

Niitty Project 2018–2020

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This guide is based on a final project by students
at the Tampere University of Applied Sciences
'Health from maternal milk - a breastfeeding guide
for immigrant families'

Further information on breastfeeding:
Finnish Association for breastfeeding support (imetys.fi)
Naistalo (naistalo.fi)

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Niitty – Developing a Peer-based Family
Training Model for Immigrants

BREASTFEEDING

Imetys



BREASTFEEDING IS ALWAYS THE BEST WAY

Breast milk is the best possible nutrition for a baby and enables the best possible growth.

BENEFITS OF BREASTFEEDING FOR THE BABY

- Intestinal disorders are reduced
- Breastfeeding protects from respiratory tract and ear infections and later in childhood, from diabetes and asthma.

BENEFITS OF BREASTFEEDING FOR THE MOTHER

- Develops a close relationship with the baby and reduces stress.
- Speeds up the recovery from pregnancy and birth.
- Reduces the risk of developing diabetes and certain cancerogenic diseases.

RECOMMENDATIONS IN FINLAND

In Finland, full breastfeeding is recommended to be continued until the age of 4-6 months. This means that the baby's sole nutrition is breastmilk. At the age of six months at the latest, the baby must start eating solid foods. It is recommended to continue breastfeeding, besides the solid foods, at least until the age of 1 year.



SIDE-LYING POSITION

An easy position at night-time. A relaxing one for the Mother. It is important that the baby's nose is level with the nipple when the baby latches on.



LAIID-BACK POSITION

This position activates the baby itself to seek for a latch.



UNDERARM POSITION

This position may ease suckling. The position is also practical for instance after a Caesarian section.



GOOD BREASTFEEDING POSITIONS

The breastfeeding position is good when the mother and the baby are tummy to tummy, close to each other. The baby does not, in that way, need to twist his/her body and head and can stay relaxed. It is also important for the mother to keep her shoulders relaxed. Position the baby's nose at the height of the nipple. Thus, the baby's head is allowed to tilt slightly backwards, and the baby gets a good latch.

CRADLE HOLD

This is a good basic position. The baby's head rests on the mother's forearm, closer to the wrist than the bend of her arm. The baby's head is thus allowed to tilt slightly backwards.



CROSS-CRADLE HOLD

The cross-cradle position is particularly suitable for women with large breasts. Do not support the baby from behind his/her head but support his/her neck with your hand. You can use your free hand to shape your breast, as necessary.



GETTING STARTED WITH BREASTFEEDING

The baby is placed skin-to-skin on the Mother immediately after delivery. What is meant by skin-to-skin is that the baby, covered by only a nappy, is on the Mother's breast skin to skin. The skin contact increases milk supply and the baby's desire to suckle. It would be important to enable the first breastfeeding within two hours from birth. This increases the success of breastfeeding. The amount of milk starts to increase significantly after 2-3 days from the birth. It is good to keep the baby in a lot of skin-to-skin contact during the first days.

BABY EXPRESSES HUNGER

Do not wait for the baby's cry. A cry is a baby's last resort to ask for food! Do take the baby to the breast when he/she

- keeps opening his/her mouth
- rotates his/her head as to look for the breast
- brings his/her hands into the mouth and sucks them

THIS IS HOW YOU KNOW THE BABY IS GETTING ENOUGH MILK

- There should be at least eight nursing sessions per day.
- The baby is satisfied and calm after nursing.
- The baby has at least five wet diapers every 24 hours.
- In the first days, the baby poos at least once every 24 hours.
- The baby grows.

INSUFFICIENT MILK SUPPLY

In order to increase milk supply:

- Empty the breasts daily and increase nursing sessions.
- If it is troublesome to increase nursing sessions, then add more sessions by milking with the hand or using a breast-pump.
- Let the baby suck on the breast for as long as he/she desires. Swap the baby from one breast to the other during the same nursing session whenever the baby is sucking inefficiently. Trying out different nurturing positions may help the milk to flow.

BLOCKED DUCT AND BREAST INFECTION

The symptom of a blocked duct is a tender and reddish spot on the breast that feels like a clear lump. The blockage must be taken care of because it may develop into an infection of the breast. A breast infection is accompanied by a fever. Furthermore, symptoms of breast infection include warmth, redness and swelling in breast tissue.

This is how to treat a blockage:

- The best treatment is to empty the breasts: breastfeed often and, if necessary, empty the breasts by pumping.
- Start nursing from the breast where the blocked duct is.
- Before nursing you may warm up the breast, and during nursing the spot where the blocked duct is can be massaged gently.
- If you have symptoms that suggest a breast infection, visit a doctor.



SORE BREASTS AND NIPPLE FISSURES

During the first days it is normal to feel slightly tender while nursing. Continuous nursing pain, as well as fissures in nipples, indicate problems. Usually the reason for the pain is the baby's poor latching ability.

This is how to treat it:

- Make sure that the latching on is good, and the baby is close to the breast.
- Squeeze a drop of milk to protect the tips of the nipples after nurturing or apply lanoline cream to them.
- Keep the breasts clean and change the breastfeeding pads frequently.

LATCHING

The baby opens his mouth wide around the breast. The baby's face is latched on to the mother's breast and the lips are turned out 'in a roll'. In a good latch there is more areola visible at the side of the baby's nose rather than the side of the chin. It is important that the baby's head is allowed to tilt slightly backwards. When the latch is comfortable, it is pain free.

