

Introduction to Maternal Infant Young Children Nutrition
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Lecture - 27
Session - 6

Other Counselling Points

Hello everyone, so this is going to be part three. In part one we discussed about early hunger cue and mother's preparation for breastfeeding. In part two we saw baby's position and also how to control breast and how to bring baby, how to land baby on breast and how to latch the baby. Now, it is part three, we are going to learn about different other counselling points which are again very, very important for baby to gain weight.

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So, here now what we will do, let us start, just bring the baby in a position that I have explained earlier, again cross-cradle hold, baby is ready to kind of, baby is landed on a breast correctly, with little bit of extension of neck, and nare is kind of opposite of nipple. I am holding the breast in a U-shape and contouring it and now baby is ready to latch. Once baby latches on, just examine the latch by pressing on the breast near a lower areola.

One thing again I keep reiterating it is that baby's head should be completely facing the breast, it should not be facing up, it should be completely facing the breast, so in this position what happens the upper lip is coming at three o'clock position on left side and the lower lip is coming at the nine o'clock position in cross-cradle hold on left side. So here now again I pressed it, examined the latch, everything looks good, baby's mouth is 120 degree.

Lower lip is at the location of the lower areola border, also both lips and chin are embedded into breast, now I bring the other hand and basically supporting the legs and my hands are again still kind of supporting baby's neck. Now here now mother is ready to relax. So, what she does she kind of bends kind of, her back is straight, she is relaxing it. She is relaxed, very important to relax. Both the shoulder are close to her body.

Now what happens, many times especially in first few weeks or so baby tends to sleep a lot, so when baby is kind of feeding well in, say within 4 minutes, 5 minutes baby kind of went to sleep or baby stops, now what I recommend is not to let kind of baby sleep on it for a long time, because what happens that you want to finish that feeding as fast as possible so that you can also get some rest. So, here in this position what I do in this situation, I tell mother to wake up the baby.

(Refer Slide Time: 3:11)







The way I wake up the baby is I tell mother, either kind of with her fingers over the side, she can basically just behind the ears she can stimulate that skin over there or she can basically around her baby's spine, she can stimulate around the spine, just kind of tickling the spine or another thing what you can do is basically with this finger she can tickle baby's feet.

Now suppose your baby is not waking up with this all three things that you have done, in that situation what I asked mother to remove baby from the breast, because what happens is the baby has a good suction, so baby has held the breast very tight and baby is sleeping, so you do not want to pull the baby kind of just without opening the mouth because otherwise a mother will get nipple sore.

So, what you can do with your little clean finger, you put finger in baby's mouth, so what I am doing I am just showing it to you. Here what I am doing, I am just at the corner of the mouth, I am putting the finger and releasing the suction. So as soon as I release this suction baby opens the mouth and then you pull the baby out, do not pull the baby out just directly because that will cause nipple sore, because it is held very tight.

The areola is held very tight, so you do not want to pull the baby off, you remove the suction from the mouth by putting finger in the baby's mouth and then just kind of pull the baby out slowly and gently.

(Refer Slide Time: 4:42)



And then again baby is sleeping, so you want to again put the baby in a sitting position as I mentioned earlier, so again put your fingers in front of the jaw and baby's body is resting on the palm. And then the other hand is on the back of the baby and then just kind of bending it forward, so this is the position that I would like baby to kind of be awake. Many times what happens when babies attached and then in 5 - 7 minutes baby releases. There are many causes why babies release it, it is not necessary that baby has completely emptied the breast.

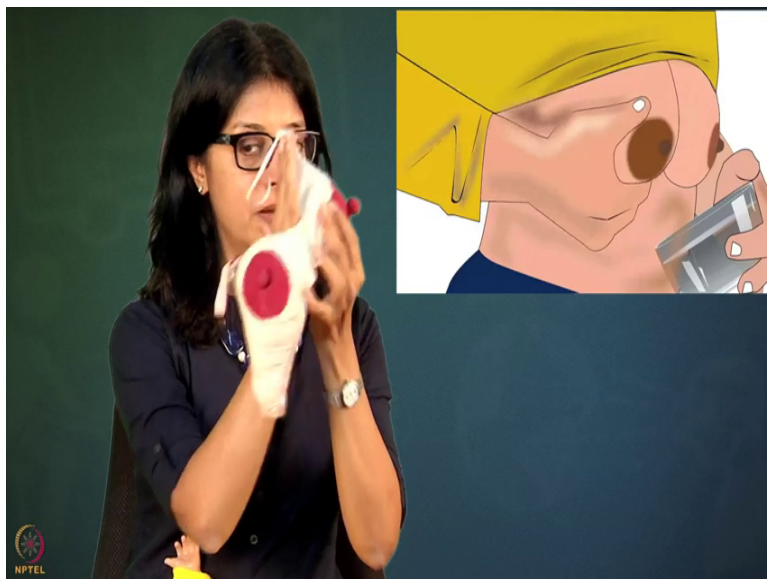
I do not see that all the time actually because we do lot of physical examination that whether hind milk is there or not, I will talk about it in some time, but suppose if mother, baby releases the breast on his or her own, then again we kind of in a burping position, now I do recommend burping, because what happens not necessarily burping, but just give some rest to the baby, know again I put the baby in a sitting position like that.

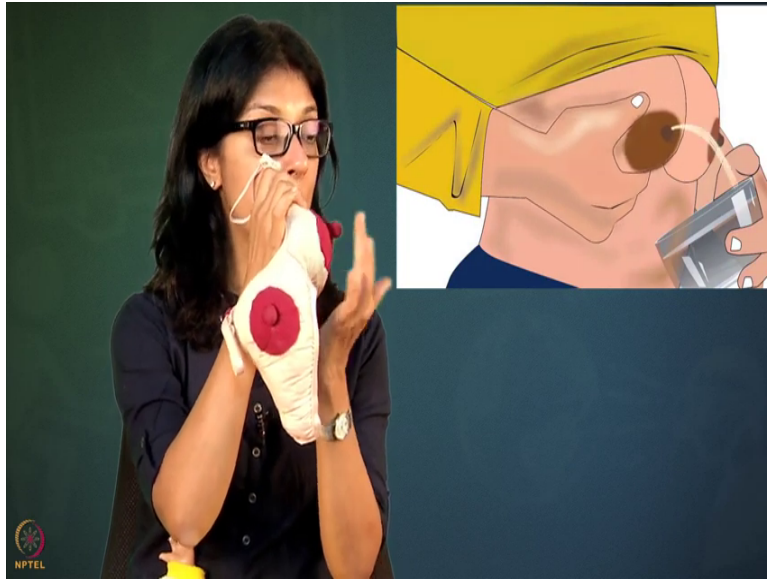
Bend the body forward, so that the stomach gets kind of pressed and then baby will immediately within a minute or so actually, this is very powerful and we have seen in our unit in U.S. that even small babies as soon as we put them in a sitting position they burp right away and they immediately they kind of open the eyes which is amazing because you want to wake up the baby as soon as possible and complete your feeding on both sides or even one side, and not wait for too long because then it becomes too tiring for the mother.

So in this position baby opens the mouth. Now one point after baby opens the mouth is what I tell mothers you put the baby kind of or give the baby to grandma or father or could put the baby kind of on the bed and just check whether you have a hind milk left or not. So, what is hind milk, what is foremilk, let me explain that.

(Refer Slide Time: 6:46)







So, what happens? So, we have milk in front of the breast and we have milk on the back of the breast. The milk which is present in the front of the breast it is called foremilk. Foremilk is kind of watery milk, it is translucent, it is more on protein and it is more in water. So, when you say baby sucks milk, initially it is the foremilk which baby is getting. After sometime what happens, the behind part, the back part of the breast starts getting emptied.

And that milk is very thick, it is loaded with fat, it has some amount of protein also, but it is basically very thick, it is opaque. So what we tell or what I recommend to mother, many times we tell mothers that you completely empty one side, but when I say that completely empty one side, mothers, it is very subjective, because many times what mothers feel that they compare this side to other side.

And she feels that, oh, this side is heavy, this side is light that means, now I need to feed on the other side, so that is your subjective examination, so I kind of stress on the objective examination. So, what is objective examination? I tell mother you check whether there is foremilk or hind milk. So how do you check it? What you do is you tell the mother to press the breast kind of against the chest wall.

So you go backward, backward, then press it and then release it, so you go again. Here, I am going to show it on this side. So here what I tell mother, you go backward towards the chest wall, so we call it press compress release, press compress release. Now this is very, very effective way of removing breast milk. And in this you want to keep your fingers just two fingers away from nipple, exactly where baby's lips are.

So again it is going to be press compress release. It should not be milking, so if you are milking that means it is wrong, do not press on your nipple because nothing will come, if it is too close, if you are pressing the breast from too close or if you are pressing the breast from too far milk will not come and if that happens mother will feel that, oh, my God, I do not have enough milk.

And then she will go into all anxiety and her oxytocin will go down and she will not release milk, so very, very important how to teach mother how to express breast milk. Now, there are other different techniques how to improve breast milk supply which I will take that session later, but again remember that here what we want to do is to just two fingers away, put your fingers, press compress release, press towards the breast, compress release. All right!

(Refer Slide Time: 9:35)



So, here now what I tell mothers that suppose if she is pressing the breast and manually expressing some milk just to see what kind of milk it is, what I tell mothers to, if it is translucent, if it is kind of watery that means the hind milk is still there. If mother feel that the thick milk is coming, it is very thick, it is opaque, but it is coming in sprays, it is coming like it is really pouring out, that means that still hind milk is there.

But if she sees that the milk is coming, thick milk is coming, but it is coming in just few drops, that means it is over. So, if she gets translucent milk which is foremilk, watery milk or if she gets thick milk in spray I tell mother to go ahead and breastfeed on the same side, so that is important that you again put the baby on the same side, latch the baby exactly the way I mentioned and continue breastfeeding on that side.

Because we want each and every drop of that hind milk to go in baby's mouth because this hind milk has very special kind of fat and this fat is very high in Omega-3. Specifically your DHA and your EPA those are the two fats which are important for babies IQ for brain, also it is important for baby's heart and for eyes. So, you want, if you want your babies to kind of put on that good amount of fat, chubby babies, it is important that they get hind milk in lot more quantity.

And do objective examination; do not feel that, oh, no, this is light, so maybe I should go on the other side. No, you examine, you see it yourself, whether it is watery or whether it is thick and then you latch the baby and then you tend to it. So that is your very important point on a front, front milk or the back milk.

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Now suppose you finished your one side, you burped the baby and you know that there is no milk on one side. Now you definitely want to offer the baby the other side, the way you do it is basically you again switch the side and you again bring the baby the same way that I mentioned, many times if baby is full, a baby may not open the mouth, but you do not decide, mothers do not decide whether she wants to give it or not.

She has to offer the other side, let babies decide. If baby is full baby will not take it, if baby hungry within couple of minutes baby will open the mouth and baby will start latching on beautifully. So this is important, you make sure that your baby is breastfeeding on both the side, let mother decide.

Now, I have to give you one example which I just recently kind of went to one tribal area where I saw a lot of these babies were just nipple latching, they were not areola latching, they were just nipple latching. So when babies were nipple latching what was happening, they were just, babies were just so hungry and this was like two months, three months old baby, had not put on weight for since birth and they were really, really kind of hungry, and very thin.

So what happens they breastfed on one side, completely emptied breast, then we put the baby on the other side, she completely emptied the other side also, then we met made the baby sit, and again baby, I mean, a lot of babies actually they all were feeding again on other side, third time, and then again on the fourth time. So, do not think that I have fed on one side and other side and now I do not have milk.

No, more baby sucks more milk will come. Please remember that if the latch is good, if the hind milk is going very well, if the milk transferring is occurring the more baby gets out of you more milk you will get in the next feeding. So, never feel that I do not have enough milk. We have so many situations where mothers were never pregnant, but still were able to get milk after some process that she had to go through.

But if even mothers who have never been pregnant can get milk, you have been through pregnancy, you have been through that lactation stages, so you will definitely get more milk. So, many times mother said that I do not have enough milk, I do not have enough milk. In my opinion if you do not have enough milk it is most likely because the techniques are wrong and the latch is not good and baby is not being able to suck milk out.

And it is not mother's fault or baby's fault, it is basically just we have to learn the correct techniques of latching and other important points of giving hind milk and completely emptying the breast and a lot of other counseling points which I will be discussing. So this is here we talked about basically giving; on emptying your breasts completely and then always offer the baby on the other side.

Even after baby is done with second side, you put the baby in a sitting position, again see if baby wants to, again check on the side if the breast is empty or not, if the breast is empty, you go back again on this side, give it till baby wants. You do not, mothers do not decide whether she wants to breastfeed or not, let baby decide whether how much milk baby wants to take.

In catch-up growth they have to breastfeed a lot, so many times what happens, during certain age period they have a lot of catch-up growth, I would say more of about say two weeks, six weeks and three months, they have lot of catch-up to do and that is when they kind of breastfeed a lot more. Many times if mothers do not know this, they feel that, oh, I am not getting enough milk and baby needs more, so they tend to start formula or cow's milk.

So, if you can kind of counsel mothers beforehand, and tell them that, oh, this is the period that baby may feel more hungry, just feed the baby for a longer duration and for frequently if you can breastfeed your milk supply will increase, so it is all supply and demand. More demand, more supply, less demand, less supply.

Now many mothers have this habit of kind of not realizing this, understanding this important counseling and they tend to start formula. So, what happens when they start formula? Obviously that demand of baby of milk is coming from formula, so now baby is not sucking that much on the breast, so now breast feels that, oh, now baby does not need so much breast milk and slowly, slowly that breast milk is going to kind of dry up.

There is something called milk inhibitory factor. Milk inhibitory factor is when the milk stays in the breast and if it does not come out, it tells the your cells that now we do not need to produce more milk, because if you keep producing mother will get the engorgement, mother will get hardness of breast and then she will have all these complications. So, it tells basically, it is nature's way of protecting mother.

So, remember that milk inhibitory factor, it is there in the milk. You need to remove that milk so that milk supply does not die down. So, that is why demand feeding, whenever baby is

hungry make sure that baby is emptying, completely emptying the breast, more milk comes out, more milk will produce. That is nature's way. If you have one baby enough milk will be there for one baby, if you have two babies there will be enough milk for two babies.

If you have three babies it will be enough milk for three babies. It is just amount of milk that baby is kind of getting, that amount of milk will be produced by nature, so that is the power of nature. So, here now we are done with basically breastfeeding on both sides.

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Many times what we see is suppose if baby is coming kind of straight on. Like, for example, in this position what is happening baby's neck is not bent forward, baby's neck is straight. Now, this is the wrong position to bring the baby to latch on, because in this position what is happening, the nose is getting pressed. So, when the nose is getting pressed mothers many mothers they kind of get scared, but remember that when you are pressing your nose like this straight on you can still breathe.

You can breathe even when your nose is getting pressed, if your nose is pressed like this then you cannot breathe, so when the nose is getting pressed, it is basically pressing this way and we do not have to worry about baby not being breathing. So, that is important, so do not get kind of worried, because if you are worried mother will be worried, and then she will not be able to bring the baby too close to the breast.

What in that situation what you can tell mother very slowly, tell mother that suppose if the nose is getting pressed you basically just kind of lift the neck backward a little bit, like this, so what happens is the chin is going more forward into the breast the nose is going backward, away from the breast. So, if you can just kind of tell the mother to bend the neck a little bit backward, tell mother not to pull the baby out.

Because if you pull the baby out, what will happen, it will become nipple latch, and in nipple milk does not come, so this is the important point. So this is done is like many times what mothers do is they kind of press the breast near the nose, so that to keep the breast away. Mothers they do not need to do that, because what happens when she is doing that look at her

hand, this hand will get very tired and she will get very, very tired with just extending her hand upward.

So you tell her nothing to worry about, just pull your neck little bit outward, just pull the neck outward a little bit and then baby is all set. So, that was your one point of how to not allow baby to press the nose into the breast. So, this is one point which is over. Now, suppose baby is done, now baby is done, baby has breastfeed on both sides, relax, baby is kind of happy. Most of these babies in early kind of newborn period they will immediately go back to sleep, many babies they may play, whatever baby wants you can do that.

How many times to breastfeed is another point which we have to tell mothers because many times if they do not breastfeed frequently then we will not put on a lot of weight. So, in that situation what you want to do, you tell mothers during 24 hours, I say that, like I do recommend 10 to 12 times because our babies are born small and we want that catch-up growth in first three months.

Remember that our babies they grow highest in first three months, so if you can double that weight by 2.5 - 3 months as per WHO growth chart, babies they double their weight by three months. So, if you can do that you will definitely, you will have to feed more frequently. So, I would say as per demand and if during daytime a baby is not waking up at least in two hours you want to wake up the baby.

And at night time 3 to 4 times at night time and if baby is not waking up at least feed the baby every 3 hours minimum. So, that is your nighttime feeding is very important because there is a hormone called prolactin. And this prolactin hormone is produced in much higher quantity at night. So babies who breastfeed a lot at night we see them growing very beautifully, very chubby. So, I mean they do need to feed at night time.

Even toddlers actually, I do recommend to feed them one, at least two times at night because they do need nighttime feeding also. During daytime many times what happens there is something called cluster feeding, so in cluster feeding what happens, many times in the evening time baby tend to breastfeed more often and they would feed every hour and mother feels that oh my God, I am not getting enough breast milk and baby is getting hungry.

No, it is a cluster feeding. So, in cluster feeding what you want to do, many times they feed like 3 - 4 times, 5 times in just few hours and then they sleep 5 hours stretch at night. In those

situations you do not want to wake up the baby. You want to just see if baby has taken good 10 to 12 times in 24 hours and if baby wants to sleep for four, five hours that is absolutely okay, you do not need to wake up.

And do remember there is something called cluster feeding and it does happen in the during evening time. So this is your complete 45 points that I discussed, if you have any question just feel free to ask us. I will be showing now tutorial. We have created cross-cradle tutorial and the latching tutorial and this tutorials will kind of take you systematically through each and every point, so that you can pass, you can not only learn but pass it on to mothers if you do not have direct access to them.

So many times these mothers they call us on Poshan helpline, it is called 1-800 Shishu Poshan helpline and they call from all different parts of India and many times they even actually call on direct line from abroad and through tutorial when we pass on this message most of the time they, all the problems are solved because these tutorials are totally kind of problem solving tutorials.

And since my mother already has a baby in front of her she knows where the issue is, once they watch this tutorial they immediately kind of figure out where the issue is and once they fix that problem the problem is solved, so do pass on this tutorial to all your family members. Tell them to subscribe to it and also keep the notification on because this is just one aspect of for tutorial on breastfeeding.

But we have tutorials as I mentioned earlier on all the different aspects of nutrition through life cycle. So, thank you very much. I hope you enjoyed and do practice on model and the baby doll and also if you have any family members or anybody that who is breastfeeding or who is trying or who is planning to breastfeed when baby delivers, do help them. Thank you so much!