

# PROBLEMS DURING BREASTFEEDING

## Not enough milk

promote milk production by:

- Eating and drinking sufficiently
- More frequent breast feeding
- Rest; especially in the first few days as milk production is very susceptible to stress.

## Sore nipples

often occur in the first few weeks

Most frequent cause: child improperly grasping the breast

- Make sure that the breast is correctly grasped when breast feeding!
- Massage breast prior to breastfeeding to facilitate the release of milk
- Changing of breastfeeding position
- Let breast milk dry on the nipple after breastfeeding

## Painful lactation/initial swelling of the mammary glands

- Sensitive, overheated and possibly reddened areas on the breast
- Apply localized heat prior to breastfeeding, cool afterwards (compresses with farmer's cheese or Retterspitz, cabbage compresses also help well)
- Breast massage, apply approximately every two hours
- Occasional slight fever without feeling ill, but this should subside after a few hours

## Too much milk

- Only use one breast per meal, holding away the other one by hand if necessary
- Drink sage and peppermint tea; these reduce the amount of milk
- Cool breast after breastfeeding

## Milk stasis or inflammation of the breast (mastitis)

- Painful, warm hardening of the breast, possibly with redness.
- Fever with feeling of sickness
- Measures just as for initial swelling of the mammary glands
- Bed rest is important!
- When breastfeeding, choose a position with the baby's chin pointing towards the induration
- Contact your midwife/breastfeeding counsellor/gynecologist!
- Continue breastfeeding/pumping regularly (every 2-3h), breastfeeding can also be continued when fever is high.
- If the baby refuses to breastfeed, be sure to pump to empty the engorgement and discard the milk if necessary.

## Feeding

Normally, your child receives sufficient fluids and nutrients through breast milk! If it is necessary to feed your child on a supplementary basis, we are happy to advise you.

You can contact us at any time if you have any questions - we are happy to help!

## ADDRESS

Hospital Porz am Rhein gGmbH  
Urbacher Weg 19 | 51149 Cologne

## Head of Obstetrics

Dr. Patricia Van de Vondel

## Our parent school is there for you:

Monday and Wednesday 9 a.m. - 4 p.m.  
Tuesday and Thursday 9 a.m. - 12 p.m.  
Friday 1.00 p.m. - 4.00 p.m.

## Health centre of the Porz am Rhein hospital

Urbacher Weg 25 | 51149 Cologne-Porz  
Tel.: 0 22 03 . 566 1308  
elternschule@khporz.de

## Midwifery cafe

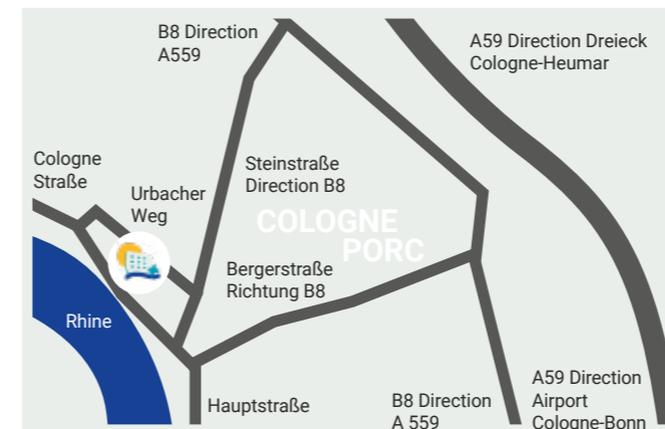
Thursday 9.30 a.m. - 11 a.m.

Breastfeeding women can come here for questions.  
Information about the meeting point via the Parents school (See above for directions)

## DIRECTIONS

Tram line 7 (Stop Steinstraße)

Tram line 12 (Stop Steinstraße)



We are looking forward to your feedback!  
Please rate us on Google or a medical portal. Thank you very much!

[WWW.KHPORZ.DE](http://WWW.KHPORZ.DE)



Krankenhaus  
Porz am Rhein  
Akademisches Lehrkrankenhaus der Universität zu Köln

## BREASTFEEDING ADVISER



## DEAR PATIENT,

THE GYNAECOLOGICAL CLINIC'S TEAM OF THE PORZ AM RHEIN HOSPITAL WOULD LIKE TO CONGRATULATE YOU ON THE BIRTH OF YOUR CHILD!

We are there for you 24/7 with advice and support during the first exciting days after you have given birth. This flyer provides you with tips regarding breastfeeding to help you and your child get started.

### Breastfeeding has many advantages

Breast milk is not only available in the right quantity and temperature at any place and time, it also contains everything your child needs in the first months of life. Even if you experience issues during breastfeeding during the first few days: It pays to hang in there!

### Cradle posture

The mother sits on a comfortable chair or in bed with a (nursing) pillow on her lap. The child and arms are well supported in this way. The child's head, shoulders and torso hereby line up. The mother and child are posed belly to belly. The baby's nose is level with the mother's nipple.



### Football posture

The mother sits comfortably. Preferably with a (nursing) pillow on her lap, on which the child lies. The child lies with the stomach side facing the mother „under her arm“ with the feet pointing to the mother's back. This position is good for women with large, full breasts, when the child has difficulty latching on, and also for breastfeeding twins.



### Lateral position

The mother lies comfortably on her side, with a pillow under her head if necessary. Mother and child turn towards each other belly to belly. The child can be supported in the back with a (breastfeeding) pillow. Breastfeeding in the lateral position is comfortable if you cannot sit well, e.g., due to a caesarean section or perineal tear, and also very practical for night-time breastfeeding.



### Breastfeeding frequency

In principle, you should breastfeed your child as needed. The breastfeeding needs of a mother and her child vary greatly not only from child to child, but also during the course of the day.

During the first days following the birth, the breastfeeding frequency should be 8-12x/24h.

Both breasts should always be utilised until milk production is established and breastfeeding can be executed safely. We are happy to help you with your individual problems. Typical signs of hunger in your child are:

- Sucking, searching movements/ smacking
- Bring hand to mouth
- Licking movements of the tongue

Crying is a very late sign of hunger.

### What is breast milk made of?

During the first days after birth, the breast produces yellow colostrum, also called „liquid gold“. It contains a lot of nutrients and defence antigens. Since the newborn's stomach must first learn to digest food, the amount of colostrum is small, but the nutrients are highly concentrated.

Babies drink approximately 7 ml per meal. In the next three to ten days, the breast forms the mature breast milk which contains more fats and carbohydrates and is milky to transparent. The amount increases quickly and is about 500 ml/24h on the 4th day.

### The first instance of breastfeeding ...

... already takes place in the delivery room. Every time the baby latches to the breast, it is important that he or she grasps not only the nipple, but also a good part of the areola so that he or she can effectively suck on the milk ducts with the tongue. We are happy to help you and your child!

### Breastfeeding positions

There are many different breastfeeding positions. We will show you the three most common ones here. You should know all three and be able to safely position your child in one of these positions by yourself. You will see that it becomes easier with each passing day.

