

Taichung Armed Forces General Hospital
Leaflet of Inpatient Nursing Instructions

產婦哺餵母乳之護理指導

Sir/Lady:

Instructions for maternal breastfeeding care

- I. Breastfeeding should start as soon as possible after birth (early suckling) and should be done based on the baby's needs (frequent suckling), which stimulates milk production to provide adequate milk for the baby. Proper breastfeeding position is essential for successful breastfeeding and preventing breast injury. If the mother's position is improper, it may cause tension in her body, and if the baby has an incorrect position when sucking, the baby will not be able to latch properly or effectively suck milk. Therefore, maintaining the correct breastfeeding position is very important.
- II. Correct breastfeeding positions are as follows:
 - (1) Sitting cradle hold (Figure 1): The mother sits and cradles the baby's back with one hand, bringing the baby as close as possible to her abdomen. The other hand holds the breast in a C-shape to feed the baby.
 - (2) Rugby hold (Figure 2): This position is suitable for twins, babies with latch problems, a mother with large breasts for the baby, mothers with blocked milk ducts, or mothers who had a cesarean section. The mother's arm wraps around the baby's body from below, supporting the baby's head with the palm and wrist, using the entire arm to support the baby's body.
 - (3) Lying on the side (Figure 3): This helps the mother breastfeed without disturbing sleep. The mother lies on her side with her back and head supported by a pillow. The hand of the same side rests under her head, while the other hand supports the baby's head and back, bringing the baby close to the breast.
 - (4) Biological breastfeeding (Figure 4): Also known as the laid-back nursing, this method involves the mother finding a comfortable reclining position, leaning back half way, and using gravity to hold the baby facing her chest to increase the enjoyment of breastfeeding for both the mother and baby.
- III. Signs that the baby wants to breastfeed:

The baby will look for the breast, turn his/her head, open his/her mouth, suck on his/her hands, or even lick clothing or swaddle when he/she wants to breastfeed. The tongue will move downward and forward as the baby approaches the breast.
- IV. How to help the baby latch onto the nipple and areola:
 - (1) Hold the baby close to the mother's body.
 - (2) Use the rooting reflex to turn the baby's head toward the mother.
 - (3) Touch the baby's lips with the nipple.
 - (4) When the baby's mouth is wide enough, place the nipple into the mouth.
- V. Effective sucking techniques and patterns (Figure 5):
 - (1) The baby must latch onto most of the areola and nipple to suck effectively.

- (2) When the baby is sucking correctly, the facial muscles will work hard, and the jaw muscles will visibly move. The baby will also show signs of suspension of sucking (swallowing).

VI. How do you know the baby receives enough milk:

- (1) Breast milk empties from the stomach in about 1.5 hours. Therefore, breastfeed at least eight times a day, approximately every 2-3 hours.
- (2) The baby should urinate at least 6 times a day; one week after birth, the baby should have 6-8 bowel movements per day.
- (3) After each feeding, the breasts should feel less full, softer, and smaller in appearance.
- (4) The baby's stool should be yellow and soft.
- (5) After feeding, the baby should appear full and calm, and sleep comfortably.
- (6) Physiological weight loss of up to 10% of birth weight occurs in the first few days, and the baby should return to birth weight after 2 weeks.

VII. Handling engorged breasts:

Apply a warm compress and massage the breasts, then manually express milk. Ensure the breasts are emptied regularly.

VIII. Manual expression:

Wash your hands, prepare a clean container, and hold it near the breast. Place your thumb and index finger around the areola and gently press repeatedly. After several compressions, milk will start to flow out.

IX. Breast milk storage times:

At room temperature of (25°C): 6-8 hours; refrigerated: 5-8 days; frozen: 3 months.

X. Breastfeeding consultation hotline of this hospital: (04) 23929703.

Figure 1. Sitting cradle hold



Figure 2. Rugby hold



Figure 3. Lying on the side

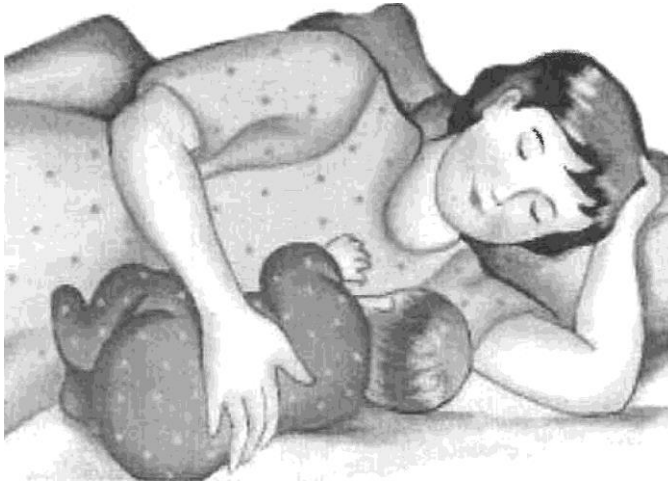
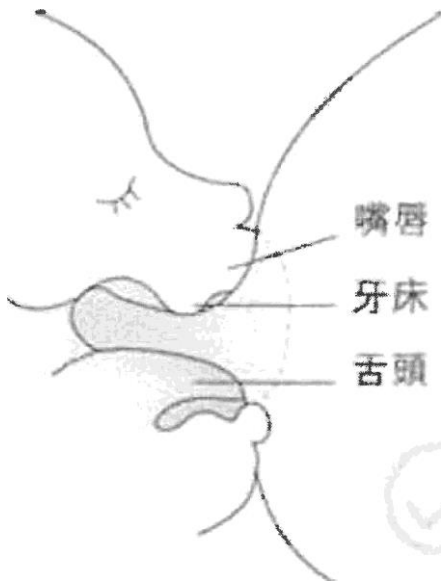


Figure 4. Biological breastfeeding



Figure 5. Effective sucking



If you are still unclear about something or have any questions, please contact the nursing station in the ward