Too little milk

Indications that the baby gets enough milk:

- 5-6 wet diapers (ca. 90 ml of urine/diaper) over 24h
- at least 3 bowel movements over 24h during the first
- · baby is active and alert when awake
- · baby has a good general appearance
- baby has good skin tone and colour
- baby is gaining weight and growing (following its percentile)

Behaviours NOT necessarily indicative of too little milk

- baby cries frequently
- baby wishes to breastfeed often
- baby wishes to be held often
- · you have small or soft breasts
- · baby is unsettled / wants to "cluster feed" (especially evenings)

What to try first

- breastfeed on demand (NOT by the clock); breastfeed
- · learn to recognise early hunger cues (rooting behaviours, increased activity; crying is a late hunger signal)
- ensure that you get enough rest and enough to eat
- · optimize breastfeeding management (latch, position, frequency and duration of breastfeeding)

When to seek outside help

- · the baby's demeanour has changed
- the baby has had fewer than 3 wet diapers in 24h
- the baby has had no bowel movements over 24h
- the baby's weight stagnates or declines
- the baby cries often
- the baby has a strong need to suck, even after breastfeeding
- you have questions about your milk supply

Increasing milk supply

- breastfeed often (ca. 12x or more in 24h)
- · offer each breast multiple times during a breastfeeding session
- increase skin-to-skin contact
- · allow the baby to decide when to end the breastfeeding session; offer the other breast when the baby is no longer actively breastfeeding on the first

Too much milk milk flows too quickly

Restless baby

Bringing the milk to flow

- · relax, breathe deeply and drink a glass of water snuggle with the baby and enjoy his/her smell
- mentally visualise flow (waterfall, river, etc.)
- when pumping, do not continually look to see how much
- has been collected (put a sock over the receptor, for

The supplementation deemed necessary

Good to know

- your milk supply adjusts itself according to
- with an "empty" breast the milk production is accelerated, with a full one it is slowed down the breasts are therefore never completely empty
- once your milk supply is established, your breasts may feel softer and less full
- stress hinders breastfeeding (antagonistic hormones); relaxation can work wonders!
- an exclusively breastfed baby cannot be
- babies experience "growth spurts" where the have a greatly increased need to breastfeed for a period of ca. 2-3 days

What to try first

- breastfeed in an upright or a laid-back position
- offer only one breast per feeding session
- always offer from the same breast over a period of a few hours (while avoiding mastitis in the other breast by
- expressing a little milk and/or cooling when necessary) when the first (strongest) letdown comes, let the milk flow

out and then offer the breast to the baby again when the

milk flow decreases · breastfeed more often

When to seek outside help

- the baby has a persistent strange behaviour
- the baby cries after breastfeeding and cannot be calmed
- the baby has green, slimy stools
- · you have questions about your milk supply

Possible causes

- the baby needs physical contact
- · poor breastfeeding management (latch, position, frequency and duration of breastfeeding)
- · too many daily activities, outside disturbances
- · changes in surroundings, lifestyle, mother's diet
- a family history of allergies
- the baby needs to defecate
- mother's consumption of medicines, vitamin supplements, caffeine-containing beverages

What to try first

- optimize breastfeeding position and latch
- increase skin-to-skin contact; carry your baby
- organise help
- · "colic hold", baby massage, bathing together
- breastfeed in calm surroundings
- check your consumption of caffeine containing beverages; perhaps keep a nutrition diary
- ask your doctor about breastfeeding compatibility when prescribed medicines/vitamin supplements (often there is a breastfeeding friendly alternative; information for professionals can be found on https://www.sappinfo.ch/en/)

When to seek outside help

- vou have guestions
- · vou feel overwhelmed
- vou need support

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breastfeeding?





Call us anytime! – even outside of office hours

La Leche League is a non-profit, apolitical, non-denominational, and non-governmental organization.

We are here to answer your questions about

- breastfeeding
- pregnancy and childbirth
- getting breastfeeding off to a good start
- overcoming breastfeeding hurdles
- breastfeeding and returning to work
- weaning
- sleep behaviours
- carrying your baby

All La Leche League Leaders work voluntarily. They are mothers with personal breastfeeding experience who have completed an international-standard training programme to become LLL Leaders and who are committed to keeping their knowledge up-to-date through continuing education possibilities.



you rest when baby restsyou do not expect too much from yourselfyou do not have too many outside activities

What to check

- · you accept offered help
 What to try first
- reduce workload and activitieseat well and drink enough
- take a nap (with the baby) whenever possible
- contact your midwife/gynaecologist/specialist
- · get help with housekeeping if possible

· you are eating and drinking regularly

 meet occasionally with like-minded mothers for relaxation discussion, and support

When to seek outside help

- you have a need to talk/vent
- · you have questions/concerns
- · you want some practical tips

Good to know

times while you rest

ask for help!

- you have concerns about milk supply
- you have questions about weaning

Additional suggestions

- take baby for a walk in the fresh air
- take small breaks over the day to indulge yourself (read, take a short bath, etc.)
- attend an LLL Meeting; (meetings.lalecheleague.ch)

those around you do not know what you need:

a trusted caretaker can mind the baby for short

• a trusted caretaker can feed the baby pumped

breastmilk from time to time if necessary (also

with a spoon, cup, syringe, etc.)

What to check

good latch and positioning

Fatigue

• the baby can extend his/her tongue over the lower lip

Sore Nipples

- proper nipple care (at best use only water; avoid soaps and lotions)
- · breastfeeding should be painless!

What to try first

- optimize latch and positioning
- release the vacuum at the breast before removing the nipple from your baby's mouth by gently placing a finger in the corner of the mouth
- position your baby at the breast so that any nipple wounds lie in the corner of his/her mouth while they are healing

When to seek outside help

- you have constant or recurrent pain
- there is no improvement within a few days after improving baby's latch and position
- you suspect that your baby has a short frenulum (is "tongue tied")
- you have symptoms of thrush
- you have questions

Additional suggestions

 aside from a possible short latching on pain in the first few days, breastfeeding should be painless

Signs of a good breastfeeding position:

- mother and baby are tummy to tummy
 the baby does not have to turn his/her head to hreastfeed
- mother and baby are both comfortable, relaxed and well supported

Ways to achieve a good latch:

- encourage the baby to open WIDE before latching
- support the baby's back and neck and not his/ her head
- a good latch is achieved when the baby has a large mouthful of breast tissue and lips that are flanged out on the breast

masti

Blocked ducts

Symptoms

- your breasts are heavy, full, tender/painful, swollen and/or hot, possibly with hard lumps
- with mastitis also flu-like symptoms: aches, pains, fever (over 38.5°C)

What to Check

- frequency of breastfeeding
- duration of breastfeeding
- sources of physical (too-tight bra, sleeping in prone position) and emotional stress

What to try first

- breastfeed! breastfeed! breastfeed!
- breastfeed frequently and for a long duration; if necessary pump or hand-express your milk
- get plenty of (bed-) rest
- look for help with the household chores
- use warm compresses before and cold compresses after breastfeeding
- gently massage any hardened areas
- breastfeed with your baby's chin pointed toward any hardened area

When to seek outside help

For a full mastitis it is recommended visit a doctor. For blocked ducts, a visit to a doctor/IBCLC/ midwife is recommended when:

- you have seen no improvement over 24h despite taking measures to remedy the situation
- · you have had a fever of greater than 38.5°C over 24h
- your baby refuses to breastfeed on the affected breast
- · both breasts are affected

Additional suggestions

- ask about breastfeeding compatibility when medication is necessary
- breastfeeding compatibility information for professionals can be found on https://www.sappinfo.ch/en/

Symptoms

- itching/burning/stabbing pain, sometimes deep within the breast
- dry nipples with a red shimmer
- suddenly sore nipples with correct positioning and latch
- vaginal thrush (yeast) infection in the mother
- thrush infection in the baby (white spots in the mouth, diaper rash)
- · a thrush infection is not necessarily visible from the outside

What to try first

- pay careful attention to hygiene (rinse your nipples, change your breastpads, and wash your hands after each feeding; use cleaning cloths only once; wash used cloths and breastpads at 60°C)
- contact a medical doctor, an IBCLC or a midwife for medical treatment

When to seek outside help

- $\boldsymbol{\cdot}$ when you suspect thrush
- both mother and child need to be treated simultaneously; contact a medical doctor, an IBCLC or a midwife for diagnosis and medical treatment options





This and other books on breastfeeding and parenting can be found in our LLL shop, along with many practical articles that enhance everyday family life.

Telephone consultations

Contact an LLL Leader of your choice.

E-mail consultations

We are happy to answer your written questions. E-enquiries will normally be answered within 48 hours



LLL Meetings

We offer:

LLL Meetings take place regularly in many regions of Switzerland and are an ideal place to meet and exchange information with other breastfeeding mothers.

At LLL Meetings, mothers meet in a relaxed atmosphere and exchange views on everyday family life with all of its joys and difficulties under the guidance of an LLL Leader.

Observing other mothers with their babies and seeing how different they are can be valuable in strengthening the confidence you have in dealing with your baby in your own way.

www.lalecheleague.ch



The information provided to you by LLL Leaders is based on the current state of research to the best of our knowledge. Our mother-to-mother advice cannot, however, replace a medical diagnosis and therapy.

If you have medical questions or emergencies contact a medical professional (midwife, doctor, or lactation consultant IBCLC).





