



Baby friendly hospital program

Program for advancing, supporting and protecting breastfeeding
and for constant development of the quality

2023

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At Vaasa Central Hospital we promote the wellbeing of mothers, infants & their families on a daily basis.

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At first life is all about breastfeeding, afterwards breastfeeding becomes a part of life.



Management and personnel at women's and children's health unit at Vaasa Central Hospital are committed to promote, support and protect breastfeeding as well as continuously develop breastfeeding guidance according to "10 steps to successful breastfeeding", which is included in the baby friendly hospital program.

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INTRODUCTION

We at Vaasa Central Hospital work with mothers, infants and their families every day. Our goal is to offer the families the best possible help, guidance and support during the first days with a newborn. The first moments with the baby are very important for a successful breastfeeding. Even though breastfeeding is a natural thing it is not always easy, which is why we need a lot of researched information about breastfeeding as well as breastfeeding experts, teamwork between different occupational groups and a clear course of action.

At our delivery unit we have been developing baby friendliness for a long time already. In 2013 Vaasa Central Hospital received the Baby Friendly certificate as a merit of good work. The Baby Friendly certificate needs to be renewed regularly and at Vaasa Central Hospital this re-assessment was first done in the fall of 2018 and later on in the end of 2023.

During the past five years we have promoted and developed baby friendliness and family centered care at our hospital, by for example providing immediate skin-to-skin contact also after planned and unplanned cesarean sections. We have also improved the possibility of family rooms at the ward and provide family rooms according to availability. Then the partner/support person is able to stay at the hospital also overnight and participate actively in the baby-care 24/7. The presence of the partner and a peaceful start together strengthens the family in this new phase. It also makes it possible for the mother to concentrate on the breastfeeding. There are also family rooms available in the neonatal intensive care unit if the newborn needs to be transferred there.

The last few years have been challenging due to the COVID pandemic, since it affected our work in

many ways. We have gone through times when partners were not allowed presence at the ward after the child's birth and many other limitations that have affected our operation in the hospital. Just as it has in society overall. Many families were left without social support. But the pandemic also brought along something positive. Many partners started working remotely, which made it possible for them to be more presence during the babies' first time at home. And that gave those families a stronger united beginning.

Breastfeeding is of great importance to public health.

The importance of breastfeeding is great for public health. Breastfeeding have both short- and long term effects for the health status of both mother and baby. Breastfeeding and skin-to-skin contact enhances mother-baby communication.

Breastfeeding also supports the child's rights to well-being as well as individual growth.

A positive attitude towards breastfeeding by the whole society supports the breastfeeding also on an individual level. We want to promote successful breastfeeding and spread positive knowledge about breastfeeding also outside of the hospital. The entire personnel engages in promoting, supporting and protecting breastfeeding following the baby friendly program as well as developing breastfeeding guidance according to national and international instructions. In our welfare area we even support our employees' breastfeeding by allowing them to breastfeed or pump during workhours.

Kaisa Muikku
Coordinating chief nurse
And the whole staff from the delivery unit



1. AIM OF THE BABY FRIENDLY HOSPITAL PROGRAM

The baby friendly hospital program at Vaasa Central Hospital is based on international research and has been updated according to WHO and UNICEF's revised implementation guidance "Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly hospital initiative 2018" as well as the National Institute For Health And Welfare's (THL) guidance "Kansallinen imetyksen edistämisen toimintaohjelma vuosille 2018-2022".

Breastfeeding is a part of sustainable development – it is both economically rewarding and an ecological way of feeding the baby. From a global perspective breastfeeding improves the health and quality of life for both the mother and the baby, and breastfeeding also saves lives. In Finland the biggest challenge is to improve every individual child's possibility to breastfeed regardless of the family situation, the family's educational stage, the mother's age or her health behavior.

After birth, mothers usually get started with breastfeeding, but insecurities about having enough breastmilk, lack of breastfeeding support as well as other social and cultural issues easily lead to introducing formula to the baby. Family and society plays an important role in supporting breastfeeding. Society can support breastfeeding by i.e. giving a positive image of breastfeeding in media and social media. If society views breastfeeding as natural and ordinary, breastfeeding challenges and setbacks will also be seen as something that occurs but is completely solvable. This can be crucial to breastfeeding duration.

The baby friendly hospital program aims to unify clinical practice and breastfeeding guidance as well as to strengthen both the families' and personnel's breastfeeding knowledge. All health care workers play an important role in strengthening positive attitudes towards breastfeeding. Research shows that the more maternity hospitals follow the steps of the baby friendly program, the better mothers succeed in breastfeeding.

By offering qualitative breastfeeding guidance we aim to ensure the baby's nutrition and to support the family in reaching their own personal breastfeeding goals. Qualitative breastfeeding guidance should be carried out accordingly to the family's needs, and instructions should be consistent no matter who is giving them. Another aim of the baby friendly program is to strengthen the cooperation between the maternity hospital and the postnatal care unit in order to support breastfeeding. The support of professionals is important right after birth, whereas peer support becomes more important later on.

The baby friendly hospital program is updated every fifth year, or more often if needed.



2. NATIONAL BREASTFEEDING RECOMMENDATIONS

Breastmilk together with vitamin D supplement is the only nourishment most babies with normal birthweight need for the first six months. Exclusive breastfeeding up to 4-6 months is recommended in Finland. Solid food is recommended to be introduced between 4-6 months, in small tasting portions after breastfeeding (from the tip of a spoon to a few full teaspoons). Latest at six months, solid food is recommended as a compliment to breastfeeding. Then solid food becomes nutritionally important for the baby's growth and development. Breastfeeding is recommended to continue up to at least one year of age.



WHO and UNICEF recommends exclusive breastfeeding for 6 months.



3. THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

The TEN STEPS to Successful Breastfeeding

- ### 1 HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...

 - Not promoting infant formula, bottles or teats
 - Making breastfeeding care standard practice
 - Keeping track of support for breastfeeding
- ### 2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...

 - Training staff on supporting mothers to breastfeed
 - Assessing health workers' knowledge and skills
- ### 3 ANTENATAL CARE

Hospitals support mothers to breastfeed by...

 - Discussing the importance of breastfeeding for babies and mothers
 - Preparing women on how to feed their baby
- ### 4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...

 - Encouraging skin-to-skin contact between mother and baby soon after birth
 - Helping mothers to put their baby to the breast right away
- ### 5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...

 - Checking positioning, attachment and sucking
 - Giving practical breastfeeding support
 - Helping mothers with common breastfeeding problems
- ### 6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...

 - Giving only breast milk unless there are medical reasons
 - Prioritizing donor human milk when a supplement is needed
 - Helping mothers who want to formula feed to do so safely
- ### 7 ROOMING-IN

Hospitals support mothers to breastfeed by...

 - Letting mothers and babies stay together day and night
 - Making sure that mothers of sick babies can stay near their baby
- ### 8 RESPONSIVE FEEDING

Hospitals support mothers to breastfeed by...

 - Helping mothers know when their baby is hungry
 - Not limiting breastfeeding times
- ### 9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to breastfeed by...

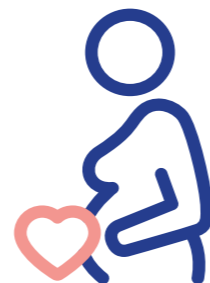
 - Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers
- ### 10 DISCHARGE

Hospitals support mothers to breastfeed by...

 - Referring mothers to community resources for breastfeeding support
 - Working with communities to improve breastfeeding support services




4. THE DELIVERY UNIT'S 10 STEPS TO SUCCESSFUL BREASTFEEDING



MANAGEMENT METHODS IN PROMOTING BREASTFEEDING

1.a The WHO's international code of marketing of breast-milk substitutes is followed at the delivery unit.

1.b At the delivery unit there is a written breastfeeding policy, based on WHO and UNICEF Baby-friendly Hospital Initiative Implementation Guidance 2018. The breastfeeding policy is communicated to staff and families.

1.c The delivery unit has ongoing monitoring and data-management systems that monthly follow up how the breastfeeding policy is realized. Breastfeeding statistics from the maternal health services are also collected yearly.

2. The staff in the delivery unit has sufficient knowledge to promote, support and motivate breastfeeding. The staff has received the WHO 20 hour training in breastfeeding guidance and everyone participates regularly in advanced training in breastfeeding guidance. New employees are acquainted with the breastfeeding policy.

SUPPORTING BREASTFEEDING IN CLINICAL PRACTICES

3. At every unit that provides maternity care at Vaasa central hospital, all pregnant women and their families are given information about breastfeeding and its advantages. The families' opinions regarding breastfeeding are respected.

4. Mothers are given the possibility and are encouraged to keep an uninterrupted skin-to-skin contact, despite the way of giving birth. Mothers are encouraged to begin breastfeeding as soon as possible after birth and a successful first feeding is cared for in the delivery room or at the ward.

5. Mothers are given practical guidance on how to initiate and maintain breastfeeding. Mothers are guided in how to maintain the lactation in case they are separated from their baby. The mothers are also given information about how to manage the most common breastfeeding difficulties.

6. The staff discourages parents from giving any fluids other than breastmilk to the baby, unless it is medically indicated.

7. Mothers and their newborns are enabled to remain together and to practice rooming-in 24/7.

8. Mothers are instructed to breastfeed on demand by recognizing and responding to the baby's cues for feeding.

9. Families are counseled on the use and risks of feeding bottles and pacifiers.

10. At the time of discharge an individual written breastfeeding plan is drawn up. The families are informed of where they can have timely access to ongoing support and appropriate care also after discharge.

5. 10 STEPS TO SUCCESSFUL BREASTFEEDING AT NEWBORN INTENSIVE CARE

MANAGEMENT METHODS IN PROMOTING BREASTFEEDING

1.a The WHO's international code of marketing of breast-milk substitutes is followed at the newborn intensive care.

1.b At the newborn intensive care there is a written breastfeeding policy, based on WHO and UNICEF Baby-friendly Hospital Initiative Implementation Guidance 2018. The breastfeeding policy is communicated to staff and families.

1.c The delivery unit has ongoing monitoring and data-management systems that monthly follow up how the breastfeeding policy is realized. Breastfeeding statistics from the maternal health services are also collected yearly. The intensive care unit for newborns follows the delivery unit's statistics.

2. The staff at the newborn intensive care has sufficient knowledge to promote, support and motivate breastfeeding. The staff has received the WHO 20 hour training in breastfeeding guidance and everyone participates regularly in advanced training in breastfeeding guidance. New employees are acquainted with the breastfeeding policy.

SUPPORTING BREASTFEEDING IN CLINICAL PRACTICES

3. At every unit that provides maternity care at Vaasa central hospital, all pregnant women and their families are given information about breastfeeding and its advantages. The families' opinions regarding breastfeeding are respected.

4. Mothers are given the possibility and are encouraged to keep an uninterrupted skin-to-skin contact, depending on the baby's condition. Mothers are encouraged to begin breastfeeding as soon as possible after birth and a successful first feeding is cared for in the delivery room, the ward or the newborn intensive care.

5. Mothers are given practical guidance on how to initiate and maintain breastfeeding. Mothers are guided in how to maintain the lactation in case they are separated from their baby. The mothers are also given information about how to manage the most common breastfeeding difficulties.

6. We avoid giving any fluids other than breastmilk to the baby, unless it is medically indicated.

7. Our aim is to let mothers and their newborns remain together and practice rooming-in 24/7.

8. Depending on the baby's condition, mothers are instructed to breastfeed on demand by recognizing and responding to the baby's cues for feeding.

9. Families are counseled on the use and risks of feeding bottles and pacifiers. Milk is recommended to be given with a nasogastric tube, especially if the mother isn't able to be together with the baby and when a relatively large amount of milk is needed to secure the baby's health. Feeding with the nasogastric tube is gradually decreased when breastfeeding is working.

10. At the time of discharge an individual written breastfeeding plan is drawn up. The families are informed of where they can have timely access to ongoing support and appropriate care also after discharge.

6. BREASTFEEDING CONFIDENCE

Breastfeeding confidence means that the mother trusts her ability to breastfeed her child. Feeling confident will affect both the beginning and the continuation of breastfeeding. If the mother trusts in her ability to breastfeed already before the baby is born, she is going to cope with the possible breastfeeding challenges more easily.

The mother will gain more confidence if her experiences are in line with her expectations, she is getting the support needed, and she feels like she can enjoy every-day life with her baby. The mother's breastfeeding confidence increases when she is convinced that problems and challenges are not unusual and that breastfeeding can be difficult at times.

By helping the baby breastfeed successfully within the first hour, providing rooming-in care and supporting exclusive breastfeeding, the hospital will support a growing confidence in breastfeeding. The key issues in breastfeeding guidance are to practically assist with breastfeeding, and to support the mother's breastfeeding confidence.

All mothers are not allowed to breastfeed, and sometimes breastfeeding fails despite the mother's own wishes. Breastfeeding can come to an end earlier than expected because of the mother's medication or health status, or because of the child's health status. These mothers need a lot of time and support from health care workers to deal with emotions that may occur after ending breastfeeding.

7. NON-BREASTFEEDING MOTHERS

It is quite rare to not breastfeed in Finland. The reason behind not breastfeeding can be the mother's own decision, health status of the mother or baby, or the mother's medication. It is also possible for a mother to feel that breastfeeding is unpleasant and therefore choose not to breastfeed.

Non-breastfeeding mothers may experience feelings of guilt and inferiority and that they need to defend themselves. In reality there is absolutely no need to feel guilty; the most important thing is to listen to the own feelings and do what is best for the family. It is important to not have a pressing attitude in conversations with the mother.

The health care staff will give practical guidance on how to feed the baby and how the parents can nourish the natural interaction and bonding with the baby during the feeding – whether the baby is breastfed or not.



8. INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

The World Health Organization WHO and UNICEF emphasize the importance of breastfeeding as a way to improve the health and nutrition of infants and young children. In 1981, an international code of marketing of breast-milk substitute was adopted in order to promote breastfeeding. According to the code, every Member State of the WHO is obligated to take measures in order to promote breastfeeding and control marketing of breast-milk substitutes. The aim of the code is to contribute to safe and adequate nutrition for infants by promoting breastfeeding and ensuring the quality as well as correct use of breast-milk substitutes.

The code is aimed at government decision-makers, companies producing and retailing breast-milk substitutes, pacifiers and feeding bottles as well as healthcare workers that inform and offer guidance in how to use them.

In Finland the marketing of breast-milk substitutes is regulated by the Ministry of Trade and Industry's resolution on infant formula and follow-on formula (1216/2007). The fulfillment of the code is supervised by Evira.

The principles recommended by the code are essentially the following:

The personnel encourage breastfeeding and provide families with scientific evidence regarding the infants' secure intake of nutrition.

No products with labels from manufacturers of breast-milk substitutes are used at the hospital. The personnel do not hand out marketing products or free samples of breast-milk substitute to pregnant women, newly become mothers or their family members. Manufacturers and distributors of breast-milk substitute are not allowed to offer healthcare workers or their families material preferences in order to promote product sales.

Infant formula is only offered to those in actual need of it. In cases where breast-milk substitute is needed the personnel ensures that accurate information about the proper use and the risks of misuse are given.



9. INFANTS IN NEED OF SPECIAL OBSERVATION AND POSSIBLY BREAST-MILK SUBSTITUTE

When a baby is born, the mother is producing colostrum and the baby's intestines contain amniotic fluid. This is enough to secure the nutrition during the first few days of a healthy, full-term, normal weight baby if the baby is allowed to breastfeed on its own demand.



If there is a delay in the onset of milk production, the reason behind the delay is to be mapped out in order to secure adequate nutrition for the baby. Breastfeeding observations are carried out in order to monitor how often and for how long the baby is breastfeeding, the position, latching, efficiency and swallowing sounds. The mother's own experience also gives us important information. Additional clues can be added by checking the weight x2/day and/or by weighing the baby before and after breastfeeding.

When medically indicated, the baby might need additional milk. In these cases, the mother's own expressed milk is primarily used. The mother is encouraged to maintain milk production by expressing milk by hand or by pump. If the mother's own milk is not enough to ensure adequate nutrition for the baby, formula will be used. The parents are informed of the reasons for giving formula, and they receive guidance in how to feed the baby formula in addition to breastfeeding. The parents are also informed on how to proceed to exclusive breastfeeding when the need for formula no longer exists. Formula feeding guidance is given only to those who need it.

If formula is needed it will be administered individually; at first 5-10ml/feeding for at least two feedings, but no longer than until the next day when a new evaluation is done.

CRITERIA FOR BREAST-MILK SUBSTITUTE, INDIVIDUALLY ASSESSED:

- Infants at risk for hypoglycemia
 - Prematurely born under 37 weeks
 - Birth weight under 2500g <-2,0 SD
 - Birth weight over 4500g >+2,0 SD
 - Infants of diabetic mothers (GDM, Diabetes type I- and II)
 - Perinatal asphyxia (5 min Apgar <7)
- Infants with clinical dehydration; for example weight loss >10%
- Bilirubin at phototherapy treatment limit/baby is receiving phototherapy treatment
- The mother is unable to breastfeed (for example medication preventing breastfeeding, HIV, active and untreated tuberculosis, breast affected by active herpes blisters and drug-usage)
- The baby is unable to latch (for example cleft lip and cleft palate)

10. BREASTFEEDING GUIDANCE AT THE DELIVERY UNIT

It is important that the hospital as well as the pre- and postnatal care unit offer consistent breastfeeding guidance as supported by the baby friendly hospital program. Breastfeeding guidance is offered to all pregnant women already at the prenatal care unit. During pregnancy, breastfeeding guidance aims to raise knowledge and to strengthen a positive attitude towards breastfeeding, which will encourage exclusive breastfeeding.

BREASTFEEDING RECOMMENDATIONS

The delivery unit's updated ten steps to successful breastfeeding according to the guidelines by WHO and UNICEF can be found at all the wards. The personnel are committed to work according to these principles. WHO and UNICEF advocate exclusive breastfeeding for six months, and continuous breastfeeding at least up to one year.

BREASTFEEDING BENEFITS FOR THE BABY

Breastfeeding allows the baby to be close and feel safe and comforted. The mother's breastmilk is individually adapted to be suitable and easily digestible for her baby. Breastmilk contains important nutrients, iron, proteins and antibodies.

The breastmilk also contains lactic acid bacteria which support the development of a healthy gastrointestinal bacterial flora for the baby. Exclusive breastfeeding has been proven to reduce i.e. otitis and respiratory infections as well as gastrointestinal infections. Breastfeeding prevents obesity and can give relatively well protection against asthma and atopic dermatitis.

Especially babies born prematurely benefit by their mother's own breastmilk, and studies have shown that the health benefits can be detected as far as to the teenage years. The breastmilk of a mother who has given birth prematurely has a different quality compared to mothers who give birth at full term.

BREASTFEEDING BENEFITS FOR THE MOTHER

Breastfeeding speeds up the recovery postpartum, the uterus contracts more effectively and the bleeding afterwards is lighter. The anti-stress and love hormone oxytocin is released during breastfeeding and helps create feelings of wellbeing thus supporting the bonding between mother and baby. The longer time a mother spends breastfeeding in her life, the smaller the risk of developing type 2 diabetes, high blood pressure or breast- and ovarian cancer.

THE IMPORTANCE OF COLOSTRUM

Colostrum is formed during pregnancy and nutritionally adapted to fit the mother's own baby. The colostrum is high in protein and nutrients, and contains antibodies that protects against infections. Because of the positive effect the colostrum has on the baby's gastrointestinal bacterial flora, it is important that the baby receives the first milk from the mother. The color of the colostrum milk can vary from a rich yellow to clear.



THE FIRST BREASTFEEDING

The baby is put in skin-to-skin contact immediately in order to be able to start searching for the breast. It is recommended that the first breastfeeding should get started within the first 30-60 min after delivery, or as soon as possible. The breasts need stimulation in order to produce milk. Breastfeed or express milk by hand as often as possible the first days after delivery, at least eight times per day, preferably even more often.

IF THE BABY DOES NOT LATCH

If the baby does not start to nurse within the first few hours after delivery, there is no need to worry. Milk expression by hand is then recommended in order for the milk production to get started, and for the baby to be able to receive the first drops of milk and not get too tired. Keep the baby in skin-to-skin contact and take your time awaiting the baby's feeding cues.

BABY AT THE INTENSIVE CARE UNIT FOR NEWBORNS

Sometimes the baby needs to be treated at the intensive care unit for newborns (A8). The parents are encouraged to spend as much time with the baby as possible; whichever care the baby might be receiving. We recommend that the mother starts stimulating her breasts as soon as possible, either by hand or pump. Remember to collect every little drop of colostrum for the baby. The nursing staff at the intensive care unit offers help with baby care and breastfeeding guidance.

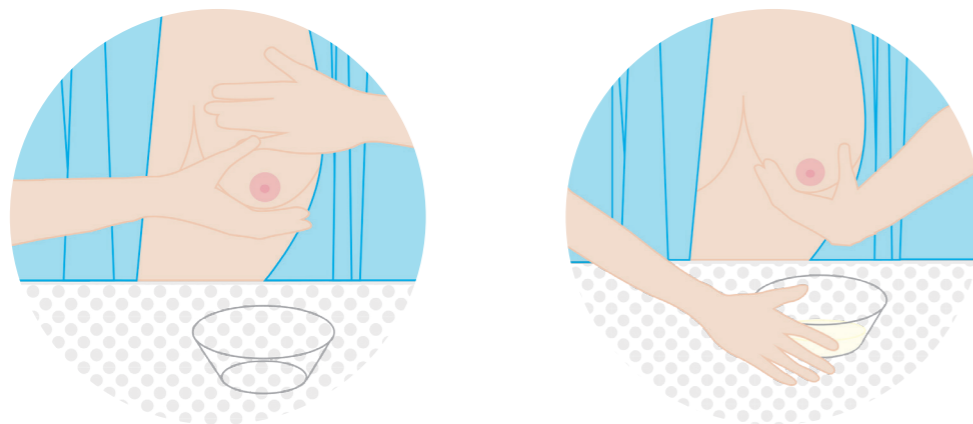
THE PARTNER'S ROLE DURING BREASTFEEDING

A supporting partner has a positive effect on breastfeeding. Encourage the mother and tell her that you appreciate that she is breastfeeding. That will give her strength. There are also tangible things you can do to support the breastfeeding. Give massage to help relieve tight neck muscles, this will help with the milk flow. You can also assist your partner if she needs help finding a comfortable breastfeeding position.

It is important that the mother eats and drinks properly since a breastfeeding mother needs more energy. Often it might be the partner's task to make sure the mother eats and drinks properly.

EXPRESSION OF MILK BY HAND

It is good to learn the technique of expression by hand in order to stimulate milk production. Prepare your breasts for expression by warming and massaging them. Place your fingers and thumb on each side of the nipple (the C-grip) and slightly press inwards against the chest and then towards the nipple. Replace your grip around the nipple, so that you empty the whole breast. Remember good hand hygiene.



FEEDING CUES

Already as a newborn, the baby can show hunger through face expressions long before the baby starts to cry. It is easier for a calm baby to concentrate on latching on and it is more likely for the breastfeeding to succeed, if you start to breastfeed before the baby is crying. Crying is a late sign of hunger and it is the last call for food.

BREASTFEEDING LATCH AND BREASTFEEDING POSITIONS

For a correct breastfeeding latch, the baby's navel and nose should point towards the same direction, and the baby's chest should be tight against the mother's body. The baby tilts its head backwards in order to open the mouth easier. The latch is usually correct when breastfeeding does not hurt, and the baby is swallowing. If there is trouble with the breastfeeding latch, try to change the breastfeeding position in order for the baby to open its mouth even bigger.

A good breastfeeding position is comfortable both for the mother and the baby. Be sure to vary the positions in order for the breast to empty from different angles.

SKIN-TO-SKIN CONTACT AND ROOMING-IN

Skin-to-skin contact is an easy way to get the breastfeeding started the first few days. Skin-to-skin means that the baby is laying, wearing only a diaper, on either of the parents' bare chest.

Skin-to-skin contact has many benefits, for example:

- It helps the baby to adapt to the new life outside the womb and it reduces stress levels
- It helps the baby to seek the breast and to latch on and benefits the lactation process
- It reduces the feeling of pain for both the mother and the baby
- It enhances the connections between the parent and the baby and it also reduces the baby's crying
- It regulates the body temperature and helps to keep a stable blood sugar level
- It supports the development of the baby's own bacterial flora
- It supports exclusive breastfeeding and usually extends the breastfeeding duration

The mother and the baby stay together the whole hospital stay. Rooming-in helps the parents recognize the baby's feeding cues, and to learn how to meet the baby's needs. This enhances self-confidence in baby care.

The mothers are usually tired after the delivery, but studies show that mothers with babies in rooming-in care are not more tired than others; on the contrary, both the mother and the baby are sleeping better since the baby is satisfied. The baby is calmer next to the mother, and cries less.



THE BABY'S SLEEPING PATTERNS AND BREASTFEEDING RHYTHM

Newborns have an individual rhythm regarding sleep, breastfeeding and awake time. Some babies only breastfeed a few times during the first 24 hours while others may breastfeed once an hour. The baby is usually hungrier during the second day. Then the baby often wants to eat frequently and for a long time, only to sleep just for a little while before continuing. A baby should breastfeed for 8-12 times a day in order to stimulate milk production. By informing parents of the baby's sleeping patterns and breastfeeding rhythm beforehand, the parents will be more prepared.



IS THE BABY GETTING ENOUGH BREASTMILK?

By monitoring the breastfeeding, baby's bowel movements, urination and weight gain we are able to assess if the baby is getting enough breastmilk. Breastfeeding is safe when:

- The baby shows feeding cues and feeds on demand at least 8-12 times per day
- The baby is actively sucking and swallowing
- Weight loss is not more than 10% of the birth weight
- The baby reaches its birth weight at 14 days of age and there after the gained weight/month should be at least +500g during the first half year.
- The baby has yellow/brown/green breastmilk stools at least once a day after the first days.
- The baby has stools at least once a day during the first weeks. After 6 weeks the bowl movement might slow down to a few-days-pause if you exclusively breastfeed, which is normal.
- The baby is urinating at least 5 times a day after the fourth day.

Sometimes breastfeeding mothers can worry about whether their baby is getting enough milk, and give the baby some formula even though it is unnecessary. Due to the strong sucking reflex the baby can accept large amounts of formula after breastfeeding, even though the amount of breastmilk has been enough. If the baby is given formula unnecessarily without medical indication, milk flow may decrease.

At times, the baby might want to feed very often and act dissatisfied even though all signs point to the fact that the baby is getting enough milk through breastfeeding. For example, this might be due to a development stage, teething or intensified feeding in order to increase milk supply.

MILK SUPPLY AND BREAST PUMP STIMULATION

If the aim is to give the baby the mother's own pumped breastmilk exclusively, the amount of milk two weeks after delivery should be 750 ml/day, and for twin mothers 1000 ml/day, even if the baby should eat less. It is harder to increase the milk supply at a later stage.

<https://www.terveyskyla.fi/naistalo/raskaus-ja-synnytyks/imetys/maidonerityksen-kaynnistaaminen-lypsaamalla#>

11. BREAST PROBLEMS

CRACKED NIPPLES

When sore, cracked and bleeding nipples, assess the breastfeeding latch – what does the nipple look like before and after breastfeeding? Vary the breastfeeding positions and keep the baby in skin-to-skin contact. Moisten the nipples with breastmilk before and after breastfeeding. Lanolin cream and therapeutic breast pads can be used if necessary.

BREAST ENGORGEMENT (THE MILK IS 'COMING IN')

- A normal hormonal reaction that eases off after a few days
- The breasts are enlarged, swollen, firm, tender and there might be shiny or red areas.
- The baby has trouble latching
- A slight body temperature rise may occur

Care:

- Keep the baby in skin-to-skin contact
- Breastfeed according to the baby's own rhythm, at least eight times a day
- Use warm compresses before breastfeeding and cold compresses after breastfeeding.



Remember good hand hygiene!

BLOCKED MILK DUCTS

Symptoms:

- Firm, tender lumps
- Redness
- No fever
- Good general condition

Care:

- Breastfeed often, also during night time.
- Rest, avoid stress
- Assess the breastfeeding latch and breastfeeding positions
- Vary the breastfeeding positions so that the breast is emptied from different directions– baby's chin on top of the firmest area
- No tight clothing, for example no bra
- No milk expression by hand or pump if the baby is able to empty the breast effectively
- Gently massage the breast during breastfeeding
- Warm the breast before breastfeeding for example with a warm cloth, warm rice bag, sauna, a hot bath or a shower
- Use the "warm bottle" method (on the following page)
- Between feedings, use cold compresses (cabbage leaves or a cold cloth) in order to decrease the swelling
- Medication: Ibuprofen 400-600 mg x3, and Paracetamol 1g x3 if needed
- Lecitin 1 tbsp/day

MASTITIS

May occur due to blocked milk ducts or cracked nipples.

Symptoms:

- Large and tender lumps inside the breast, redness of the skin
- Pain
- High fever over 38,5
- Feeling of being ill, flu-like symptoms
- The breast is not being emptied

Care is the same as with blocked milk ducts, and:

- Enough fluids
- Medication: Ibuprofen 400–600mg x 3, and Paracetamol 1g x 3 if needed
- IF the general condition is not better after 24 hours, and the fever is still high, seek the attention of a doctor!
- Antibiotics if needed

INSTRUCTIONS ON THE "WARM BOTTLE"- METHOD

Heat a wide-necked glass bottle (at least 700 ml and with an opening of at least 2–4 cm) in hot water. Empty out the hot water when the whole bottle has heated up, and cool down the rim with cold water. Apply the bottle to the breast around the areola, and hold tight in order to create vacuum. As the bottle cools down on the breast, the pressure inside the bottle starts pulling the nipple inside and induces milk flow!



BREAST AND NIPPLE THRUSH

A fungal infection shows symptoms of:

- Redness of the nipple, bright redness and with a velvety surface
- Itching and a burning pain may occur on the nipple as well as inside the breast

Care:

- Moisten the nipple as well as the baby's mouth with non-sugar lingonberry juice concentrate or vichy water after breastfeeding
- Exclude sugar and white flour from your diet
- Air bathing – fungus likes moist environments
- Daktarin 2% cream
- Fluconazol 150mg po

Prevention:

- Let the breasts air-dry
- Regularly sterilize objects in contact with the baby's mouth, for example a pacifier
- Regularly change nursing pads and bra
- Probiotics are recommended
- Also treat genital yeast infections if you or your partner show symptoms

WHEN THE MILK SUPPLY IS LOW

Enough fluid and nutrition – two extra liters of water during continued breastfeeding. You can also try a breastfeeding tea. Enjoy a varied diet with three hot meals as well as four to six snacks every day. Reduce stress, rest while the baby is sleeping and enjoy fresh air outside. Let the baby breastfeed as much and for as long as the baby wants, also during night time. Accept the thought that some days you will not have time to do almost anything else than breastfeed and rest. Your partner's support in breastfeeding is extremely important.

EFFECTIVATED PUMPING

DOUBLE PUMPING

PUMP 20 MIN
REST 10 MIN
PUMP 10 MIN
REST 10 MIN
PUMP 10 MIN

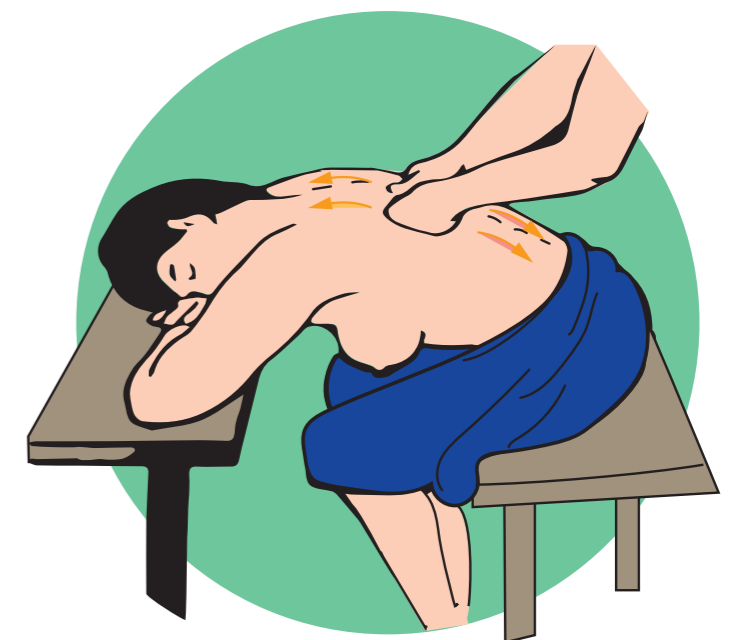
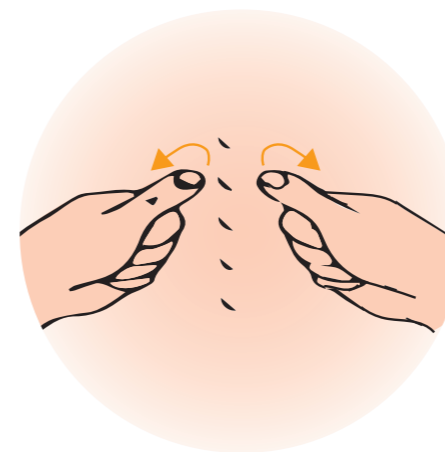
PUMPING ONE BREAST

PUMP BOTH BREASTS IN TURNS 10 + 10 MIN
REST 5 MIN
PUMP 10MIN + 10MIN
REST 5 MIN
PUMP 10MIN + 10MIN



OXYTOCIN-MASSAGE

The partner can help by giving a back massage to stimulate the oxytocin secretion in order to improve the let-down reflex. Use the thumbs and massage in circular movements upwards and downwards on the side of the spine according to the picture, for two to three minutes.



WHERE TO GET BREASTFEEDING HELP AND SUPPORT?

THE PRE- AND POSTNATAL CARE UNIT

Discuss breastfeeding with your midwife/health care nurse already during pregnancy. The nursing staff will map out previous breastfeeding experiences. Wishes and requests are documented on iPana. Breastfeeding guidance should continue with the health care nurse at the postnatal care unit after delivery.

THE HOSPITAL

All of the nursing staff at the delivery unit have been educated in breastfeeding guidance and can offer help if guidance is needed. After being discharged from the hospital you can call the Breastfeeding call support at any time; 044-3232072

THE BREASTFEEDING OUTPATIENT CLINIC

The breastfeeding outpatient clinic offers extra support to breastfeeding mothers. The breastfeeding mother may contact the outpatient clinic herself. Expectant mothers get in touch through the prenatal care unit's health care nurse. The breastfeeding outpatient clinic at Vaasa Central Hospital is open Mondays and Thursdays 08:30-15.

BREASTFEEDING PEER SUPPORT

Imetyksen tuki ry (ITU) offers trained peer support for breastfeeding families in Finland. The support is available for all phases of breastfeeding, through support groups all around Finland, through phone and Facebook. On their website you can find contact information and a lot of information and support on breastfeeding.

www.imetys.fi

Maitoliiga, Mannerheimin lastensuojeluliitto

<https://pohjanmaanpiiri.mll.fi/perheillejanuorille/vartu/>

<https://www.terveyskyla.fi/naistalo>



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In addition:

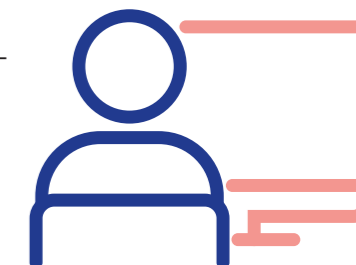
www.ruokavirasto.fi

www.thl.fi

www.imetys.fi

www.kvinnohuset.fi

www.bfmed.org/protocols



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