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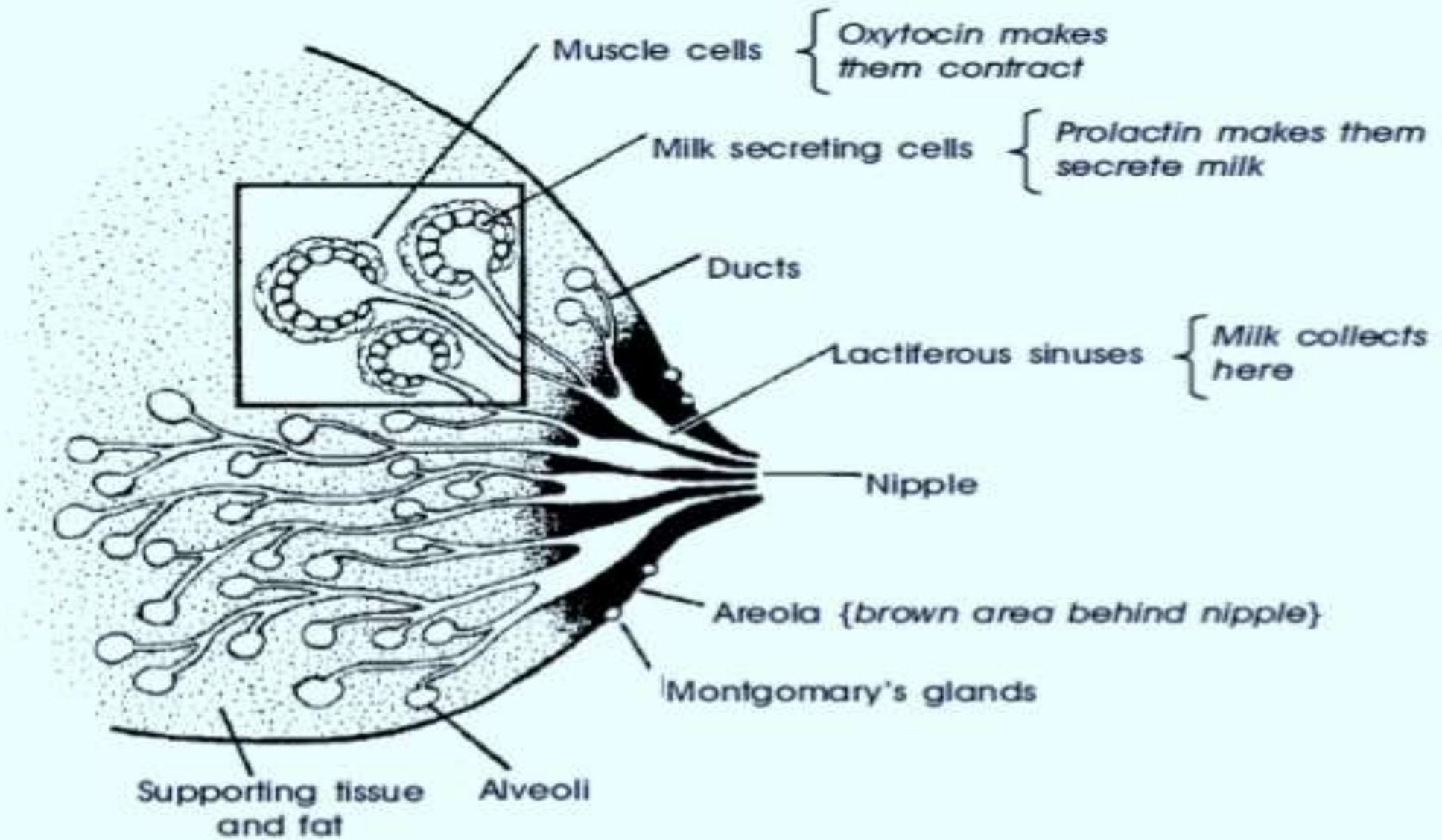


WORLD BREAST

FEEDING

AWAWARENESS WEEK

1-7 AUGUST



Anatomy of Breast

MILK PRODUCTION AND SECRETION

- Milk is produced as a result of the interaction between hormones and reflexes.
- During pregnancy, the glandular tissue is stimulated to produce milk due to various hormonal influences.
- **Two reflexes**, mediated by **two different hormones**, come into play during lactation.

Prolactin reflex

- **Prolactin** is produced by the anterior pituitary gland which is responsible for milk secretion by the mammary gland cells.
- When the baby sucks, the nerve endings in the nipple carry message to the anterior pituitary which in turn releases prolactin.
- The earlier the baby is put on the breast, the sooner the reflex is initiated.
- The more the baby sucks at the breast, the greater is the stimulus for milk production.
- The greater is the demand for milk, larger is the volume of milk produced.

Prolactin "Milk secretion" reflex

Secreted AFTER feed
to produce NEXT feed

ENHANCING FACTORS

- Sucking
- Expression of milk
- Emptying of breast
- Night feeds

Prolactin
in blood

Baby
sucking

Sensory
impulses from
nipple



HINDERING FACTORS

- Incorrect position
- Painful breast
- Prelacteal feeds
- Top feeding

Oxytocin reflex

- **Oxytocin** is a hormone produced by the posterior pituitary.
- It is responsible for contraction of the myoepithelium around the glands leading to ejection of the milk from the glands into the lacteal sinuses and the lacteal ducts.
- This hormone is produced in response to stimulation to the nerve endings in the nipple by sucking as well as by the thought, sight or sound of the baby.

Oxytocin "Milk ejection" reflex

Oxytocin in blood
contracts
myoepithelial cells

Oxytocin
in blood

Sensory Impulses from
nipple to brain

ENHANCING FACTORS

- Think lovingly of baby
- Sound of baby
- Sight of baby
- Mother is relaxed / comfortable/confident

Baby
sucking

HINDERING FACTORS

- Worry
- Stress
- Pain
- Doubt

Sucking by the baby is the most important stimulus for production and secretion of milk in the mother



Pituitary releases prolactin and oxytocin.



Stimulation of nerve endings in mother's nipple/areola sends signal to mother's hypothalamus/pituitary.



Hormones travel via bloodstream to mammary gland to stimulate milk production and milk ejection reflex (let-down).



Infant suckles at the breast.



Types and Composition of Human Breast Milk

- **Types of Breast Milk:**
 - Colostrum or Early Milk
 - Transitional Milk
 - Mature Milk
- **Colostrum or Early Milk:** is produced in the late stage of pregnancy till 4 days after delivery; and is rich in antibodies.
- **Transitional Milk:** produced from day 4 – 10 is lower in protein in comparison to Colostrum.
- **Mature milk:** is produced from approximately ten days after delivery up until the termination of the breastfeeding.

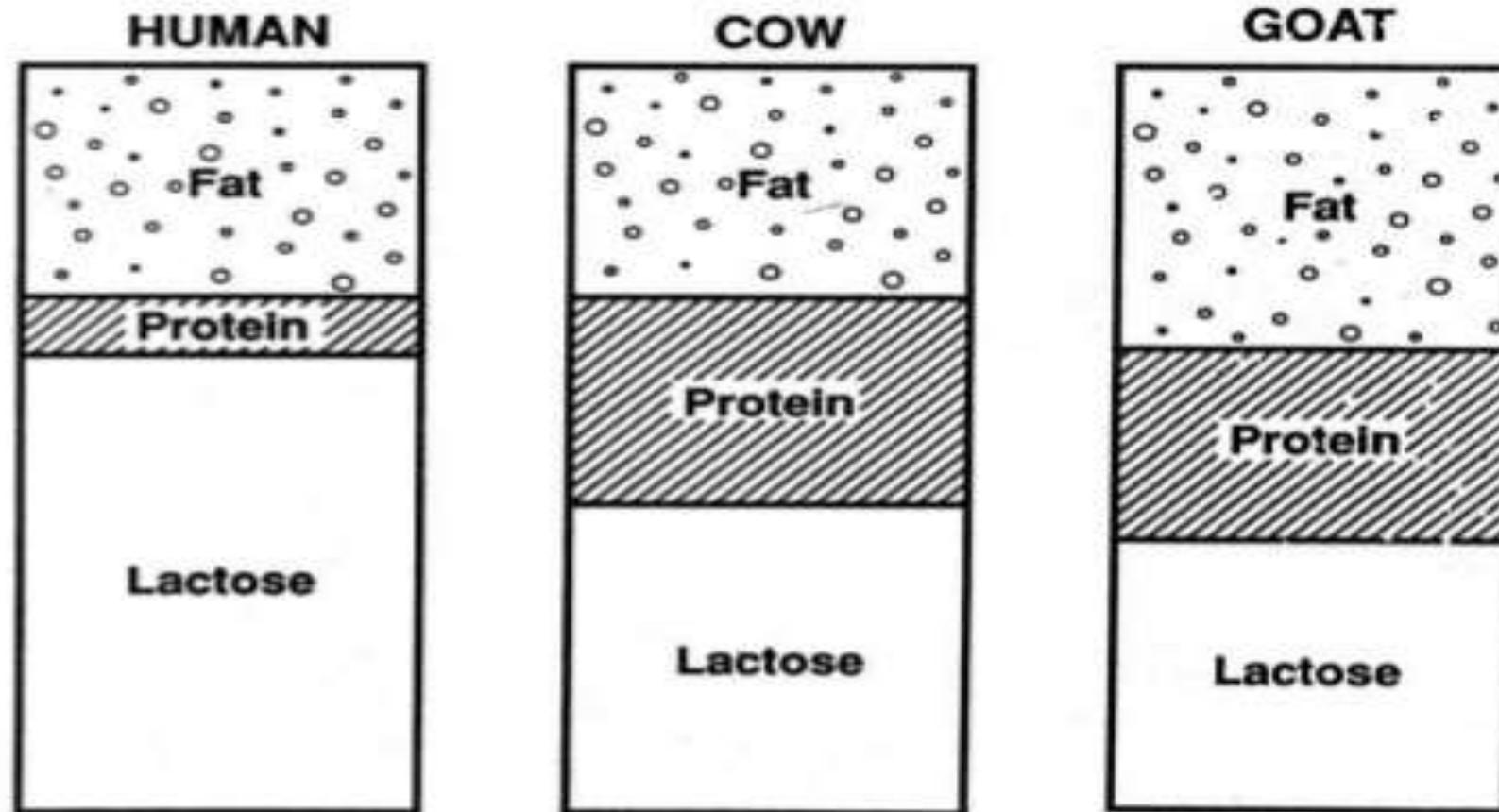
Kind (In 100 ml)	Protein (g)	Fat (g)	Carbohydrate (g)	Calorie (Kcal)
Colostrum	7.5	2	4-5	150
Transitive	2.5	3.2	5.5 – 6.6	60-80
Mature	1.1-1.5	3.5-4.5	7	65-70

☐ Milk which outpoured in one feeding can be classified as:

- **Fore milk** Early milk – At the beginning of the feeding, got more lactose, proteins and water and water and satisfies the baby's thirst.
- **Hind milk** Late milk – comes later towards the end of a feed and is richer in fat content and provides more energy, and satisfies the baby's hunger.
- ✓ For optimum growth the baby needs both fore and hind milk.
- ✓ The baby should therefore be allowed to empty one breast.
- ✓ The second breast should be offered after emptying the first.

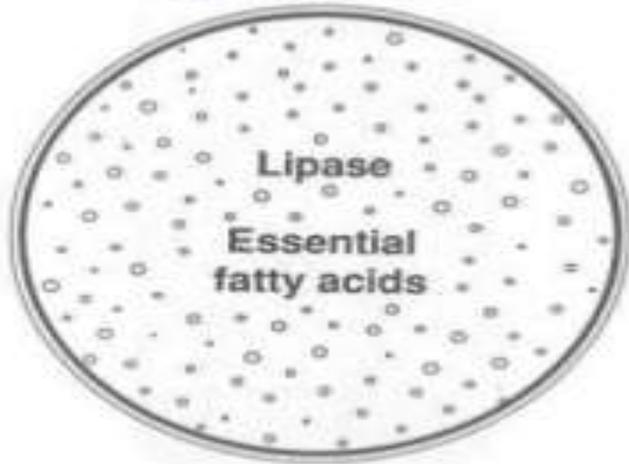
Nutrients in Human & Animal Milk

What are the differences between these milks?



Differences in the Fats of Different Milks

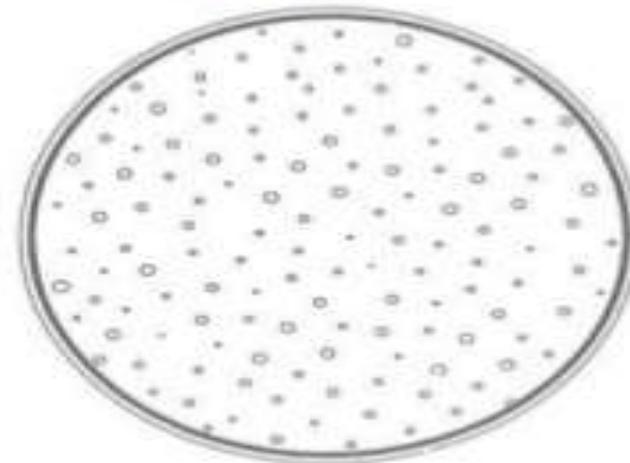
HUMAN



Contains

Essential Fatty Acids,
Enzyme Lipase

COW'S

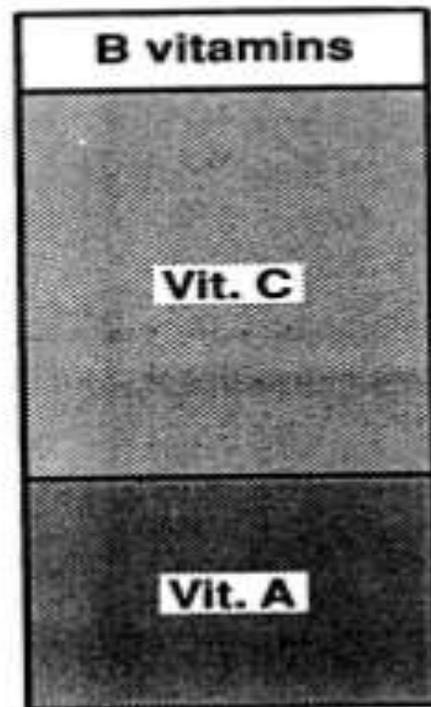


Contains

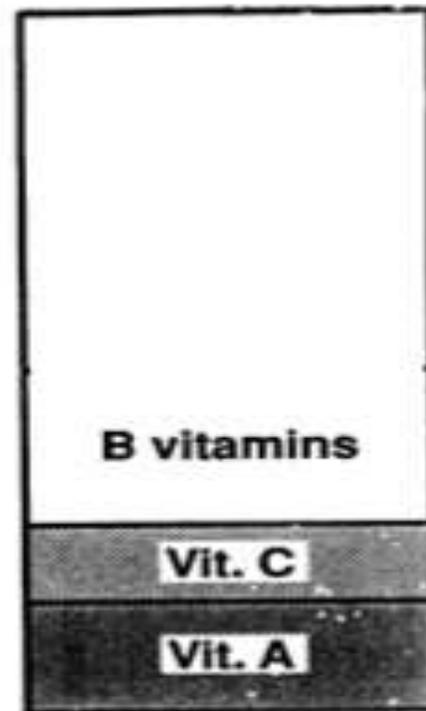
No Essential Fatty Acids
No Enzyme Lipase

Vitamins in Different Milks

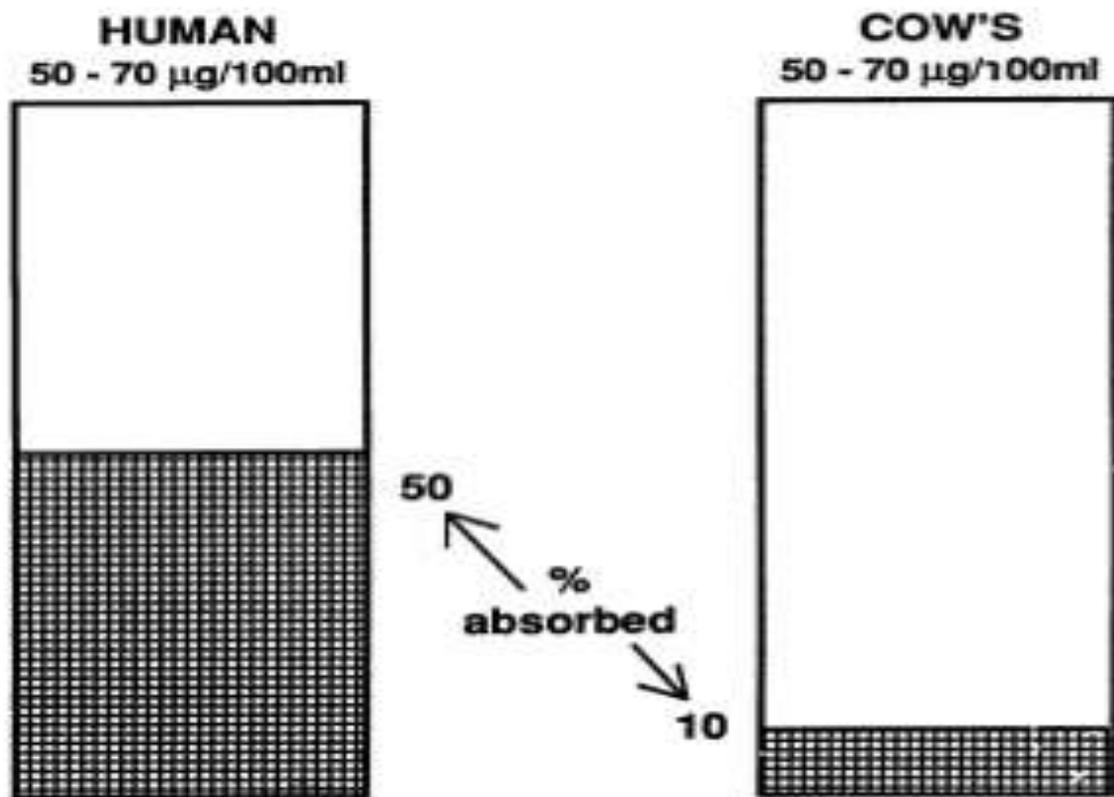
HUMAN



COW'S



Iron in Milk



Rules of breast feeding

- ❑ Exclusive breastfeeding for **about 6 mo** and To continue for at least the second year.
- ❑ **Complementary foods** rich in iron and other micronutrients should be introduced at about **6 mo** of age.
- ❑ Mother and infant should sleep in proximity to each other to facilitate breastfeeding
- ❑ Initiation of breastfeeding should be encouraged as soon as possible after the birth, ideally **within 1 hour**.
- ❑ Ensure **8 to 12 feedings** every 24 h till 2 – 3 months then **6 feeding** till 6 months then **5 feeding** till one year.

- ❑ At every feeding the infant is placed only on **one breast** and then during the next feeding on the other one, thus alternating them.
- ❑ The duration of feeding is about **20-30 minutes**. However, it is said that there is no exact time of every feeding of the infant. Every infant sucks the breast with different frequency and different duration of feedings with a day.

- The amount of milk that the breasts produce depends partly on how much the baby suckles, and how much milk he removes. More suckling makes more milk.
- Breastmilk flow depends partly on the mother's thoughts, feelings and sensations. It is important to keep mothers and babies together day and night, and to help mothers to feel good about breastfeeding.
- Give no supplements (water, glucose water, commercial infant formula, or other fluids) to breastfeeding newborn infants .
- Pacifier should be offered, while placing infant in back-to-sleep-position, no earlier than 3 to 4 wk of age and after breastfeeding has been established.

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❑ Indicators of successful feeding in babies:

- Frequent feedings 8-12 times daily.
- audible and visible swallowing
- sustained rhythmic suck
- relaxed arms and hands
- moist mouth
- regular soaked/heavy nappies, about 6-8 wet diapers in a 24 hour.
- Average daily weight gain of 20 -40g.
- Go to sleep and comfort after feeding.

❑ Indicators of successful breastfeeding in women:

- breast softening
- no compression of the nipple at the end of the feed
- woman feels relaxed and sleepy.

☐ All breastfeeding newborn infants should be seen by a pediatrician at 3 to 5 d of age:

- Evaluate hydration (elimination patterns)
- Evaluate body wt.
- assess feeding and consider more frequent follow-up)
- Discuss maternal/infant issues
- Observe feeding

- All breastfed infants should receive **400 IU** of oral vitamin D drops daily beginning during the first 2 months of life.
- Do not forget : administration of intramuscular vitamin K until after the first feeding is completed but within **6 h** of birth

Proper position of baby while breastfeeding includes

1. Supporting whole of baby's body.
 2. Ensure baby's head, neck and back are in same plane.
 3. Entire baby's body should face mother.
 4. Baby's abdomen touches mother's abdomen.
- ***Correct positioning will ensure effective sucking and prevent sore nipples and breast engorgement.***

Attachment of baby on mother's breast

- **Four signs of good attachment are:**
 1. Baby's mouth wide open.
 2. Lower lip turned outwards.
 3. Baby's chin touches mother's breast.
 4. Majority of areola inside baby's mouth.

Good attachment



Poor attachment



Breastfeeding Positions

Cradle Hold

- This is the most common position used by mothers.
- Infant's head is supported in the elbow, the back and buttock is supported by the arm and lifted to the breast.



Breastfeeding Positions

Football Hold Position

- The infant's is placed under the arm, like holding a football
- Baby's body is supported with the forearm and the head is supported with the hand.
- Many mothers are not comfortable with this position
- Good position after operative procedures



© 2001 Marcia Hartsok

Breastfeeding Positions

Side Lying Position

- The mother lies on her side propping up her head and shoulder with pillows.
- The infant is also lying down facing the mother.
- Good position after Caesarean section.
- Allows the new mother some rest.
- Most mothers are scared of crushing the baby.



Breastfeeding Positions

Cross Cradle Hold Position

- Ideal for early breastfeeding.
- Mother holds the baby crosswise in the crook of the arm opposite the breast the infant is to be fed.
- The baby's trunk and head are supported with the forearm and palm.
- The other hand is placed beneath the breast in a U-shaped to guide the baby's mouth to your breast.



Breastfeeding Positions

Australian Hold Position

- This is also called the saddle hold
- Usually used for older infants
- Not commonly used by mothers.
- Best used in older infants with runny nose, ear infection.





Human Milk Storage Guidelines			
	Storage Location and Temperatures		
Type of Breast Milk	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1–2 Hours	Up to 1 Day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

Before expressing or handling breast milk:

- **Wash your hands** well with soap and water. If soap and water are not available, **use an alcohol-based hand sanitizer** that contains at least 60% alcohol.

- Mothers can express breast milk by hand or with a manual or electric pump with clean hands

Storing breast milk after expressing:

- Use breast milk storage bags or clean food-grade containers with tight fitting lids made of glass or plastic to store expressed breast milk.

- Avoid bottles which indicates that the container may be made of a BPA-containing plastic.





Storage tips:

- 1. Clearly label the breast milk with the date it was expressed.**
- 2. Do not store breast milk in the door of the refrigerator or freezer. This will help protect the breast milk from temperature changes from the door opening and closing.**
- 3. If you don't think you will use freshly expressed breast milk within 4 days, freeze it right away. This will help to protect the quality of the breast milk.**
- 4. Freeze breast milk in small amounts of 2 to 4 ounces (or the amount that will be offered at one feeding) to avoid wasting breast milk that might not be finished.**
- 5. When freezing breast milk, leave about an inch of space at the top of the container because breast milk expands as it freezes.**
- 6. Breast milk can be stored in an insulated cooler bag with frozen ice packs for up to 24 hours when you are traveling. Once you arrive at your destination, milk should be used right away, stored in the refrigerator, or frozen.**



Feeding Expressed Breast Milk

- 1. Breast milk does not need to be warmed. It can be served room temperature or cold.**
- 2. If you decide to warm the breast milk, here are some tips:**
 - a) Keep the container sealed while warming.**
 - b) Warm breast milk by placing the container of breast milk into a separate container or pot of warm water for a few minutes or by running warm (not hot) tap water over the container for a few minutes.**
 - c) Do not heat breast milk directly on the stove or in the microwave.**
 - d) Test the temperature of the breast milk before feeding it to your baby by putting a few drops on your wrist. It should feel warm, not hot.**
- 3. Swirl the breast milk to mix the fat, which may have separated.**
- 4. If your baby did not finish the bottle, the leftover breast milk can still be used within 2 hours after the baby is finished feeding. After 2 hours, leftover breast milk should be discarded.**

Safe Thawing of Breast Milk

Always thaw the oldest breast milk first. Remember first in, first out. Over time, the quality of breast milk can decrease.

•There are several ways to thaw your breast milk:

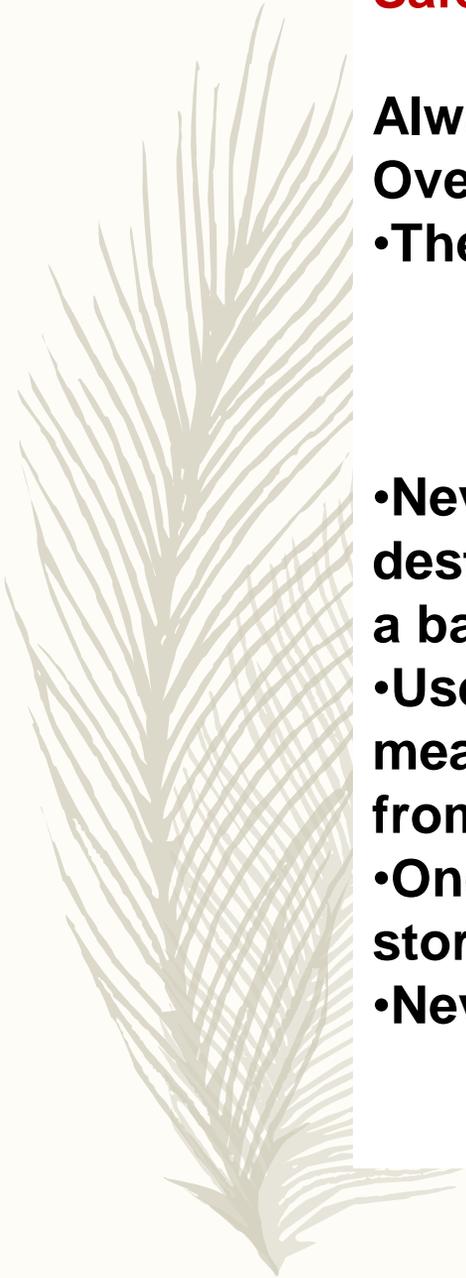
- In the refrigerator overnight.**
- Set in a container of warm or lukewarm water.**
- Under lukewarm running water.**

•Never thaw or heat breast milk in a microwave. Microwaving can destroy nutrients in breast milk and create hot spots, which can burn a baby's mouth.

•Use breast milk within 24 hours of thawing in the refrigerator (this means from the time it is no longer frozen or completely thawed, not from the time when you took it out of the freezer).

•Once breast milk is brought to room temperature or warmed after storing in the refrigerator or freezer, it should be used within 2 hours.

•Never refreeze breast milk once it has been thawed.



Barriers to Breastfeeding

- **Individual:** Inadequate knowledge, embarrassment, social , negative perceptions
- **Interpersonal:** Lack of support from partner and family, perceived threat to father-child bond
- **Institutional:** Return to work or school, lack of workplace facilities, unsupportive health care environments
- **Community:** discomfort about nursing in public
- **Policy:** aggressive marketing by formula companies



• **CONTRAINDICATIONS OF BREAST FEEDING**

- Infant is diagnosed with classic **galactosemia, phenketonuria**
- Mothers infected with HTLV1,2, With precautions in HIV, HSV (BREAST LESION), ACTIVE Tb after 2 weeks of treatment

General Considerations to share with Breastfeeding Mothers:

Avoid long-acting forms of medications.

- Try taking medication at time of or immediately following breastfeeding (best timing can depend on the medication).
- Watch the baby for unusual signs and symptoms (e.g., sleepiness, irritability, other potential or known effects of the medication).

Pain Medications

Acetaminophen (e.g., Tylenol) and Ibuprofen are safe.

• **Over-the-counter Medications**

Take care with over-the-counter medications that contain pseudoephedrine because it can decrease milk supply.

• **Contraindicated Medications**

Concerns exist for amiodarone, Radioactive isotopes chemotherapeutic/antineoplastic agents, illicit drug abuse (phenylcyclidine, cocaine) chloramphenicol, ergotamine, gold salts, phenindione, radioactive pharmaceuticals, retinoids, tetracyclines (chronic > 3 weeks) and certain psychotropic medications (lithium now can be taken with careful monitoring of blood levels in mother and baby).

AVOID ALCOHOL, SMOKING

•Should a woman experiencing “traveler’s diarrhea” breastfeed her child while she is ill?

- Breastfeeding mothers with travelers’ diarrhea should continue breastfeeding and increase their own fluid intake. The organisms that cause travelers’ diarrhea do not pass through breast milk.
- Use of oral rehydration salts by breastfeeding mothers and their children is fully compatible with breastfeeding.
- Breastfeeding mothers should carefully check the labels of over-the-counter antidiarrheal medications to avoid using bismuth subsalicylate compounds, which can lead to the transfer of salicylate to the child via breast milk
- Fluoroquinolones and macrolides, which are commonly used to treat travelers’ diarrhea, are excreted in breast milk. The decision about the use of antibiotics such as fluoroquinolones and macrolides in nursing mothers should be made in consultation with the child’s primary health care provider.
- Most experts consider the **use of short-term azithromycin** compatible with breastfeeding.

Commonly Mistaken as contraindication are the following

- **Women who have cesarean deliveries:** Initiate breastfeeding immediately, using a semi recumbent position on the side or sitting up.
- **Women received vaccinations or live with vaccinated children:** Neither inactivated nor live vaccines administered to a lactating woman or other family members affect the safety of breastfeeding for the mother or infant.
- **Women who had breast surgery:** breastfeed frequently to maintain milk supply. If the surgical wound is painful, the other breast can be used but monitor infant growth because milk supply could be insufficient.
- **Women who have hepatitis A:** Initiate breastfeeding after infant receives immune serum globulin, and then vaccinate at 1 year of age.
- **Women who have hepatitis B:** Initiate breastfeeding after infant receives hepatitis B immune globulin and first dose of the 3-dose hepatitis B vaccine series.
- **Women who have hepatitis C:** Hepatitis C is not a contraindication for breastfeeding, but reconsider if nipples are cracked or bleeding.

RISKS OF BREASTFEEDING

- Breastfeeding is not without potential nutritional risks. **The best documented risks include:**
- Iron deficiency
- vitamin D deficiency
- Breastfed exposed infant to environmental toxins , legal and illegal drugs, and infectious pathogens that the mother may harbor (e.g., Human Immunodeficiency Virus HIV).

Mother's milk vs. formula milk

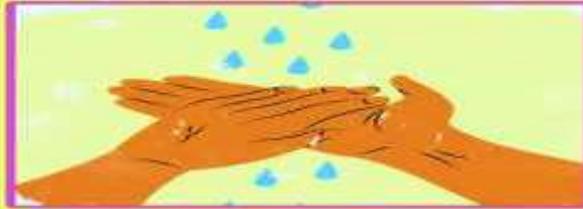
- **Formula milk for 3 days old babies is no different than formula milk for 3 months old infants.**
- ✓ **Breast milk is ingeniously different every single day; adapted to the changing needs of the baby.**



BREASTFEEDING & COVID-19

Breastfeeding protects babies when they are sick and when others around them are sick

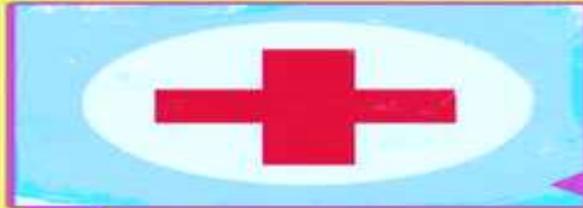
Wash your hands before breastfeeding



Breastfeed often



If you need to visit the hospital keep baby with you and breastfeed if you can or pump/express



Wear a mask if you are sick



If you pump milk make sure to carefully wash your pump each time



Breastfeed as much as possible and get the support you need

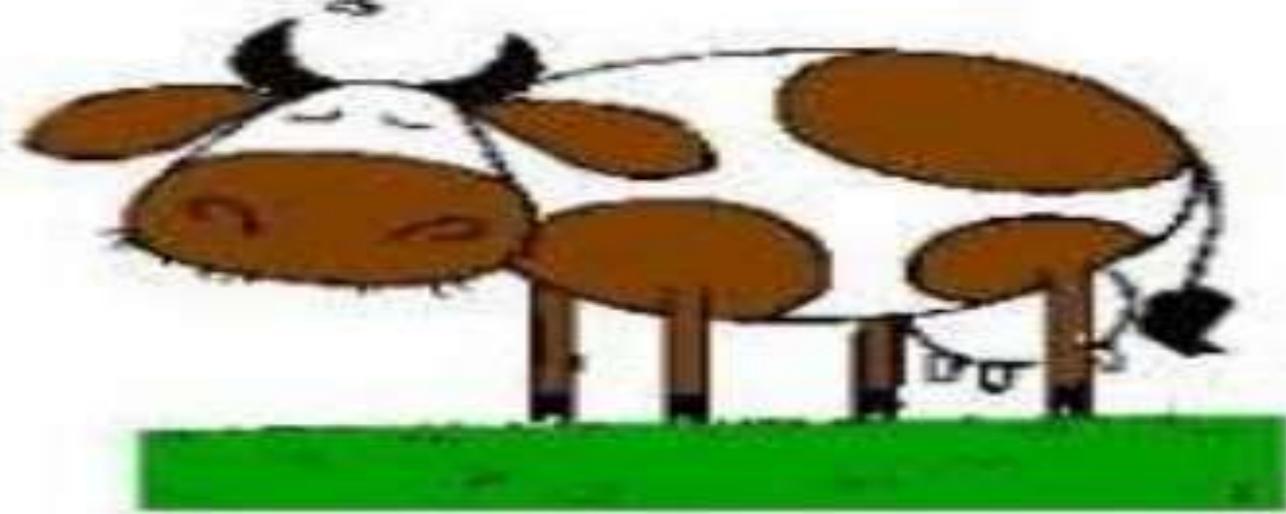


More information:

**[La Leche League International](#)
[CDC.gov](#)**

[PraeclarusPress.com](#)

**HUMAN milk for
HUMAN babies**



www.humanmilkforhumanbabies.org

THE BENEFITS OF BREASTFEEDING FOR BABIES

Breast milk provides the ideal nutrition for infants. It has a nearly perfect mix of vitamins, protein, and fat -- everything your baby needs to grow.



Did you know

Breast milk contains antibodies that help your baby fight off infections and bacteria such as:



- * **RESPIRATORY INFECTIONS**
- * **PNEUMONIA**
- * **CHILDHOOD ASTHMA**
- * **RESPIRATORY SYNCYTIAL VIRUSES**



URINARY TRACT INFECTIONS



THRUSH



EAR INFECTIONS



DIARRHEA

INFECTIONS / PARASITES / GERMS



SALMONELLA INFECTIONS

Powdered formula can contain deadly salmonella pathogens



SEPSIS

An infection that can impact kidneys, brain, lungs and the heart



MENINGITIS

Inflammation of the protective membranes covering the brain



NECROTIZING ENTEROCOLITIS

A life-threatening intestinal infection



ENTEROVIRUS INFECTIONS

A respiratory illness that involves coughing, sneezing and fever



GIARDIA LAMBLIA

A parasite that causes diarrhea, gas and stomach cramps



HIB

A bacterium that can cause several severe infections



CRONOBACTER

A germ that can be deadly to infants



Not only do breastfed babies have **lower risks of all-cause mortality**, but they are also less likely to suffer from these illnesses and chronic diseases;



IRON DEFICIENCIES



BLINDNESS



PLAGIOCEPHALY

Flat spots on your baby's head



SNORING

PYLORIC STENOSIS

Forceful vomiting

BLEEDING LESIONS

in the esophagus or stomach



CONSTIPATION

LACTOSE INTOLERANCE

ACID REFLUX



INGUINAL HERNIAS

The bulging of the intestine through the lower abdominal wall



UNDESCENDED TESTICLES

REDUCED RISK OF



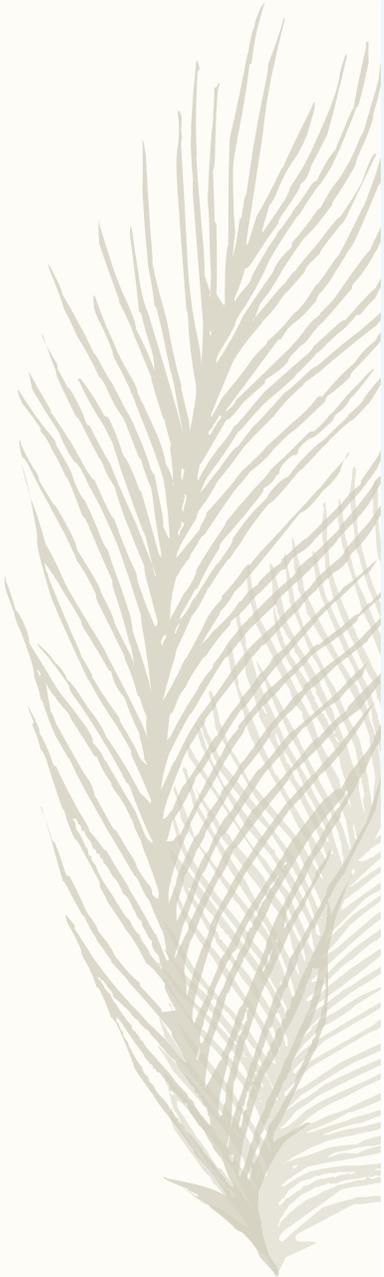
AUTOIMMUNE THYROID DISEASES



SUDDEN INFANT DEATH SYNDROME



ALL CAUSE MORTALITY



Nobody likes a runny nose. But fear not - Breast milk contains antibodies that help fight and **protect from allergic reactions** such as:



COLITIS
Gassy and constipated babies



ASTHMA ATTACKS



ALLERGIC RHINITIS
such as an itchy nose or mouth, stuffiness, coughing and sore throat

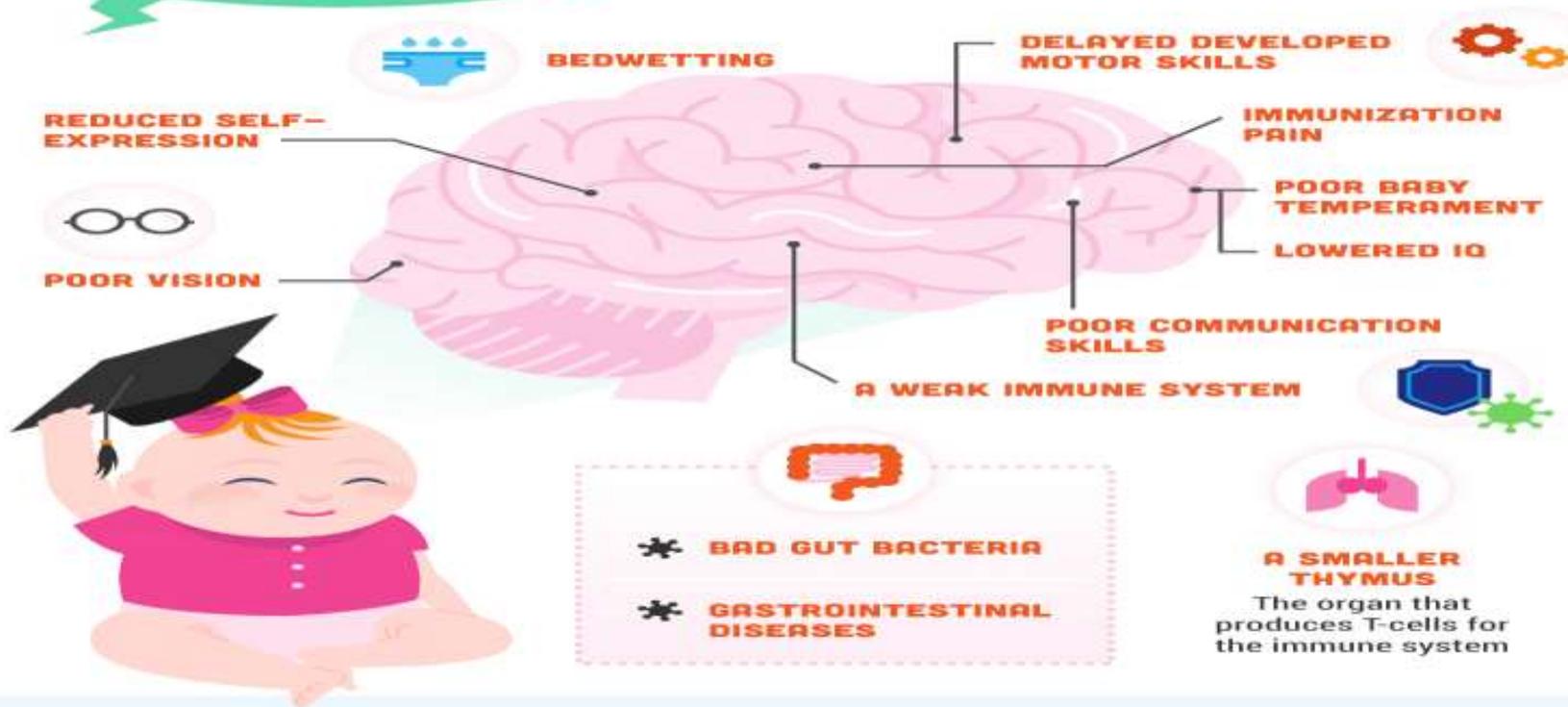


ECZEMA



EUREKA!

There is a link between breastfeeding and higher IQ scores in children. But that's not all. It also **prevents against developmental issues** like:



Sounds impressive right? We're just getting to the good part. Breastfeeding has some serious, **long-lasting benefits** such as:



A REDUCED RISK OF

TONSILLECTOMY

OVERBITES

CARDIOVASCULAR DISEASE

HYPERTENSION

HIGH CHOLESTEROL

MULTIPLE SCLEROSIS

CONDUCT PROBLEMS

SCHIZOPHRENIA

MENTAL HEALTH CONCERNS

PEPTIC ULCER DISEASE

CELIAC DISEASE

CROHN'S DISEASE

APPENDICITIS

OTHER RISKS:

DIABETES

OBESITY

TOXIC HEAVY METAL EXPOSURE

AUTISM

JUVENILE RHEUMATOID ARTHRITIS

BUT ALSO IMPROVED



Onset of menopause for daughters



Mother-to-child transplant success rate



Bonds between mothers and their babies



Vaccination effectiveness



Stress release for babies



Bone mass in certain areas



Cancer is pure evil. So you'll be happy to know that breastfed babies have **reduced overall risk of cancer**, but also less:



Cancer is pure evil. So you'll be happy to know that breastfed babies have **reduced overall risk of cancer**, but also less:



HODGKIN'S DISEASE



LEUKEMIA AND LYMPHOMA



NEUROBLASTOMA



DNA DAMAGE



TUMOR GROWTH



BREAST CANCER
in daughters

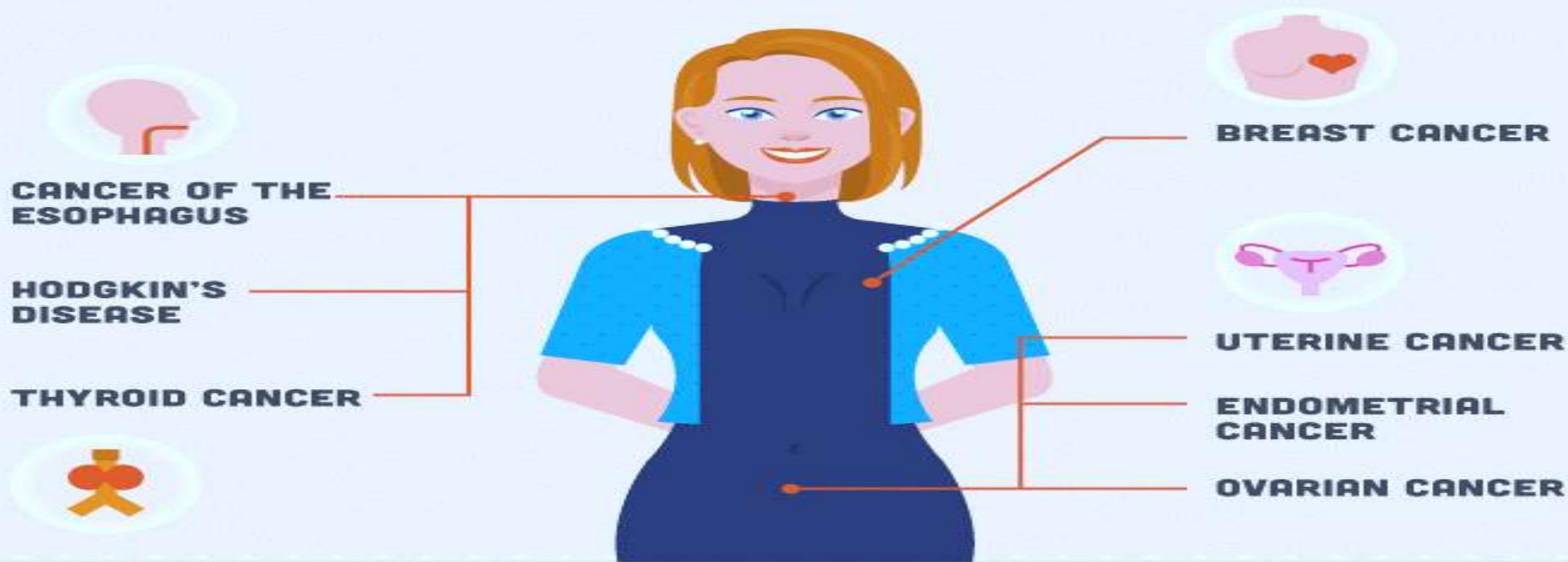


TESTICULAR CANCER
in sons

THE BENEFITS OF BREASTFEEDING FOR MOMS

There may be times when you feel like tossing in the nursing bra and reaching for a bottle. But before you do, you may want to consider that when mothers follow nature's lead and breastfeed their babies, their bodies benefit too.

Having sore breasts and cracked nipples sucks. But so does cancer. Breastfeeding has been known to **reduce these types of cancers** in moms:



Moms need to look after themselves so that they can take care of their babies.
Luckily, breastfeeding **offers protection** against these illnesses:



**URINARY
TRACT
INFECTIONS**



**CARDIO-
VASCULAR
DISEASE**



LUPUS



DIABETES



ARTHRITIS



**POSTPARTUM
DEPRESSION**



OSTEOPOROSIS & BONE-LOSS

BONUS BENEFITS FOR MOMS THAT YOU MIGHT HAVE NEVER CONSIDERED:

Breastfed babies have better sleep patterns - that means so will you



Breastfeeding moms save money - a lot of it



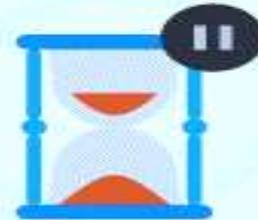
Less uterus bleeding and quicker return to its normal size



Faster loss of pregnancy weight



Lactation provides contraception protection



Breastfeeding may put the pause in menopause



Moms who quit smoking during pregnancy have a decreased risk of picking up that bad habit again

THE BENEFITS OF BREASTFEEDING FOR SOCIETY

Breastfeeding has a bottle-load of benefits. But did you know - it not only benefits you and your baby but the environment and others too.

Breastfeeding for a brighter tomorrow. These are but a few of the benefits for those around you:



Lower medical expenses for everyone



Few sick days taken by mom and kids



Increased work productivity



Less air pollution



More natural population control



Less mistreatment of babies from their mothers



Less landfill pollution



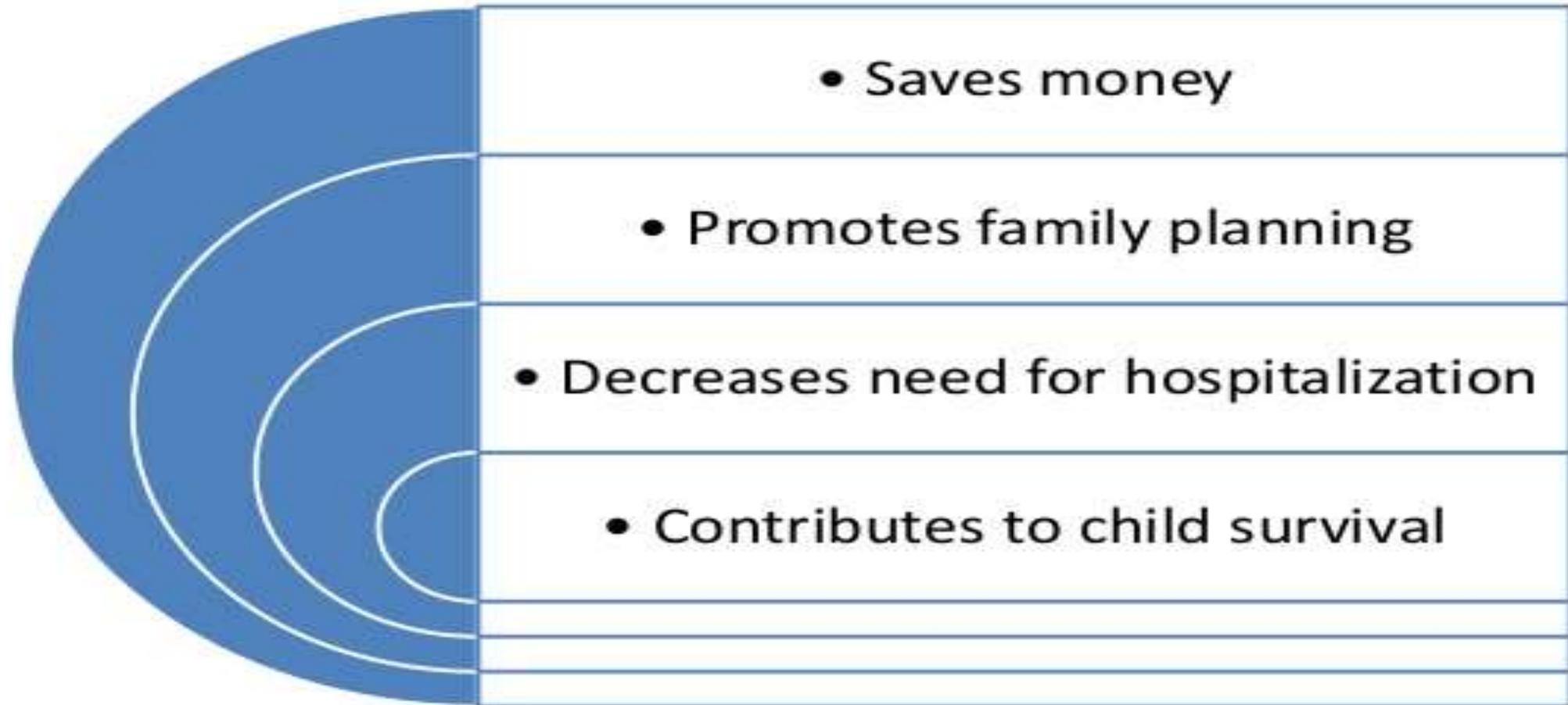
Fewer children ingesting potentially dangerous contaminants



1,300,000 LIVES

could be saved every year according to UNICEF

Benefits to family and society



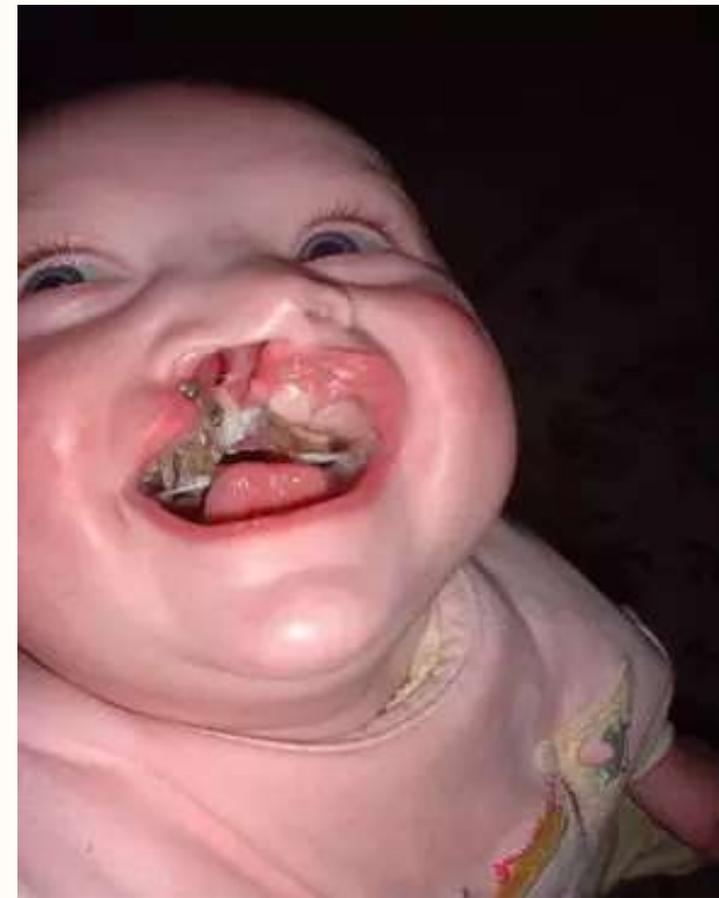
How might birth defects affect breastfeeding mothers and babies?

Several of the most common birth defects, including Down syndrome, cleft lip and/or palate, and congenital heart disease, can affect an infant's ability to breastfeed due to the associated physical and developmental features.

- Infants with **Down syndrome (Trisomy 21)** can have **hypotonia** (low muscle tone) which can lead to abnormal or weakened control of the oropharyngeal structures, contributing to **an uncoordinated and/or weak suck, or difficulty swallowing**, similar to those experienced by premature infants.
- In infants born with a **cleft lip and/or a cleft palate**, the oral cavity cannot be adequately separated from the nasal cavity during feeding, which can make it difficult to create the suction needed to breastfeed successfully. This may result in the infant getting tired easily while breastfeeding or requiring a longer time to feed, which can affect growth and nutrition status.
- Other difficulties may include **nasal regurgitation** (milk comes out of the nose) and **aspiration** (milk enters the airway).
- Some infants born with a **congenital heart defect or disease** may not be able to feed at the breast right after birth due to complications, such as **hypoxia** (low levels of oxygen in the blood). Once these babies are stable, breastfeeding is usually possible and beneficial.

• The Challenges

- Baby chokes and gags while breastfeeding
- Not being able to **latch on correctly**.
- Milk leaks from the nose.
- A weak suck.
- Baby might swallow too much air during breastfeeding
- Baby might not be able to stay on the breast long enough since he/she becomes tired quickly.
- Baby might want to only breastfeed on the **“good side”** of his mouth.
- Baby sometimes takes longer to feed.
- Cleft palate babies sometimes struggle to breathe.
- Baby **gains weight very slowly**. These problems usually result in slow weight gain, regardless of whether they are breastfed or bottle-fed.
- **Ear infections** are common.
- Baby has **colic symptoms**.



Types of Cleft lip feeder



Breastfeeding and Cleft Palate

- Cleft palate babies can be given EBM via special cleft palate bottle (Haberman feeder), spoon or cup.



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Feeding of cleft lip and palate patients



The Haberman Feeder™

Saves time, saves wind, saves worry!

The natural alternative to nasogastric tube and spoon feeds.

- Reduces feeding time
- Controlled feed delivery
- Reduces wind, vomiting & colic
- Encourages normal sucking action
- Aids oral development & speech
- Feed time more relaxed
- Promotes bonding
- Relieves frustration, stress & exhaustion
- Suitable for a wide range of conditions
- Promotes normal weight gain

If your baby has a medical condition that makes feeding difficult, you may not have to pay the VAT when you purchase a Haberman Feeder. For more information see the VAT Exemption Form below the Order Form on the reverse side of this leaflet.

ATHRODAX
MEDICAL EQUIPMENT

Haberman Feeder, Pigeon Feeder, Squeeze Bottle, BPF
Telephone: 01753 66600 Fax: 01753 66600
Email: sales@athrodax.co.uk Web: www.athrodax.co.uk



Haberman feeder

Squeeze bottle

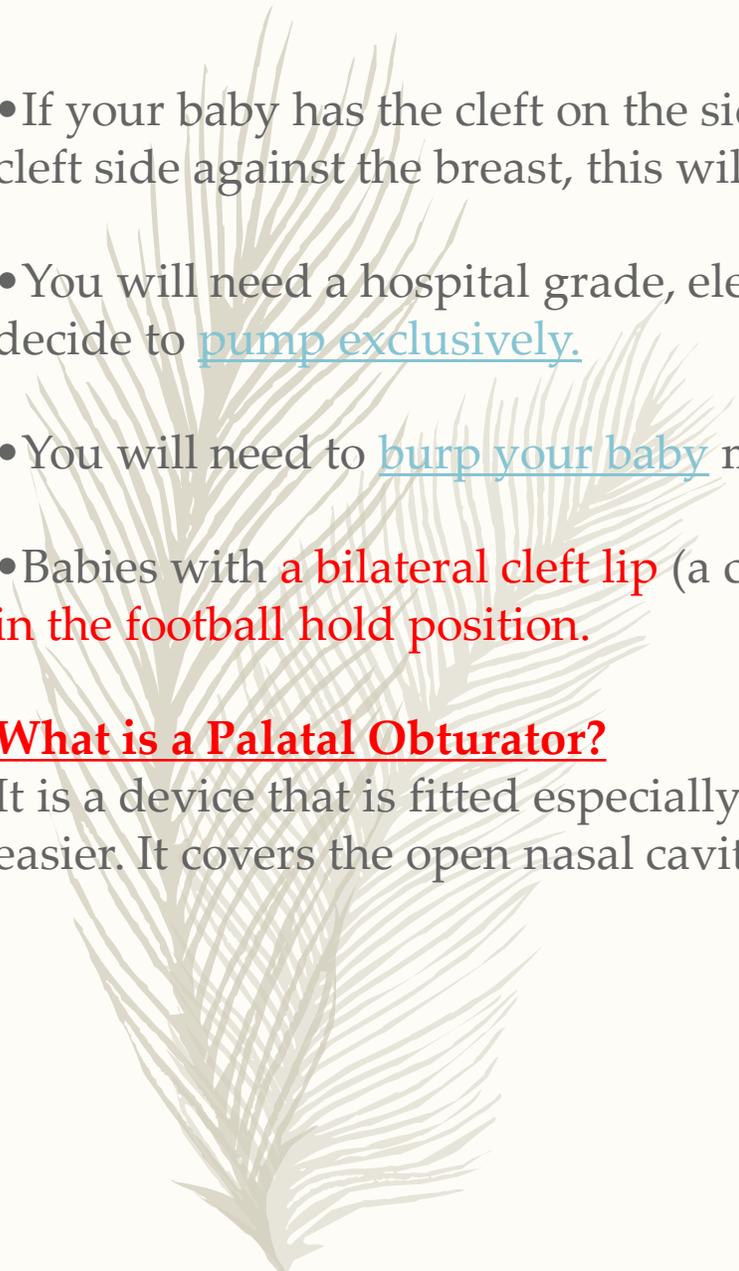
Pigeon feeder



• The Solutions to some Problems

Cleft palate and Cleft lip Breastfeeding

- The football hold or straddle (Australian hold) can help prevent choking and leaking milk from the nose.
- If the baby has a preference for which side of his mouth to breastfeed from, then you can always breastfeed him/her in the cradle position and then slide him/her over to your other side in the football hold position. This is so that you do not always have to breastfeed your baby from one breast alone.
- If your baby is very weak and keeps falling asleep while you are breastfeeding, you can try waking him by wiping his feet with a damp cloth. You will need to wake your baby at least 8 times, every 24 hours to breastfeed.
- If your baby does not empty your breast during a feeding, you might have to pump afterward to make sure that your milk supply does not decrease. Increase your milk supply.
- How do you know if your baby is sucking sufficiently? You will feel a deep pulling sensation at your breast, while your baby is drinking. **A baby that is sucking well will have jaw, ear and temple movement.**

- 
- If your baby has the cleft on the side of his/her mouth, sometimes it will be easier to breastfeed the baby with the cleft side against the breast, this will cause a better seal.
 - You will need a hospital grade, electric breast pump, especially if your baby has a cleft palate. Some Moms decide to [pump exclusively](#).
 - You will need to [burp your baby](#) more often, as he/she might swallow more air than normal.
 - Babies with **a bilateral cleft lip** (a cleft that occurs on both sides of the lip) will need to be breastfed **sitting up, or in the football hold position**.

What is a Palatal Obturator?

It is a device that is fitted especially for each baby and covers the open area, therefore, making feedings much easier. It covers the open nasal cavity, which causes the leaking and choking during feedings.

Feeding obturator

The feeding obturator is a prosthetic aid that is designed to obturate the cleft and restore the separation between the oral and nasal cavities.

It creates a rigid platform

The obturator also prevents the tongue from entering the defect and interfering with spontaneous growth of the palatal shelves.

reduces nasal regurgitation,

reduces the incidence of choking,

also helps in the development of the jaws and

contributes to speech



FEEDING TECHNIQUES

- When a cleft lip is present, it may be difficult for the baby to make a good seal around the nipple.
- Babies with cleft palate usually need special bottles and techniques to feed properly.
- There are three types of bottles for feeding babies with clefts –
 - the Mead-Johnson Cleft Palate Nurser,
 - the Haberman Feeder and
 - the Pigeon Nipple:



Feeding precautions

Minimise nasal regurgitation and aspiration - hold the child at an angle of 45-60° to the horizontal during feeding.

2. Do not flood the pharynx - provoke aspiration.

3. Infant with a major cleft tends to swallow air while feeding – feed more frequently than a normal child.

4. Breast feeding is only sufficient for two weeks. After this, expressing milk and supplement is necessary.





THANK

YOU