

IMPACT OF BREAST MILK and OUR BREAST FEEDING POLICY

We are aware of the significance of breast milk for your infant's health. In that respect, relying on our expert personnel and equipment, right after the delivery in our hospital treatment and in ambulatory care we challenge to deliver all types of support for you.

- In conformity with the written statements pertaining to “breast feeding methods and significance of maternal milk” entire health care staff are instructed by regular intervals
- In the associated fields for the personnel initiated their employment, in the first 6 months, training is allocated.
- In post and pre delivery period with reference to benefits of maternal milk and breast feeding and continuation of milk delivery, pregnant and mothers are informed with practical training.
- Brochures for mothers encompassing breast feeding and maternal milk must be distributed.
- Mothers' and infants' 24 hours community is enabled, mother is motivated for breast feeding each time demanded by the baby.
- New born infants in their first half hours to manage to start up breast feeding, mothers must be motivated.
- For infants given breast feeding, no material such as counterfeit nutritional items likewise baby bottle or nursing bottle is permitted.
- Unless any medical requirement to the new born infants in the first 6 months, none of any nutrition or drinking material are allowed and in correlation with convenient additional nutrients breast feeding must be motivated for 2 years.
- With the intention of healthy growth of new born infants, in the first 6 months, only maternal milk must be given. Thus, as ÖZEL MEDLINE ADANA HASTANESİ pertaining to marketing of “advance proposal” and maternal milk products approved by Republic of Turkey Ministry of Health and World Health Organization (WHO), UNICEF in the course of international laws and considering international accreditation standards we adopted breast feeding policies.
- In the course of these objectives:
 - All our Health Care Team have been provided with “Breast Feeding Consultancy” and is ready for your help.
 - Accommodation of the mothers with their infants in the same room is considered as a scientific reality and is included into the applications.
 - From the first moment, for compatibility of mother and infant, all required conditions are allocated.

- Infant care applications are performed under maternal supervision in order to make her gain experience.

SIGNIFICANCE OF MATERNAL MILK

- Mother's own milk is the most convenient nutrition for infant's metabolism and psychological health.
- Milk production is facilitated if breast feeding is initiated right after the delivery and by means of frequent breast feeding.
- By the help of early breast feeding, post delivery bleedings are easily terminated and breasts swellings and inflammations are not seen and recovery is accelerated.
- An infant being fed with maternal milk does not require any additional nutrient, additional liquid vitamins including water except vitamin D.
- Additional liquid or nutrition for the baby, decreases maternal milk production.
- Infants provided only with maternal milk in their first 6 months, grow up and develop more healthier. Principally considering diarrhea, infants may not be infected by microbial diseases, also following infancy period they are infected with diseases in a lesser degree.
- Maternal breast feeding fortifies mother and infant relation, mother's assimilation for her infant and strengthens infant's development for a stronger personality.
- Every healthy mother may be competent to produce sufficient milk for the baby.

DURING PREGNANCY WHAT TYPE OF CHANGES OCCUR IN BREASTS?

During pregnancy, breasts of the mothers are converted into a factory to produce the most convenient milk and becomes ready for the consumption of the coming baby. From the skin covering the nipples, a fatty component begins to be secreted. This natural component protects the breast feeding mother from the nipple fractures. Thus, to preserve nipples from fracture formations or to purify, carbonate containing water, soap containing water, and crème are not required. Moreover, when coating these components, fatty substances can be eliminated and fractures over the nipple regions can occur more easily.

During pregnancy, special care is not required for nipples and breast segments. But due to excessive growth of the breasts, bigger size bra use may be necessary. During the delivery breasts are preserved in ready form for the secretion of milk as the initial nutrient for infant.

Breasts contain milk generating cell masses. Milk flowing from the cells to collective channels arrives to milk container near the nipple segments. Over the nipple section, channels are combined in a narrowing form. Milk is flown out from the holes over the nipples.

WHAT ARE THE BENEFITS OF MATERNAL MILK?

Post delivery yellow milk is termed as oral/colostrums. It protects infant from the diseases. Despite inadequate initial milk during the initial days, it is adequate for infant nutrition and bowel functions.

- Maternal milk is the ideal food for infant nutrition.
- Maternal milk is the most natural form of fresh nutrient.
- Maternal milk is always pure and free of microbes.
- Maternal milk always remain ready and is economic.
- Maternal milk is digested completely and easily.
- In maternal milk receiving infants nuisance and constipation are rare.
- Maternal milk establishes sensual connection between the infant and mother.
- Maternal milk receiving infants grow more intelligent compared with the infants fed with alternative foods.
- Breast feeding mother faces less post delivery bleedings.

HOW IS MILK PRODUCTION GENERATED?

The component responsible for the milk generation in breasts is prolactin hormone released from the mother's brain. Upon the termination of pregnancy, pregnancy hormones are decreased and prolactin secreting glands are stimulated. In the post-natal period, prolactin secretion begins instantly or in 4 days time. Blood vessels transports required components to milk cells for milk generation. Due to prolactin effect breasts are filled with milk. In that period, in breasts, blood vessels transport higher amount of blood and breasts stay warm and rigid. Upon the commencement of milk flow and as soon as the infant earns sucking tension over the breast reduces down and accordingly mother feels relaxation.

During these events, mother and infants may undergo frustration. During the initial days, support and assistance may be necessary for the mother and infant.

WHAT IS THE APPEARANCE OF MATERNAL MILK?

Although initial milk has yellowish color, mature milk has white appearance and seems more aqueous than cow milk, its color may even be bluish. In association with baby's growth maternal milk's color also changes. The underlying reason of this is connected to the fact that as the baby grows, the milk's ingredient also varies due to the infant's needs.

HOW IS MILK RELEASED FROM THE BREASTS?

As soon as milk is generated; it does not release from the breast, for milk's flow, infant must suck it. For baby's strong sucking it is vitally important to be located over the breast and to grip the breast strongly. While infant sucks alternative stimulants are originated from the nerves over the nipples and by these

stimulants from an alternative segment of maternal brain another hormone called oxytocin is given secreted. Oxytocin effects the muscles surrounding the milk islands. As a result of this effect, muscles are contracted and milk is carried out to channels over the nipples. By the infant's sucking out of 10-15 holes from the nipple milk is secreted out. Both breasts work synchronically. When infant sucks from a breast, milk may be dripped from the adjacent breast.

Upon the initiation of infant's sucking, initially right behind the nipples it receives the accumulated milk in milk reservoir. That milk is consumed instantly. To sustain milk flow oxytocin secretion needs to be stimulated.

Milk production in breast and arrival of the generated milk to the nipple end is subject to strong and efficient sucking of infant that is adequate for the stimulation of the two hormones. For this reason, in frequent frequencies and conveniently he must be inserted to breast and infant must strongly grip the nipple head portion.

IN WHAT WAY MILK FLOW IS KEPT ON DURING BREAST FEEDING PROCESS?

Milks of some mothers flows instantly upon infant is exposed to sucking. Event the thought of breast feeding leads to milk flow as a result of brain stimulation.

- Due to sufficient sucking, mother's brain receives these stimulations.
Oxytocin secretion begins and milk starts to flow.

HOW IS THE CONTINUATION OF MILK FLOW REALIZED?

In breast feeding, infant's mouth applies pressure on the circumferential region of mother's nipples. By that pressure, stimulated nerves sends out stimulants to the region in brain which is responsible for prolactin production. These stimulants causes prolactin secretion. Prolactin production volume is proportional with the magnitude of transmitted stimulants.

In every sucking action of infant, stimulants originated throughout nerves, are transmitted to the mother's brain. Released prolactin from the brain goes to breast via blood circulation and milk production in breast is stimulated.

WHEN SHALL YOU COMMENCE BREAST FEEDING?

You need to launch breast feeding in post-natal period as soon as you gain your conscious. In post natal era during the several days, arriving dark coloured milk must be certainly given to the infant. Oral milk assists baby's growth and delivers protective substances against diseases. Even though milk generation is cut off after the delivery in 1-2 days, foods must be avoided, baby's bottle must be avoided and baby

must be provided with breast feeding. When baby is undergone breast feeding frequently, even after 3-4 days, milk may be generated. Also in newborn and hepatitis experiencing infants, breast feeding must be pursued. Counterfeit baby bottles must be avoided.

IN WHAT WAY INFANT MUST BE PLACED TO THE BREAST?

During the initial days breast feeding the baby in lying position may be more comfortable for the mother. In such circumstance, baby is lied down close to the mother. Mother shall be able to approach the baby by free arm and hand. Supporting mother and baby with a pillow from the back side support baby's location. If mother prefers breast feeding in sitting position, a vertical sitting position may be preferred and must mildly bend down, but lap area must be preserved smooth. So if necessary a stool must be used under the fouts. To hold the baby comfortably, a pillow may be used on the mother's lap area.

HOW CAN AN INFANT MORE COMFORTABLY GRIP THE NIPPLE?

An infant applies sucking by largely opening the mouth and moving the tongue. Slowly approach the baby to the breast, touch the mouth to the nipple. At the beginning of the breast feeding, mother may feel pain over the nipple end portions. But during the breast feeding period, continuously feeling pain over the nipple region, proves that baby fails to grip the nipple accurately. Reason of feeling pain over the nipple relies on baby's movement of tongue toward nipple end portion rather than the breast.

If mouth is not opened adequately, tongue upon making friction over the nipple portion shall cause corrosion.

After the sucking if the infant still seems hungry, it proves that infant has failed to grip the nipple. For baby's reach to milk filled channels, mouth must be opened as much as possible.

HOW AN INFANT EXECUTE SUCKING ACTION?

If infant is not positioned well to breast, he fails to make good sucking and mother's nipples may feel pain and corrode.

To enable infant to make good sucking, he must not only successfully grip the nipple only but also the brown region surrounding it. When infant is approached to sucking, mouth must be opened as much possible the end portion must contact with infant's upper and lower lips.

If baby appropriately gripped the nipple during every type of breast feeding, chin and ears are found in moving position. An infant can not always make sucking. After powerful sucking operations, short relaxation intervals are given.

During sucking smack sounds or retraction of cheeks usually indicate infant's sucking of only nipple ends and to grip the nipple tissue orally.

BREAST FEEDING POSITIONS

Classical cradle position: In that position sit on a comfortable armchair supporting your back. Support your breasts by holding in C position. Face of your infant, stomach and knees must be attached to your abdominal region turned toward you. Head of your baby must be situated on the cavity of your elbow. To protect your arm to be fatigue, a support by pillow may be necessary.

Football grip: Hang your baby's legs under your armchair. Support your baby's head with your hand, if required, a pillow under your hand may be essential. That type of gripping position is practical concerning your breast's control and your baby's sucking action. That is ideal for twin baby owning mothers.

Cross cradle grip: Lie your baby to the inner portion of your arm opposite to the breast from which you will give breast feeding. Your infant's body must be turned to yourself and in the alignment with your breast. By that way you will be able to control the head of your baby more tactfully.

Breast feeding in lying position: In slight tilting position support your back and arm with a pillow. Passing your arm behind the head of your baby, support your baby's body and your breast by your hand. Put a pillow on the back of your baby, tilt adjacent to you aligning the mouth to your nipples.

HOW OFTEN DO YOU NEED TO FEED YOUR INFANT?

- Breast feeding does not require a time limit.
- To increase the generated milk volume, baby must be provided with breast feeding very often.
- Infant must be given breast feeding every time he cries.
- Newborn infants usually claim daily 8-10 meals sucking. Meal's frequency decreases in the future.
- Frequent breast feeding also enables plenty of milk generation and also precludes swelling and aching of nipples.

For your infant's health care and happiness, feed only with maternal milk in the first 6 months, following the 6 months until your baby reaches to 2 years of age in combination with convenient additional nutrients breast feeding may be kept on. Maternal milk adequately contains all nutrients and water required for infant. Even in excessive warm weathers, maternal milk shall eliminate thirstiness of your infant. If water is going to be allocated for the infant, considering the fact that infant's stomach filled with water shall refuse maternal milk. As a result, infant will suck the nipples in lesser amounts and milk generation will be diminished.

MORE BREAST FEEDING =MORE INTENSIFIED STIMULATION =MORE MILK

Infant

As much as sucks,

Mother

Produces milk

Proportionately

SHOULD BOTH NIPPLES MUST BE DELIVERED IN BREAST FEEDING?

In every breast feeding first generated milk represents lesser fatty content “preliminary milk”. As long the baby keeps on sucking, milk’s ingredient varies, fatty content increases. High fat containing milk refers to secreted milk at the end of the breast feeding process. That refers to “end milk”. Infant both requires preliminary milk and end milk.

Fat content in the last milk differs from cow milk. It is lighter and digested easily. This fat is a vitally valuable energy source for infant. Infant’s fullness feeling is created and to gain adequate weight energy released from this fat is needed.

If infant is preserved on the nipple in good position and held there until fullness and leaving the breast independently, he both receives the preliminary and final milk. If infant wants to suck more, second breast is available. If an infant is given nutrition by a single breast, in the consecutive breast feeding, other breast must be given. Meanwhile, following the breast feeding remaining milk must be collected. If two breasts are given, forthcoming meal must be launched from the finally given breast.

Widespread of infants feel fullness upon 5-10 minutes sucking the single breast and sleeps. Some of the infants do not release the breast earlier than 20-30 minutes.

IS BREAST FEEDING AT NIGHT NEEDED?

Prolactin hormone is secreted more at night. Accordingly, breast feeding at night increases milk generation. Prolactin hormone makes mothers loosen at nights and sometimes makes them sleepy. Even at night if mother breast feeds she usually rests well.

Prolactin associated hormones are inhibited due to ovulation, breast feeding may avoid a new pregnancy. Breast feeding at nights is also important in that respect.

Until the babies become proficient to eliminate their needs only in evening time also searches for breast feeding at nights.

Abolishment time of night meals varies from one infant to another.

Usually during the initial months breast feeding intervals at nights amplifies.

HOW IS INFANT'S GAS EXTRACTED FOLLOWING BREAST FEEDING?

Following feeding, holding the infant in vertical position for 10-15 minutes helps the gas extraction. If infant is sleeping and seems relaxed on breast, gas extraction shall not be required. If infant is disgruntled, on lap in vertical position gas extraction shall be benefited by caressing the back portion.

HOW IS NIPPLE SANITATION ENABLED?

Natural fats and milk supplied over the nipple end encompass protective features for nipple end. Maternal milk since possesses plenty of materials conservative for infants from miscellaneous diseases microbe infections via that means is too complicated. For that reason, breasts do not require cleaning before every breast feeding. During the breast feeding period daily cleaning the nipples 1-2 times with lukewarm water will be adequate. During that period breast sanitation with carbonated water or soap causes skin dryness and fracture compositions and therefore not recommended.

At the beginning of every breast feeding hands must be washed carefully. After the infant gives up the nipple, scattering several drips of maternal milk to the nipple ends and over the circumference, nipples may be kept in smooth form.

HOW MUST A MOTHER IMPLEMENT PERSONAL NUTRITION?

Vast majority of the energy secreted in maternal milk is provided from the nutrients. Energy penetrated to the mother does not completely transform into milk energy, but also body tissues are consumed to some extent. 80% of diet energy is deemed to transform into milk energy. A healthy mother on daily basis when concerned to release milk in the range of 700-800 ml for breast feeding, mother's daily average necessity of 750 calories must be added. In that figure, 500 calories while allocated from mother's nutrients 250 calories are supplied from the fatty content accumulated during pregnancy. That relates to the fact that breast feeding mothers' excessive weights gained during pregnancy, converge into energy faster than the other mothers. Breast feeding mothers encompass higher level foods compared with other mothers.

Considering the properties of breast feeding mother, a good diet expert and nutritional specialist compiled in correlation with mother, at the beginning provided from natural nutrient sources to a healthy, adequate and well balanced nutrition program nutrient ingredients must be included. A well and accurate planned nutrition assists both the conservation of mother and to allocate weight control and to generate higher and higher quality milk for baby.

Breast feeding must not be in hurry in the pursuit of returning back to their past body weights. That time length may last 6 months or longer. Return of breast feeding mothers to their previous fitness is easier

than non-breast feeding mothers. During pregnancy, if excessive weight gain above anticipated figure is gained, monthly 2 kilogram loss is normal. Monthly weight loss over 2 kilos is wrong. A diet application intended for rapid weight loss and medication administrations must be avoided. In breast feeding period, a low calories weight loss diet must be prohibited. Whereas, excessive calories encompassing nutrients such as sweet, floury, fatty foods such as delight, candy must be avoided to be consumed extremely. These nutrients do not reinforce milk generation, they only contribute to weight gain. In public life, to improve milk production, giving to mother sweets such as plenty of syrup, milk, oats, sesame molasse, lozenge are administered for consumption. They dont have any effect on milk generation. Water is the most fundamental nutrient increasing the milk volume. On daily schedule at least 2.5-3 liters of water must be consumed. Because, vast majority of milk content is preserved in the water form. Breast feeding mothers must not omit their meals and all their meal program must be based on a well- balanced meal program encompassing the entire nutrient classes. Daily at least 3 fundamental or 2-3 intermediary meals must be possessed. Furthermore, when administiring milk, smoking and alcohol consumption must be prohibited. Tea and coffee like drinks consumption must be constrained considerably. Rather than tea or coffee, lime, fennel, daisy likewise plant teas must be preferred. In all breast feeding time, liquid intake must be implemented.

HOW IS MILK EXTRACTED?

All mothers must be skillful in hand supported milking. In lots of circumstances milking by hand may be necessary.

Milking Is Beneficial In Following Depicted Circumstances;

- To purify blocked, swelled breast,
- Until learning sucking from a sunken breast head, to feed the infant,
- To feed a baby refusing the breast feeding, until getting enjoying sucking,
- To provide nutrition for low weight and weakly sucking baby,
- If infant is unable to suck in adequate amounts, to prevent vast milk flow,
- If mother or baby are ill, to prevent milk flow,

If the mother is employed;

Hand supported discharge is the best way for milking. It does not necessitate any device support and applicable in every place and every time. The reservoir in which milk shall be discharged, must be in hygiene conditions. For that operation a wide inlet cup or glass are selected. The reservoir is soaked with water and soap and then boiled or boiling water is added into the reservoir and discharged after waiting several minutes. Boiling water will terminate vast majority of microbes.

PHASES OF HAND ASSISTED MILKING PROCEDURE:

- 1. Phase:** Before shift to extraction procedure, hands are soaked carefully. After sitting on a comfortable place message is applied by finger tips in smooth style over the nipple from the outer side to inner side, over the brown portion surrounding the nipple. A towel if positioned over the nipple heated previously, milk flow shall be benefited.
- 2. Phase:** Nipple is gripped locating the thumb on the upper side, other fingers remaining over the lower portion. (1) If breasts are huge in size, it must be gripped in the form of keeping one finger on the upper portion and one finger on the lower portion. Target region refers to field located behind the brown area surrounding the nipple tip. Sometimes milk pools are felt by hand in milk filled breast. That portion where milk pools are located requires pressing by hand. With the intention of milking thumb and the other fingers slowly toward the inner portion, toward the chest wall (2) and then pressed toward each other (3). Pressing procedure is prospered when hand is separated from chest wall. By that means, milk is transmitted toward nipple end. Milking operation pain must not be emerged, if pain is felt the method applied is thought mistaken. After the revision of the procedure, milk flow shall be initiated. Milking application must be repeated in rhythmic form.

During milking operation, finger movements must be carried out in rolling form, nipple skin must not be caressed by fingers. Hand must be rotated over the circumferential district, message must be applied to the entire nipple also including axillaries fossa region. Nipple hand supported extraction period approximately corresponds to 20-30 minutes. Warm, wet towel, warm shower, bending down to the frontal section and slowly shaking the nipples facilitates milk flow. Bending down to the frontal section also enables the discharge over the lower portion.

PRESERVATION, EXTRACTION AND ADMINISTRATION OF MATERNAL MILK

In all types of situations in failure to execute productive breast feeding instead of maternal milk without the administration of alternative formulated milks, maternal milk must be kept on. In all types of mother or infant originated breast feeding-sucking problems, hiring an electrical pump is recommended. To milk both nipples synchronically and to lessen the time to half rate double pumping installation is required.

TYPES OF MILK PUMPS

Hospital type electrical pumps are the best pumps imitating the infant's sucking movements in terms of both pressure, rhythm.

If breast feeding is preferred to be delayed for a specific time period (such as premature infants) or regularly and in long periods if the infant will be abandoned, that refers to the most compatible option. These pumps are expensive. But they may be hired weekly, monthly or in long term. Milking in every occasion for each breast must correspond to 15 minutes each.

Small hand type, battery type or electrical pumps may respond to mother's need who will be separated from infant only for a short time.

In the market, various forms and quality products are available. Before purchasing a pump, negotiation with previously pump purchased person is necessary or selection of the type must be consulted to a breast feeding specialist.

STORAGE OF NEWLY EXTRACTED MATERNAL MILK

3 days in the fridge,

3 months in the freezer,

3 hours at room temperature

Previously frozen maternal milk must never be frozen in refrigerator repeatedly.

Milk discharged from refrigerator must be dissolved in room temperature, warmed in hot water by shaking, must never be directly warmed on fire and microwave.

INCREASING THE MATERNAL MILK AND RESTARTING

For reasons such as mother's termination of breast feeding upon illness, infant's sickness, infant's transfer to artificial nutrition if maternal milk is attenuated it must be increased, reinitiating must be recommended. Repeated execution of breast feeding is termed as relactation. From now on, mother must give breast feeding to her infant frequently, treat her diet very attentively, receive plenty of liquid and principally before all these issues must be very enthusiastic for breast feeding. After several days of the commencement of breast feeding, maternal milk shall increase regularly.

GENERAL REMARKS FOR MOTHERS

- If your baby makes sleep wetting daily 5-6 times, daily 1-2 times stool and monthly at least gains 600 weights, maternal milk shall be deemed adequate.
- Your infant's first stool may be in dark green color, in shape form. It gets yellowish after 24 hours. Later on soft dark green, aqueous color shall be emerged. After 48 hours it transforms into gold yellowish color.
- Give breast feed to your baby every time he desires.

- Take out gas after every breast feeding.
- If cries when not hungry control wetting form.
- Always sanitize the girl infant's wetting from the frontal section to rear portion.
- Pay deep attention to hygiene environmental conditions of the room of your baby, room temperature must be preserved in the range of 20-22°C and humidity rate must be well-balanced.
- Enable your infant's rooms to be in compatible form for ventilation.
- Every day ventilate the room of your infant.
- Moisturize the skin of your baby with baby oil, especially in the first 15 days.
- In your infant's eyes, ear and nasal sanitation avoid cotton made bars.
- Temperature of the bath water must be equal to your body heat (36°C). You can check the water temperature with your elbow. Instead of soap, prefer baby shampoo.
- Your baby neither must be very hungry or very full during bathing. So enable her between the two breast feeding.
- Dress your baby during the first six months in double form than your own dressing.
- Do not force the hosts emerged on the head of your infant, pure baby oil, wait a little, slowly comb and wash.
- Twice a day purify the nipple ends with previously boiled warmed water. Leave one drop milk on the nipple end.
- Avoid gas making foods; that shall impact your infant.
- Talk with your baby, make skin contact with your infant.

Healthy Days

Source

- Successful Breastfeeding. Royal College of Midwives, Oxford Churchill Livingstone, Oxford.1994
- Expressing your breast milk UNICEF Baby Friendly Initiative, London VK.1997