

Indian Academy of Pediatrics (IAP)



GUIDELINES FOR PARENTS

How to Breastfeed?

Convener: **MMA Faridi**

Members: **Jayashree Mondkar, G Shridhar,
Alok Bhandari**



10 FAQs on HOW TO BREASTFEED

1. This is my first baby. She keeps on crying. How do I know that my baby is crying for a feed?
2. My mother says that if I breastfeed lying down then milk will enter in the baby's ears. Is that true? What is the best position for breastfeeding?
3. My sister-in-law has been diagnosed with tuberculosis (TB) chest few weeks before delivery. Can she breastfeed?
4. I have fever, cold, and cough since yesterday, should I stop breastfeeding?
5. I have to rejoin work after 2–3 months. How can I ensure continued breastfeeding after I rejoin work?
6. I had a cesarean section and now have pain in stitches. How can I breastfeed my baby?
7. I am taking medicine for hypothyroidism. Can I breastfeed? How do I know that my milk is adequate for the baby?
8. Can breastfeeding transmit corona infection?
9. It is summer. Can I give water to my baby between breastfeeds?
10. I have lot of pain around the nipples while breastfeeding. My baby seems to be constantly hungry and crying. What should I do?

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Piyush Gupta
IAP President 2021

Bakul Parekh
IAP President 2020

GV Basavaraja
IAP HSG 2020–2021

Deepak Ugra
National Co-ordinator



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How to Breastfeed?

Q1

This is my first baby. She keeps on crying. How do I know that my baby is crying for a feed?

Babies cry for various reasons besides hunger-like discomfort due to a soiled diaper or feeling hot or cold or simply they want to be picked up and cuddled. Mothers slowly learn to pick up early feeding cues indicating that baby is hungry; for example, bringing her hands to mouth, turning her head towards breast when picked up, lip licking and sucking movements, or generalized fussiness. If these feeding cues are missed, she may start crying vigorously due to hunger.

So when your baby cries, check whether the diaper is soiled and change it, ensure that nothing else is bothering the baby and

then put the baby to the breast. If she is hungry, she will feed.

- Let her feed for as long as she wants to at one breast so that she gets both the thin watery milk, at the beginning of the feed to quench her thirst, followed by the thicker and fat-containing milk, that satisfies her hunger.
- Once satiated, she will fall asleep and come off the breast by herself.
- If she continues to cry after coming off one breast, feed on the other. Otherwise feed on the other side at the next feed to maintain milk output from both breasts.

Q2

My mother says that if I breastfeed lying down, then milk will enter in the baby's ears. Is that true?

Well, breastmilk is unlikely to enter baby's ears through the tube that connects baby's middle ear to the throat during breastfeeding. When mother lies down and breastfeeds then milk does not pool in the baby's mouth due to the mechanics involved in breastfeeding. It is far more likely to occur with bottle feeding. Moreover, breastmilk contains lot of anti-infective and immunity boosting factors which actually protect baby from developing middle ear infection. Hence mother can safely breastfeed baby in the lying down position.

What is the best position for breastfeeding?

The breastfeeding position that is comfortable to you and to your baby is the best for you. Generally, when you are awake, you may prefer to sit and feed and lie down and feed when resting (**Figs. 1A to D**).

Feeding in sitting position

When you sit and feed, then sit with your back straight and well supported. You need to hold your baby close to you, at the level of your breast and turned towards you in such a way that her tummy touches yours and her face is towards your breast with her nose opposite the nipple so that she can take both the nipple and surrounding black part (called areola) into her mouth to latch on to the breast and effectively draw out the milk.

Feeding in lying down position

When you lie down and feed, ensure that you are lying on your side and your baby is facing you the same way as in the sitting position. This correct positioning of yourself and your baby for effective suckling at the breast is the key to successful breastfeeding. So, go ahead and continue to feed your baby in the correct lying down or sitting position!

How to Breastfeed?



A Cradle hold



B Cross-cradle hold



C Football hold



D Lying on your side

Figs. 1A to D: (A) Cradle position; (B) Cross-cradle position; (C) Football hold position; (D) Lying down position.

Q3

My sister-in-law has been diagnosed with tuberculosis (TB) chest few weeks before delivery. Can she breastfeed?

We understand that this must be a cause for concern for the family. Be assured that TB is not transmitted through breastmilk.

- Transmission from mother to baby most commonly occurs after birth due to exposure to TB bacteria in respiratory droplets, which are generated when a mother with active lung TB talks, coughs, or sneezes.
- The transmission of TB from mother to the baby can rarely occur in the womb for which doctors do certain tests on the infant such as an X-ray chest, abdominal ultrasonography, and stomach aspirates for TB bacteria to rule out this possibility.

How to protect the child?

If your sister-in-law has been taking anti-TB medications regularly for at least 2 weeks or more before delivery, she is less likely to transmit the infection to the baby and she can safely breastfeed.

- She should maintain cough hygiene by placing tissue or cloth over the mouth while coughing and sneezing, and wear mask, wash hands, and dispose tissue or cloth properly after soiling.
- She should also take antitubercular medicines regularly under doctor's supervision.
- Her doctor will help protect the baby by prescribing some anti-TB medicine which may be given once a day to the baby for 6 months under supervision and prescription.
- The Bacillus Calmette–Guérin (BCG) vaccine is also given at birth as is usual for all babies.

When not to breastfeed?

Only if a mother is noncompliant with her medications or is suffering from multidrug-resistant TB, then she should not directly breastfeed or be in direct contact with her baby until appropriate drug treatment is administered and she is no longer infectious. Meanwhile her expressed breastmilk (EBM), collected with all hygienic procedures including respiratory (wearing a mask) and hand hygiene could be fed to the baby by cup or *wati* or *katori* and spoon by a noninfected caretaker.

Q4

I have fever, cold, and cough since yesterday, should I stop breastfeeding?

I see that you are concerned about breastfeeding your baby. Fever, cold, and cough, which are quite common, are generally caused by viral infections. Such viruses are not transmitted through breastmilk and breastfeeding is quite safe. The viral infection is transmitted through droplets generated during coughing and sneezing. You may take medicines for fever (tablet paracetamol) and other medicines as advised by the doctor, along with warm saline gargles and cough lozenges. These medicines do not harm the baby. You must, however, wash your hands with soap and water before handling the baby and use a face mask to prevent transmission of respiratory droplets. So, you can continue breastfeeding that will also help in preventing infection to the baby as antibodies produced by the mother are secreted in the breastmilk.

It is good to know that you want to continue breastfeeding. Ideally an infant should be exclusively breastfed (nothing else to be given, not even water) for 6 months followed by continued breastfeeding for at least 2 years along with semisolid family foods. Breastfeeding makes a baby to grow healthy and strong. Several organizations, both government and private, support mothers by granting full pay maternity leave for 6 months. You may check with your employer about your entitlement for the same.

Even if you have to rejoin work after 2–3 months, you can continue to breastfeed your baby by any of the following methods:

Q5

I have to rejoin work after 2–3 months. How can I ensure continued breastfeeding after I rejoin work?

01 Wash hands

Lather up to ensure there are no contaminants or germs that could be transferred to baby

02 Prep container

If you are planning on saving your milk or colostrum for later, choose a sanitized container or milk bag

03 Position hands

Take the hand on the same side as the breast you will be working on. Place your thumb at the top of the areola and your first two fingers underneath the nipple

04 Push back

Push your thumb and fingers back towards your chest wall. The pressure must be placed at the base of the areola, not on the breast tissue

05 Roll forward

Roll the tissue forward towards the nipple and repeat Steps 4 and 5. It might take a few times for the milk to come out

Fig. 2: Poster on expression of breastmilk.

Expressed Breastmilk

You can use hand expression or any standard breast pump (with proper sterile precautions) (Figs. 2, 3 and Video 1). The expressed milk can be kept in a clean steel container for 4–6 hours at room temperature and around 24 hours in the refrigerator. Before feeding EBM using paladai/cup and spoon, bring the milk to room temperature by keeping the steel container in warm water. Milk stored immediately in deep freezer can be thawed and consumed till 3 months from the date of collection.

- If feasible, you may breastfeed the baby in the office (during break time) or express breast-milk using a breast pump for later use. There may be provisions for the same at your place of work and you can make use of the same.
- If your office is near your residence you can go home and return after breastfeeding. Offices give nursing breaks.

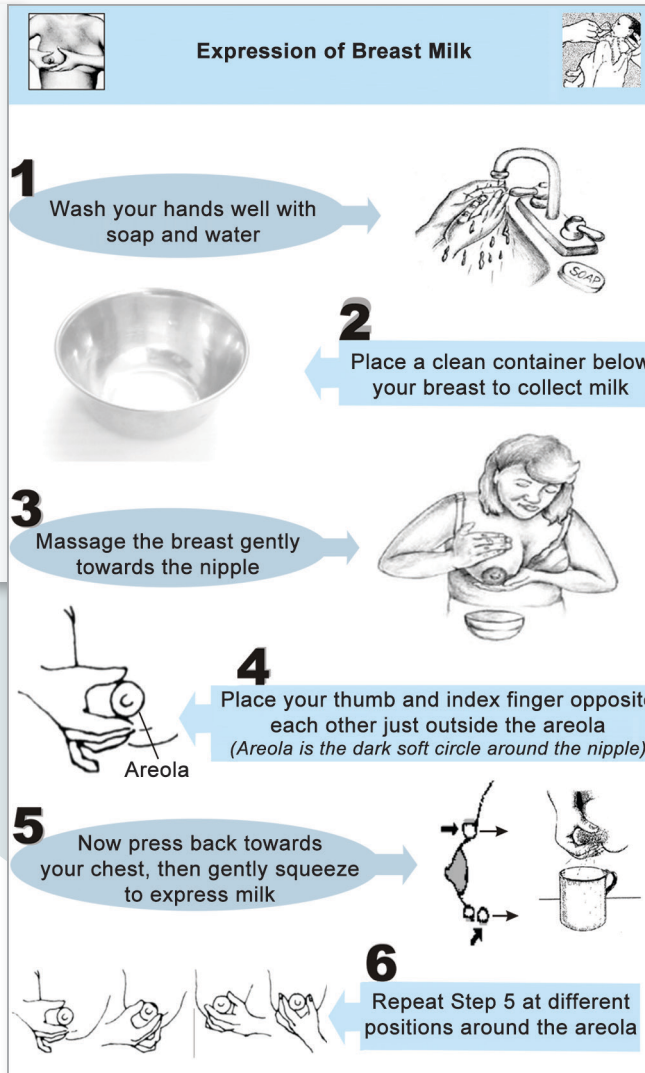
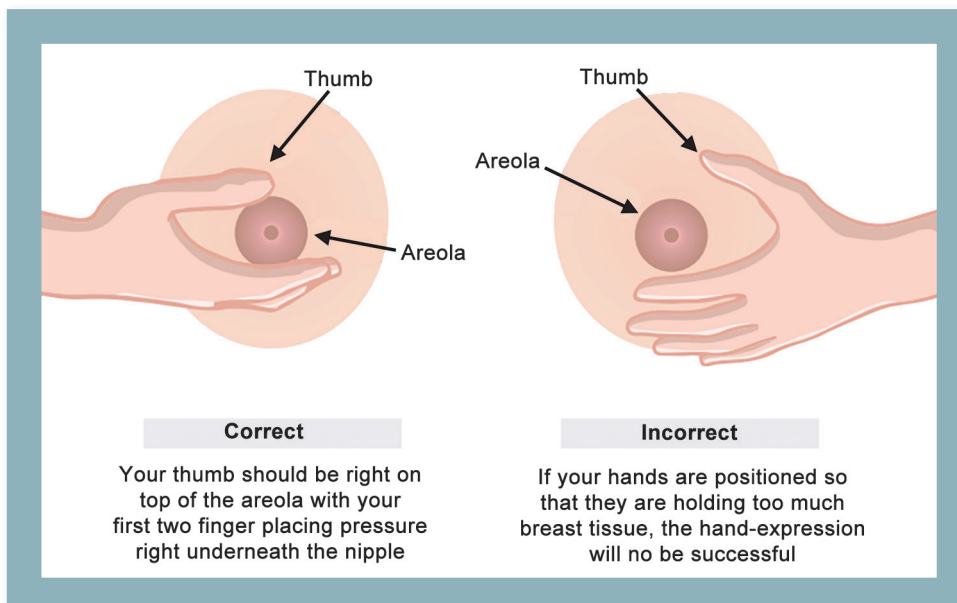


Fig. 3: Expression of breastmilk. Source: Division of Neonatology, Department of Pediatrics, All India Institute of Medical Sciences.

- If crèche is available at your working place, then you can take your baby with you and can breastfeed him after taking nursing break from the office. Government in fact encourages such an arrangement.
- You can continue to breastfeed after returning home and during the night. This will ensure a continuous supply of milk for the baby and benefit both of you.



Video 1: Video on expression of breastmilk (attached).

You are a wonderful mother. Early breastfeeding and skin-to-skin care in the recovery room is the best start for the newborn infant. It is always good to breastfeed on demand as and when the infant desires. It could be 10–12 times a day. You may not have anticipated a cesarean delivery and it is normal to have doubts and worries, but let me reassure you that breastfeeding is very much possible with a little help.

The nurse will help you initiate breastfeeding soon after birth even when you are lying supine and not allowed to take turn on side, as shown in the **Figure 4** and **Video 2**. Once mother can turn to one side, breastfeeding may be done in lying down position. Nurse or a relative can help you position the infant on your side face turned towards the breast and nose at the level of the nipples. Babies breastfeed very comfortably in this position.

Q6

I had a cesarean section and now have pain in stitches. How can I breastfeed my baby?

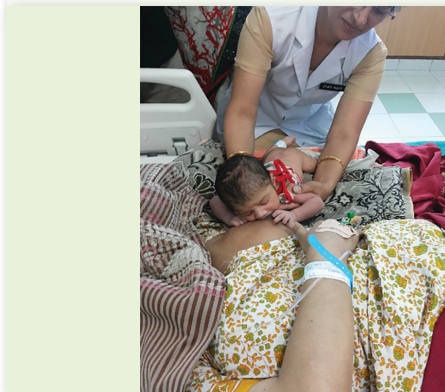


Fig. 4: Breastfeeding positions after cesarean delivery. Mother is lying supine with intravenous line. Nurse is supporting the baby on the breast. Initiation of breastfeeding can be done in the operating theater (OT) itself. This is also shown in **Video 2**.



Rugby hold



Lying on your side

Fig. 5: Breastfeeding positions after cesarean delivery when mother is allowed to take turn and sit.

After few hours when obstetrician allows you to sit, then nurse or attendant/relative can help position the baby for breastfeeding. Keep the infant close enough to you but without pressure on the dressing site. You can continue breastfeeding in lying down position in between till you are comfortable in sitting position. The baby will benefit from the colostrum that is produced in first few days after delivery and there is no need to supplement any formula feeds.

Breastfeed Frequently on Demand

Over the next few days, as you start taking oral fluids and food, and you are able to sit up, the stitches also heal and pain and discomfort decreases. You can take a comfortable position and continue breastfeeding using either the football position or cradle position or even the side-lying position (**Fig. 5**). It is important that you take medicines, supplements, and diet regularly as advised by the doctor and breastfeed infant in calm and relaxed manner.

Q7

**I am taking medicine for hypothyroidism. Can I breastfeed?
How do I know that my milk is adequate for the baby?**

Many parents feel concerned about infant feeding when they are taking medicines. I can understand you are also worried.

Thyroid Hormone

Thyroid hormone is very important for healthy body and brain at all ages. It is secreted by thyroid gland which lies in the neck. Underproduction of thyroid hormone leads to a condition called hypothyroidism. When thyroid gland makes more than required amount of hormone, then the disease is known as hyperthyroidism.

**Hypothyroid in Pregnancy/
Lactation**

Pregnancy and lactation demand increased amount of thyroid hormone. If a mother is taking medicine (artificial thyroid hormone) during pregnancy for low thyroid hormone production, then she should continue taking it during breastfeeding. This is important, both for her own health and lactation. The dose of the medicine may be adjusted by the doctor for maintaining adequate concentration of the thyroid hormone in your body.

Mothers on treatment for hypothyroidism can successfully breastfeed. Very negligible amount of thyroid hormone including thyroid medicine is secreted in the breastmilk. It is absolutely safe to breastfeed while taking medicines for hypothyroidism. Infants born to mothers on hypothyroid treatment grow well and healthy on breastfeeding. Like other mothers you can also breastfeed successfully.

How do I know that my milk is adequate for the baby?

There are two reliable indicators for sufficient breastmilk supply. They are adequate weight gain (20–30 g per day in full-term baby) and adequate urine output. Baby should pass urine freely more than six times in a day (24 hours).

Q8

Can breastfeeding transmit corona infection?

The current evidence shows that corona virus is not transmitted by the breastmilk.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus, causing coronavirus disease 2019 (COVID-19), has taken pandemic proportions. All ages are vulnerable to get infected by this highly infectious virus.

The coronavirus spreads through droplets, released during coughing and sneezing, and aerosols. The virus enters in the body through eyes, nose, and mouth directly when a person is very close to the patient or through contaminated hands and wipes coming in contact with the face.

World Health Organization recommends exclusive breastfeeding for infants born to COVID-positive mothers without significant risk to the infants. The mother must maintain respiratory hygiene, wear mask, and wash hands frequently with soap and water or sanitize hands with alcohol-based sanitizer (having more than 70% alcohol), especially before and after breastfeeding.

New studies claim that breastfeeding even protects baby against coronavirus infection by secreting antibodies produced by the mother against coronavirus. Breastfeeding keeps baby healthy, develops good immunity in them against several serious infections, and helps in achieving adequate growth and development.

Q9

It is summer. Can I give water to my baby between breastfeeds?

During the first 6 months of life when the baby is on exclusive breastfeeding, water is not required even in peak summer. If mother feels that baby's lips are dry, she should put the baby to the breast instead of giving water.

Breastmilk contains enough water. The breastmilk composition is such that milk flowing in the first few minutes contains more water. This is called *foremilk*. Milk secreted towards the end of the breastfeeding is rich in fat and is called *hindmilk*. It is said that foremilk quenches thirst and hindmilk fills the belly. Water content of the breastmilk is regulated by the dryness of the infant's oral mucosa. If baby needs more water, then breasts will secrete higher amount of water during breastfeeding and *vice versa*. This kind of dynamic water regulation for the infant is not possible with the formula/powder milk. The formula milk feed is always prepared with a fixed amount of water whereas breastfeeding provides exact amount of water required by the infant.

Usually while breastfeeding; the infant takes mouthful of breast so that all black part of the breast is inside his mouth. With this, the baby is able to suckle effectively on the breast and take all milk required by him/her (**Fig. 6**).

In case, the baby is not able to take enough of breast in the mouth, then he sucks on the nipples only (**Fig. 7**). That makes nipples sore and painful. Sometimes the nipples can bleed. This may lead to engorged breasts. Infant also gets frustrated and refuses breastfeeding. This situation is also quite disturbing to the mother and often ends up in unsuccessful breastfeeding.

Ensure Proper Positioning

A proper position of the mother and infant can avoid this situation. If baby is held up on the arm, buttocks supported by the palm, body is turned towards the mother facing the breast

Q10

I have lot of pain around the nipples while breastfeeding. My baby seems to be constantly hungry and crying. What should I do?

Fig. 7: In picture 1, the areola and nipple are inside the mouth; it will facilitate taking breastmilk out. Baby will take desired amount of breastmilk. In picture 2, only nipple is inside the mouth; the milk-containing ducts are outside. Sufficient breastmilk will not flow; nipple sucking may cause painful sore and cracked nipples and engorged breasts.

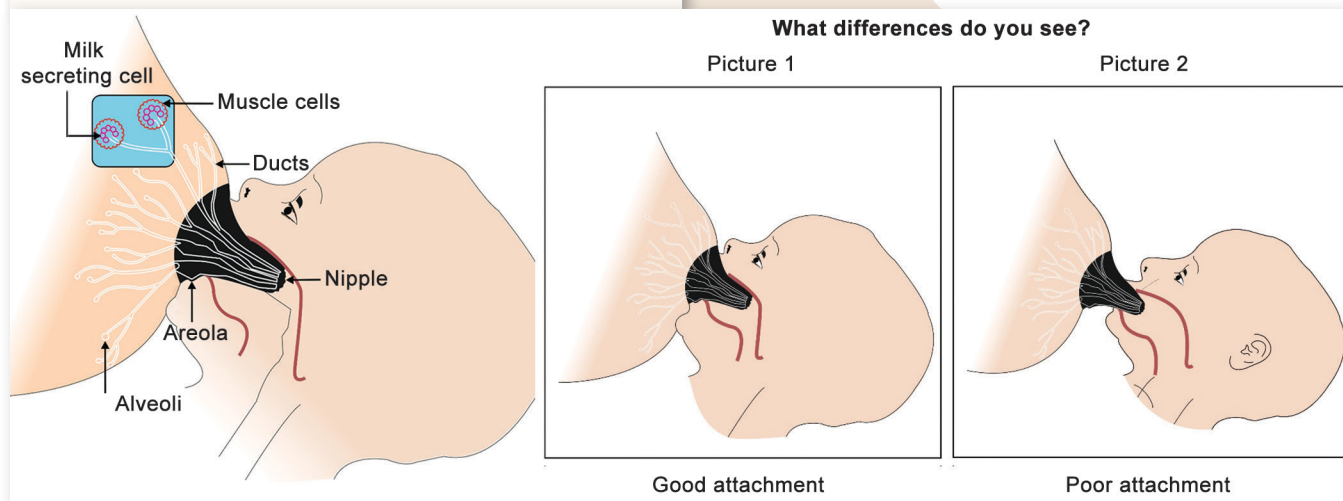


Fig. 6: The milk is produced in the alveoli by the action of *prolactin* hormone and gets collected in the milk channels under the black areola by the effect of another hormone, *oxytocin*. During breastfeeding, when an infant takes mouthful of breast, then areola and nipple both go inside the baby's mouth. This helps in withdrawing the milk from the breast to the baby.

and lifted up bringing her nose against the nipple, then it helps baby to take nipple and black part of the breast in the mouth. It facilitates effective suckling and the pain disappears.

You can try this position and see how it feels? You will find that there is no pain and breastfeeding is quite an enjoyable experience. However, if there are cracks on the nipple, then you can express the milk and feed by cup or cup and spoon. It has been seen that applying breastmilk on the nipples heals them. In few days, sore and cracked nipples improve, and successful breastfeeding can be done.



Breastfeeding is Best