




















































-  **Infant Feeding in Emergencies: A Guide for Mothers (WHO, 1997, 48 p.)**
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Why does the baby not always get this right?

A common reason is that a mother is not holding her baby in the best position to achieve good attachment. For example if a baby is held too high or too much to the side he cannot aim his mouth in the best direction. This is more common with first-time mothers or mothers who have previously bottlefed. However every baby is different and even experienced mothers may need a little help with a new baby. Here are the key points of good positioning:

Sit or lie wherever you feel most comfortable.

1. Your baby's head and body should be in a straight line. Whether you hold her sideways, upright or under your arm, her body should 'face' yours. A baby cannot suckle or swallow easily if her head is twisted to one side or her arm is in front of her. Try drinking with your head twisted round sideways and you will realize it is not easy.

2. Her face should face your breast, with her nose level with your nipple. This enables her to take in more of the underneath of the areola than the top part. The

touch of the nipple on her lips will stimulate her to open her mouth wide (Figures 4a, 4b and 4c).



Figure 4a

3. Hold your baby close to your body so that she can take in a good mouthful of breast. Bring your baby to your breast, not your breast to the baby. Do not lean forward as this may give you backache.

4. If the baby is newborn, support her whole body, and not just her head and shoulders. This helps her stay close but still be able to move her head and neck freely.

5. If you feel your breast needs support, cup it from below with your spare hand. Avoid holding your fingers like scissors⁸ as this can pull the breast out of your baby's mouth and spoil the good attachment. This common practice comes from a mistaken idea that a baby cannot breathe easily at the breast. Actually nature has designed a baby's nostrils to be at the sides of her nose so that she can breathe while she breastfeeds. A baby can look squashed at the breast and that is fine. As long as she can extend her head freely she will adjust herself to breathe comfortably.

8 Also called 'the cigarette hold'.



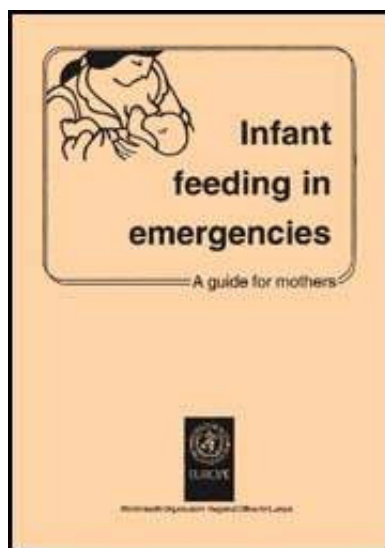
Figure 4b






























Figure 4c

If you are exclusively breastfeeding, your baby is healthy and growing and your breasts are comfortable, then you are doing it right, whatever the position.





















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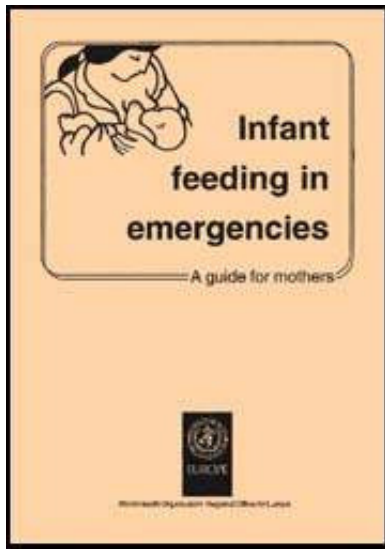
Sometimes it is hard to get a baby close because he is swaddled and his clothing gets in the way

It will help to unwrap your baby's clothing to improve breastfeeding. In cold conditions wrap a shawl around you and your baby together. Your own body's heat will keep your baby warm. Tight swaddling around the head and body stops babies extending their necks freely to attach well. Tightly swaddled babies have a higher risk of respiratory infections. Free movement of arms and legs is good for babies' physical development and warms them through increased circulation. Wrap the baby warmly but loosely. Layers of looser clothing trap more air and keep your baby warmer.

Tight swaddling can prevent easy breastfeeding

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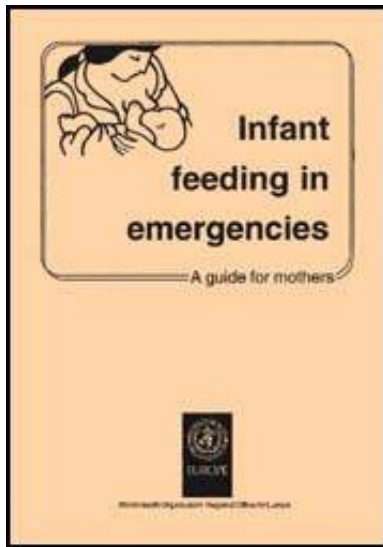
**The second principle of breastfeeding:
The supply and demand system**

Your baby's suckling sends a message to your brain to say how much milk she needs. If your baby is hungrier today, she suckles more. In response, your brain sends out more milk-making hormones telling your breast to make more milk. It is a supply and demand system. If your baby is separated from you, or taken off your breast too soon or poorly attached, she cannot stimulate the amount of milk she needs. If your baby's stomach is filled with other fluids, she will not suckle so vigorously. Giving your baby a dummy, especially in the early days, may stop her stimulating your breast often enough.


















Breast-milk contains a substance called 'inhibitor'. If milk is not removed from the breast, the inhibitor makes your body reduce milk production. The 'inhibitor' is there to shut down the milk-making system if the baby does not feed. So you can understand that restricting breastfeeding and not removing the milk will reduce the supply. Many women believe that their bodies cannot make enough milk and some health professionals mistakenly tell them this. In fact most women can produce far more milk than their babies need. All women are designed to feed twins, so producing enough for one is easy if you respond to your baby's need to

suckle. When a baby wants to suckle frequently, she is ordering the milk-making system to increase production; within a few days her orders are fulfilled. Supplementary feeds interrupt the baby's clear message to her mother's body.













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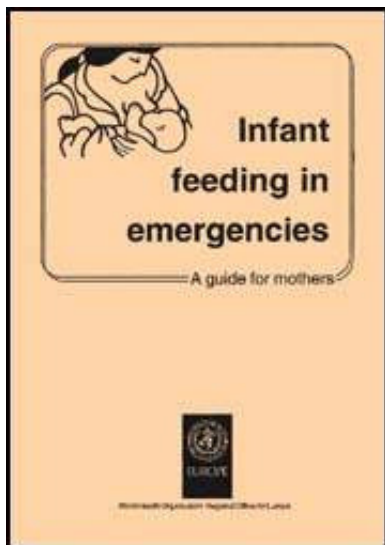
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Introduction

Every emergency is different. It may be a natural disaster such as an earthquake or a flood. It may be political unrest leading to fighting or bombardment. It may be an industrial accident, contamination of the water supply, a power failure, road or rail crash or other tragedy. The common factor in all emergencies is that normal daily life is disrupted and essential services become overstretched or collapse. People may have to leave their homes. Supplies of food, water or energy may be scarce, wages may not be paid and the value of money may change rapidly. Whether the emergency is great or small, short or long, the main anxiety for parents is their children's health and survival. This booklet is written to help you feed your baby during an emergency.

- **Breastfeeding is the best way to keep your child and yourself healthy.**
- **Your breast-milk alone is all your baby needs for the first 6 months.**
- **You can start breastfeeding again even if you stopped some months ago.**
- **At around 6 months introduce solid foods, but breastfeeding is still important into the second year and beyond.**
- **This booklet answers the questions that people ask about infant feeding in difficult times. It helps you to feed your baby safely and to get your breastmilk back if you have stopped breastfeeding.**

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 **Foreword**















 **Introduction**






 **Why is breastfeeding so important?**














 **Are commercially-made baby milks as good as breastfeeding?**













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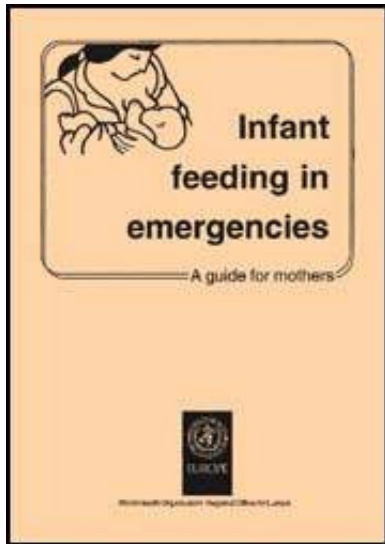
You said earlier that milk changes during a feed. Can you explain that?











Babies know what they need. Like many adults they need to satisfy their thirst before they eat the heavier part of the meal. The milk at the start of a feed (called foremilk) is more watery and high in lactose (milk sugar). The milk becomes

















fattier towards the end of a feed (called hindmilk). If you take your baby off one breast before he wants to come off spontaneously, then he may not get the fat-rich hindmilk. If you offer the second breast before he wants to stop at the first, he gets a second helping of foremilk. This unbalanced meal can lead to a restless, unsatisfied baby with wind, pain and colic.















Always let the baby end the feed in her own time










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But I thought you must feed from both breasts?

There is no rule. Do what suits your baby and you. Offer the second breast, but do not worry if she refuses. Some babies want the second breast, others do not. Some want one at one feed and two at another. Some babies change their habits as they grow and develop. Your baby's appetite guides her according to her needs. Letting a baby feed when and how she wants to is called baby-led feeding.⁹ Baby-led feeding produces the best milk supply and a more satisfied baby who cries less

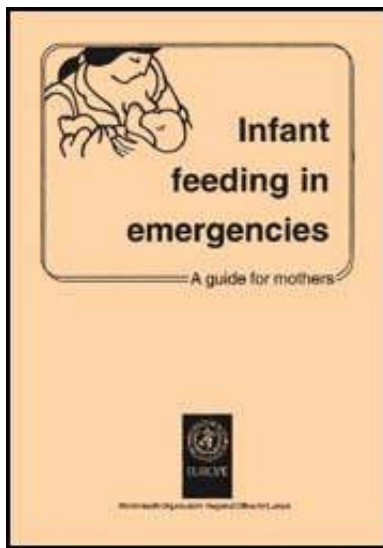
and grows well.












9 Baby-led feeding is also called 'feeding on demand'. Exclusive breastfeeding also means baby-led feeding.



















Babies know best what they need so let them guide you


























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You said earlier that confidence was important but not everyone has that. What can we do?

The third principle of breastfeeding: Confidence

Older people may remember poor, hard-working women who breastfed all their children easily. These women unconsciously knew the basic principles of breastfeeding and assumed they would have breast-milk. In common with many modern women you may lack confidence in your ability to breastfeed. Perhaps

your mother suffered the problems brought about by the mistaken medical practices. Perhaps you do not know anyone who has breastfed exclusively and you find it hard to believe that you can.

This booklet may give you some helpful facts, but your heart might still doubt. You can help yourself and your baby by asking your partner or a relative, a friend or any sympathetic person to support you, especially through the early days until breastfeeding is well-established. Ask them to read this book or at least the parts you find most helpful. Your helper can be like a trainer who helps a sports person. But unlike a trainer they must never be strict and always be gentle. In the past female relatives helped new mothers to breastfeed. In difficult situations we need to help each other whoever we are.

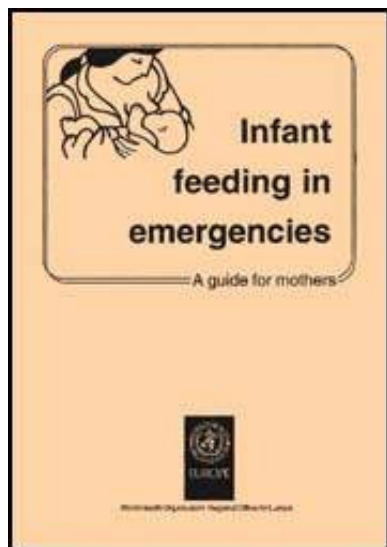
Breastfeeding mothers can support each other. If you are helping another mother remember that encouragement and kindness are as important as good information. Your confidence in her ability to breastfeed is vital. Never judge her, listen sympathetically and do not overwhelm her with advice.
















A little relevant information is far more effective than a long lecture.


Multiple births














All the above information also applies to multiple births. Twins give double the stimulation; as long as they are well-attached you can produce enough milk. Mothers have breastfed triplets and even quadruplets. Mothers of multiples need lots of practical help to cope with the extra work.

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 **A final word**

I know women with breastfeeding problems. Can they be helped?

Some women experience difficulties with breastfeeding such as sore and cracked nipples, engorgement, blocked ducts, mastitis and abscesses. Many mothers and health professionals accept these difficulties as inevitable, but they are all avoidable.

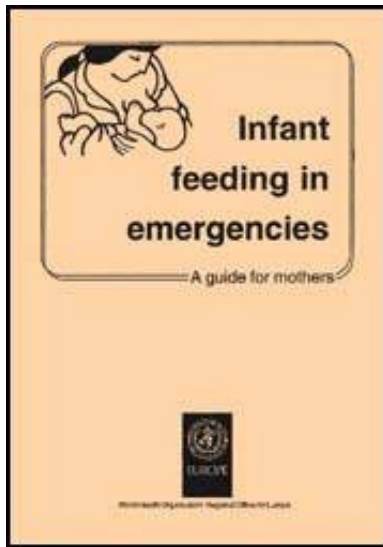
Most breastfeeding difficulties are avoidable
















These difficulties are more common where bottle-feeding has become usual. Many people, even some health professionals, have not learned to recognize how a baby breastfeeds well. This is partly because when you see more bottle-feeding than breastfeeding, you lose the chance to observe.


















A bottle-fed baby is held differently (see section on positioning) and he uses his mouth differently on an artificial teat.














Breastfeeding should never hurt the mother







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My mother told me that you always get sore nipples and you just have to put up with them

Like many women your mother suffered unnecessarily. Sore nipples can and should be prevented. In most cases they are a sign of poor attachment. The baby is *sucking* on the nipple causing friction and damage instead of *suckling* on the breast with the wave-like action which cannot hurt the nipple.

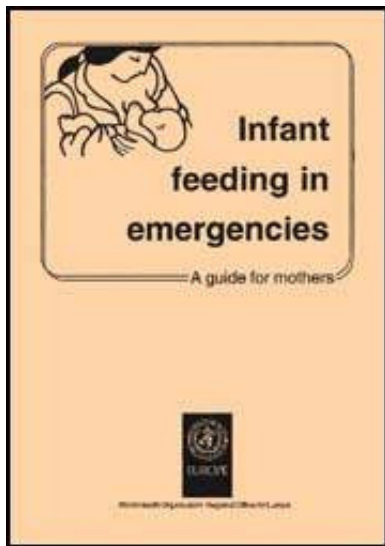
About 90% of problems are caused by poor attachment











Sometimes the baby looks well-attached, but if you are not comfortable then try again. Sometimes a small change of position can help the baby get closer and open her mouth wider. Experiment with different positions. Let the baby's lips touch your nipple to stimulate her to open her mouth really wide. If the feeding feels uncomfortable, gently put your finger into your baby's mouth to detach her from

















the breast and start again. The baby may need time to learn, especially if she has been bottle-fed. Be patient and keep trying. You can both do it. Babies can smell their own mother's milk and this can make them frantic for the breast. If your baby's crying makes you tense, ask a calm person to hold the baby closely and calm her before you try again.














Ask for the help you need, give the help she needs

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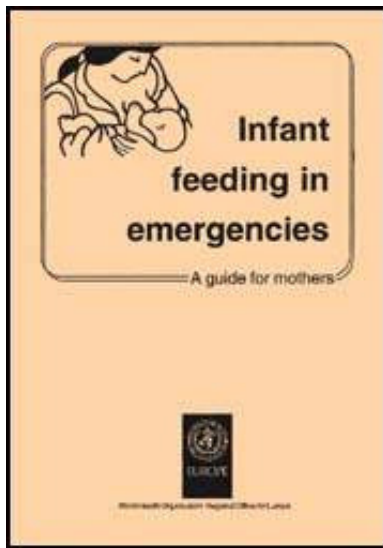
Unfortunately, nipple creams and sprays sometimes get sent with aid supplies. Do not use them. Most products worsen sore nipples by destroying the natural protective oils in the areola. Suckling the breast cannot make the nipples more sore if the baby has taken a good mouthful of breast. A sore or cracked nipple starts to heal within 24 hours once attachment is right. If the soreness gets worse












then the attachment is not yet quite right. Some women massage a little expressed hindmilk onto their nipples. This is soothing and may help healing.




















Sore nipples can lead to cracked nipples which can be a source of infection and mastitis, so do not ignore them but try to improve your baby's attachment. Your baby and you are learning all the time. A baby has an in-built talent to feed well and within a few days you can both get it right.
















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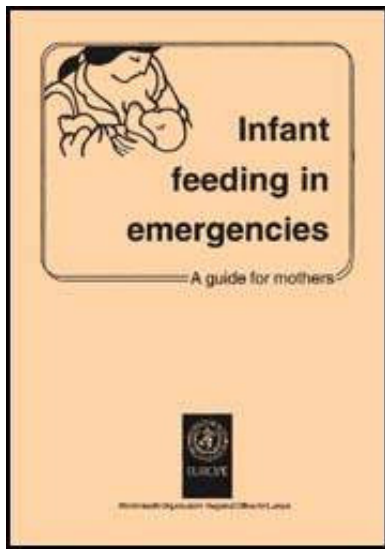
Washing nipples before or after breastfeeds is one of those harmful practices that got into the medical books many years ago. Never use soap on your nipple area. Soap removes the natural oils which keep the skin healthy and protected against infection. Washing once a day is sufficient and if water is short and you have to wash less do not worry.










The most important hygiene practice is washing your hands thoroughly after

defecation, changing nappies or cleaning your children's bottoms. Hand washing after defecation is a priority for everyone, but frequent nipple washing is unnecessary and can do harm.



















In all cases of difficulty, the priority is to keep the milk flowing. Never 'rest' the breast. This can make engorgement or sore nipples turn to mastitis and mastitis turn to an abscess. The baby is best at removing milk, but if you really feel you cannot feed for a day or two, you must keep the milk flowing with gentle expression.








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So if I get my baby well-attached, I will never get sore nipples?

Almost never, but there is one condition, a fungal infection called candida albicans or thrush, which can occur, especially after anti-biotic treatment. Women with thrush experience a stinging pain in the breast which continues after a feed. The skin may look red, shiny and flaky. The baby may or may not have white patches in

his mouth or a rash on his bottom. Try to get nystatin or gentian violet.

Show this to a health professional

Table 2: Treatment of candida of the breast

Gentian violet paint:

To baby's mouth: 0.25% apply daily or alternate days for 5 days or until 3 days after the lesions have healed.

To mother's nipples: 0.5% apply daily for 5 days.

OR:

Nystatin cream 100 000 U/g.

Apply to nipples 4 times daily after breastfeeds.

Continue to apply for 7 days after lesions have healed.

Nystatin suspension 1000 000 U.ml

apply 1 ml by dropper to child's mouth 4 times daily after breastfeeds for 7 days, or as long as mother is being treated.

Stop using pacifiers, teats and nipple shields.

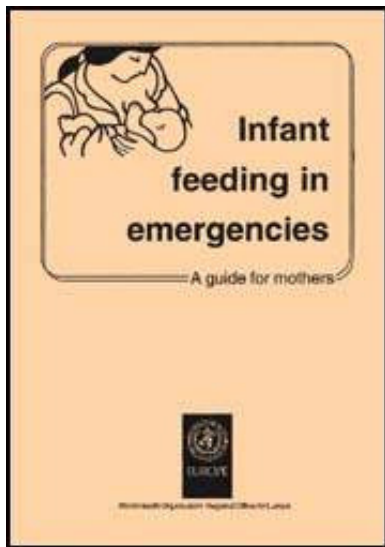
The baby needs treatment too otherwise he will reinfect his mother's nipples. The same oral preparation can be used for baby's mouth (and bottom) and for your










nipples.

Continue breastfeeding, even if it is a bit uncomfortable. Stopping breastfeeding suddenly can lead to a worse situation. If it is really too painful to feed, gently express the milk (see section on expression "How do I express milk?") and give it to your baby in a clean cup. But you must keep the milk flowing to avoid mastitis.

Bottle teats and dummies can be a source of candida infection

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You say breastfeeding should not hurt, but what about the engorgement that every woman gets a few days after the birth?

People confuse full and engorged breasts. Fullness is normal; engorgement can and should be prevented. A few days after the birth, your breasts may feel full, heavy and lumpy, but the milk flows easily. Offer your baby your breast frequently to remove the milk. Your breasts will gradually adjust to your baby's needs, and

become softer and more comfortable. If the baby is ill (see section on feeding sick babies "I can see the reason for expressing milk for sick or premature babies, but must all women learn to express?") and you cannot feed her directly, then express your milk frequently to keep it flowing.

Engorgement is when your breasts are overfull with milk and are swollen with tissue fluid and the extra blood supply. The skin looks shiny and stretched, your breasts feel painful and the milk does not flow easily. It may be difficult for your baby to attach and remove the milk. Follow these instructions.

Causes and prevention of breast engorgement

Causes

- Plenty of milk
- Delay starting to breastfeed
- Poor attachment to breast
- Infrequent removal of milk
- Restriction of length of feeds

Prevention

- Start breastfeeding soon after delivery
- Ensure good attachment
- Encourage unrestricted breastfeeding

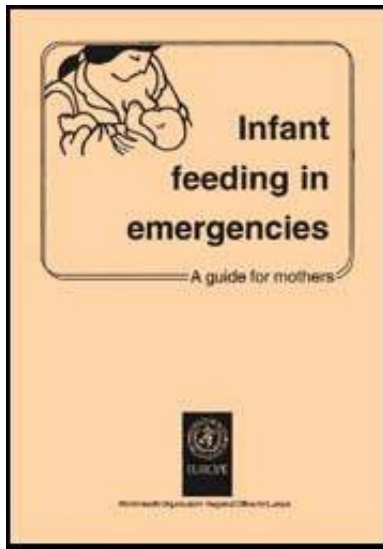
Never 'rest' the breast. Always keep the milk flowing.



















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You mentioned blocked ducts, mastitis and abscess. Are they common and how can we treat them?

They do not need to be common conditions as they result from engorgement, infrequent feeding or poor attachment. They become rare if The Ten Steps are implemented. They all need rapid help.

A blocked duct shows as a tender red lump. This can happen if one part of the breast is not well-drained.

- **Try to improve the baby's attachment, perhaps by changing the position when you feed.**
- **Check that your bra or other clothing is not tight. Bras with flap openings can put pressure on one area of the breast and obstruct the milk flow. If you cannot get another bra, cut the cloth where it presses. If you feel comfortable without the bra, stop wearing it.**
- **Do not use the 'scissor hold' as that can obstruct the flow.**
- **If it feels more comfortable support your breast from underneath with your hand.**

- **Gently massage the affected area while the baby is suckling.**
- **If possible apply warmth to the breast between feeds.**

Mastitis is when the breast is red, swollen and painful. Unlike engorgement it may be in one breast only or just a part of the breast. You may feel ill and have a fever. Mastitis is caused by poor drainage of milk from sections of the breast. Sometimes germs will multiply because of the poor drainage and cause infective mastitis. It is difficult to tell, but if fever and flu-like illness persist it may be infective mastitis. If you can, ask a health professional to give you the following antibiotics and finish the course. See box below. They will not harm the baby.

Show this to a health professional

Antibiotic treatment for infective mastitis

The commonest bacterium found in breast abcess is *Staphylococcus aureus*. Therefore it is necessary to treat breast infections with a penicillinase-resistant antibiotic such as either flucloxacillin or erythromycin.

Drug	Dose	Instructions
Flucloxacillin	250 mg orally	Take dose at least 6 hourly 30 minutes before food for 7-10 days
Erythromycin	250-500 mg orally	6 hourly for 7-10 days

The commonly used antibiotic ampicillin is not usually effective.

If you can get paracetamol tablets for the pain, use them. They are safe to use while breastfeeding.

Whether you can get antibiotics or not, it is very important that you keep the milk flowing. The best way to remove the milk is to let your baby suckle.

The germs from infective mastitis will not harm your baby and are destroyed by his digestive enzymes.

It is a risk for both you and your baby to stop feeding. It may be hard to attach a baby to a swollen hard breast, so gently express a little milk first.

Some women do not want to breastfeed when they have mastitis. They need help to keep the milk flowing through gentle hand expression several times a day. The baby can be cup-fed with the milk which is still the best food for the baby. Resume breastfeeding as soon as possible.

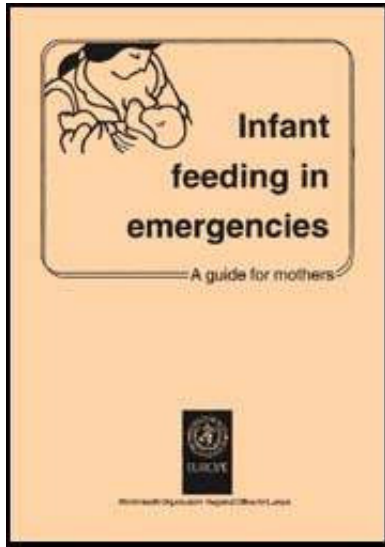
An abscess is a hard, painful swelling filled with pus that can result from neglected mastitis. Use the same treatment as for mastitis. You may need a health professional to excise and drain the abscess, but you can still carry on feeding. If it is too painful, continue feeding from the unaffected breast and gently express milk from the affected breast for 2-3 days. Then resume feeding.



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Why is breastfeeding so important?

Breastfeeding is important everywhere for the best child health, growth and development. Breast-milk is superior to any other product given to a baby. It contains the ideal balance of nutrients and anti-infective factors, tailor-made for each individual child.

A breastfed baby receives the most nutritious, luxurious and appropriate food ever known. A millionaire's baby fed with commercial baby milk has a poorer diet than the poorest family's baby who is breastfed.



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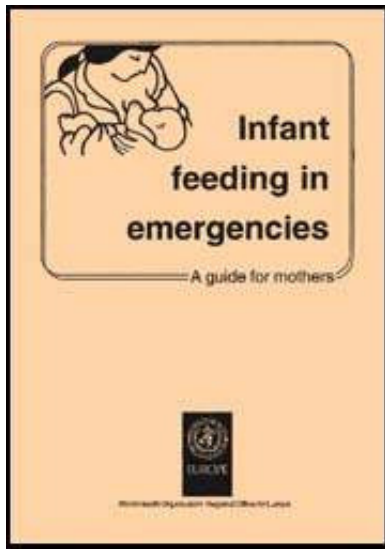
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 **Why is breastfeeding so important?**





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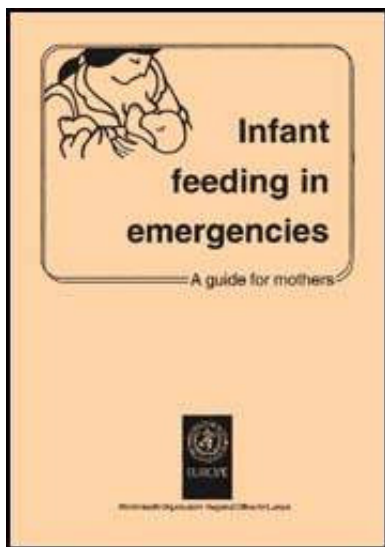
 **A final word**










All these problems make breastfeeding LOOK TOO DIFFICULT



















This is a dilemma with breastfeeding information. These preventable conditions still occur too often and they have to be treated. They are all signs that women are not getting enough help. In an emergency it is vital that a woman can help herself or request the right help. In societies where everyone breastfeeds these conditions are rare. You can use the knowledge in this book to help yourself and other mothers to avoid these difficulties. You can also share it with health professionals.

























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You said earlier that you can breastfeed even if you have stopped completely. How can this be done?

Even if you stopped breastfeeding several months ago you can probably still squeeze a drop of fluid from your breast. Your milk-making system has not completely shut down. Re-starting breastfeeding after you have stopped is called relactation. Women who have never given birth have breastfed adopted babies,

this is called induced lactation. The first is easier than the second.

The three principles of easy breastfeeding still apply.

- **Good attachment**
- **Supply and demand**
- **Confidence**

The aim is to persuade your baby to play her part. If she is now fully bottle-fed, she may have temporarily forgotten her natural skill to breastfeed and she needs reminding. Some babies just restart suckling easily, others need gentle persuasion. The delicate period is when you want your baby to suckle a lot to stimulate the milk, but she still needs to get enough to eat. She needs to be hungry enough to suckle effectively at the breast, but not so hungry that she gets frustrated when the milk supply is still low.

Every baby is different. Some babies who are bottle-fed, attach well at the breast. Others are so used to the bottle they do not work at the breast. Ask someone to give you emotional and practical support through the first days: for example perhaps a relative or friend could help with housework, queue for food or care for your other children. You will need to spend a lot of time with your baby at the beginning.

- **Put your baby to the breast frequently, at least 10 times in 24 hours.**
- **Offer your breast whenever she wants to feed. Never force the breast; try to remind her how pleasant breastfeeding can be.**

- **Make sure that the position and attachment are right and comfortable for both of you.**
- **Whenever possible, enjoy skin-to-skin contact, even when the baby is asleep.**
- **It helps to sleep all night with the baby skin-to-skin.**
- **Do not use a dummy.**
- **Whether you are bottle-feeding or cup-feeding gradually reduce the amount of milk in these feeds as your milk increases.**
- **Use gentle hand expression to stimulate the breast.**
- **If you can squeeze a droplet of milk onto your baby's tongue, do this to awaken her interest.**
- **You can try dripping artificial milk from a spoon onto your breast so that it trickles into the baby's mouth while she suckles.**

If the baby is getting frustrated before the milk comes back you can try making a breastfeeding supplementer. Only use this method if you know you can sterilize the equipment for every feed. Ask a health worker for very fine infant feeding tubes. Put donated expressed breast-milk, commercial baby milk or diluted cow's milk in a cup, jar or other available container.

Place the end of the tube along your nipple, so that the baby suckles the breast

and the tube at the same time. Hold the tube in place, ideally with surgical tape (Figure 7).

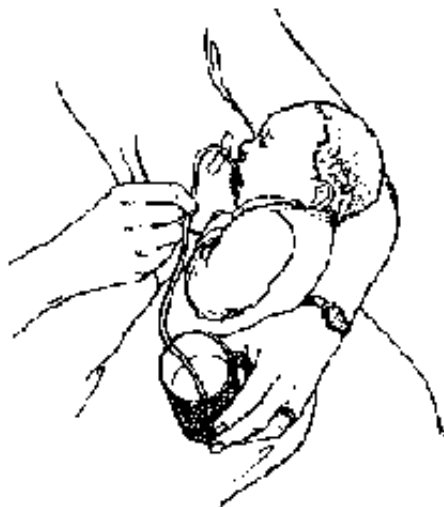


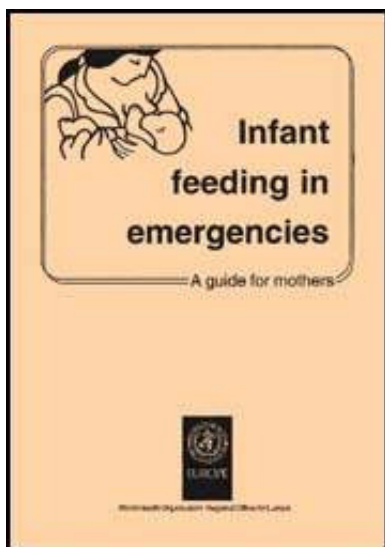
Figure 7

















Ask someone to hold the cup, if you find it awkward to hold. To start off the milk can be held higher than your breast and baby. As soon as the milk flows through the tube, hold it lower. The idea is to make the baby stimulate your breast-milk by effective suckling, so only a trickle must get through the tube. Reduce the milk in the cup by a teaspoonful¹⁰ at each feed as the breast-milk increases.











¹⁰ If a teaspoon is inappropriate, use an equivalent local measure for up to 5 ml, for example, a soft drink bottle cap.






Stay confident. Many women, including grandmothers, have successfully restimulated breast-milk, many years after they stopped breastfeeding.

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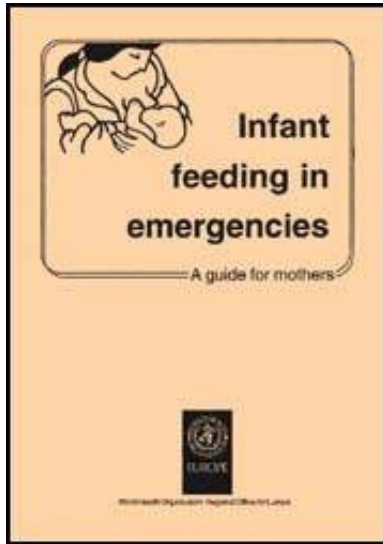
Food supplies can be precarious. How can we feed the babies over 6 months who need more than breast-milk alone?















At around 6 months, start to introduce whatever foods you are eating yourself. Do not replace the breastfeeds; give solid foods in addition to your baby's usual breastfeeding pattern. Babies over 6 months can eat almost any food but should not have a high salt diet. When you prepare food, reserve some for the baby before you add salt; use iodised salt wherever possible, since iodine deficiency is common in most countries for the rest of the family. After 6 months, whether your baby has teeth or not, she will have a chewing reflex. There is no need to puree foods, just mash them with a fork, spoon or whatever is available. If there is enough food and you are still breastfeeding and your baby is growing well, restrict sugar. Sugar contains no useful nutrients, only energy. Some people describe sugar as 'empty calories'. Sugar harms a baby's growing teeth. Most other foods are more nutritious. However when there are serious food shortages, it is better to use sugar than nothing.

















Always use a cup or spoon to feed your baby other foods. If the food is easily held, let the baby feed himself with his hands.


















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-  **Infant Feeding in Emergencies: A Guide for Mothers (WHO, 1997, 48 p.)**
-  **(introduction...)**
-  **Foreword**
-  **Introduction**
-  **Why is breastfeeding so important?**
-  **Are commercially-made baby milks as good as breastfeeding?**
-  **Why are commercially-made baby milks not so good?**
-  **But can every woman breastfeed?**
-  **But why don't the experts tell us this if breastfeeding is so important?**
-  **Do babies also need tea and water?**
-  **When do babies need more than just breast-milk?**
-  **So a sick baby should go on breastfeeding?**
-  **Do breastfed babies get fewer diseases?**
-  **But my friend's baby got ill and he was breastfed**

-  **So breastfeeding is like a medicine? People say that stress stops the milk, so during stressful times how can we breastfeed?**
-  **What about women who have lost a lot of weight? Can they produce milk?**
-  **Do we need special nutrition for breastfeeding?**
-  **But what about anaemic women? Does breastfeeding drain their strength?**
-  **Someone told me breastfeeding stopped you getting pregnant, but isn't that just a story?**
-  **How does breastfeeding work?**
-  **What about women with small breasts or flat nipples?**
-  **You said the baby has a part too. What can he do?**
-  **Why is the baby's suckling-action important?**
-  **How does a baby stimulate the milk?**
-  **The first principle of breastfeeding: good attachment**
-  **Why does good attachment not always come naturally to the baby?**
-  **Why does the baby not always get this right?**
-  **Sometimes it is hard to get a baby close because he is swaddled and his clothing gets in the way**
-  **Even if my baby attaches well, how can I be sure there will be enough milk?**
-  **You said earlier that milk changes during a feed. Can you**

-  **explain that?**
But I thought you must feed from both breasts?
-  **You said earlier that confidence was important but not everyone has that. What can we do?**
-  **I know women with breastfeeding problems. Can they be helped?**
-  **My mother told me that you always get sore nipples and you just have to put up with them**
-  **What about special creams for sore nipples? How can we get them during an emergency?**
-  **With this baby-led feeding how can I be hygienic and wash my nipples?**
-  **So if I get my baby well-attached, I will never get sore nipples?**
-  **You say breastfeeding should not hurt, but what about the engorgement that every woman gets a few days after the birth?**
-  **You mentioned blocked ducts, mastitis and abscess. Are they common and how can we treat them?**
-  **All these problems make breastfeeding look too difficult**
-  **You said earlier that you can breastfeed even if you have stopped completely. How can this be done?**
-  **Food supplies can be precarious. How can we feed the babies over 6 months who need more than breast-milk alone?**

- ➔  **What about premature or very small babies?**
-  **I can see the reason for expressing milk for sick or premature babies, but must all women learn to express?**
-  **How do I express milk?**
-  **I can see that breastfeeding is possible in most cases, but we still have to face the times when it is not possible: emergencies create orphans, abandoned babies and severely ill or wounded mothers**

-  **Is it possible to feed a baby artificially without a bottle?**
-  **How do you cup-feed a baby?**
-  **A final word**

What about premature or very small babies?

As we said earlier, the more vulnerable the baby the more important it is he receives breast-milk. Breastfeeding is less stressful than bottle-feeding for a premature or small baby who can suckle.

If a baby is too premature or too weak to breastfeed, he can be tube fed with your expressed breast-milk. A cup can be safely used to feed a healthy pre-term baby from around 32 weeks gestation. Cups have several advantages over tubes. The baby controls his own intake and the contact with the expressed breast-milk may stimulate the digestive enzymes in his mouth. He is also held closely to be fed which is good for his development.

If a baby has to be tube-fed he can benefit from nuzzling at your breast. He will

then learn to associate the smell and taste of your breast with a full stomach. You can express a little breast-milk directly into his mouth. Stay near your baby as much as you can. Express your milk as soon as possible after the birth. Express frequently, at least 6-8 times a day. However small the amount any breast-milk is valuable for your baby's progress. Some mothers of premature or low birth weight babies can produce sufficient breast-milk, others need to supplement, ideally with expressed breast-milk from other mothers.

It is important when feeding expressed breast-milk to ensure that the baby gets enough of the fat-rich hindmilk. This fattier milk is more likely to stick to the sides of the feeding tubes. Less fat is lost from cup feeding.

