chances of getting related illnesses later in life.

Breastfeeding also strengthens you and your baby’s bond both physically and emotionally.

Breastmilk is easy for baby to absorb and is the perfect food to help grow and develop. Bottle feeding does not give your baby the same ingredients as breastmilk. And infant formula milk doesn’t provide protection against infections and other diseases.
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What does breastfeeding help protect against?

Protects your baby from:

1. Ear infections
2. Chest infections
3. Gastrointestinal infections
4. Urine infections
5. Childhood diabetes
6. Eczema (skin diseases)

Protects you from:

1. Obesity
2. Asthma
3. Ovarian cancer
4. Breast cancer
5. Women who breastfeed get their figures back faster
The first milk is called Colostrum

The First milk is called Colostrum that is very important food for your newborn baby:

Your body is preparing to breastfeed your baby even before birth! Around the 5th-month of pregnancy, your breasts produce yellow, nutrient-rich fluid called colostrum. It is available as soon as your baby is born.

Immediately after birth, however, your baby is not ready for big feedings. Her stomach can only hold 2-3 teaspoons at a time. In addition, she is learning to suck, swallow and breath rhythmically. Colostrum is delivered to her in small amounts. Colostrum is the perfect first food for your baby.

The transition from colostrum to mature milk is a gradual process. In the 2-3 weeks following delivery, you will notice your milk becoming thinner, less yellow and milky which is called “Foremilk”.

Hindmilk is the milk which follows foremilk during a feeding. It is richer in fat content and is high in calories. The high fat and calorie content of this milk is important for your baby’s health and continuing growth. Make sure to let your baby drain one breast before moving on to the other, to ensure that she receives all the benefits of both foremilk and hindmilk.
What should you do after your baby is born

Holding your baby against your skin straight after birth will calm your baby. It will also steady your baby’s breathing and keep baby warm.

This is a great time to begin your first breastfeed, as your baby will be alert and eager to feed within a couple of hours of birth.

Your midwife can help you with this. Your baby will be happier if you keep him near you and feed him whenever he is hungry. Your new baby may want to breastfeed very frequently—especially the 2nd day of life. Frequent feedings enable her to get many small doses of colostrum and remind your body to produce plenty of milk.
How to Breastfeed - What positioning should you use

There are lots of different positions for breastfeeding. You just need to check the following:

Position for the mother
- Comfortable with back, feet, and breast supported, as needed

Position for the baby
- Baby’s body in line
- Baby’s body close to mother’s body bring the baby to breast
- Baby supported - head, shoulders, and if newborn, whole body supported
- Facing the breast with baby’s nose opposite the nipple
How should you attach your baby to your breast?

• Your baby has a large mouthful of breast.
• Your baby’s chin is touching your breast.
• It doesn’t hurt you to feed (although the first few sucks may feel strong).
• If you can see the dark skin around your nipple, you should see more dark skin above your baby’s top lip than below his bottom lip.
• Your baby’s cheeks stay rounded during sucking.
• Your baby rhythmically takes long sucks and swallows. It is normal for the baby to pause sometimes.
• Your baby finishes the feed and comes off the breast on his own

Signs of good attachment

• Chin touching breast (or nearly so)
• Mouth wide open
• Lower lip turned outwards
• The black part of the nipple (Areola): more visible above than below the mouth
How do you know that your baby is getting enough milk?

- Your baby will appear content and satisfied after most feeds.
- Your baby should be healthy and gaining weight after the first two weeks.
- Your breasts and nipples should not be sore.
- After the first few days, your baby should have at least six wet nappies a day.
- From day 4 your baby should also pass at least two yellow stools every day, for the first few weeks.

Signs of effective suckling

- Slow, deep sucks and swallowing sounds
- Cheeks full and not drawn in
- Baby feeds calmly
- Baby finishes feed by him/herself and seems satisfied
- Mother feels no pain
HIV and Breastfeeding:
Do you know what mother-to-child transmission is?

Mother-to-child transmission of HIV (MTCT) is when an HIV-infected woman passes the virus to her baby. This can occur during pregnancy, labour and delivery, or during breastfeeding. Without treatment, 15-30% of babies born to HIV positive women will become infected with HIV during pregnancy and delivery. A further 5-20% may become infected through breastfeeding.

When a mother has HIV, the dangers of not breastfeeding must be balanced against the risk of HIV transmission. In most Pacific Countries, mothers live where safe water is not available the risk of life-threatening illnesses from formula feeding may be higher than the risk of HIV being passed on during breastfeeding. A baby fed on infant formula does not receive special vitamins, nutrients and protective agents found in breast milk. Breast milk provides all of the nutrients needed during the first few months of life, and it also contains the protective agents against common childhood illnesses like diarrhoea and respiratory infections.

Antiretroviral (ARV) therapy or prophylaxis to the HIV-infected mother or HIV-exposed infant can significantly reduce the risk of postnatal transmission of HIV through breastfeeding. Together, breastfeeding and ARV intervention have the potential to significantly improve infants’ chances of surviving while remaining HIV uninfected.

Mothers with HIV are advised not to breastfeed only when the use of breast milk substitutes (formula) is acceptable, feasible, affordable, sustainable and safe (AFASS). If AFASS is not possible then exclusive breastfeeding is recommended. Mixed feeding must never be allowed as the risk of HIV transmission during mixed feeding is worse.
Teens can Breastfeed

The onset of reproductive years begins in adolescence, mothers do, indeed, produce adequate milk. No differences in quality or quantity have been associated with maternal age. however, You need:

· **Good Nutrition:** Teens need good nutrition diet to maintain their body stores during pregnancy and lactation than adult women.

· **Good Information:** Teens need to know about the pregnancy and benefits of breastfeeding. It helps to understand how breastfeeding works, what is normal and how to manage common problems.

· **Good Support:** Teens need a lot of support to breastfeed. It is important to get support as soon as possible if you any doubt or think you might be unsuccessful in breastfeed. Speak to your Nurse or support group member in your community.
Learn Some Hunger signs

Babies show several cues in readiness for breastfeeding. Tuning into your baby’s cues will make your feeding more successful and satisfying for both you and your baby.

Your baby does not have to cry to let you know he is hungry. Crying is the last hunger sign! Awakening soft sounds; mouthing (licking lips, sticking tongue out, licking lips) rooting towards the breast (turning the head and opening the mouth); Hand to mouth activity; beginning to cry softly and gradually crying louder. Try to learn your babies feeding cues early in the cycle - avoid crying - and begin breastfeeding!
Why express milk?

- If you are away from your baby or returning to work, you may wish to express milk so that somebody else can feed your baby.

Why express by hand?

- If your breasts feel uncomfortably full.
- If your baby isn’t sucking well and you want to give your baby breastmilk.
- If you don’t want to buy or use a pump to express milk.
- In the first few days it is easier to express by hand.

How to express milk by hand

1. Place thumb and figure opposite to each other on milk pods
2. Press inward and release several times
3. Rotate thumb and figure to press all pods
4. Do not slide or lift fingers
5. Express 6-8 times in 24 hour – at night as well.
Expressing milk for a baby who is premature or ill

It is important to start expressing your milk as soon as possible after your baby is born. In order to ensure that you produce plenty of milk, you will need to express at least six to eight times in 24 hours, including during the night.

Ask the hospital staff about holding your baby in skin-to-skin contact. This can help with bonding and keeping up of your milk supply.

If you are freezing breastmilk because your baby is premature or ill, ask the staff caring for the baby for advice.
Storing milk

Remember to use a clean cup with lid to put the milk in. You can keep it for 6-8 hours in a cool place at home.

If you have a fridge:

• You can store milk in the fridge for up to 5 days at 4°C or lower (usually at the back of the fridge).
• Breastmilk can be stored for two weeks in the ice compartment of a fridge or for up to six months in a freezer.

To thaw:

Defrost frozen breastmilk in the fridge and once thawed use it straight away.

• Run container of milk under cool water until it liquefies.
• Place the container in a bowl of warm water.
• Do not boil or reheat your milk. Heat will destroy the anti infective products.
• Do not heat in microwave either.
How to feed a baby by cup

• Sit the baby upright or semi-upright on your lap;

• Support the baby’s back, head and neck.

• Wrap the baby firmly with a cloth, to help support baby’s back, and to keep baby’s hands out of the way.

• Hold the small cup of milk to the baby’s lips.

• The cup rests lightly on the baby’s lower lip, and the edges of the cup touch the outer part of the baby’s upper lip.

• The baby becomes alert, and opens his/her mouth and eyes when milk just touches lip.

• A preterm babies start to take the milk into their mouth with their tongue.

• A full term or older babies suck the milk, spilling some of it.

• **DO NOT POUR** the milk into the baby’s mouth. Just hold the cup to the baby’s lips and let the baby take it themselves. When the baby has had enough, the baby closes his/her mouth and will not take any more. If the baby has not taken the calculated amount, the baby may take more next time, or you may need to feed the baby more often.
Working Mother

- Learn to express milk out
- Feed at night, early morning and when you are at home - to keep up the supply
- Express before feeding and before going to work (do not hurry - have enough time)
- Leave milk in covered container for care to cup feed (teach her)
- At work express 2-3 times
- Take baby to work if possible
- Arrange maternity leave.

Encourage & Support while your wife breastfeed.
Top tips

Make sure your baby is properly attached to your breast (see page 5)

• You will have a good supply of milk and your baby will get a good feed.
• It will help stop your breasts getting sore.

Cracked /sore nipples:

Due to poor attachment

• Nurse on less painful side first
• Learn to attach properly
• Apply expressed breast milk

Blocked /hard, sore breast:

Due to poor sucking

• Start early
• Frequent feeds
• Gentle light massage
• Apply warm water/cloth before feeds

Try not to give your baby other food or drink

• The more you breastfeed your baby the more milk you will produce. Giving other food or drink will reduce your milk supply.
• You might increase the chance of your baby getting ill.

Do not to give your baby a dummy

• Babies who have a dummy sometimes find it difficult to remember how to attach to the breast.
• Your baby will be less likely to feed when it needs to, so won’t take in as much milk.
Breastfeeding and Family Planning

Breastfeeding is best for both mothers and babies and should be encouraged. Breastfeeding can also provide natural, safe, effective contraceptive protection, if certain conditions are met, for up to six months postpartum. Women who are interested in using the natural protection of breastfeeding should have access to information about LAM (Lactational Amenorrhea Method) and about other available family planning methods suitable for breastfeeding women.

Women who are breast feeding have special needs when selecting a family planning method. Family planning nurses in your area should help you to choose the method of family planning including any possible effects it may have on the quality and quantity of your breastmilk.
Your Birth
As Healthy, Safe,& Natural as it Can Be

Key Messages
1. Your body has kept your baby safe and healthy quite throughout your pregnancy. Birth can be that way too. The Six Healthy Birth Practices can help you have a safer and healthier

Let Labour begin on its own
When labor starts naturally, you can begin with the confidence that the baby is ready to be born and your body is working just right the best way to a safe and healthy birth is by following and supporting your body's own natural processes during labor and birthand less afraid

2. Bring a loved one, friend, or family member for continuous support

The support from your loved one in labor may help to ease your labor and satisfy in your birth experience. Feeling safe and cared for allows your brain to produce the hormones that help labor progress, decrease your need for risky interventions, and protect your baby from harm
3. Walk, move around, and change positions throughout labor. When you walk or move around in labor, your womb (uterus) and pelvis (hip bone) work more efficiently, increases blood flow to your baby, and you actively respond to labor. It may help you feel more confident and less afraid.

When you walk or move around in labor, your womb (uterus) and pelvis (hip bone) work more efficiently, increases blood flow to your baby, and you actively respond to labor. It may help you feel more confident and less afraid.

**STANDING:** Utilizes gravity.Ctx less painful and more productive, fetus well aligned. Increases urge to push.

**STANDING LEANING FORWARD:** Same as above, plus more restful & relieves backache, good position for backrub.

**SLOW DANCING/WALKING:** Same as standing, plus change in pelvic joints rotation and descent, increases well-being.

**THE LUNGE:** Widens one side of pelvis, encourages rotation of OP positions may be done kneeling.

**SITTING:** Good resting position, some gravity advantage, may use fetal monitor easily.

**SITTING LEANING FORWARD:** Good resting position, some gravity advantage, VE possible, easy position to do in bed or delivery table.

**SEM-SITTING:** Good resting position, some gravity advantage, VE possible, easy position to do in bed or delivery table.

**SITTING LEANING FORWARD:** Good resting position, some gravity advantage, VE possible, easy position to do in bed or delivery table.

**SIDE LYING:** Great resting position, good for VE, Scalp pH, etc. slows rapid 2nd stage, easier to relax between pushing efforts, allows post-sacral flexibility.

**DANGLE/SUPPORT SQUAT:** Lengthens trunk to allow for rotation and descent, allows pelvic joint mobility. Gravity advantage.

**HANDS AND KNEES:** Receives backache assists with rotation of OP, allows for rocking VE possible.

**SQUATTING:** Widens pelvic outlet, good use of gravity, may enhance rotation and descent, enc. urge to push, allows shift of weight.

**KNEELING FORWARD WITH SUPPORT ON CHAIR SEAT:** HOB OR BB: Same as hands and knees, less strain.

**SQUATTING:** Widens pelvic outlet, good use of gravity, may enhance rotation and descent, enc. urge to push, allows shift of weight.

**SITTING:** Good resting position, some gravity advantage, VE possible.

**SITTING LEANING FORWARD:** Good resting position, some gravity advantage, VE possible, relieves backache, good position for backrub.

**SITTING LEANING FORWARD:** Good resting position, some gravity advantage, VE possible, relieves backache, good position for backrub.

**KNEELING FORWARD WITH SUPPORT ON CHAIR SEAT:** HOB OR BB: Same as hands and knees, less strain.
4. **Avoid interventions that are not medically necessary**

To have a safe and healthy birth, you should know some interventions (procedures or treatments done to find, prevent, or fix problems) such as giving fluids through vein, continuously listening to baby’s heart beat, giving medicine to start labour pain, breaking the bag of waters, and a cut to make birth passage bigger are needed for only some women and not for all healthy laboring women.

5. **Avoid giving birth on your back, and follow your body’s urges to push.**

When you follow your own body during the pushing your baby, you are likely to push when you feel a strong urge to do so, and you will hold your breath and push just the way you need to give birth to your baby. Pushing any harder, longer, or more often may cause stress for the baby and you damage your birthing canal the pelvic floor. In addition, holding your breath while pushing may decrease your baby’s oxygen supply.

6. **Keep your baby with you—it’s best for you, your baby, and breastfeeding.**

Keep your baby skin to skin after birth and continue rooming-in. Skin to skin, with no blankets or clothing between you help your baby to recognize those familiar sounds, smells, and tastes, and the perfect warmth of your skin help your baby know he is safe and sound. Whereas Rooming-in with your baby makes it easier for you to respond to her needs and you will have enough rest as well.
A QUICK GLANCE: PAIN RELIEF FOR NATURAL CHILDBIRTH

• Make yourself as comfortable as possible, bring comforts of home to the hospital or birth centre.

• Eat and drink as you need to.

• Play music that you love, that helps you move deeper into labor, or that soothes you.

• Keep peeing. This gets you moving and some women like laboring on the toilet.

• Relax: Learn how to relax and stay calm breathe deeply. You could think ‘re’ as you breathe in, ‘lax’ as you breathe out. Keep your shoulders down rather than hunched up.

• Vocalize -use deep, open moans. Relax your jaw. This relaxes your bottom. Breathe deeply.

• Try aromatherapy. Massage with essential oils in a carrier. Oil can be wonderful.

• Have an attendant use counter-pressure for strong

• Get in the shower or Get into a tub of warm water. back labor

Stand and bear down on low support, or pull on a soft rope support if it helps.

Get in the shower or Get into a tub of warm water. back labor
Birthing Affirmations

- I trust my body to know what it is to do.
- I feel confident, I feel safe, I feel secure.
- My mind is relaxed; my body is relaxed.
- My muscles work in harmony to make birthing easier.
- I breathe comfortably & eliminate tension.
- I release my birthing over to my body & my baby.

- My body remains still & relaxed.
- My body is made to do this.
- This present moment is all I have to be with.
- My body is relaxed & resilient.
- I consciously relax my face, my body, and my pelvic floor.
- My body will progress at its own pace; my body knows what to do.
- My body knows how to birth our baby.
- My body knows how to have this baby, just as it knew how to grow this baby.
- I trust my instincts to know what I need in labor.
- Each rush of birth energy is an interesting sensation requiring my complete attention.
- I accept this labor as my labor & believe it is the right labor for me & for my baby.
Danger Signs in Pregnancy

Bleeding, loss of fluid, Swollen face and hands, convulsions, fever, severe pallor

- Leaking of water can result in infection in yourself or your baby.
- Bleeding is a sign of a complication of pregnancy.
- Fever is a sign of infection.
- Severe pallor can result in problems in you and your baby.
- Swollen face and hands are signs of a high blood pressure in the mother that can harm the baby.
- Convulsions can cause the death of the mother and her baby.

Note: Either one of above may cause a miscarriage, a stillbirth, or premature delivery.
Healthy Eating tips during Pregnancy:

- Eat one extra meal a day during pregnancy
- Base your meals on starchy foods, like Taro, Cassava, Rice and pasta, as these give you energy.
- Eat plenty of fruit and vegetables with every meal.
- Eat at least two portions of fish every week, one of which should be oily fish such as mackerel or sardines.
- Eat less saturated fat and sugar, which are often found in snacks.
- Eat less salt and use iodized salt
- Drink enough water, about 6-8 glasses every day
- Avoid taking tea and coffee with meals because they interfere with iron absorption and may contribute to anemia

Birth Preparedness

Name: _____________________________
LMP _____________________________
Head of household _____________________________

Date ANC
1st Visit..........................
2nd Visit..........................
3rd Visit..........................
4th Visit..........................

Address: _____________________________
EDD _____________________________
Nearest person with telephone: _____________________________

Postpartum Care
3rd day..........................
7th day..........................
14th day..........................
28th day..........................

Pregnant women and thier family should know what to do in case of emergency during pregnancy, Birth or after Birth:

For emergency during child birth i will go to:

Name of Facility _____________________________
Cost of Delivery _____________________________
Cost of Transport _____________________________
Means of Transport _____________________________
Other costs may include: _____________________________

AT BIRTH BE PREPARED: YES NO
1. BLANKET/CLOTH FOR BABY
2. PADS
3. BABY IMMUNIZED
4. REGISTER BABY’S BIRTH

* Have a plan for birthing and complications or emergencies, including identification of the center to go to, the transport to use, saving/procuring funds for transport and medical services, arrangements for care at home, and assistance for you.
Key Messages during Pregnancy:

- Visit your nearby Antenatal Clinic as soon as you learn you are pregnant and continue visit the clinic for at least for four times.

- Consumes iron and folic acid.

- Eat healthy food and have an extra meal a day.

- Use iodized salt when preparing family meals.

- Stop smoking and drinking alcohol. That harms your baby.

- Avoid doing heavy work and get plenty of rest.

- Sleep under an insecticide-treated bed net during pregnancy.

- Take worm treatment—mebendazole (once in six months).

- Get tested for STIs, including HIV, and follows the advice of the health worker based on the results.

- Deliver your baby in a hospital setting.

- Have intermittent preventive treatment (IPTp) for malaria.

- Have a watch on your baby movement always.
Where to find help

Don’t be afraid to ask for support or advice to make breastfeeding work for you and your baby. Speak to your midwife or health visitor, or contact one of the support group member breastfeeding help lines below.

Call your nearest clinic for local help and support.

For 24 hours call hospital, Labour ward for your immediate help
Your nearest clinic nurse or Nurse Aid or the hospital will assist you.

Hospital phone number: ________________________________

Labour ward extension: ________________________________

ANC /PNC staff contact: ________________________________

Nurse aids contacts: ________________________________

Support group members contact number: ________________________________