



GIVE YOUR BABY THE BEST START IN LIFE

1. *Should I breastfeed my baby?*

Yes, every mother should breastfeed her baby. Breast milk is nature's first gift to your baby, and there is no other substitute for it. For the first 4 to 6 months, breast milk is your baby's best and complete food. Do not be misled by people who suggest powdered milk 'in case you think you do not have enough milk'. It has been found that almost all mothers are capable of producing more than enough milk for their baby's need.

Nature in all its wisdom has ensured that *you can* breastfeed successfully. All you need is the *determination* to breastfeed, and *faith* in your own ability to breastfeed successfully. Remember that breast milk has many qualities which make it unique from all other artificial milks available.

2. *Will I be able to breastfeed successfully?*

A common reason mothers give for stopping breastfeeding is the fear that they do not have enough milk, and so they introduce their babies to artificial feeds in the first few days after birth.

Research shows that in practice, almost every mother *can* breastfeed successfully. Rarely is there any physical reason for being unable to feed the baby naturally. The most important thing to remember is that the mother must *want* to breastfeed, have confidence in her ability to breastfeed successfully and must not lose hope.

Further, studies have shown that women who want to breastfeed actually produce more milk than those who don't want to, or are indifferent about

breastfeeding their babies. Many women fail to breastfeed successfully, even though they want to, because they believe, incorrectly, that they do not have enough milk for their baby's need. The truth is that almost all mothers are capable of producing more than enough milk for their baby's need.

3. *What is colostrum? Is it important for my baby?*

For the first day or two, the milk that flows from the breast is called colostrum. This first milk is extremely nourishing for the newborn. What makes colostrum even more special is the fact that this first milk is full of antibodies produced by the mother. These antibodies protect the newborn against some diseases and infections at a time when the baby is particularly vulnerable. Later milk also contains these antibodies, but not as much as the first milk. In addition, colostrum also has certain properties that prevent allergic diseases like asthma and eczema which are more common in bottlefed babies.

Traditionally, in many Indian homes, colostrum is thrown away. Today we have learnt that in actual fact, colostrum is extremely valuable to the newborn. Throwing away the colostrum deprives the newborn of the best possible nourishment available, as well as the protection that it offers against disease. Colostrum is very rich in proteins, minerals and vitamins. In fact, colostrum is just what the newborn needs soon after its birth.

No matter where a mother delivers her baby, at home, hospital or the nursing home, she should

insist that the baby is kept with her in the same room. This way she can ensure that her baby gets the benefits of colostrum. Put the baby to the breast soon after birth. The sooner the baby starts suckling the breast, the sooner and better the milk will flow. In addition, it will receive the benefits of colostrum which flows only for the first day or two. According to many doctors, colostrum has life-long health preserving benefits.

4. How often should a baby be breastfed in a day?

Babies usually cry when they are hungry. Put your baby to the breast each time it cries for a feed. This demand feeding is a better way to feed your baby instead of fixed schedules.

Babies could also cry for some other reasons, such as if their nappy is wet or if the clothes are too tight. Having checked that none of these is the source of trouble, you should interpret the baby's cry as its demand to be breastfed.

Your baby is a special person, an individual unlike other babies. It is not just a hungry stomach to be filled at regular intervals. Once you accept that the baby may ask for a feed at different times, depending on when it is hungry, you are well on your way towards breastfeeding successfully. If you worry each time it cries for a feed too soon, you are more likely to lose your milk. This happens because worry can interfere with the 'let down' of the milk from your breasts.

While some babies settle down to a routine of demand feeding after a few weeks, others don't. So do not compare your baby with other babies. Just breastfeed your baby when it cries for a feed.

As the baby grows it may ask for fewer feeds and may settle down to a regular demand routine, every two, three or four hours. Sometimes your baby may demand a feed more often than other times. This could be for many reasons: the baby may be extra hungry, growing rapidly, teething or is just upset. If the baby needs extra feeds, your own milk supply will adjust to its needs if you let the baby suckle as much as it wants to and whenever it demands a feed.

5. How long should each breastfeed last?

Let your baby tell you how long it needs to suckle

your breasts to get its fill. A hungry baby will cry for milk. The old rule of 10 minutes on each breast was created because that was roughly the average time that a baby takes to feed. But each baby is different. So while some babies take less than 10 minutes to a side to get their fill, others may take longer.

During the first few months, you may find that your baby wants a feed very frequently. This is not unusual and is the baby's way of increasing your milk supply to suit its growing needs. People may tell you that a baby gets all the milk that it needs in the first few minutes at each breast. But all babies are not alike. A lot will depend on how vigorously the baby suckles, the strength of your 'let down' reflex and the time taken for the 'let down' or start of the milk flow.

Remember that some babies enjoy suckling even if they have had their fill. There is no reason to stop this unless you have some other work to do, or if you have sore nipples. This 'comfort suckling' is considered by many experts to be an important factor in the child's emotional development.

When your baby has had its fill on one breast, in other words, when it loses interest in feeding, change it to the other side. Let the baby continue feeding on the other breast as long as it wants to. There are times when the baby will feel less hungry, is sleepy or just tired and may not want to suckle very long. Don't worry about this, and don't force the baby to feed. Just offer your breast after a little while.

6. How does a mother know if her baby is getting enough milk?

It is true that when you breastfeed you cannot actually see how much milk the baby drinks. However, if your baby sleeps well, is healthy, active and playful when awake and gains weight steadily each month, then you can be sure that your baby is getting enough milk for its nourishment and growth.

7. How can I increase the flow of milk in my breasts?

The baby's suckling is the best way to start and increase the flow of milk in your breasts, and the sooner the baby is put to the breast, the sooner and better will be the flow of milk. Let the baby suckle as

frequently as possible because the more often a baby suckles the breast, the better it stimulates the breast to produce more milk. This is Nature's secret to start and increase the flow of milk to meet your baby's growing needs.

Sometimes emotions like embarrassment, tension, or fatigue can also interfere with the 'let down' of the milk. A mother should therefore, relax and sit comfortably when she feeds her baby.

When the baby suckles, it stimulates two hormones which are released into the mother's bloodstream. One of these hormones stimulates a strong flow of blood through the breasts and activates the milk making tissue. The other hormone causes the breasts to push out or 'let down' the milk from the breasts. This is generally felt as a 'pins and needles' sensation or a full feeling in the breasts. If the milk doesn't 'let down', your baby will not get all the milk that is available in the breasts. Fortunately Nature has ensured that when the baby suckles frequently, the 'let down' reflex works well.

8. *What should I eat to increase the flow of milk in my breasts? Are there medicines to increase this flow?*

There are no special foods or medicines to improve the quality and quantity of breast milk. To breast-feed successfully and to maintain her own health, a nursing mother should eat slightly more of the food she normally eats. There is no need to eat anything special. An extra helping of rice or chapati, dal, green leafy vegetables and fresh fruits will give the nursing mother all the nourishment she needs to produce enough milk for her baby and to maintain her own health. Eggs, fish and meat are also good. What is important is to eat slightly more of everything that she normally eats, rather than eating anything special while nursing her baby.

Finally be assured, *you can* increase your milk supply. Nature has made sure that when the baby suckles the breast frequently, the milk will flow well. All you need is the confidence in your natural ability to breastfeed successfully. Eat and rest well.

These early months can be a challenge, demanding much patience and determination on your part. So do relax and enjoy your baby. Remember that not only is your baby receiving the best food available,

but also both your baby and you are building a happy and secure relationship during this period.

9. *How should a mother hold the baby while breastfeeding?*

There is no ideal position to hold the baby while breastfeeding. The main thing is to make yourself comfortable because you will be in that position for some time, and try to make the baby comfortable. Pain and discomfort can reduce the 'let down' of milk.

Support the baby's weight with a pillow on your lap. Another pillow under the arm supporting the baby will also help. If you are sitting, it is easier to feed if you sit upright and lean slightly forward. Hold the baby with its chest and stomach against you, so that it doesn't have to turn its head around and can feed comfortably. Some babies like to have something to hold on to while feeding—give the baby your finger to hold onto. At night, lie on your side and breastfeed the baby.

Don't push the baby's mouth onto your nipple. This could frighten the baby. Instead, stroke the side of its mouth with your nipple. If your breast is very full, you may have to hold it back so that the baby's nose is not smothered. But don't bother to hold your nipple or breast once the baby starts suckling. Expressing a little milk from a full breast will soften it enough to enable the baby to hold on.

When breastfeeding, part of the areola (the dark area around the nipple) should go into the baby's mouth as the milk reservoirs are under the areola and need to be emptied by the baby's suckling. If only the nipple goes into the baby's mouth, not enough milk will flow out. The baby would have to suckle extra hard and this could lead to sore nipples. If you have an extra large areola, hold it between the finger and thumb and squeeze them together. This will make the areola flatter and easier for the baby to take in its mouth.

You may notice that at times your baby stops suckling and looks around. This happens because the 'let down' causes the milk to be spurted in an uneven flow. Several spurts of milk come out, and then there is a short pause before the milk flows again. Your baby is adapting to the flow of your milk and its breathing pattern is also altered to fit in with this drinking pattern.

10. How should a mother stop a feed?

Some babies simply let the nipple go when they have had enough to drink, while others have to be gently removed from the breast. Some babies also like to suckle even after they have had their fill. This is called 'comfort suckling.' According to many doctors, this should be encouraged because it helps the emotional development of the baby.

Do not abruptly pull the baby's mouth away from your breast while it is feeding. The force could damage the nipple and the areola, apart from frightening the baby. Instead, put the tip of your little finger in the corner of the baby's mouth and gently draw the baby away.

11. How can I tell when the baby has had enough milk?

Babies often show they have had enough milk simply by falling asleep. But before they go to sleep, they may unclench their fists, smile, refuse to drink anymore or just arch their back. Don't force the baby to feed any more if it doesn't want to. Learn to accept your baby's judgement about when and how much it wants to feed.

12. Can a woman with small breasts produce enough milk?

Some women with small breasts worry about their capacity to produce enough milk for their baby's need. The size of the breasts have no relation to their capacity to produce milk. Women with small breasts *can* and *do* produce more than enough milk for their babies. Worry will only reduce the flow of milk. What is important is not the size of your breasts, but allowing your baby to suckle frequently. Frequent suckling will stimulate your breasts to produce more milk. This is the secret to successful breastfeeding.

13. Can a mother breastfeed while having her periods?

There is no reason why a mother should not breastfeed during her periods, since this will not harm her or the baby. Some mothers say that their babies are temperamental when they have their periods. This is quite likely due to the mother's own menstrual tension being communicated to the baby. There is no difference in the mother's milk,

during her periods.

14. Can a mother breastfeed even when she is ill?

Yes, a mother can continue breastfeeding her baby even while she is ill, without harming the baby. In most cases, the baby will get the protection against the mother's illness from the antibodies present in breast milk.

Most medicines taken for illnesses do pass into the breast milk but in such small quantities, that they are unlikely to harm your baby. Consult a doctor who will prescribe medicines which are less likely to harm the baby. The doctor will also advise the mother to continue breastfeeding.

However if the mother has high temperature, jaundice or septicaemia, the doctor will advise her to discontinue breastfeeding until she recovers. A mother who has been advised to stop breastfeeding during an illness should however, express her milk regularly and throw it away until she has fully recovered from the illness. This practice will ensure that her flow of milk is not reduced. On recovery she should resume breastfeeding the baby.

During the period when she has been advised to discontinue breastfeeding, the mother can give the baby fresh cow, goat or buffalo milk or even milk from the local dairy centre. Do not dilute this milk.

Generally speaking in most common illnesses, a mother can continue breastfeeding without any ill effects on the baby.

15. Should a baby be breastfed even when ill?

Yes, your baby can certainly be breastfed even when it is ill. In fact it is very important that you continue breastfeeding while the baby is ill because your milk will provide the baby with antibodies to protect it from other illnesses which can set in when it is already weak. Breast milk will also give the baby the nourishment and strength to recover from the illness.

Do not stop breastfeeding when the baby is ill, unless your doctor advises you to stop. But this is rare. Unless your baby is so ill that it is not allowed milk, the baby will do better drinking breast milk than any other milk. Breast milk is much easier for

the baby to digest. Besides, the baby will recover faster from vomiting, diarrhoea and dysentery if it is given breast milk.

16. Can a mother breastfeed when she is pregnant?

Yes, a mother can certainly continue to breast-feed her baby all through her pregnancy without any ill effects on either the breastfed baby, the baby in the womb or herself. However, a pregnant woman who is breastfeeding her earlier child should eat slightly more for the sake of the breast-fed baby and herself as well as for the baby growing in her womb. All three require good nourishment during this period.

17. Is it possible that breastmilk may not suit my baby?

Babies are rarely allergic to breast milk. Nothing could be more suitable than what Nature intended to feed your baby. In fact animal milk and powder milk are unnatural for the baby's system. It has been found that bottle fed babies are more likely to suffer from allergies like asthma and eczema. Bottle fed babies are also more prone to diarrhoea. Do breastfeed your baby. Breast milk is the safest and most nourishing food available for your baby.

18. What should a mother do about breastfeeding if she has had a caesarian operation?

Except in rare cases, there is no reason why a woman who has had a caesarian operation cannot breastfeed as successfully as the woman who has had a normal delivery. However, after a caesarian operation you are bound to be in pain. If you are determined to breastfeed, then you would have to put your pain and discomfort aside and insist that your baby be brought to you as soon as you are awake. As a bonus, breastfeeding your baby will help to compensate for some of the disappointment you may feel not having experienced a normal childbirth.

Unlike a mother who has had a normal delivery, you will not be able to breastfeed immediately after childbirth as you will be under the effect of general anaesthesia. However, *insist* that your baby be brought to you as soon as you are awake and

kept with you. Also you should insist that you do not want your baby to be bottle fed. Put the baby to the breast whenever it cries for a feed, instead of feeding it at fixed schedules. It is vital that you put the baby to the breast as soon as you are awake, so that your baby is not deprived colostrum. Frequent suckling will stimulate your breasts to produce more milk. In a day or so, your milk supply will settle down to suit your baby's need.

At first you may face a problem deciding on a comfortable position to breastfeed. Sitting up after a caesarian operation can be painful. However, don't let this problem put you off breastfeeding. Lie on your side and let the baby suckle your breasts. After the baby has had its fill on one side, ask someone to help you turn to the other side and continue breastfeeding from the other breast.

Remember breast milk is the best and complete food for your baby, besides being the safest and most hygienic. For your baby's sake, put your pain and discomfort aside and insist on breastfeeding your baby as soon as you are awake. Do not let people discourage you from breastfeeding. After all, as a mother, you would not like to deprive your newborn of the best food available.

19. Should a baby be kept with the mother while she is still in the hospital or nursing home?

Every mother should insist that her newborn is kept with her in the same room, no matter where she is—at home, hospital or the nursing home. This is called 'rooming in'.

Many hospitals and nursing homes keep the newborn separately for the first few days. Although a nurse will bring the baby to the mother in the course of the day, she may give the baby an occasional 'top' or bottle feed. Even a single bottle feed of milk powder can disrupt the formation of the normal suckling habit and reduce the mother's milk supply.

This happens because suckling the mother's nipple requires greater effort on the baby's part. Nature intended it to be this way. This extra effort by the baby helps to stimulate the breasts to start and increase the flow of milk. On the other hand, suckling the feeding bottle is much easier. If your baby gets used to suckling from a feeding bottle, it

will not exert much pressure while suckling your breast. If the baby doesn't suckle hard enough, it will not stimulate the breasts enough to produce more milk. This can reduce the flow of milk from your breasts. Therefore it is vital that every mother insists that her baby is kept with her soon after birth and is exclusively breastfed. Not only would the baby get colostrum that flows for the first day or two, but frequent suckling whenever the baby cries for a feed will ensure a good flow of milk.

20. *How can a working mother continue breastfeeding after she returns to work?*

Most working mothers are entitled to three months maternity leave. A mother who is keen to breastfeed her baby should take as much of this leave after delivery. This will ensure that at least for the first three months of life, her baby is exclusively breastfed while she is at home. During this period, do not make the mistake of getting your baby used to bottle feeds before you return to work. Just because you have to return to work, does not mean that bottle feeding is the only answer to feeding your baby.

The problem of breastfeeding arises during the working hours when the mother is away at work. However, if she is determined to breastfeed, she can hand express her breasts in the morning before leaving for work. Store this expressed milk in a clean covered container which has already been properly sterilized in boiling water. This precaution would ensure that no germs enter the baby's body. Breast milk can be stored in the refrigerator for a few hours, and reused while the mother is away. Do not warm expressed milk directly over the fire. To warm this milk put the container in a bowl of hot water. A family member who stays at home with the baby can give the feed, using a clean spoon.

Once the mother returns home, she can breastfeed her baby. A working mother who wishes to breastfeed should follow this practice: breastfeed the baby before leaving for work; hand express your milk and store this milk which can be reused in your absence, and resume breastfeeding when you return. This will ensure that your baby is not deprived of your milk during these crucial months of life. Expressing your milk everyday before leaving for work acts as a double bonus. Besides

providing the baby with the best nourishment available, it also prevents your milk flow from reducing.

Some mothers may complain that expressing breast milk every morning would involve much time and effort, just when she has so many other household chores to finish. But if you balance the benefits of continuing breastfeeding with this extra effort and time, you will be convinced to make the right decision—to continue breastfeeding. You will also have the satisfaction that your baby is getting the best possible nourishment. After all, breast milk is the best and complete food for the baby during the first 4 to 6 months of life. Remember, there can be no other substitute for it.

21. *How do I express milk from my breast?*

Wash your hands before you express the milk. Use both hands to squeeze gently from the base of the breast towards the areola (the dark area around the nipple) and the nipple. Then squeeze the breast and the areola between the fingers and the thumb till the milk flows out.

Collect this milk in a clean cup or container which has been boiled previously. Cover the container and store the milk in the refrigerator. Expressed milk can be stored in the refrigerator and reused within a few hours. If there is no refrigerator in your home, store the expressed milk in a cool place. Milk which is kept outside a refrigerator must be used within 2 to 3 hours after being expressed.

To warm the milk, put the container in a bowl of hot water. Do not warm expressed milk directly over the fire. Use a clean spoon to feed the baby.

22. *What should every nursing mother know about cleanliness and care of her nipples and breasts?*

Every morning while having a bath, wash your nipples and breasts with plain water. Avoid using soap on your breasts and nipples as this would remove the natural oils secreted by your breasts to keep them from cracking. While you do not have to wash your breasts and nipples before a feed, do remember to wash them after and dry them well. This precaution will prevent your nipples from cracking. Cracked or sore nipples can be painful. The important thing to remember is to wash your

breasts and nipples with water and keep them dry between feeds.

23. What should a nursing mother eat to maintain a good flow of milk?

There is no evidence that any food, drink or vitamins will increase or decrease the flow of milk, as long as you eat enough of a variety of foods. However to produce enough milk for the baby and to maintain your own health, you should eat a little extra of whatever you eat normally. An extra helping of rice or chapati, dal, fresh green leafy vegetables, fish, eggs, meat and fresh fruits will give you all the nourishment that you need to produce more than enough milk for your baby and will help you maintain your own health.

It is sensible to eat according to your appetite and try not to lose weight—the fat stored in your body during pregnancy will slowly be lost when you breastfeed. Avoid overeating. A mother who eats sensibly will not only provide her baby with plenty of milk, but will also ensure that her own body isn't being drained of food resources to meet her baby's need.

Even poorly nourished mothers manage to breastfeed their babies adequately for the first 4 to 6 months before extra food is required for the normal growth and development of the baby. However, these mothers breastfeed at the cost of their own bodies—their bodies lose calcium and proteins. The more babies these women bear and feed, the poorer their health becomes.

How much extra should you eat while nursing? You should eat slightly more than you do when you are not pregnant. Is there anything you should eat more of when feeding the baby? No. Assuming that you are eating a variety of food in your normal daily diet, just eat slightly more of everything. This will provide enough nourishment both for your baby and you.

24. Is it true that vegetarian mothers cannot produce enough milk and so should not breast-feed?

No, this is not true. A vegetarian mother can breastfeed successfully and produce enough milk for her baby. Traditionally in most Indian homes people eat a vegetarian diet, and women through

the ages have lived and reared their children while eating a vegetarian diet. As long as the nursing mother eats slightly more than what she eats normally when she is not pregnant, she will produce more than enough milk for her baby. There is absolutely no reason to fear that a woman eating a vegetarian diet will deprive her baby of adequate nourishment. A vegetarian diet which contains a variety of foods like rice or chapati, dal, fresh green leafy vegetables, 'paneer', curd and fresh fruits will provide enough nourishment both to produce enough milk and to maintain the mother's own health.

25. Should a nursing mother drink extra water so that her milk is not too thick and is easy for the baby to digest?

The amount of water that a mother drinks has no relation to the consistency of breast milk, which differs from person to person. Some mothers fear that their milk is too watery, while others feel their milk is too thick for the baby to digest. The truth is that the consistency of breast milk has nothing to do with its quality. Breast milk, whether thin or thick is perfect for your baby.

In summer, a nursing mother finds herself very thirsty. This is hardly surprising, considering that the baby is taking a great deal of milk from you everyday. Don't force yourself to drink extra water, just drink as much as you want to.

26. Will breastfeeding spoil my figure?

No, breastfeeding will not spoil your figure. On the contrary, breastfeeding is Nature's way of restoring your figure. During pregnancy a woman's body stores up fat in preparation for nursing the baby. This extra fat is used up when the mother starts breastfeeding. In fact, breastfeeding helps the mother lose the extra weight she gains during pregnancy. In addition, the womb which has stretched to hold the growing baby, also regains its normal size when a hormone is released during breastfeeding.

27. Is breastfeeding effective in delaying the next pregnancy?

It has been found that frequent and regular breastfeeding may help to delay the next pregnancy. Breastfeeding alone, however, will not provide

complete protection. A mother who breastfeeds should also take some other precaution to avoid pregnancy.

28. When should a breastfed baby start eating soft foods? What should it eat and how do I start my baby on these foods?

For the first 4 to 6 months, breast milk is your baby's best and complete nourishment. After this, its growing body needs additional nourishment. You don't need to buy special foods for your baby. You can prepare them at home inexpensively from the same things you use for the family meal. However, your baby still needs breast milk in addition to its new diet, so continue breastfeeding as long as you can.

After the first 4 to 6 months, your baby must also get a share of the family foods. Give the baby one type of food at a time until it learns to enjoy a variety of foods. Start with small quantities and gradually increase them to suit its age and appetite. Feed the baby frequently.

Your baby will grow well on foods like kichari, dalia, dal mixed with rice or chapati, lightly cooked fresh green leafy vegetables, half boiled eggs and fish. Fresh fruits like papaya and banana along with fresh orange, musami or lime juice are also good for the growing baby.

Mash the food well to make it easy for the baby to swallow and digest. Add a little ghee, butter or oil. This makes the food tastier and gives extra energy.

Soft foods should be given between breastfeeds. Encourage the baby to feed itself with its fingers. This is part of its growing and learning experience. By one year, your baby is ready to eat the food you prepare for the rest of the family.

29. Should a breastfed baby also be given extra vitamins and juices? At what age should these be given?

As long as the nursing mother is healthy and eats enough of a variety of foods, there is no need to give extra vitamins and juices to a breastfed baby for the first 4 to 6 months of life. Breast milk will give the baby all that it needs during this period.

Once the baby is 4 to 6 months old, its growing

body needs additional nourishment. Your baby is now ready to eat soft foods. You can also give the baby fresh orange, musami or lime juice.

30. What precautions should I take when preparing a meal or feeding my baby?

Most mothers know the importance of hygiene. But often a busy mother may overlook some details of cleanliness. Can any mother afford to take this risk? The hidden dangers—germs that you cannot see—can lead to illnesses in the family. A baby is more likely to fall ill. You need to be extra careful if there is a baby at home.

Keep your home and surroundings clean. Germs breed in dirt and contaminated food and water, causing diarrhoea, and spreading diseases like cholera, dysentery and gastroenteritis. Drinking water must be strained through a clean cloth, boiled and cooled. Store this water in a clean covered container. Give your baby food which is freshly prepared. Wash your hands before you cook the meal or feed the baby. Keep utensils clean. Wash them well before and after use, and rinse under running water.

31. Are special baby foods available in the market better than soft foods prepared at home?

Special foods for babies available in the market are based on a mixture of powdered milk with some carbohydrates like wheat and rice. These foods which are cereal and milk based are expensive. On the other hand, a wise mother can provide her growing baby with all the nourishment it needs with the same things she uses to make the family meal. Instead of spending large sums of money on tins of baby foods, she can buy good wholesome food for the entire family, including the baby. Soft foods prepared at home give the baby a better variety of foods, in addition to providing all the nourishment it needs.

32. Should I give soft foods before or after a breast-feed?

Soft foods should be given between breastfeeds, preferably a couple of hours after a breastfeed. This is advised because a baby will not make an extra

effort to eat soft foods when it is very hungry. This is because suckling the mother's breast comes *naturally* to a baby, whereas it has to *learn* to eat soft foods. A hungry baby will be less interested in eating soft foods on an empty stomach. Having had a breast-feed a couple of hours earlier, the baby will not be too hungry when offered soft food and may show more interest in this food than otherwise.

On the other hand, if you offer the breast immediately after it has been fed soft food, the baby will not suckle the mother's breast strongly since it is not hungry at that moment. When the baby fails to suckle strongly, it will not stimulate the breasts to produce more milk. Eventually the flow of milk may reduce. Therefore, breastfeed your baby and offer it soft foods a couple of hours later. Give the next breastfeed a couple of hours after its last meal of soft foods. In this manner the baby will continue to get the double benefits of its mother's milk as well as soft foods.

33. Should a mother continue soft foods when the baby is ill?

It is incorrect to stop feeding a baby when it is ill. In fact the baby needs nourishment even more so to recover from its illness. Food will give it the strength to fight other illnesses which can set in when the body is already weak.

Soft foods like kichari, dalia, rice or chapati mixed with lightly cooked dal and vegetables will not harm the baby. Sometimes when the baby is ill, it does not feel hungry or may prefer to eat food other than what it normally eats. While recovering from its illness, the baby's appetite will improve. Give the baby slightly more than what it normally eats because it needs additional nourishment to regain its health.

34. Why does my baby have diarrhoea while teething? Is it because it is teething, or the fact that I have started giving it soft foods?

Often mothers tend to associate teething with diarrhoea. This is incorrect. Diarrhoea occurs when the baby eats contaminated food or drinks water which is contaminated. Moreover when a baby is teething, it tends to pick up things lying around the house and chew on it. These objects

can carry germs into its body and cause diarrhoea.

If you prepare soft foods hygienically, there is no reason why the baby should have diarrhoea. Introducing soft foods will not cause diarrhoea, as long as they are well prepared. Wash your hands before you make the meal or feed the baby. Use fresh food. Use clean drinking water. Keep the utensils clean. These precautions will help to prevent diarrhoea.

35. What is diarrhoea?

Diarrhoea is not a single disease. It is a symptom that accompanies intestinal disorders. When a baby has diarrhoea, it passes frequent watery stools which may be foul smelling. Diarrhoea causes loss of vital body fluids and salts. In some cases, the stools may also have blood and mucus.

36. Is diarrhoea dangerous?

Yes, diarrhoea can be dangerous especially for babies and young children below two years. If you fail to replace the fluids and salts that a baby loses during diarrhoea, it can lead to a dangerous situation called 'dehydration'. Remember prolonged diarrhoea can lead to dehydration and even death. Do not take diarrhoea lightly. Unfortunately some mothers think diarrhoea is not serious. This is not true. Diarrhoea can become very serious if you neglect it.

37. Is it true that breastfed babies have less chance of getting diarrhoea?

Yes, it is true that babies who are breastfed exclusively rarely have diarrhoea. Breast milk is not only free of germs but also helps to prevent the growth of those germs that cause diarrhoea. It has been found that bottle fed babies have diarrhoea six times more often than breastfed babies. This is because the feed is not prepared hygienically. For a bottle feed to be safe, you need to take many precautions, like sterilizing the feeding bottle and nipple and boiling the water to make the feed.

Breastfeeding takes care of all this trouble. Breast milk is the safest and most hygienic way to feed your baby. Breastfeed as long as you can, even when the baby has diarrhoea. Breast milk will give the baby all the nourishment it needs to recover, besides being easier for the baby to digest. In

addition, antibodies in your milk will protect the baby from other illness which can set in when the baby is already weak from diarrhoea.

38. What should I do when my baby has diarrhoea?

There is a simple and inexpensive treatment that every parent can administer at home. Start the treatment at the first signs of diarrhoea.

In a glassful of boiled and cooled water, add a pinch of salt ($\frac{1}{4}$ teaspoon). Make sure this solution is not saltier than your tears. Then add two teaspoons of sugar or 'gur' and dissolve it well. The baby may refuse to drink this solution, but insist on giving the solution frequently in small quantities.

It is important that the baby drinks a glassful of this solution every time it passes a watery stool. This is approximately the amount of liquid it loses every time it passes a watery stool. So make sure that you replace the fluids it has lost. Continue giving this solution until the baby stops passing watery stools. Plain water which is boiled and cooled, rice kanji or coconut water can also be given in addition to the salt and sugar solution. Remember to continue breastfeeding and normal feeding during diarrhoea. If the baby's condition doesn't improve within two days, contact your doctor immediately.

39. What is ORS?

ORS stands for oral rehydration salts. These salts are specially prepared to deal with the loss of vital salts from the body. Mixed with boiled and cooled water, this ORS solution becomes a good rehydration fluid. They come in packets and are available at a chemist. Follow the instructions on the packet to make the solution.

40. Should I give tonics or special foods when the baby has diarrhoea?

You don't have to give a tonic or any special kind of food when the baby has diarrhoea. Just make sure that it drinks plenty of liquids and eats well when it has diarrhoea. When the baby has diarrhoea, you need to replace the fluids it loses. It also needs good nourishment to regain its strength both to recover and to fight against other illnesses which can set in when it is already weak.

Give the home prepared salt and sugar solution or the ORS solution every time it passes a watery stool. Continue giving this solution until it passes normal stools. Some mothers simply stop feeding their babies during diarrhoea. This is not good for the baby for it needs nourishment. Give the baby lightly prepared foods like kichri, dalia or rice and curd.

41. What should I do to prevent my baby from getting diarrhoea?

Diarrhoea is caused by germs which breed in contaminated food and water, dust and unsanitary surroundings. These germs enter the baby's body through contaminated food or water.

There are simple measures that you can take to prevent diarrhoea. Keep your home and surroundings clean. Drinking water must be strained through a clean cloth, then boiled and cooled. Store this water in a clean covered container. Keep your utensils clean. Wash them before and after use and rinse under running water. Give your baby freshly cooked food. Wash your hands before you cook the meal or feed the baby. All clothes including undergarments and bed linen must be clean and fresh. Finally continue to breastfeed your baby as long as you can, even when the baby has diarrhoea. Breast milk is the safest and most hygienic way to feed your baby.

42. Would a breastfed baby catch a cold if the mother drinks cold water?

No, this is not true. Breast milk comes at the right temperature to suit the baby, irrespective of the cold or hot drinks the mother consumes.

43. Since breast milk contains antibodies, does this mean that a breastfed baby does not require immunization against common childhood diseases?

Although antibodies present in the mother's milk do give immunities to some common childhood diseases, every baby should be immunized regularly to completely eliminate the risk of these diseases. Table 1 gives the immunization schedule. Remember that immunization is effective only when a regular and complete dose is given. The

baby should not be ill at the time of immunization. Breast milk contains mother's natural immunities to protect the baby against illness. Breastfeed your baby as long as you can. In addition follow the

immunization schedule to completely eliminate the risk of common childhood diseases like tuberculosis, diphtheria, whooping cough, tetanus, poliomyelitis and measles.

TABLE 1 IMMUNIZATION SCHEDULE

WHEN	WHAT	WHY
3-9 months	BCG vaccine	protect against tuberculosis
3-9 months	3 doses of DPT and Polio vaccine at intervals of 4-6 weeks each	protect against diphtheria, whooping cough, tetanus & poliomyelitis
9-12 months	Measles vaccine	protect against measles
1½-2 years	1st booster for DPT and Polio	
5-6 years	DT booster	protect against diphtheria & tetanus



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GIVE YOUR BABY THE BEST START IN LIFE

1. *Today I learnt that I am pregnant. What should I know about care during pregnancy?*

Welcome to the wonderful world of motherhood. The next few months will be filled with much joy, hope and excitement as you and your family await the arrival of the new born. Naturally you want only the best for your baby. Looking after yourself is important not only for your own sake, but also for your growing baby and family as well.

While you should not overwork yourself, it is good to keep up with your normal activities. This will keep your muscles toned up thereby helping you to have an easy delivery. A daily walk will also help to keep you fit. You should however, avoid lifting anything heavy as this can lead to a miscarriage.

You may feel more tired than usual, especially during the first and last three months of pregnancy. This is due to the gain in weight and other changes in your body. Rest for an hour in the afternoon with your feet up on a pillow.

Regular visits to your doctor or the ante-natal clinic are important. These medical check-ups will help the doctor decide if your baby is growing well. Should a problem arise, help can be given at an early stage. You can also use this opportunity to ask your doctor any question that you may have.

Around the sixth and eighth months, your doctor will give you two injections of tetanus toxoid to avoid any possibility of tetanus during childbirth. Tetanus can be harmful both for you and the baby. To avoid complications during childbirth, it is advisable to have a doctor or a trained midwife (dai) help you with the delivery.

Finally, relax and enjoy your pregnancy as you look forward to the birth of your baby.

2. What should I eat during pregnancy?

What you eat during pregnancy will make a big difference both to your baby's and your health. You need to eat sensibly to maintain your health, to provide enough nourishment for the developing baby and to prepare for breastfeeding.

Eating sensibly means eating a well balanced diet and eating a little extra of everything that you normally eat. Eating well does not mean eating expensive foods. You do not have to spend too much extra on your meals.

During pregnancy your baby will take a great deal of iron, calcium and other foods from your body. You therefore need to eat a little extra both to meet the baby's needs and to replace the nourishment that the baby is taking from your body.

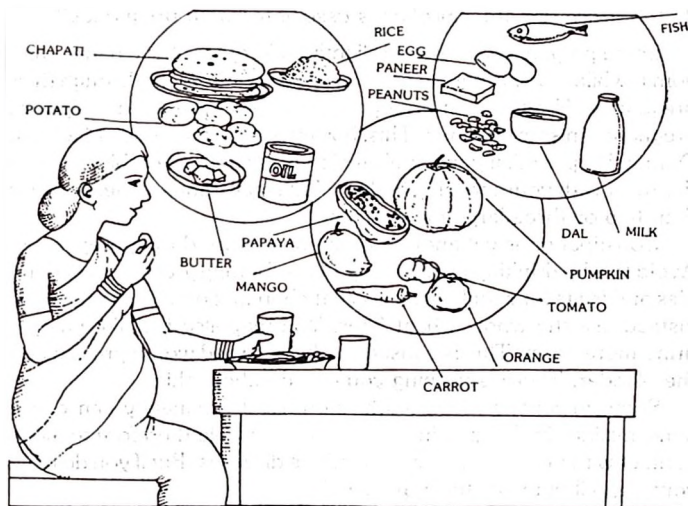
A well balanced diet should include foods from the three major food groups:

- (a) energy giving foods;
- (b) body building foods;
- (c) protective foods.

You should include one or two foods from each of the three groups in your meals.

Foods that give energy include wheat, rice, millet, bajra, maize, potatoes, sugar and jaggery, fats and oils. Body building foods include dals, peas, beans, nuts such as groundnuts, milk, meat, fish and eggs. Foods that provide protection include vegetables and

fruits such as spinach, methi, mustard leaves, mint (pudina), coriander, carrots, pumpkin, papaya, mangoes, bananas and oranges. These protective foods are rich in iron, calcium, vitamins and minerals and will protect your baby against deficiency diseases such as anaemia, rickets, vitamin A and B deficiencies. Together, foods from these three groups will provide all the nourishment that you and your baby need. (Illustration 1)



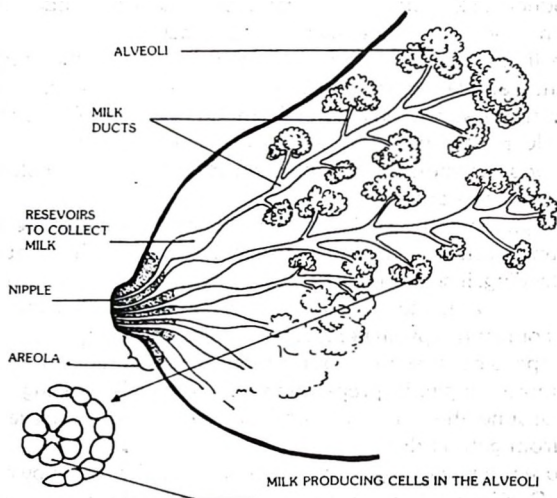
Ill 1: Pregnant and nursing mothers should eat some foods from each of the three foods groups with each meal.

3. What should I avoid during pregnancy?

Doctors recommend that pregnant women should not take any medicines without the advice of a competent doctor as certain medicines can harm the growing baby. This includes all kinds of pills, tablets, cough mixtures, headache remedies and other medicines.

Avoid lifting anything heavy as this can lead to a miscarriage. Contact your doctor immediately if there is any bleeding. Often resting for a few days will help you continue with your normal pregnancy.

gland which is lined with milk producing cells and it is here that the milk is made. (Illustration 2)



III. 2: Cross-section of the human breast

Around each milk gland is a network of muscle cells which can contract, thereby squeezing the milk gland to force milk from the milk cells into the duct. The main duct from each section widens as it comes under the areola and is capable of widening even more as it fills with milk.

While your body is capable of making more than enough milk for your baby's need, your baby has a vital role in the process of making milk. The tip of your nipple has certain nerve endings. When your baby suckles the nipple and areola, it stimulates these nerves. The nerves in turn, carry a message to the pituitary gland in your brain to release a hormone called '*prolactin*' into the blood. The blood carries prolactin to the milk producing cells in your breast. This hormone then tells the milk gland to make milk. The more the breasts are stimulated by suckling, the more hormone is released, and the more milk is made. (Illustration 3)

You can be confident that your milk need not dry up, but will be adequate for your growing baby's need, as long as you allow it to suckle frequently.

8. *How is milk stored in the breast?*

As explained in the answer to question 7, the milk glands in your breast are connected to a system of milk ducts which lead to the nipple. These milk ducts widen as they come under the areola. These ducts can widen even more to hold milk. This means that under the areola there are about twenty reservoirs which can store milk ready for the baby at the beginning of each feed. (Illustration 2)

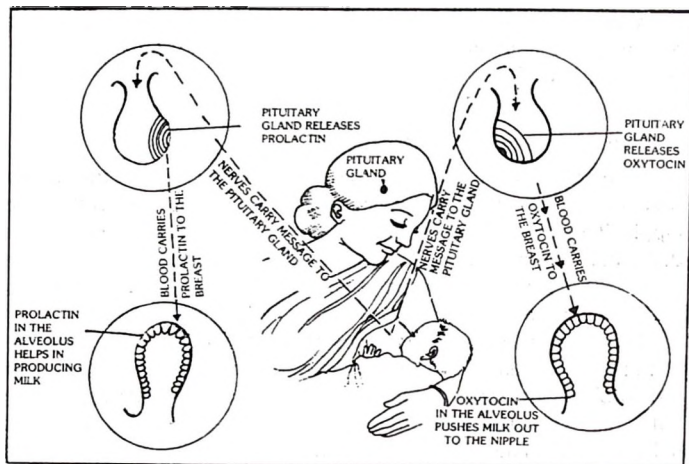
The milk collects in these reservoirs rather than dripping out from the breast as a result of certain muscles in the nipple and under the areola which act as a sphincter to hold back the milk from flowing out. These muscles relax when the baby suckles or if you express the milk with your hand. The milk filled in the reservoir can also come out by expressing milk manually. Read the answer to question 41 for more information on hand expressing.

9. *How does the baby get the milk from the breast?*

There are two factors responsible for getting the milk stored in your breast to the baby. One is the 'let-down' reflex, and the other is the 'law of supply and demand'.

The 'let-down' reflex works with the stimulation of the nipples and areola when your baby suckles. This is the same stimulus that causes the release of prolactin, as explained in question 7. In addition to causing the release of the hormone prolactin, the stimulation of the nerves around the nipple and areola carry another message to the pituitary gland to release a second hormone 'oxytocin' into the blood. Oxytocin is carried in the blood to the breast and makes the muscles around the milk glands squeeze milk into the milk ducts. This cycle of suckling-nerve message to the pituitary-oxytocin release-contraction of muscle cells with the release of milk into the ducts is called the 'let-down' reflex. (Illustration 3)

The reason that many women fail to breastfeed successfully, is not because there isn't enough milk, but because their 'let-down'



III. 3: The milk production and ejection reflexes.

reflex is faulty. This reflex is delicately balanced in the early weeks after childbirth when external factors can prevent it from working well.

The time taken for the reflex to work varies from woman to woman and in the case of a woman, could vary from day to day depending on her surroundings, her emotional state of mind and other factors. Strong emotions such as fear, worry, anxiety, embarrassment and fatigue can also prevent its action.

A mother who is unaware of how this reflex works and the factors that affect it, could well find herself saying-I don't have enough milk so I'll have to bottle feed. In actual fact, the milk is all there, stored in her breast waiting for the 'let-down' reflex to start. Once you understand this, you will not panic while suckling your baby. Relax, let your baby suckle away and soon the milk will flow out.

Nipple stimulation is not the only way in which the milk can be let down. This reflex is easily conditioned by other factors. The sight or sound of your baby (or even some other baby) can suddenly let down your milk, particularly if you haven't fed for sometime. Other women find that as they prepare to breastfeed, their let-down reflex works

before suckling actually begins, simply because the reflex has been conditioned by their routine. This is a good thing because then the baby does not have to wait for the milk to flow.

In addition to causing the let-down reflex, oxytocin has other effects. The uterus or womb is sensitive to oxytocin and contracts when there is an increased level in the blood. These contractions cause 'after pain' that some mothers feel when breastfeeding in the first few days after childbirth. Also while milk is being let-down, the breasts may tingle and feel tense. This is usually a pleasant feeling for the mother. In the early days of feeding, it is easy to know when the reflex is working because of the sensation in the breasts, leaking of milk, the warmth of the breast skin and the contraction of the womb. *However, some mothers may have none of these sensations, and yet have a very good let-down reflex.*

All the time a baby is feeding, the nipple and the areola are stimulated, so causing the pituitary gland to release prolactin and oxytocin. Since prolactin controls milk production, the more suckling there is, the more prolactin will be produced, which in turn produces more milk. Also the more often the baby suckles, the more reliable the let-down reflex becomes. This is the basis of the second factor involved in bringing milk to the baby-the law of supply and demand. The more feeds your baby 'asks' for and gets in a day, the greater the supply of milk there will be. This is the reason why babies who are fed whenever they 'demanded' a feed gained weight faster than those who were fed according to fixed time, showing that their mothers were producing more milk by feeding more often. For more information on demand feeding, read the answer to question 16.

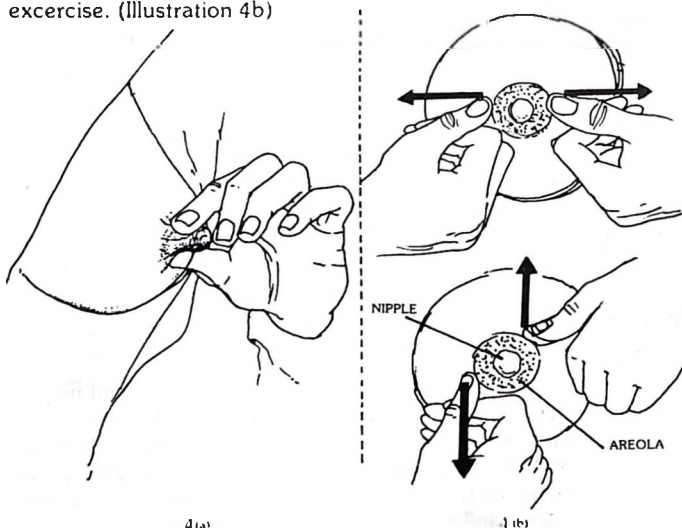
10. *During pregnancy what should I do to prepare my breasts and nipples for breastfeeding?*

In the first few months of pregnancy, your breasts and nipples may feel tender and sore to the touch. This feeling will soon go away. A few precautions and some simple exercises, particularly in the last three months of pregnancy will prepare your breasts and nipples for breastfeeding, increase their suppleness, accustom you to handling your breasts and expressing milk when the baby arrives.

While taking a bath every morning, wash the breasts and nipples

with plain water. As soap dries the skin, you should avoid using it while washing your breasts and nipples. Dryness can lead to cracked nipples which can be painful. Also avoid scrubbing the breast with a rough towel or a brush. This can damage the nipple and remove natural oils. These oils keep the skin of the areola and nipple supple and also kill surface bacteria on the skin. If you wash with soap, then the skin may get sore when the baby starts suckling.

During the last three months of pregnancy repeat the following exercises to make your nipples supple thereby helping the baby to suckle. Gently pull out your nipples. Hold the nipple at the base where it joins the areola and roll it gently between the thumb and fore-finger. Repeat this exercise several times with each nipple. (Illustration 4a) It should not cause pain although it may feel uncomfortable at first. Gradually, increase the number of nipple pullings and rolling exercise. In addition, massage your breast by cupping with your hand and pressing your finger and thumb slightly towards the chest wall. Circle your breast with this gentle massage exercise. (Illustration 4b)



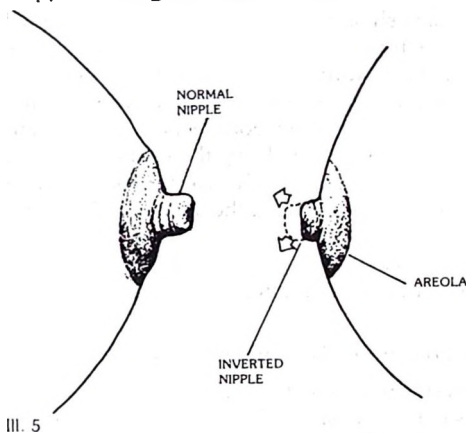
III. 4a and 4b: During pregnancy preparing breasts and nipples to breastfeed.

11. *What are inverted nipples and how should I deal with them?*

Nipples that don't stand out when pinched are called inverted or flat nipples. Try this test: Squeeze or pinch the areola between your fingers. If the nipple stands out, even a little, it is not inverted. If the nipple however, shrinks back when pinched, the nipple could be inverted. (Illustration 5)

Fortunately most women have normal nipples. Regular visits to the doctor during pregnancy will help the doctor deal with this problem should it arise, and start treatment as soon as possible.

Inverted nipples can make it difficult for the baby to hold while suckling. Therefore, it is important that your doctor examines your breasts and nipples during the ante-natal visits.



12. *Will I be able to breastfeed successfully?*

A common reason mothers give for stopping breastfeeding is the fear that they do not have enough milk, and so, they introduce their babies to bottlefeeds in the first few days after birth.

Research shows that in practice, almost every mother can breastfeed successfully. Rarely, is there any physical reason for being unable to feed the baby naturally. The most important thing to remember is that the mother must want to breastfeed, have confidence in her ability to breastfeed and must not lose hope.

Read the answer to question 9 which deals with the let-down reflex and explains how a faulty reflex will prevent the milk in the mother's breast from flowing into the baby's mouth.

Further, studies have shown that women who want to breastfeed actually produce more milk than those who don't want to or are indifferent about breastfeeding their babies. Many women fail to breastfeed successfully, even though they want to, because they believe incorrectly, that they do not have enough milk for their baby's need. The truth is that almost all mothers are capable of producing more than enough milk for their baby's need.

13. How soon after birth should the baby be put to the breast?

Breastfeeding should start soon after birth, preferably within an hour. Many doctors today advise that the newborn should start suckling right away within minutes of the birth. This serves two purposes. After the trauma of childbirth, close contact with the mother's body makes the newborn feel warm and secure. Second, the earlier the baby starts suckling, the sooner it gets colostrum or the first milk from its mother. Research has also shown that the sooner the baby starts suckling, the sooner and better the milk will flow.

You should discuss this with your doctor, and insist that your baby is kept with you soon after childbirth.

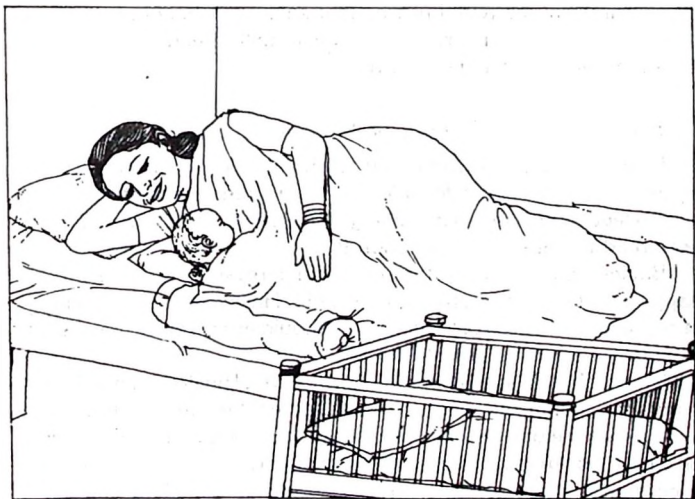
14. What is colostrum? Is it important for my baby?

For the first day or two, the small amount of milk that flows from the breast is called colostrum. This milk is extremely nourishing for the newborn. Though small in amount, colostrum is enough to meet the limited needs of the baby in its first 2 or 3 days of life. What makes colostrum even more special is the fact that it is extremely rich in antibodies produced by the mother. These antibodies protect the newborn against some diseases and infections at a time when the baby is particularly vulnerable. Later milk also contains these antibodies, but not as much as first milk. In addition, colostrum has certain properties that prevent allergic diseases like asthma and eczema which are common in bottlefed babies.

Traditionally in many Indian homes, colostrum is thrown away because people believe incorrectly that this milk is stale. Today medical research has taught us that in actual fact colostrum is extremely valuable to the newborn. Throwing away colostrum deprives the newborn of the best possible nourishment available, as well as the protection that it offers against infection. Rich in proteins, minerals and vitamins, colostrum is just what the newborn needs soon after its birth and is easy on its delicate digestion. Indeed, according to many doctors, colostrum has life-long health preserving benefits.

15. *Should the baby be kept with the mother or in a separate room after birth?*

Every mother should insist that her newborn is kept with her in the same room, no matter where she is: at home, hospital or the nursing home. This is called 'rooming in'. (Illustration 6)



III. 6: 'Rooming-in' or keeping baby with the mother in the same room, soon after birth.

Many hospitals and nursing homes keep the newborn separately for the first few days. Although a nurse will bring the baby to the mother, in the course of the day she may also give the baby an occasional 'top' or bottle feed. Even a single bottle feed can disrupt the formation of the normal suckling habit and can reduce the mother's milk supply.

This happens because suckling the mother's nipple requires greater effort on the baby's part. Nature intended it to be this way. This extra effort by the baby helps to stimulate the breasts to start and increase the flow of milk. On the other hand, suckling the feeding bottle is much easier. If your baby gets used to suckling from a feeding bottle, it will not exert much pressure while suckling your breast. If the baby doesn't suckle hard enough, it will not stimulate the breasts enough to produce more milk. This can reduce the flow of milk from your breasts. Therefore it is vital that every mother insists that her baby is kept with her soon after birth and is exclusively breastfed. Not only would the baby get colostrum that flows for the first day or two, but frequent suckling whenever the baby cries for a feed will ensure a good flow of milk. Read the answer to question 9 for more details on this.

16. How often should a baby be breastfed in a day?

Babies usually cry when they are hungry. Put your baby to the breast each time it cries for a feed. This demand feeding is a better way to feed your baby than feeding at fixed times. For more information, read the answer to question 9.

Babies could also cry for some other reasons, such as if their nappy is wet or if the clothes are too tight. Having checked that none of these is the source of trouble, you should interpret the baby's cry as its demand to be breastfed.

Your baby is a special person, an individual unlike other babies. It is not just a hungry stomach to be filled at regular intervals. Once you accept that the baby may ask for a feed at different times, depending on when it is hungry, you are well on your way towards breastfeeding successfully. If you worry each time it cries for a feed too soon, you are more likely to lose your milk. This happens because worry can interfere with the 'let down' of the milk from your breasts.

While some babies settle down to a routine of demand feeding after a few weeks, others don't. So do not compare your baby with other babies. Just breastfeed your baby whenever it cries for a feed.

As the baby grows it may ask for fewer feeds and may settle down to a regular demand routine, every two or three or four hours. Sometimes your baby may demand a feed more often than other times. This could be for many reasons: the baby may be extra hungry, growing rapidly, teething or is just upset. If the baby needs extra feeds, your own milk supply will adjust to its needs if you let the baby suckle as much as it wants to and whenever it demands a feed.

17. *How long should each breastfeed last?*

Let your baby tell you how long it needs to suckle your breasts to get its fill. A hungry baby will cry for milk. The old rule of 10 minutes on each breast was created because that was roughly the average time that a baby takes to feed. But each baby is different. So while some babies take less than 10 minutes to a side to get their fill, others may take longer.

During the first few months, you may find that your baby wants a feed very frequently. This is not unusual and is the baby's way of increasing your milk supply to suit its growing needs. People may tell you that a baby gets all the milk that it needs in the first few minutes at each breast. But all babies are not alike. A lot will depend on how vigorously the baby suckles, the strength of your 'let-down' reflex and the time taken for the 'let-down' or start of the milk flow.

Remember that some babies enjoy suckling even if they have had their fill. There is no reason to stop this unless you have some other work to do, or if you have sore nipples. This 'comfort suckling' is considered by many experts to be an important factor in the child's emotional development, and should be encouraged.

When your baby has had its fill on one breast, in other words, when it loses interest in feeding, change it to the other side. Let the baby continue feeding on the other breast as long as it wants to. There are times when the baby will feel less hungry, is sleepy or just tired and may not want to suckle very long. Don't worry about this, and don't force the baby to feed. Just offer your breast after a little while.

18. *How will I know if my baby is getting enough milk?*

It is true that when you breastfeed you cannot actually see how much milk the baby drinks. However, if your baby sleeps well, is healthy, active and playful when awake and gains weight steadily each month, you can be sure that your baby is getting enough milk for its nourishment and growth.

19. *How can I increase the flow of milk in my breast?*

The baby's suckling is the best way to start and increase the flow of milk in your breasts, and the sooner the baby is put to the breast the sooner and better will be the flow of milk. Let the baby suckle as frequently as possible because the more often a baby suckles the breast, the better it stimulates the breast to produce more milk. This is nature's secret to start and increase the flow of milk to meet your baby's growing needs.

Sometimes emotions like embarrassment, tension or fatigue can also interfere with the let-down of the milk. A mother should therefore relax and sit comfortably when she feeds her baby.

When the baby suckles, it stimulates two hormones which are released into the mother's bloodstream. One of these hormones stimulates a strong flow of blood through the breasts and activates the milk making tissue. The other hormone causes the breasts to push out or 'let-down' the milk from the breasts. This is generally felt as a 'pins and needles' sensation or a full feeling in the breasts. If the milk doesn't 'let-down' your baby will not get all the milk that is available in the breasts. Fortunately nature has ensured that when the baby suckles frequently, the 'let down' reflex works well. For more information, read the answer to question 9.

20. *What should I eat to increase the flow of milk in my breasts? Are there medicines to increase this flow?*

There are no special foods or medicines to improve the quality and quantity of breastmilk. To breastfeed successfully and to maintain her own health, a nursing mother should eat slightly more of the food she normally eats. There is no need to eat anything special. An extra helping of rice or chapati, dal, green leafy vegetables and fresh

fruits will give the nursing mother all the nourishment she needs to produce enough milk for her baby and to maintain her own health. Eggs, fish and meat are also good. What is important is to eat slightly more of everything that she normally eats, rather than eating anything special while nursing her baby. (Illustration 1)

Finally be assured, you can increase your milk supply. Nature has made sure that when the baby suckles the breast frequently, the milk will flow well. All you need is the confidence in your natural ability to breastfeed successfully. Eat and rest well.

These early months can be a challenge, demanding much patience and determination on your part. So do relax and enjoy your baby. Remember that not only is your baby receiving the best food available, but also both your baby and you are building a happy and secure relationship during this period.

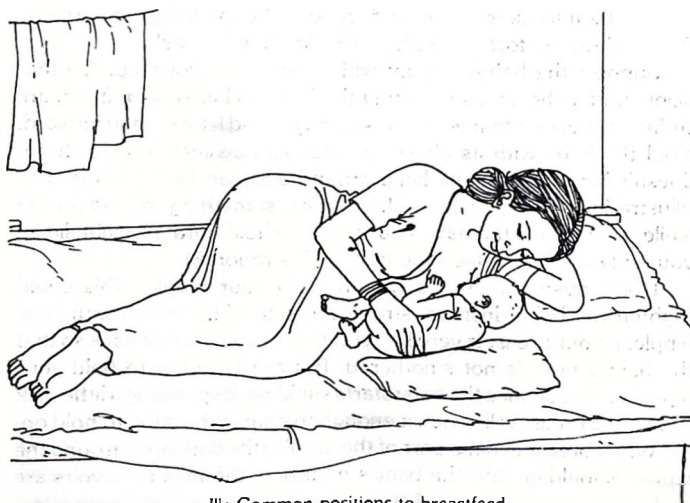
21. How should I hold the baby while breastfeeding?

There is no ideal position to hold the baby while breastfeeding. The main thing is make yourself comfortable because you will be in that position for some time, and try to make the baby comfortable. Pain and discomfort can reduce the 'let-down' of milk.

Support the baby's weight with a pillow on your lap. Another pillow under the arm supporting the baby will also help. If you are sitting, it is easier to feed if you sit upright and lean slightly forward. Hold the baby with its chest and stomach against you, so that it doesn't have to turn its head around and can feed comfortably. (Illustration 7) Some babies like to have something to hold on the while feeding-give the baby your finger to hold onto. At night, lie on your side and breastfeed the baby. (Illustration 8)

Don't push the baby's mouth onto your nipple. This could frighten the baby. Instead, stroke the side of its mouth with your nipple. If your breast is very full, you may have to hold it back so that the baby's nose is not smothered. But don't bother to hold your nipple or breast once the baby starts suckling. Expressing a little milk from a full breast will soften it enough to enable the baby to hold on.

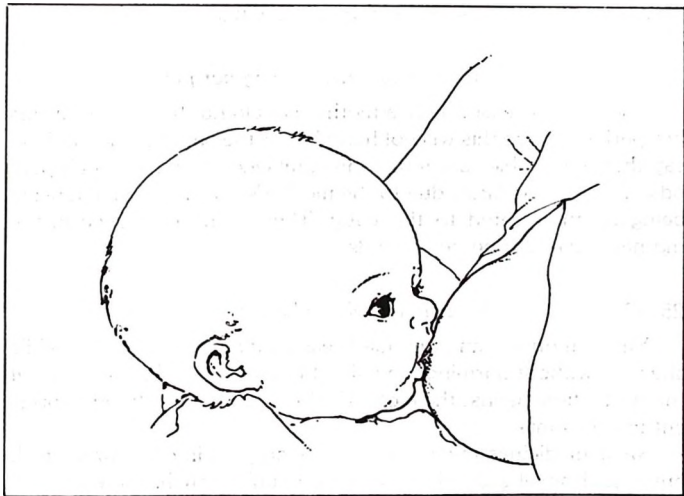
When breastfeeding, part of the areola (the dark area around the nipple) should go into the baby's mouth as the milk reservoirs are under the areola and need to be emptied by the baby's suckling.



III: Common positions to breastfeed.

(Illustration 9) If only the nipple goes into the baby's mouth, not enough milk will flow out. The baby would have to suckle extra hard and this could lead to sore nipples. If you have an extra large areola, hold it between the finger and thumb and squeeze them together. This will make the areola flatter and easier for the baby to take in its mouth.

You may notice at times your baby stops suckling and looks around. This happens because the 'let-down' causes the milk to be spurted in an uneven flow. Several spurts of milk come out, and then there is a short pause before the milk flows again. Your baby is adapting to the flow of your milk and its breathing pattern is also altered to fit in with this drinking pattern.



Ill. 9: The correct position: baby takes both the nipple and areola into its mouth. The position of the baby's head allows it to breathe and suckle at the same time.

22. *How can I tell when the baby has had enough milk?*

Babies often show they have had enough milk simply by falling asleep. But before they go to sleep, they may unclench their fists,

smile, refuse to drink anymore or just arch their back. Don't force the baby to feed any more if it doesn't want to. Learn to accept your baby's judgement about when and how much it wants to feed.

23. Can a woman with small breasts produce enough milk?

Some women with small breasts worry about their capacity to produce enough milk for their baby's need. The size of the breasts have no relation to their capacity to produce milk. Women with small breasts can and do produce more than enough milk for their babies. Worry will only reduce the flow of milk. What is important is not the size of your breasts, but allowing your baby to suckle frequently. Frequent suckling will stimulate your breasts to produce more milk. This is the secret to successful breastfeeding.

24. Can a mother breastfeed while having her periods?

There is no reason why a mother should not breastfeed during her periods, since this will not harm her or the baby. Some mothers say that their babies are temperamental when they have their periods. This is quite likely due to the mother's own menstrual tension being communicated to the baby. There is no difference in the mother's milk during her periods.

25. Can a mother breastfeed while she is ill?

Yes, a mother can continue breastfeeding her baby even while she is ill, without harming the baby. In most cases, the baby will get the protection against the mother's illness from the antibodies present in breastmilk.

Most medicines taken for illnesses do pass into the breastmilk but in such small quantities, that they are unlikely to harm your baby. Consult a doctor who will prescribe medicines which are less likely to harm the baby. The doctor will also advise the mother to continue breastfeeding.

However, if the mother has high temperature, jaundice or septicaemia, the doctor will advise her to discontinue breastfeeding until she recovers. A mother who has been advised to stop breastfeeding during an illness should however, express her milk regularly and

throw it away until she has fully recovered from the illness. This practice will ensure that her flow of milk is not reduced. On recovery she should resume breastfeeding the baby.

During the period when she has been advised to discontinue breastfeeding, the mother can give the baby fresh cow, goat or buffalo milk or even milk from the local dairy centre. Do not dilute this milk. Do not use a feeding bottle to feed your baby. Instead, use a clean spoon and cup.

Generally speaking in most common illnesses, a mother can continue breastfeeding without any ill effects on the baby.

26. Should a baby be breastfed even when it is ill?

Yes, your baby can certainly be breastfed even when it is ill. In fact it is very important that you continue breastfeeding while the baby is ill because your milk will provide the baby with antibodies to protect it from other illnesses which can set in when it is already weak. Breastmilk will also give the baby the nourishment and strength to recover from its illness.

Do not stop breastfeeding when the baby is ill, unless your doctor advises you to stop. But this is rare. Unless your baby is so ill that it is not allowed milk, the baby will do better drinking breastmilk than any other milk. Breastmilk is much easier for the baby to digest. Besides, the baby will recover faster from vomiting, diarrhoea and dysentery if it is given your milk.

27. Can a mother breastfeed even when she is pregnant?

Yes, a mother can certainly continue to breastfeed her baby all through her pregnancy without any ill effects on either the breastfed baby, the baby in the womb or herself. However, a pregnant woman who is breastfeeding her earlier child should eat slightly more for the sake of the breastfed baby and herself as well as for the baby growing in her womb. All three require good nourishment during this period.

28. Is it possible that breastmilk may not suit my baby?

Babies are rarely allergic to breastmilk. Nothing could be more suitable than what nature intended to feed your baby. In fact animal

milk and powder milk are unnatural for the baby's system. It has been found that bottle fed babies are more likely to suffer allergies like asthma and eczema. Bottle fed babies are also more prone to diarrhoea and gastro-enteritis. Do breastfeed your baby. Breastmilk is the safest and most nourishing food available for the baby.

29. How should I take the baby off the breast after it has had its feed?

While some babies let the nipple go after they have had their fill, others have to be gently removed from the breast. Never pull the baby's mouth away from your breast while it is still feeding. Even when the baby has finished feeding, but is still holding the nipple, do not pull it off. This pulling action while the baby is holding the nipple in its mouth can damage the nipple and areola apart from frightening the baby.

Instead, with your fingers press the breast away from the corner of the baby's mouth, or gently pull back on its cheek near the corner of its mouth or press down on its chin. The baby will break loose easily and painlessly from the nipple.

Some babies like to suckle even after they have had their fill. This is called 'comfort suckling'. According to doctors this should be encouraged because it helps the emotional development of the baby. For more information about comfort suckling, read the answer to question 17.

30. Why does a baby need to be burped after a feed? How should I hold the baby while burping?

While feeding, a baby can sometimes swallow air that needs to be expelled or burped for the baby to feel comfortable. A bottlefed baby usually swallows in air more often, because of the way in which milk flows from an artificial nipple. Swallowing air is not common among breastfed babies. If the baby however, feels uncomfortable, do burp it.

You can place your baby on your shoulder and gently pat its back. A clean diaper or a piece of cloth tossed over the shoulder will absorb any milk that comes up. Holding up the baby in an upright

position will bring up most air bubbles in an easy and relaxed way. Another method is to raise the baby slowly, to a sitting position. When the baby is very small, take care to support its head and back and hold the baby in this position for only a few moments. Some mothers rest the baby, tummy down, across their knees and rub or pat its back. (Illustration 10)

In the early weeks try burping the baby when you switch from one breast to the other during a feed, and again when the feed is over. If there is no burp after a few moments, you can forget the idea unless of course, the baby is fussy.

Anytime your baby burps especially loud and heartily, see if it wants a little more milk. The big air bubble may have made it feel full when it really wasn't. But if baby falls asleep at the breast while suckling, it is better not to disturb it with the burping routine. Lay it down carefully, either on its side or stomach, but not on its back. When it is lying on its side, the milk that the baby may spit out, will run out of its mouth without disturbing the baby.

Little babies also seem prone to hiccups after a feed. Don't worry about them, they are perfectly normal.



III. 10: Two common positions to burp the baby after a feed.

31. *What causes colic? How should I deal with it?*

When a baby has long periods of hard crying and seems to be uncomfortable for no apparent reason that you or your doctor can discover, it is often said to be colicky.

"Colic" means loud persistent screaming for no apparent reason. Doctors still seem to know little about the cause of this kind of crying. Perhaps a good guess is that some babies have more delicate digestive system than others, and this factor combined with tension and stress from the outside is the likely cause of colic.

Calm and gentle handling by the mother is essential. Your colicky baby may also have an almost constant need to suck and many doctors believe that frequent small feedings are easier for the baby to handle than fewer larger feedings.

When the baby is in distress with colic, you should hold the baby a great deal. Your gentle touch and soothing voice are important reassurance to your little one that you are nearby, ready to tend to its needs.

Colic usually subsides after the baby is three months old. It is thought that by this time, it has matured enough to be able to cope somewhat better with whatever is bothering it.

32. *What are the common problems associated with breasts and nipples after childbirth?*

Sometimes with all the care in the world, a mother can face problems with her breasts and nipples. Often the pain and discomfort discourages her from continuing to breastfeed her baby and makes her turn to the bottle instead.

If you happen to be one of these mothers, be assured that most of these problems can be solved and that the pain can be stopped without your having to put the baby off the breast, if you know what to do.

Some of the common problems mothers face after childbirth include sore and cracked nipples, blocked ducts, engorged breasts, and breast abscess.

33. *Can you tell me more about sore nipples and their treatment?*

Many breastfeeding women experience pain in their nipples par-

ticularly during the first few weeks of breastfeeding. Often this pain or soreness discourages some mothers to continue breastfeeding. But there are ways to overcome this problem and prevent it happening again. The nipple becomes red and swollen and sometimes tiny leaks of blood appear on the skin. Pain is usually worse when the baby starts suckling and fades after a few minutes.

Some mothers find that the baby's suckling is painful at first because the nipple has not stretched enough. This pain is felt more where the nipple joins the areola. This is a temporary problem. Hormonal changes in your body and the baby's suckling soon break down the adhesions which anchor the nipple to the breast. No treatment is necessary although the nipple rolling exercise recommended in pregnancy may speed up the process.

Other mothers feel the pain because the baby's position at the breast is incorrect. This is the most common cause of sore nipples in mothers of first born. While it is important to ensure that the baby holds the areola rather than just the nipple, the angle of the baby's head and body is important too, as well as the fact that its body is close to the mother's. The baby can only feed easily if the closeness of its chest to the mother's makes it put its head up. A baby can feed and breathe easily if its head is supported at this angle.

The common practice of holding its head against the breast causes distress and may result in 'fighting' at the breast as the baby struggles to reach the angle at which it can breathe *and* feed at the same time. If baby is not being held close against its mother, the nipple will tend to slip out as the baby pulls back, particularly if the nipple is not yet fully protractile. To hold the nipple in, the baby exerts suction on it, and this results in sore nipples.

Once the baby's position is corrected the following suggestions will help heal your sore nipples:

- (a) give shorter and more frequent feeds;
- (b) start feeding on the less painful breast;
- (c) alternate your position for each feeding, as this will distribute the pressure of suckling to different parts of the nipple;
- (d) check to make sure that the baby has both the nipple and the areola in its mouth rather than just the nipple alone;
- (e) between feeds, expose your nipple to the air or wear a loose blouse to allow air to circulate; this will keep the nipple dry;

- (f) when nipples are dry, apply warm coconut oil;
- (g) hand express a little milk before you start to feed; this will start the milk flowing and will lubricate the nipple;
- (h) if the pain is too severe, put a cold ice compress to soothe the pain.

Consult your doctor for further advice.

Some mothers are discouraged by the pain and stop breastfeeding altogether. There is no need to do this. As explained earlier after the first few minutes, when the milk lets down, the pain generally subsides. Taking the baby off the breast after only two or three minutes (before the let-down) makes the nipple worse; not better, and frustrates the baby. Breastfeeding for ten minutes on each side, as often as every two hours is actually easier on sore and tender nipples than nursing less frequently. The breasts don't get too full, and the baby is not so hungry that it chews or suckles frantically on the sore nipple.

34. What causes cracked nipples and how should I treat them?

Cracks can appear on nipples that are sore and go untreated. An opening or a crack appears on the face of the nipple or where the nipple joins the areola. It can be very painful when the baby begins a feed or even all through the feed, and may also bleed. Healing is often slow, and may be further delayed if a thrush infection occurs. You should see your doctor immediately and explain that you are keen to breastfeed.

The best prevention and treatment for cracked nipples is to take all steps for the treatment of sore nipples. If the crack does not heal in a few days, you may have to take the baby off the breast for a few days. You can however, still hand express your milk to feed the baby. After the crack heals, gradually resume feeding, starting twice daily and continue to express milk between feeds.

35. How do breasts become engorged? How should I treat them?

When milk begins to flow in the first few days after birth, it is important to ensure that your breasts are emptied frequently by the baby to prevent them becoming overfilled. If breasts are not emptied frequently, milk collects in the ducts until the breasts become lumpy,

swollen, hard, tense, painful and hot. This is called engorgement. The breast is liable to bruise, is shiny and pitted like orange peel. The mother feels hot and shivery and may sweat profusely. She may also feel thirsty and should drink plenty of water.

But this discomfort is only part of the problem. When breasts are engorged, they also affect the milk producing cells in the milk glands. This happens as a result of the pressure of milk that has collected in the breast. If this problem is not treated soon, it can affect the ability of the milk producing cells, so that your milk supply may dry up.

Failing to deal with engorged breasts is one of the common reasons for the failure of milk supply particularly in the early days. Yet this failure can be completely prevented, if you know what to do. Mothers who say that their milk stopped flowing after a few days could, in almost every case have breastfed well if only they had been given better advice. Read the answers to questions 7-9 for more information on how to manage breastfeeding in the early days. If you follow this advice, it is unlikely that your breasts will become engorged.

Here are some simple steps that you can take to cope with engorged breasts should they occur:

(a) Feed your baby more often, and feed it as soon as your breasts feel full, even if the baby has not demanded a feed.

(b) In case the baby refuses a feed, it is better to hand express the milk in your full breasts. It is better to discard this milk than letting your breasts get swollen with extra milk while the baby is between feeds.

(c) Remember that the more often the breasts are emptied, the better the milk will flow.

(d) Feed your baby for longer periods.

(e) If the breasts feel so tense that it is difficult for the baby to feed, soften the areola before the feed by expressing the milk. A baby who suckles on a tense areola will not grasp the nipple and areola into its mouth properly. This can lead to sore nipples and will draw little milk. This happens because the pain the baby causes to the mother by chewing on a tense nipple will prevent the mother's let-down reflex from working normally.

(f) Relieve the tenderness and pain in your breasts with ice packs and with cold compresses applied frequently to the breasts.

36. *Why does milk sometimes leak from the breast between feeds, and how can I cope with it?*

Breasts usually leak when the let-down reflex starts working before the baby actually starts suckling. They can also leak if your breasts are too full of milk or if you are feeling very warm.

Leaking means that your breasts are full and ready for your baby. You should suckle your baby as this will relieve the breasts. If breasts remain full for too long, it can lead to engorgement, especially in the first few weeks.

Try not to express too much milk with your hands in an effort to empty your breasts, as this will only stimulate your breasts to produce more milk. Instead, suckle your baby whenever it demands a feed rather than feeding at fixed intervals.

You can cope with leaking by using either breast pads or any soft material such as a hanky or an old nappy tucked into your bra.

37. *What should a mother do about breastfeeding if she has had a caesarian operation?*

Except in rare cases, there is no reason why a woman who has had a caesarian operation cannot breastfeed as successfully as the woman who has had a normal delivery. However, after a caesarian operation you are bound to be in pain. If you are determined to breastfeed, then you would have to put your pain and discomfort aside and insist that your baby be brought to you as soon as you are awake. As a bonus, breastfeeding your baby will help to compensate for some of the disappointment you may feel not having experienced a normal childbirth.

Unlike a mother who has had a normal delivery, you will not be able to breastfeed immediately after childbirth as you will be under the effect of general anaesthesia. However, insist that your baby be brought to you as soon as you are awake and kept with you. Also you should insist that you do not want your baby to be bottle fed. Put the baby to the breast whenever it cries for a feed, instead of feeding it at fixed schedules. It is vital that you put the baby to the breast as soon as you are awake, so that your baby is not deprived of colostrum. Frequent suckling will stimulate your breasts to produce more milk. In a day or so, your milk supply will settle down to suit your baby's need.

At first you may face a problem deciding on a comfortable position to breastfeed. Sitting up after a caesarian operation can be painful. However, don't let this problem put you off breastfeeding. Lie on your side and let the baby suckle your breasts. After the baby has had its fill on one side, ask someone to help you turn to the other side and continue breastfeeding from the other breast.

Remember breast milk is the best and complete food for your baby, besides being the safest and most hygienic. For your baby's sake, put your pain and discomfort aside and insist on breastfeeding your baby as soon as you are awake. Do not let people discourage you from breastfeeding. After all, as a mother, you would not like to deprive your newborn of the best food available.

38. What causes a blocked duct and what is its treatment?

If you notice a tender spot, redness, painful lump or swelling in your breast, this could be a blocked milk duct. Frequently this arises when the baby is positioned incorrectly at the breast.

Often a blocked or a plugged duct can also occur when the time between breast feeds is prolonged because of hospital schedules or when the baby sleeps through the night; with supplementary or 'top' feeds with bottled milk or over use of a pacifier. Another factor is the constriction of an overly tight bra or the bottom band of a fastened non-nursing bra which has been lifted over the breast for nursing. Sometimes a plugged duct is caused by dried secretions covering one of the nipple openings.

Check the baby's position at the breast. The baby's whole body should face you and it should have most of the areola and nipple in its mouth. Try changing the nursing position from time to time to distribute the pressure on your breast, such as leaning over the baby to suckle, sitting up or laying down.

Remove the dried milk on the nipple by soaking with plain warm water. Take a warm shower, apply heat, hot wet packs or a healing pad. Massage the area gently and try to nurse the baby or hand express some milk after treating the area with warmth.

Suckle the baby on the affected side often and long enough to keep the breast fairly empty. The more frequently you breastfeed, in other words, the more often you empty the breast, the better, at least, every hour or two.

Loosen clothes that are tight at the breast or discontinue wearing your bra for a few days. Rest as much as you can.

A blocked duct will usually show improvement in twenty-four hours, if the treatment described here is followed. But do rest for a few days, as a blocked duct may lower your resistance and could lead to a breast infection.

39. What causes breast infection and how should I treat it?

If you notice the type of soreness described as a blocked duct in the answer to question 38, accompanied by fever or flu like symptom (feeling tired, bodyache and run down), you could have the beginning of a breast infection. You need to see your doctor immediately.

It is best to start treating a breast infection as soon as possible. Do remember that it is safe to continue breastfeeding on an infected breast. Studies show that the baby is not harmed in any way by suckling when the mother has a breast infection. Antibodies are formed in the milk that protect the baby from the bacteria causing the infection.

Moreover, sudden weaning off the breast is an emotional and physical shock both to you and the baby, and breast engorgement that generally follows sudden weaning, makes the infection worse. Studies have also shown that continued breastfeeding during breast infection helps clear the infection much more quickly.

Follow the treatment outlined for a blocked duct. Apply heat on the breast, rest as much as you can and continue frequent suckling. Many doctors have found that if this treatment is begun soon, antibiotics may not be necessary.

40. Can you tell me more about breast abscess?

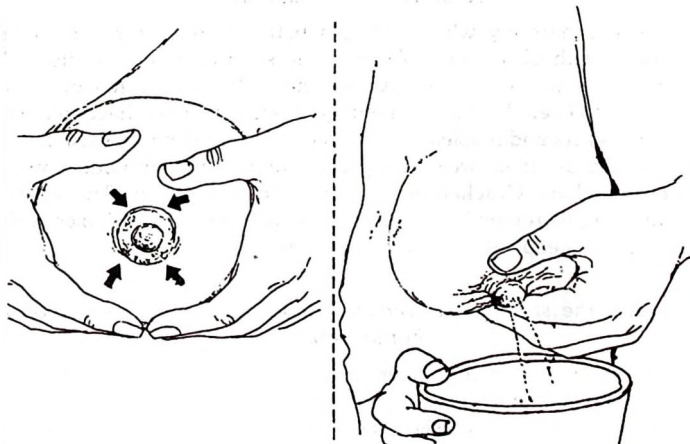
On rare occasions, a breast infection can worsen and develop into an abscess. If you catch the infection in time and treat it carefully as explained in the answer to question 39, this rarely happens.

The doctor may decide to open the abscess and drain it surgically. You may have to stop breastfeeding on the abscessed side for a few days if the wound is near the nipple, but you should continue to hand express the milk from that side to keep the breast empty and promote healing. Do keep breastfeeding the baby on the other breast.

41. *How do I express milk from my breast? How can I store this milk? What is the best way to feed this milk to my baby?*

Wash your hands before you express the milk. Cup the breast in your hand with your fingers just back of the areola, thumb on top and other fingers underneath, supporting the breast. Squeeze your fingers together rhythmically while pushing back towards the chest wall. Rotate your hand around the breast in order to get at all the milk ducts that spread out from the nipple in all directions. (Illustration 11(a))

After working on one side for a few moments, repeat the process with the other breast, then work on each side once more. This changing back and forth gives the milk a better chance to come down the milk ducts. Hold a clean container just under the nipple with your free hand to collect the milk (Illustration 11(b)). Before expressing this milk, do remember to boil the container and the lid in water for 10 minutes to kill germs. Allow the container & lid to cool a little in this water. Remove them both without touching the inside surface and store carefully preferably in a refrigerator. Use this container and lid which has been previously boiled and allowed to cool, to collect expressed milk. This precaution will prevent your expressed milk from getting contaminated.



Ill: 11(a) and 11(b): Hand expressing and collecting mother's milk.

Remember that expressed milk will separate into two layers. This is normal. Some mothers have unnecessarily discarded this milk thinking something was wrong with it.

Expressed milk can be stored in the refrigerator and reused within a few hours. If there is no refrigerator in your home, store this milk in a cool place. Milk which is stored outside a refrigerator must be used within 2 to 3 hours after being expressed.

As milk deteriorates quickly at room temperature, it is better to chill or freeze it. Frozen milk will expand in the container so fill it only 3/4th to the top. Frozen milk must be thawed quickly but not in boiling water as the milk will curdle. Do not leave it to stand in room temperature. Place the container with its lid covered, under running cold water, gradually allowing it to get warmer until the milk liquifies. It is not necessary to boil your expressed milk if it is to be given to your baby. Once this milk has thawed, it must not be refrozen.

Use a clean cup and spoon to feed the baby. Make sure they have been properly sterilised in boiling water to ensure there are no germs.

42. What should every nursing mother know about cleanliness and care of her nipples and breasts?

Every morning while having a bath, wash your nipples and breasts with plain water. Avoid using soap on your breasts and nipples as this would remove the natural oils secreted by your breasts to keep them from cracking. While you do not have to wash your breasts and nipples before a feed, do remember to wash them after and dry them well. This precaution will prevent your nipples from cracking. Cracked or sore nipples can be painful. The important thing to remember is to wash your breasts and nipples with water and keep them dry between feeds.

43. Are the stools of a breastfed baby different from those of a bottlefed baby?

For the first few days after birth, your baby's stools will be dark-greenish black and sticky. There is nothing wrong with your baby's digestive system. Gradually baby's stools change during the first week from dark green to bright yellow liquid stools.

The stools of the breastfed baby are usually quite loose and unformed, and may be yellow to yellow green, to brownish in colour. The odour unlike that of the bottlefed baby's stool is mild and not unpleasant. The stools of a bottle fed baby on the other hand, are harder and this baby may get constipated.

Frequency of bowel movement varies from baby to baby and even from week to week with the same baby. Fortunately, because breastmilk contains enough water for the baby's need, your baby does not get constipated (hard, dry stools). Read the answer to question 5 for more information.

44. What should a nursing mother eat to maintain her health and to ensure a good flow of milk?

There is no evidence that any food, drink or vitamins will increase or decrease the flow of milk, as long as you eat enough of a variety of foods. However, to produce enough milk for the baby and to maintain your own health, you should eat a little extra of whatever you eat normally. An extra helping of rice or chapati, dal, fresh green leafy vegetables, fish, eggs, meat and fresh fruits will give you all the nourishment that you need to produce enough milk for your baby and will help you to maintain your health. (Illustration 1)

It is sensible to eat according to your appetite and try not to lose weight. The fat stored in your body during pregnancy will slowly be lost when you breastfeed. Avoid over-eating. A mother who eats sensibly will not only provide her baby with plenty of milk, but will also ensure that her own body isn't being drained of food resources to meet her baby's need.

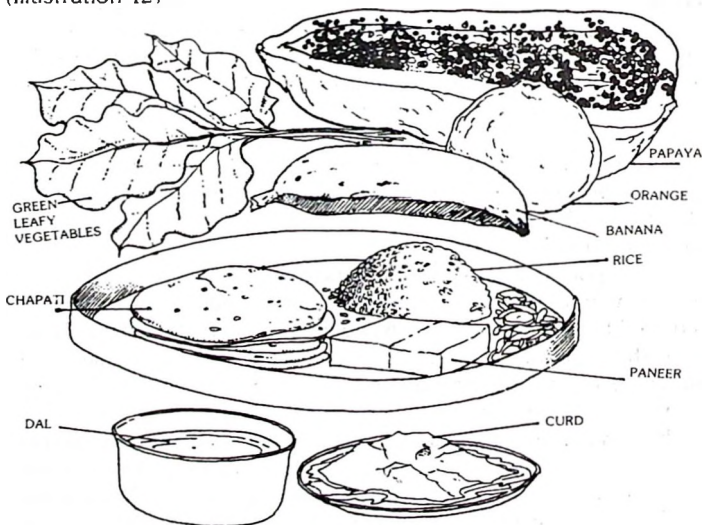
Even poorly nourished mothers manage to breastfeed their babies adequately for the first 4-6 months before extra food is required for the normal growth and development of the baby. However, these mothers breastfeed at the cost of their own bodies-their bodies lose calcium and proteins. The more babies these women bear and feed, the poorer their health becomes.

How much extra should you eat while nursing? You should eat slightly more than you do when you are not pregnant. Is there anything you should eat more of when feeding the baby? No. Assuming that you are eating a variety of food in your normal daily diet, just

eat slightly more of everything. This will provide enough nourishment both for your baby and you.

45. *Is it true that vegetarian mothers cannot produce enough milk and so should not breastfeed?*

No. This is not true. A vegetarian mother can breastfeed successfully and produce enough milk for her baby. Traditionally in most Indian homes, people eat a vegetarian diet, and women through the ages have lived and reared their children while eating a vegetarian diet. As long as the nursing mother eats slightly more than what she eats normally when she is not pregnant, she will produce more than enough milk for her baby. There is absolutely no reason to fear that a woman eating a vegetarian diet will deprive her baby of adequate nourishment. A vegetarian diet which contains a variety of foods like rice or chapati, dal, fresh green leafy vegetables and other vegetables 'paneer', curd and fresh fruits will provide enough nourishment both to produce enough milk and to maintain the mother's own health. (Illustration 12)



III. 12: Vegetarian diet for pregnant and nursing mothers.

46. *Should a nursing mother drink extra water so that her milk is not too thick and is easy for her baby to digest?*

The amount of water that a mother drinks has no relation to the consistency of breastmilk, which differs from person to person. Some mothers fear that their milk is too watery, while others feel their milk is too thick for the baby to digest. The truth is that the consistency of breast milk has nothing to do with its quality. Breast milk, whether thin or thick is perfect for your baby.

In summer, a nursing mother may feel very thirsty. This is hardly surprising, considering that the baby is taking a great deal of milk from you everyday. While you should drink as much as you want to, there is no need to force yourself to drink extra water.

47. *Will breastfeeding spoil my figure?*

No, breastfeeding will not spoil your figure. On the contrary, breastfeeding is nature's way of restoring your figure. During pregnancy, a woman's body stores up fat in preparation for nursing the baby. This extra fat is used up when the mother starts breastfeeding. In fact, breastfeeding helps the mother lose the weight that she gains during pregnancy. In addition, the womb which has stretched to hold the growing baby, also regains its normal size when a hormone is released during breastfeeding.

Many mothers believe incorrectly that the shape of their breasts would change if they breastfeed and therefore choose to bottlefeed. The truth is that the shape of the breasts change with age and not as a result of breastfeeding.

48. *Is breastfeeding effective in delaying the next pregnancy?*

It has been found that when a baby is exclusively breastfed without any "top" feeds and is allowed to suckle frequently, both during the day and night, it can help to delay the next pregnancy. This happens because the baby's frequent nursing stimulates the release of the hormone 'prolactin' that holds back the monthly preparation for a new pregnancy. Ovulation, the release of an egg usually does not take place.

Studies show that it is the frequency of nursing and the subsequent release of the hormone that holds back ovulation. Mothers

who keep their babies with them most of the time, at night as well as during the day, and give frequent, short feeds are more likely to delay the next pregnancy.

Breastfeeding alone however, will not provide complete protection. A mother who breastfeeds should also take some other precaution to avoid pregnancy.

49. When should a breastfed baby start eating soft foods?

For the first 4-6 months, breastmilk is your baby's best and complete nourishment. You don't need to give your baby anything else.

By 4-6 months however, the baby's growing body will need additional nourishment. You don't need to buy special foods for your baby. You can prepare them at home inexpensively from the same food that you use for the family meal. However, your baby still needs breastmilk, in addition to its new diet, so continue breastfeeding as long as you can.

Some mothers don't start soft foods till quite late, believing incorrectly that the baby will not be able to eat without teeth. If the soft foods are mashed well, the baby will have no trouble in swallowing.

If you delay introducing soft semi-solid foods for too long, the baby may get so used to its milk diet that it may not show interest in other foods.

Generally, mothers either start "weaning" or giving semi-soft foods too early (at 2 or 3 months) or too late (8-9 months) and even later. Medical studies show that breastmilk is all that your baby needs for the first 4 to 6 months. After that you should start giving other foods.

50. How should I start my breastfed baby onto soft semi foods?

At first give your baby one or two teaspoons of each variety of food, so that it gets used to a different taste and consistency. Remember, up to now your baby has only suckled your breast. Learning to eat other foods can be difficult. Be patient and don't force the baby to eat.

The baby may spit out the food at first. This does not mean it does

not like the food. Swallowing soft foods is a new experience for the baby. If your baby refuses to eat a particular food, don't give this food for a few days. Give some other food instead. A few days later, coax the baby to try that food once again.

Like grown ups, babies also have their preferences in foods. Some babies prefer sweet things while others like salty food. Be careful with salty and sweet things. Too much of either food is not good.

51. What kinds of food should I give my baby? How much food should I give at each feed?

At first when the baby is about 4-6 months old, start giving a thin porridge made from either sugi, dalia, ragi, rice powder or atta. Mix a little oil, ghee or butter in this porridge. This makes the food tastier, easier to digest and gives extra energy.

At first give one or two teaspoons and gradually increase the quantity over the next 3 to 4 weeks so that by that time the baby eats half a cup of porridge.

Fresh fruits like banana, papaya, chikoo and mango can also be given. Mash the fruit well. Apples can be stewed and mashed. By the time the baby is six months old, it should eat a whole banana which has been mashed well.

While ready-made cereals are available in the market, home-made foods are fresh, cheaper and more nourishing.

By the time the baby is 6-9 months old, seasonal vegetables like green leafy vegetables, beans, peas and carrots can also be given. Boil or steam these vegetables. Potatoes are also very nourishing. Mash these foods well. Add a little oil, ghee, or butter. By this age the baby can sit up and is beginning to teeth. Give the baby a piece of toasted bread, a crisp roti, biscuit or a piece of carrot to nibble. Encourage your baby to feed itself. This is part of its growing and learning experience.

By 9-12 months the baby can eat a variety of foods that you prepare for the rest of the family but without the spices added in. Feed the baby 4 to 5 times a day. Give small frequent feeds rather than two or three large meals.

Give the baby foods like "kichri", rice or chapati with dal, idli

uppma and dalia. In addition, a variety of vegetables and seasonal fruits can be given along with curd, boiled milk, egg, khir and bread. Soften a roti dipped in milk, dal or gravy.

It is better to avoid adding spices to the baby's food. Add ghee, butter or oil to the food. By the time the baby is a year or year and a half old, it should eat all the meals that you prepare for your family. The food may still need to be softened and given without spices.

By this time, the mother's milk will probably have decreased, so most of the baby's nourishment has to be supplied by solid foods. Since these foods are bulky and the child cannot eat more than 2 or 3 oz. at a time, it is better to give frequent feeds about 5 times a day, every 2 to 3 hours.

52. When should I start giving the baby water to drink?

For the first 4-6 months, breastmilk supplies all the nourishment and water that your baby needs. You can start giving water when the baby starts its new semi-solid diet. In hotter climates you can give water earlier, but avoid feeding through a bottle. Instead give the water with a cup and spoon after they have been properly sterilised.

Boil the water for ten minutes. Cool this water and feed baby with a teaspoon. Avoid using feeding bottles. By the time the baby is 7-8 months old, it can learn to drink from a glass.

53. Should I give soft foods before or after a breastfeed?

Soft foods should be given between breastfeeds, preferably a couple of hours after a breastfeed. This is advised because a baby will not make an extra effort to eat soft foods when it is very hungry. This is because suckling the mother's breast comes *naturally* to a baby, whereas it has to *learn* to eat soft foods. A hungry baby will be less interested in eating soft foods on an empty stomach. Having had a breastfeed a couple of hours earlier, the baby will not be too hungry when offered soft food and may show more interest in this food than otherwise.

On the other hand, if you offer the breast immediately after it has been fed soft food, the baby will not suckle the mother's breast strongly since it is not hungry at that moment. When the baby fails to suckle strongly, it will not stimulate the breasts to produce more milk. Eventually the flow of milk may reduce. Therefore, breastfeed

your baby and offer it soft foods a couple of hours later. Give the next breastfeed a couple of hours after its last meal of soft foods. In this manner, the baby will continue to get the double benefits of its mother's milk as well as soft foods.

54. Are special baby foods available in the market better than soft foods prepared at home?

Special foods for babies available in the market are based on a mixture of powdered milk with some carbohydrates like wheat and rice. These foods which are cereal and milk-based are expensive. On the other hand, a wise mother can provide her growing baby with all the nourishment that it needs with the same things she uses to make the family meal. Instead of spending large sums of money on tins of baby foods, she can buy good wholesome food for the entire family, including the baby. Soft foods prepared at home give the baby a variety of foods, in addition to providing all the nourishment it needs.

55. What precautions should I take when preparing a meal or feeding my baby?

Most mothers know the importance of hygiene. But often a busy mother may overlook some details of cleanliness. Can any mother afford to take this risk? The hidden dangers, germs that you cannot see, can lead to illnesses in your family. A baby is more likely to fall ill. You need to be extra careful if there is a baby at home. (Illustration 13)

Keep your home and surroundings clean. Germs breed in dirt and contaminated food and water, causing diarrhoea and spreading diseases like cholera, dysentery and gastro-enteritis. Drinking water must be strained through a clean cloth, boiled for 10 minutes and allowed to cool. Store this boiled water in a clean covered container.

It is advisable not to give your child food kept overnight, as this food is liable to get infected. Therefore always give the baby food which is freshly prepared. Wash your hands with soap and water before you cook the meal or feed the baby. Clean all the utensils. Wash them well before and after use, and rinse under running water.

56. When should I stop breastfeeding my baby?

As explained earlier, each baby is an individual, with different needs. There is no fixed age or weight when you should stop to



III. 13: Precautions while cooking the meal or feeding the baby.

breastfeed. As long as your baby is thriving, happy and gaining weight regularly, you should carry on breastfeeding. However, do start giving soft feeds in addition to breastmilk when the baby is 4 to 6 months old. Gradually as the baby grows and takes more semi-soft foods, it will demand less to suckle your breasts and gradually, the less often you suckle, the milk supply will reduce.

57. *How should I stop breastfeeding?*

You should not abruptly stop breastfeeding but do it gradually. Were you to stop quickly, you would find yourself with painful and engorged breasts and an upset baby who cannot understand why your milk is suddenly denied.

Give up the feed at which you have least milk first. This is usually the one in the late afternoon or early evening. Give the baby something else to drink. Gradually, after a week, give up another breast feed and carry on in this way until you are feeding once a day. Most mothers find it most comfortable to give up the early morning feed last, as they usually have most milk at this feed. Other mothers prefer to give up the last feed of the day last of all, as their babies seem to enjoy this the most and sleep well afterwards.

The most important thing to remember is that breastfeeding should be stopped gradually and not overnight. If your baby asks for a feed by nuzzling against your breast, after you have stopped feeding it, let the baby suckle. It will soon realise that there is little, if any milk there. Some babies, however, may still want to suck for comfort if not for food.

58. Should a mother continue soft foods when the baby is ill?

It is incorrect to stop feeding a baby when it is ill. In fact now the baby needs nourishment even more so to recover from its illness. Food will give it the strength to fight other illnesses which can set in when the baby is already weak.

Soft foods like kichri, dalia, rice or chapati mixed with lightly cooked dal and vegetables will not harm the baby. Sometimes when the baby is ill, it may not feel hungry or may prefer to eat food other than what it normally eats. While recovering from its illness, the baby's appetite will improve and the baby will want to eat slightly more than what it usually eats. Mothers should use this opportunity to feed their babies well during their convalescence from illness, as the additional nourishment will help babies regain their health.

59. Why does baby have diarrhoea while teething? Is it because it is teething, or the fact that I have started giving it soft foods?

Often mothers tend to associate teething with diarrhoea. This is incorrect. Diarrhoea occurs when the baby eats contaminated food or drinks water which is contaminated. Moreover when a baby is teething, it tends to pick up things lying around the house and chew on it. These objects can carry germs into its body and cause diarrhoea.

If you prepare soft foods hygienically, there is no reason why the baby should have diarrhoea. Introducing soft foods will not cause diarrhoea, as long as they are well prepared. Wash your hands before you make the meal or feed the baby. Use fresh food. Use clean drinking water. Keep the utensils clean. These precautions will help to prevent diarrhoea. (Illustration 13)

60. What is diarrhoea?

Diarrhoea is not a single disease. It is a symptom that accompan-

preparing the salt and sugar solution at home, as explained in the answer to question 64.

66. *When does a baby with diarrhoea need medical help?*

Your baby needs medical attention immediately if it shows any of the following signs:

- passes no urine for over six hours;
- vomits so much that it cannot drink or hold liquids;
- shows signs of dehydration;
- has blood or mucus in the stool;
- is drowsy or unconscious;
- has high fever;
- if diarrhoea lasts more than two days.

67. *What should I do to prevent my baby from getting diarrhoea?*

Diarrhoea is caused by germs which breed in contaminated food and water, dust and unsanitary surroundings. These germs enter the baby's body through contaminated food or water.

There are simple measures you can take to prevent diarrhoea. Keep your home and surroundings clean. Flies gather around dirt. Flies carry germs. Therefore it is important to keep drinking water and food covered.

For drinking, it is better to use water from a piped water supply, a deeptube well or a covered well. If water from any of these sources is not available, boil all drinking water for 10 minutes. Store in a clean covered container. For more information read the answer to question 63. Use a special pot or container to store this water. Never put your hand into the water pot.

Keep all utensils clean. Wash them before and after use under running water. Never give your baby food left overnight. Give baby freshly prepared food. Wash your hands with soap and water before you cook the meal or feed the baby. If the child eats by itself, wash its hands well before it eats.

Wash your hands with soap and water after going to the toilet as well as after cleaning the baby who has had a stool. Keep your nails short and keep them clean. All clothes including undergarments and bed linen must be clean and fresh. Finally, continue breastfeeding as long as you can, even when your baby has diarrhoea. Breast milk is the safest and most hygienic way to feed your baby. (Illustration 13)

68. *Is it true that breastfed babies have less chance of getting diarrhoea?*

Yes, it is true that babies who are breastfed exclusively without 'top' feeds rarely have diarrhoea. Breastmilk is not only free of germs but also helps to prevent the growth of those germs that cause diarrhoea. It has been found that bottle-fed babies have diarrhoea more often than breastfed babies. This is because the feed is not hygienically prepared. For a bottle feed to be safe, you need to take many precautions, such as sterilising the feeding bottle and nipple and boiling the water to prepare the feed. Often these safety precautions are ignored while preparing a bottle-feed, and the baby can thus be exposed to the risk of infection.

Breast feeding takes care of all this trouble. Breastmilk is the safest and most hygienic way to feed your baby. Breastfeed as long as you can, even when the baby has diarrhoea. Breast milk will give the baby the best nourishment it needs to recover, besides being easier for the baby to digest. If the baby is 4-6 months and has started eating soft foods, also give it kichri or rice mixed with curd, during a bout of diarrhoea.

69. *Since breastmilk contains antibodies, does this mean that a breastfed baby does not require immunization against common childhood diseases?*

Although antibodies present in the mother's milk do give immunities to some common childhood diseases, every baby should be immunised regularly to completely eliminate the risk of these diseases. Table 1 gives the immunization schedule.

Breastmilk contains mother's natural immunities to protect the baby against illnesses. Breastfeed your baby as long as you can. In addition, do remember to follow the immunization schedule to completely eliminate the risk of common childhood diseases like tuberculosis, diphtheria, whooping cough, tetanus, measles and poliomyelitis.

70. *Does every healthy baby require immunization?*

Yes, definitely. Unlike adults, babies have not built up their own natural immunities to illnesses. Common childhood diseases can lead to life-long disabilities, and in some cases, even death. Immunization will protect your child from these dangers.

TABLE 1 IMMUNIZATION SCHEDULE FOR CHILDREN

WHEN	WHAT	WHY
3-9 months	BCG vaccine	protect against tuberculosis
3-9 months	3 doses of DPT and Polio vaccine at intervals of 4-6 weeks each	protect against diphtheria, whooping cough, tetanus & poliomyelitis
9-12 months	Measles vaccine	protect against measles
1½-2 Years	1st booster for DPT and Polio	

71. What are the other things I should know about immunization?

Remember that immunization is effective only when a regular and complete dose is given. If for some reason the child does not get the dose in time, it may be given the dose as soon as possible, without starting the course again.

Minor coughs, cold, mild fever, diarrhoea and malnutrition are not contra indications for vaccination. In other words, if your child has any of these illnesses, immunization can still be given without harming the child.

Sometimes the child may fall sick with the same disease for which it was immunized, soon after getting the dose. This does not mean that the immunization was ineffective, but that the child had already got the disease before the immunization. A disease usually takes 10-15 days to develop in the body before the symptoms appear. If the child has already contracted the disease, immunization after this period will not prevent the disease from setting in. Therefore for complete protection, immunize your child as early as possible, following the schedule given in Table 1.

Different vaccines can be given at the same sitting, for example, DPT, Polio and BCG vaccines. But each vaccination should be given at a different part of the body, and not at the same spot.

Some of the common and normal reactions to vaccination include slight fever, local pain and swelling at the site of the vaccination, slight diarrhoea and a mild rash in the case of measles vaccination. Parents should not be alarmed at any one of these reactions as these are normal reactions and will not harm the baby.

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