Breastfeeding and your new baby

The midwives caring for you will provide you with education and support to help you establish and maintain breastfeeding. Please do not hesitate to ask your midwife for advice, at any time.

The risks of not breastfeeding

How you feed your baby is one of the most important decisions you will make. Mater Mothers’ Hospital staff will provide you with support and guidance with feeding your baby, whatever your decision.

According to the World Health Organization (WHO) and current research, there are risks associated with not breastfeeding your baby and it is important that you are aware of this information.

- For babies, not being breastfed is associated with an increased incidence of infections, such as ear infections, gastroenteritis, and pneumonia. There is also an elevated risk of childhood obesity, type 1 and type 2 diabetes, leukaemia, and sudden infant death syndrome (SIDS).

- For premature babies, not receiving breast milk is associated with an increased risk of necrotising enterocolitis (NEC), a condition where the intestines become infected and can begin to die. This usually requires surgery.

- For mothers, not breastfeeding is associated with an increased incidence of pre-menopausal breast cancer, ovarian cancer, type 2 diabetes and retained pregnancy weight gain.

These differences in health outcomes can be explained by the specific and innate immune factors present in human milk. In other words, every mother makes milk specifically for her own baby's needs with immune protection designed just for them. Therefore, the National Health and Medical Research Council (NHMRC) and the Australian National Breastfeeding Strategy 2010–15 recommend that all babies be exclusively breastfed for six months and continue at least until the baby's first birthday. Mother and baby can then continue to breastfeed for as long as they both wish to do so. The World Health Organization recommends at least two years of breastfeeding for all babies.

How breastfeeding works

Breastfeeding works on supply and demand. Every time your baby feeds, your body starts to make the next feed. The more your baby feeds, the more milk you make. You do not have to wait a specific amount of time for your breasts to fill up before feeding your baby again.
Rooming-in

Mater Mothers’ Hospitals practice rooming-in, allowing you and your baby to remain together 24-hours a day. This means you are able to respond to your baby when feeding cues are displayed, helping you establish a good milk flow by promoting milk let-down. Rooming-in also helps you to bond with your baby and gain confidence caring for them. Current research indicates that mothers and babies who room-in together actually sleep more effectively.

Feeding cues—how to know when your baby is ready to feed

Look for, and respond to, early feeding cues that your baby displays to indicate they are ready to feed. These feeding cues include:

- rapid eye movement
- clicking or tongue sucking
- rooting—opening their mouth and searching to suck on contact
- hand movements to their mouth and sucking on hands
- moving other extremities
- general increased alertness or activity.

Crying is a late sign of hunger. Avoid waiting for this sign as a crying baby can be more difficult to attach.

The first breastfeed

The first step towards successful breastfeeding is early skin-to-skin contact—if possible, allow uninterrupted skin-to-skin contact with your baby following their birth (although skin-to-skin contact is beneficial at any time). This encourages licking, nuzzling, touching, sniffing and eventual feeding when your baby is ready, which is normally within the first after hour birth. Bathing and weighing should wait until after the first breastfeed.

Correct attachment and positioning of your baby to your breast is also important. Please ask your midwife to provide guidance when attaching your baby, until you feel confident managing this independently.

كلااز ميلودن

در بیمارستان‌های Mater، کلار کنار مادر فرار می‌گردد و آنها 32 ساعت با هم هستند. این بدان معنی است که شما قرار خواهید بود به علایق شیر خوان‌ها نوزاد خود وanks بیشتر به شیر در پستان با دادن شیر بیشتر کم می‌کنید. بودن نوزاد کنار مادر هنگام باز تقویت رابطه آنها شده و اعتماد به مادر بار بگذرد از نوزاد خود را بیشتر می‌کند. تحقیقات جدید نشان می‌دهد که کنار هم می‌بودن مادر و نوزاد باعث بهتر خوابیدن هر دوی آنها می‌شود.

عملای شیر خوان‌سازی - جگنده می‌توان فهمید که نوزاد به شیر نیاز دارد

به علاوه اولیه شیر خوان‌سازی که نوزادان از خود نشان می‌دهند، به همراه خود می‌کنند و به آن باز می‌شود. این عملای شیر مادر زیر است:

- حرکت سر چشمه
- صدا از خود درآوردن با میکس‌های زبان
- منبع بایا، باز کردن دهان و جستجو برای میکس‌های شیر قابل دسترس
- حرکت دست بسته دهان و میکس‌های دست ها
- تلاش دادن اعضای دگر بدن
- هوشیاری یا فعالیت ظاهری

گریه کردن، نشانه درگیری‌های گریزی است. سعی کنید منظور این نشانه نمانید. 

چون ارتباط برقرار کنید با نوزاد گریز مشکل تر است.

اوولن شیر دهی

اوولن گرفت برای شیر دهی موفق، نمای پوستی زئوگنگ هما و نوزاد است - در صورت اینکه، اجازه دهید نوزاد بعد از تولید، نمای پوستی مداومی با شما داشته باشد (اگر چه این نمای می‌تواند در هر زمان معیّن باشد). این امر، نوزاد را به لمس زدن، با برخورداری از لمس، به شیر خوردن، مشاهده کنید. در نهایت شیر خوردن، هنگامی که امکان آن دارد، تشویق می‌کنید. این امر معمولاً در ساعت اول بعد از تولد روی می‌دهد. شستن و وزن کنترل نوزاد باید بعد از اولین شیر خوردن انجام شود.

بخش که گفته‌اند درست نوزاد در بغل برای شیر خوردن از پستان نیز مهم است. لطفاً از ماهیت خود بتوانید نماینده شما در مورد نحوه درست نگه داشتن نوزاد اعتماد به نفس پیدا کرده و بتوانید اینکار را بصورت مستقل انجام دهید، شما را کمک کنید.
Baby led attachment

Babies have natural instincts which enable them to find their mother’s breast, from birth, with little, or no, help from anyone. These behaviours are seen as early as one to two hours after birth and continue for at least three months.

They include:
- poking their tongue out
- turning their head from side to side (rooting)
- wriggling
- finding and grasping the nipple
- attaching onto the breast
- sucking.

The following information will guide you to help your baby to attach to your breast:
- Get to know your baby’s hunger cues
- A calm baby—your baby will be able to follow through with their instincts if they are calm rather than upset
- Begin with skin-to-skin contact
- Position your baby in any way that feels right, such as upright on your chest between your breasts. You may also like to semi-recline as this position makes it easier for your baby to make their own way to your breast
- When your baby is ready to feed they will lift and ‘bob’ their head or glide towards the nipple, using their cheek and chin to manoeuvre them in that direction
- As your baby moves closer to your breast they will nuzzle at your nipple. Do not hurry your baby; they will do this in their own time
- When your baby finds the breast, they will bring their tongue forward and may lick at the nipple. They may press on your breast with their fist or rub your tummy with their feet. This helps to stimulate the secretion of oxytocin, which is the hormone required to release your breast milk
- When your baby finds the nipple, they will dig their chin into the breast, reach up with an open mouth, attach to your breast and start sucking
- Tuck your baby’s bottom in firmly against you and provide support to their neck and shoulders while avoiding putting any pressure on their head. Babies need to have their head free in order to position themselves correctly to attach to your breast

Some small, preterm or very sleepy babies may need some hands-on assistance to attach to the breast.
Signs of correct attachment

- Comfortable for mother, i.e. no pain or stinging.
- Deep slow rhythmic sucking pattern. The slower the suck, the more milk that is drawn into your baby’s mouth.
- Your baby appears relaxed.
- Your breasts soften with the feed.

Sore or damaged nipples

A certain amount of nipple sensitivity in the early days of breastfeeding is normal. However, damaged or grazed nipples are not normal and usually mean your baby has not attached properly. If you have grazed or cracked nipples, ask your midwife to guide you when you are attaching your baby to the breast.

The nipple area produces a natural oil and nipple creams can block openings from the ducts on your nipples, increasing the possibility of mastitis. Breast milk contains special skin healing properties so expressed breast milk is the ideal treatment for sore nipples. Gently rub expressed breast milk onto the nipple after feeding and allow the milk to dry before replacing your bra. To prevent infection always wash your hands before you handle your breasts.

Demand feeding

Breastfed babies feed according to hunger. Allow your baby to continue feeding until they have had enough, fall asleep or come off your breast. You may notice that your baby wishes to suck more often in the early days until your milk comes in, which is usually on the second or third day following birth. This is normal infant behaviour and should be encouraged.

Feed your baby whenever they exhibit hunger cues. Sucking time may vary from feed to feed. Allow your baby to feed on the first breast until their rhythm, or nutritive, sucking stops. They may then flutter suck at the end of the feed. This is normal and helps your baby to have the fat-rich milk which is available towards the end of the feed. Babies settle for longer periods and gain more weight when allowed to flutter suck at the end of the feed.

Babies will generally feed between eight to twelve times each day. If they have a longer break between feeds they will often have several feeds close together (cluster feeding). Some babies may be hungry and feeding difficulty waking your baby please speak to your midwife.

Nursing sessions:

- Discomfort.
- Difficulty.
- Pain.
- Excessive crying.
- Refusal to feed.
- Changes in infant's responses at feeding.
- Changes in infant's sleep patterns.
- Changes in infant's weight gain.

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- Changes in infant's sleep patterns.
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How do I know if my baby is getting enough breast milk?

Breast milk contains all the nutrients and fluid that your baby needs in the first six months of life. **No other fluids are needed.** You can be confident in knowing that your baby is receiving enough breast milk if your baby:

- has five to six wet disposable nappies per day (or six to eight wet cloth nappies) and their urine is pale in colour
- has two to three loose bowel movements per day that are yellow, or mustard, in colour. After six weeks of age your baby's bowel motions may decrease in frequency, but this is not a concern if weight gain and the number of wet nappies are adequate. Breastfed babies are rarely constipated
- settles following most feeds
- looks alert when awake
- has a moist mouth.

**Complementary feeds**

Mater does not routinely give infant formula or boiled water to breastfed babies, (unless medically indicated) for the following reasons:

- any infant formula given to your baby in the newborn period will interfere with the protection against infection that breast milk is creating in your baby's gut
- both soy and cows’ milk formula can cause allergies
- your baby's milk may become overfull and painful (engorged) if the milk in your breasts is not removed regularly
- a baby has a completely different sucking action for breastfeeding compared to sucking on a teat. A breastfed baby can become confused between the two and may then have difficulty attaching correctly to the breast.

**Dummies/pacifiers**

The early use of pacifiers can interfere with the natural process of breastfeeding. Pacifiers can contribute to slow weight gain, early weaning and thrush infections of your baby's mouth and your nipples. The routine use of pacifiers for breastfed babies is not recommended. If you choose to use a pacifier they must be washed regularly with hot soapy water, rinsed thoroughly and allowed to air dry. Clean pacifiers should be stored in an airtight container.

چگونه می‌توان فهمید که نوزاد شیر (از پستان) می‌خورد؟

شير پستان دارای نمای تمام مقادیر و مانع‌های است که نوزاد در شش ماه ول تولد به آن نیاز دارد. به هیچ نوع مایعات دیگری نیاز نیست. شما می‌توانید مطمئن باشید که نوزادان شیر گرفتگی می‌خورند. گرفتگی:

- در روز نخ تا شش بار پوشک بکار مصرف خود را خسی می‌کنیا (شک و یا) یا شش بار پوشک پارچه ای (را) و ادراش کر می‌گردد.
- یا دو تا نه بار در روز مفعول شلار که زردی خوی کرگ است. بعد از شش هفته، ممکن است برای مفعول نوزاد کمتر شود، این امر عادی است آگر نوزاد در حال افزایش بخش و تعداد دفعاتی که نوزاد خود در حوزه می‌کند مشابه تعداد که شیر مادر را می‌خورند. بندتر دچار بیوستی می‌شود.
- در بیشتر مواقع بعد از شیر خوردن، آرامی می‌شود.
- هنگام بیماری، هوشیار است
- دهان شکست نمی‌باشد.

**مکمل های غذایی**

مادران نباید در حیات شیر خور در مرتب شیر خکس یا آب گرم به نوزاد بدهند(گرگ اینچ پیش یک روز نوشی کرده باشد) زیرا:

- شیر خکس داده به نوزاد در اولیه نوزاد کاری ماهافت نوزادند برای عفونت ها را بگذارد شیر مراد انجماد می‌دهد، مخل می‌کند
- شیر سویا و شیر گیاه هر دو ممکن است باعث بروز حساسیت در نوزاد شود.
- در سه شیما، در صورتی که شیر دائم بطور منظم انجماد گردد یا شیر خکس یا جایگزین شیر مراد انجماد شیر مراد کمتری تولید می‌شود.
- اگر عمل شیر در طول منظم انجماد نشود ممکن است پستان یک یا حد از شیر پر شده و دردگیر
- نه‌ای کمکی شیر از پستان توسط نوزاد با مکیدن شیر از پستان کامل آورده می‌شود (نوزاد به همراه شیر مادر و هم شیر خکس تغذیه می‌کند) ممکن است سردرگم شود و نوزاد بدرسی با سیبی مادر ارتباط بروز
- پستان

استفاده زدهگاه از پستان می‌تواند روند طبیعی شیردهی را مختل کند. پستان می‌تواند باعث کندی در استفاده ضد نوزاد، این شیر گرفته‌شدن آور و بروز عفونت درهای دردهای نوزاد و نوک پستان شده، استفاده مادر از پستان برای نوزادان که از شیر مادر تغذیه می‌کند نوشی کرده نمی‌شود. اگر می‌خواهید از پستان استفاده کنید، باید آن را با پوشک برای مبارزه، یا با مایعات آنتیبیوتیک و حساسیت به آن باشد. شیر خکس باید در طور به‌طور کامل در تهیه شود.
Nipple shields

Nipple shields are made of soft silicone and may be used to help mothers with flat or inverted nipples to continue breastfeeding. However, it is imperative that a nipple shield not be used until your milk comes in (usually around day three), and then with assistance from a midwife.

Follow up with a lactation consultant or child health nurse is recommended if you are discharged home using a nipple shield. You will be able to stop using the nipple shield when it feels right for both of you.

To clean your nipple shield rinse in cold water, wash in hot soapy water to remove any milky residue, rinse thoroughly and allow to air dry (or pat dry with clean paper towel). Store in a clean, dry airtight container, which should also be washed daily using the same technique.

Continuing breastfeeding following discharge from hospital

During the early stages of breastfeeding, your baby’s feeding pattern will vary significantly. Remember, the amount of breast milk you produce depends on the amount of sucking stimulation your baby receives so continue to feed as often as your baby wishes.

It is normal for your baby to have some unsettled periods throughout the day. The most common time is in the late afternoon and early evening when your baby’s feeds may be close together, which is called cluster feeding. This is normal infant behaviour and should be encouraged.

Growth spurts

As your baby grows there will be many other times when you will need to feed more often. Growth spurts, or periods of increased breastfeeds, commonly occur at around three and six weeks and three months of age. More frequent feeding is your baby’s way of increasing your milk supply to meet their growing needs. Continue to feed on demand and your baby’s feeding patterns should return to normal after two to three days. This is also normal infant behaviour.

پوشش نوک پستان

پوشش نوک پستان از سیلیکون نرم تهیه شده است و مادرانی که نوک پستان صاف یا فرفته اند و یا مادرانی که از نوزاد ندارند به این استفاده می‌کنند. یا این‌جایی که نباید از پوشش نوک پستان تا زمانی که نوزاد شیر در پستان جاری شده است استفاده شود (معمولاً در روز سوم و این‌ها باید یک کمک فاقد ارزش باشد.

توجه داشته باشید که نوزاد با محافظ شیر بیشتر شیر می‌خورده و در هنگام نوزاد می‌خورنگی زیادی دارد. نوزادان باید هر روز ۳ تا ۴ بار شیر بیشتری مصرف کنند.

برای افزایش زمانی که نوزاد شیر نمی‌خورد، افزایش زمانی که نوزاد شیر خواسته به این شیر بهبود می‌دهد.

طبیعی است که نوزادان هر زمان که نوزاد شیر خواسته هستند بیشتر شیر خواهند خورده.

اگر نوزاد شیر بیشتری نمی‌خورد، شیر خوردن چنین مرحله ای نامیده می‌شود.

بعد از مرخصی شدن از بیمارستان، به شیر دادن داده می‌شود.

در اواخر دوران شیر دهی و زمانی که نوزاد شیر می‌خواهد بسیار متعیر است. به‌دلیل اینکه نوزاد می‌خواهد مکانیکی که در این زمان نوزاد می‌خورده با شیر بهبود می‌دهد.

طبیعی است که نوزادان هر زمان که نوزاد شیر خواسته هستند بیشتر شیر خواهند خورده.

یافتن زمان نوزادان در نوزادان طبیعی است و باید ترغیب شود.

چهره نشی

زمان‌هایی در مراحل رشد نوزاد وجود دارد که او می‌خواهد شیر بیشتری بخورد.

جهش رشدی، یا زمانی که در آن نوزاد لازم به شیر بیشتری می‌خوره، معمولاً در حدود سه تا شصت هفته و سه‌اه روز نوزاد است. نوزادان باید مشخص شوند در دفعات بیشتر باعث می‌شود نوزاد بیشتری شیر در سه هفته نوزاد افزایش افتاری باید تا بدن بتواند بیشتر بخورد. به شیر دادن بر اساس زیاد نوزاد خود ادامه دهد. اگر نوزاد شیر خوردن بیشتر باید بعد از دو یا سه روز، به حالت طبیعی خود بازگردد.

این رفتار در نوزاد نیز طبیعی می‌باشد.
Breastfeeding and nutrition

Breastfeeding helps you lose weight after your baby is born but now is not the time to diet. You may become hungrier when you are breastfeeding and it is best to satisfy your hunger with nutritious foods. Eat a generous amount of fruits and vegetables, wholegrain breads and cereals, calcium and protein rich foods – do not skip meals. No one food has been proven to upset babies or cause wind. The best advice is to eat all foods in moderation, unless there is a family history of food allergies or intolerance. The natural variation in your diet will change the way you breastfeed for your baby, which may better prepare your baby for the introduction of solid foods after six months of age. Breastfeeding mothers need enough fluids to stay hydrated. Drink to satisfy your thirst only. Increasing the amount of fluid you drink does little to increase your milk supply.

Alcohol

The current Australian guidelines recommend that, for women who are breastfeeding, not drinking alcohol is the safest option. For further information, see Mater’s Alcohol during pregnancy and breastfeeding brochure accessible via http://brochures.mater.org.au

Caffeine

The younger your baby is, the longer it will take any caffeine to be metabolised in their body. Excessive caffeine intake may make your baby wakeful and fussy. Remember caffeine can be found in tea, coffee, soft drinks, energy drinks, some medications, herbal preparations, as well as foods containing coffee or chocolate.

Engorgement

Full, painful, hard or shiny breasts, commonly referred to as engorgement, will rarely occur if your baby is able to breastfeed at any time of the day or night. Correct positioning and attachment will also help to prevent engorgement.

If your breasts do become overfull and uncomfortable:

- continue to feed your baby when they are hungry
- remove your bra when your baby is feeding
- hand express a little milk before a feed. This softens the areola to assist your baby to attach
- continue allowing your baby to softly breastfeed first before offering the second breast. Express the second breast for comfort, only
- wear a supportive bra between feeds but make sure that it is not too tight
- apply covered cold packs for 10 to 15 minutes after feeds for comfort (only while your breasts are engorged).
Mastitis

It is a good idea to check your breasts regularly, and note any lumps and flushed or tender areas as quick treatment of a blocked duct can actually prevent mastitis.

Mastitis is a hot, red, painful inflammation of the breast tissue, accompanied by flu-like symptoms such as fever, tiredness, aching joints, back pain and nausea and vomiting.

Factors which can lead to mastitis include:

- sudden, strict timing of breastfeeds
- sudden changes in feeding patterns
- nipple damage including cracks or grazes
- poor attachment resulting in the breast not draining well
- untreated engorgement
- being overtired, skipping meals and not looking after yourself.

To treat both blocked ducts and mastitis it is extremely important to empty the sore, tender breast as often as possible and feeding your baby is the best way to do this—this is not the time to wean. Apply moist heat, such as a warm face washer, to the affected area before you feed. When attaching your baby to the breast, point their chin towards the flushed area for better drainage.

Start feeding on the affected side for two feeds and do not limit the sucking time on this breast. Gently massage the affected area with the pads of your fingers while feeding or expressing. You may need to express the other breast for comfort. If you cannot feed your baby, express your breast milk.

You also need to get plenty of rest and maintain a healthy diet.

You should seek medical advice if symptoms continue for 12 to 24 hours; you have a temperature above 37.5 degrees Celsius or feel unwell. Your doctor will prescribe antibiotics, which treat mastitis and does not harm your baby. Ensure you take the entire course of the antibiotic tablets (you may need two courses of antibiotics) to treat mastitis and prevent it recurring.

Worming

Worming is a good way to check your breasts regularly, and note any lumps and flushed or tender areas as quick treatment of a blocked duct can actually prevent mastitis.

Worming is a hot, red, painful inflammation of the breast tissue, accompanied by flu-like symptoms such as fever, tiredness, aching joints, back pain and nausea and vomiting.

Factors which can lead to mastitis include:

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- sudden changes in feeding patterns
- nipple damage including cracks or grazes
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Expressing breast milk

When will I need to express milk for my baby?
There may be times when you need to express breast milk for your baby, e.g. if you are going out or returning to work. If your baby is preterm or unwell and is unable to suck at the breast it is important to commence expressing as soon as possible after the birth to provide colostrum for your baby.

Midwives are able to assist you to hand express or use an electric breast pump to express your colostrum. Do not expect a large quantity of colostrum as it is very concentrated, and has a small volume initially. Regular expressing acts as breast stimulation to assist the breasts as they build milk volume over the next few days.

You should express each breast for 10 minutes, at least eight times per day, with no longer than a five hour break at any one time (usually overnight). Prolactin levels (the hormone responsible for milk production) are higher overnight so expressing at least once during the night is encouraged.

How do I express?

You can express by hand, or use a breast pump.

- Always wash your hands before handling your breasts.
- A warm face washer on the breasts may help the milk to let-down. Gentle massage of the breast towards the nipple is also helpful.
- Use a clean container to collect the breast milk. In the first few days colostrum may be hand expressed and the droplets drawn into a syringe. This may require some assistance from your midwife.
- If possible, it is best to feed your baby before expressing. This way you can express at the end of a feed taking advantage of the flow of milk your baby has started. Remember not to aim to express large amounts at once (unless your baby is not going to the breast at all). Express small amounts at one sitting several times over the day.
- Your midwife can assist you to work out how much breast milk you will need to express for your baby.

دوشدن شیر پستان

چه زمانی باید شیر خود را برای نوزاد دوشید؟
در موقعیت‌های ازبست، که شما برای نوزاد خود شیر از پستانی را بی‌دوشی کنید، بطور مثل‌زمانی که خواهید آن‌ها خارج شود یا به سر کار خود بگرددید. اگر نوزاد شیر را پس از خواب بگیرند و توانایی نسبی‌های را به‌پایه‌ای مادر را بی‌بلع‌شان بگیرند، از تولد نوزاد قدرت به دوشیدن شیر پستان پایین‌تر نیتوشید. گاهی نوزاد فراهم شود.

ماماها می‌توانند به شما در دوشیدن شیر به دست یک دستکاری باعث می‌شود که کمک کنند. انتظار دارید که قدرت کمتری داشته باشید. دوشیدن شده زیاد باشد. چون این دستکاری می‌تواند آن‌ها در ابتدا قدرت آن کم می‌باشد.

دروسیدن مادر، پستان را تحریک می‌کند تا در روزهای بعدی مقدار شیر بیشتری تولید کند.

دوشیدن شیر باید ۳ دقیقه، حداقل ۸ بار در روز و در فواصل زمانی کمتر از ۵ ساعت برای هر سه‌ساعت انجام شود (باکستر معمولاً در طول شب انجام می‌گیرد). سطح پروتئین (که هورمون تولید کننده شیر است) در شب بالاتر است بنابراین دوشیدن شیر حداقل کیار در طی سه نیمه شب می‌شود.

دروسیدن شیر چگونه کاید انجام گیرد؟

میتوانید شیر را یا با دوشیدن یا با اینکار را با یک پستان انجام داد.

- همراهی قبل از دست زدن به پستان، دست‌ها خالی را به شورید.
- استفاده از وسایل گرم، همواره مناسب است. سینه‌تان نیز به شورید.
- از نوع ممکن جمع‌آوری شیر بی‌دوشیده شده استفاده کنید. در جدنت روز ول ممکن است کمتر با دست دوشیده شده قطعات آن با استفاده از سرگی جمع آوری شود. این قار سایر مستلزم کمک‌کن ماما می‌باشد.
- در صورت امکان بهتر است شیر دهی به نوزاد قبل از دوشیدن شیر انجام شود. با اینکار می‌توانید از برجای بگیرید که توانایی خود شیر بگیرید. این گونه دوشیدن شیر استفاده کنید تا شیر دوشیدن بهتر انجام پذیرد.
- هر کشیدن را از راهی که یک نوزاد نیتریده شده گرفته از سه‌ساعت قبل انجام شود.
- زیاد در طول روز انجام دوید.

ماما می‌توانند به شما چگونه کنند تا مقدار بیشتری که باید برای نوزاد خود بی‌دوشی کنند.
How do I hand express?

- Position your thumb and first two fingers about 2.5–4 cm behind the nipple. Place your thumb pad above the nipple and the finger pads below the nipple forming the letter "C" with the hand as shown below.
- Push straight into chest wall.
- Press thumb and fingers together gently (to meet) and then release. Repeat step two and three to establish milk flow.
- Repeat rhythmically to drain the breast. Position, push, roll, position, push, roll...
- Rotate your thumb and finger position to milk the other ducts.
- Any handling of your breast should be gentle and non-painful. If discomfort occurs, move your fingers further behind the areola which should increase comfort as well as milk flow. Ask your midwife to assist you if difficulties occur.

Avoid:

- squeezing the breast—this may cause bruising
- pulling out the nipple—this can cause tissue damage
- sliding on the breast—this can cause skin burns

Avoid:

- •
- •

••

- as milk. Ask your midwife to assist you if difficulties exist behind the areola which should increase comfort as well.
- Rotate your thumb and finger position to milk the other ducts.
- Any handling of your breast should be gentle and non-painful. If discomfort occurs, move your fingers further behind the areola which should increase comfort as well as milk flow. Ask your midwife to assist you if difficulties occur.

Avoid:

• squeezing the breast—this may cause bruising
• pulling out the nipple—this can cause tissue damage
• sliding on the breast—this can cause skin burns.
Storing expressed breast milk safely

<table>
<thead>
<tr>
<th>Breast milk</th>
<th>Room temperature</th>
<th>Refrigerator</th>
<th>Freezer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshly expressed into closed container</td>
<td>Six to eight hours at less than 26 degrees Celcius.</td>
<td>Three days at four degrees Celsius.</td>
<td>Two weeks in freezer compartment inside a refrigerator.</td>
</tr>
<tr>
<td></td>
<td>If refrigeration is available, store milk in back of the refrigerator where it is coldest.</td>
<td>Store in back of refrigerator where it is coldest.</td>
<td>Three months in freezer section of refrigerator with separate door.</td>
</tr>
<tr>
<td>Previously frozen and thawed in refrigerator but <strong>not</strong> warmed</td>
<td>Four hours or less i.e. next feed.</td>
<td>Store in refrigerator 24 hours— if milk has not been warmed</td>
<td>Do not re-freeze.</td>
</tr>
<tr>
<td>Thawed outside refrigerator in warm water</td>
<td>For completion of feed.</td>
<td>Hold for four hours or until next feed.</td>
<td>Do not re-freeze.</td>
</tr>
<tr>
<td>Infant has began feeding</td>
<td>Only for completion of feed, then discard.</td>
<td>Discard.</td>
<td>Do not re-freeze.</td>
</tr>
</tbody>
</table>

Never use a microwave to warm breast milk— it heats unevenly (the resulting hot spots can burn your baby’s mouth) and destroys some of the important properties present in breast milk.

** نحوه نگهداری از شیر تازه دوشیده شده مادر **

<table>
<thead>
<tr>
<th>شیر مادر</th>
<th>دمای آتاق</th>
<th>یخچال</th>
<th>فریزر</th>
</tr>
</thead>
<tbody>
<tr>
<td>شیر تازه دوشیده شده در طرف در است</td>
<td>شیر غیر قابل استفاده در دمای کمتر از 24 درجه سانتی‌گراد است</td>
<td>سه تا چهار روز در دمای 5 به 6 درجه سانتی‌گراد یخچال</td>
<td>دو هفته در محیط نگهداری داخل یخچال</td>
</tr>
<tr>
<td>در صورت وجود یخچال، شیر در قسمت عمیق یخچال که سردتر است قرار دهد.</td>
<td></td>
<td></td>
<td>سه هفته در یخچال که فریزر آن درب جدابته دارد.</td>
</tr>
</tbody>
</table>

** 6 تا 12 ماه در حال حالت یخ زده **

| قابل در یخچال بخشهای زده و بعد ذوب شده | چهار ساعت در یخچال گنگوکار کند. اگر قابل ذوب شده است. | 24 ساعت در یخچال گنگوکار کند. اگر قابل ذوب شده است. | دوباره در فریزر قرار ندهد. |
| خارج از یخچال در آب گرم ذوب شده است. | برای تکمیل شیردهی، بعد بند گنگوکار کند. | بند گنگوکار کند. | دوباره در فریزر قرار ندهد. |
| نوزاد شروع به شیر خوردن کرد است. | فقط برای تکمیل شیردهی، بعد دوباره بند گنگوکار کند. | | دوباره در فریزر قرار ندهد. |

هرگز از مایکروویو برای گرم کردن شیر خود استفاده نکنید- مایکروویو شیر را یک‌و‌یک‌ساعت گرم نمی‌کند(نقاط داغ شیر ممکن است دهان نوزاد را بسوزاند) و برخی از خواص مهم شیر را از بین می‌برد.
Cleaning expressing equipment

It is important to wash your hands before handling cleaning or feeding equipment.

**General cleaning**

- Rinse all equipment in cold water immediately after use.
- Wash all equipment in hot water and detergent.
- Rinse all equipment with clean hot water so that no soap remains.
- Drain any water from the equipment and air dry on a clean paper towel.
- Seal bottles and storage containers.
- Store in a clean container in the fridge for 24 hours.
- If not used in 24 hours repeat cleaning.

**Note:** It is important that equipment is dry before sealing bottles and storing in the container.

If someone who lives in your home is unwell general cleaning as well as boiling or steam sterilising is recommended.

**Boiling**

- Put all equipment into a large saucepan and cover with water making sure that all air bubbles are removed from the equipment.
- Place a lid on the saucepan and bring to the boil.
- Boil for five minutes.
- Allow the equipment to cool in the saucepan, with the lid on, until it is just hand-hot before removing it.
- Drain any water from the equipment and air dry on a clean paper towel.
- Seal bottles and storage containers.
- Store in a clean container in the fridge for 24 hours.
- If not used within 24 hours repeat cleaning.

**Steam**

When using a steam steriliser at home, always follow the manufacturer’s instructions, carefully, and then follow the steps for drying and storing, as above.
Returning to work and breastfeeding

Breastfeed when you are not at work. Express after breastfeeds when you are at home if you require more expressed milk for when you are at work. While you are at work express milk for each feed you will miss. If extra milk is required express when your supply is greatest; this is usually first thing in the morning, so express after feeding your baby and prior to leaving for work. When you are on days off breastfeed your baby and express only if you require a stock of breast milk for work days.

www.matermothers.org.au