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BREASTFEEDING COUNSELLING

A TRAINING COURSE



PARTICIPANTS' MANUAL

PART FOUR

Sessions 31-33

WORLD HEALTH ORGANIZATION CDD PROGRAMME

UNICEF

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Glossary

WOMEN'S NUTRITION, HEALTH AND FERTILITY

Introduction

When you help a mother to breastfeed, it is important to remember her own health, and to care for her as well as her baby.

- You need to think about the mother's nutrition, because this affects her health, energy and well-being.
- You need to know how to help a mother to breastfeed if she becomes sick. You may be concerned about whether her illness, or the drugs, that she is taking can affect her baby.
- Breastfeeding and family planning help each other. You need to be able to give mothers the information that they need about breastfeeding and family planning.

SOURCE OF ENERGY IN BREASTMILK

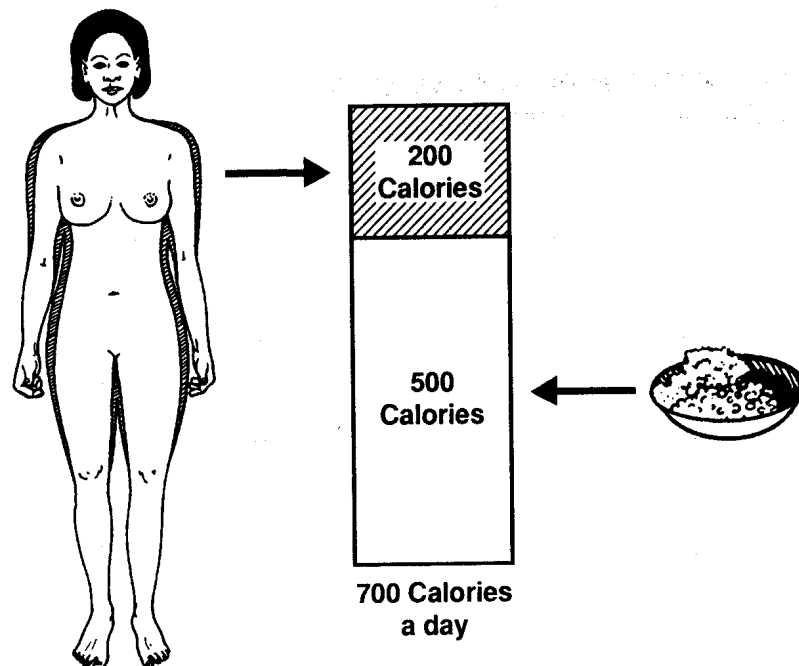


Fig.39 (Overhead 31/1)

EFFECT OF MOTHERS NUTRITION ON BREASTMILK PRODUCTION

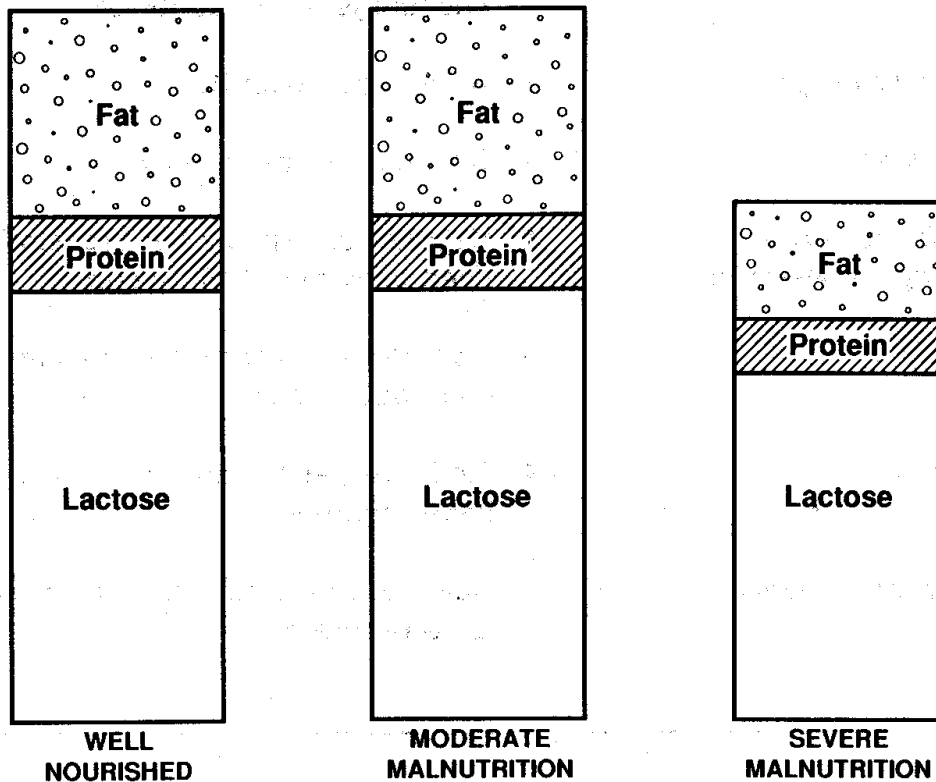


Fig.40 (Overhead 31/2)

EXAMPLE OF EXTRA FOOD NEEDED EACH DAY BY A BREASTFEEDING WOMAN

60g rice	(1 fistful)	240 Calories
30g dahl	(½ fistful)	120 Calories
Vegetables	(1 fistful)	
½ banana		90 Calories
5 ml oil	(1 teaspoonful)	50 Calories

Fig.41 (overhead 31/3)

HELPING A SICK MOTHER TO BREASTFEED

<i>Any sick woman</i>	<ul style="list-style-type: none">● Ask "Do you have a breastfeeding baby?" Encourage her to continue
<i>If admitted to hospital</i>	<ul style="list-style-type: none">● Admit baby with her
<i>If she has fever</i>	<ul style="list-style-type: none">● Give her plenty to drink
<i>If she feels too unwell or unwilling to breastfeed</i>	<ul style="list-style-type: none">● Help her to express her breastmilk 3-hourly Feed baby her EBM by cup
<i>If extremely ill</i>	<ul style="list-style-type: none">● Consider expressing her breastmilk for her Feed baby by cup
<i>If mentally ill</i>	<ul style="list-style-type: none">● Find a helper to care for mother and baby together
<i>When mother recovers</i>	<ul style="list-style-type: none">● Help her to increase her breastmilk or to relactate

Mother's medications

Most drugs pass into breastmilk in only small amounts. Few of them affect the baby. In most cases, to stop breastfeeding is more likely to be dangerous than the medicine. There are a few drugs which may cause side-effects. Problems are more likely in babies less than 1 month old, and less likely in older babies. However, it is usually possible to give the mother an alternative which is less likely to cause a problem. It is rarely necessary to stop breastfeeding because of a mother's medication.

- *In a very few situations, breastfeeding is contraindicated.*
If a mother is taking anticancer drugs, it may be necessary to stop breastfeeding. If she is treated with radioactive substances, she should stop breastfeeding temporarily. These drugs are not used commonly.
- *A few drugs can cause side-effects which sometimes makes it necessary to stop breastfeeding.*
If a mother is taking psychiatric drugs or anticonvulsants, these sometimes make her breastfed baby drowsy or weak. This is especially likely with barbiturates and diazepam, and if the baby is less than one-month-old. Sometimes it is possible to change to an alternative drug which is less likely to affect the baby.

However, it can be dangerous to change a mother's treatment quickly, especially for conditions such as epilepsy.

- If there is no alternative, continue breastfeeding and observe her baby.
- If side-effects occur, it may be necessary to stop breastfeeding.

- *Some antibiotics should be avoided if possible.*
 Most antibiotics given to a breastfeeding mother are safe for her baby. It is better to avoid chloramphenicol and tetracycline if possible, and also metronidazole. However, if one of these antibiotics is the drug of choice for treating a mother, continue breastfeeding, and observe her baby. In most cases there will be no problem.
 Avoid giving a mother sulphonamides, especially if her baby is jaundiced. If treatment with cotrimoxazole, Fansidar, or dapsone is necessary, give the drug and continue breastfeeding. Consider an alternative method of feeding if the baby is jaundiced, especially if he becomes jaundiced while his mother is taking the drug.

- *Drugs which decrease breastmilk should be avoided if possible.*
 Avoid using contraceptives which contain estrogens (but see also Overhead 31/8). Avoid using thiazide diuretics, such as chlorthiazide. These drugs may reduce the breastmilk supply. Use an alternative if possible.

- *Most other commonly used medicines are safe in the usual dosage.*

If a breastfeeding mother is taking a drug that you are not sure about:

- Check the list in your manual, or a more detailed list if available.
- Encourage the mother to continue to breastfeed while you try to find out more.
- Watch the baby for side-effects such as abnormal sleepiness, unwillingness to feed, and jaundice, especially if the mother needs to take the drug for a long time.
- Try to ask the advice of a more specialized health worker, for example, a doctor or pharmacist.
- If you are worried, try to find an alternative drug that you know is safe.
- If a baby has side-effects and you cannot change his mother's medication, consider an alternative feeding method, temporarily if possible.

BREASTFEEDING AND MOTHERS' MEDICATION

***Breastfeeding
contraindicated***

Anticancer drugs (antimetabolites);
Radioactive substances (stop breastfeeding temporarily)

Continue breastfeeding:

Side-effects possible Psychiatric drugs and anticonvulsants
Monitor baby for drowsiness

*Use alternative drug
if possible* Chloramphenicol, tetracyclines, metronidazole
quinolone antibiotics (eg ciprofloxacin)

Monitor baby for jaundice Sulphonamides, cotrimoxazole, Fansidar, dapsone

Use alternative drug Estrogens, including estrogen-containing
contraceptives
(may decrease milk supply)Thiazide diuretics

Safe in usual dosage Most commonly used drugs:
Monitor baby analgesics and antipyretics: short courses of
paracetamol, acetyl salicylic acid, ibuprofen;
occasional doses of morphine and pethidine; most
cough and cold remedies.
antibiotics: ampicillin, cloxacillin and other penicillins
erythromycin,
anti-tuberculars, anti-leprotics (see dapsone above)
antimalarials (except mefloquine), antihelminthics,
antifungals;
bronchodilators (eg salbutamol), corticosteroids,
antihistamines, antacids, drugs for diabetes,
most antihypertensives, digoxin,
nutritional supplements of iodine, iron, vitamins.

Breastfeeding and family planning

BREASTFEEDING TO DELAY A NEW PREGNANCY

While no menstruation:

- | | |
|--|--|
| Up to age 6 months
Good protection | <ul style="list-style-type: none">• Breastfeed fully• Breastfeed frequently day and night |
| From 6-12 months
Partial protection | <ul style="list-style-type: none">• Breastfeed frequently day and night
(with complementary feeds) |

After menstruation returns:

- | | |
|------------------------------|--|
| At any time
No protection | <ul style="list-style-type: none">• Use another family planning method |
|------------------------------|--|
-
-

LACTATIONAL AMENORRHOEA METHOD (LAM)

No other family planning method needed if: *Use other family planning method if:*

- | | |
|---|---|
| <ul style="list-style-type: none">• No menstruation | <ul style="list-style-type: none">• Menstruation returned |
| AND | OR |
| <ul style="list-style-type: none">• Baby LESS than 6 months old | <ul style="list-style-type: none">• Baby MORE than 6 months old |
| AND | OR |
| <ul style="list-style-type: none">• Baby fully breastfed | <ul style="list-style-type: none">• Complementary feeds started |
-

Other methods of family planning and breastfeeding

Family planning is important to help breastfeeding to continue. Many mothers stop breastfeeding if they become pregnant again. So it is important to discuss family planning with breastfeeding mothers. Make sure that the method a mother chooses is suitable to use with breastfeeding.

All *non-hormonal methods* are suitable. They have no effect on lactation. The IUD is very suitable. Condoms, diaphragms, and spermicides are also suitable, provided the couple can use them correctly. They may help to supplement the partial protection provided by breastfeeding after the baby is 6 months old.

The *progestogen-only* hormonal methods are also suitable with breastfeeding. These include *depo-provera*, and the newer *norplant*, or the progestogen-only pill. These have either no effect on lactation, or they possibly increase the breastmilk supply slightly.

The least suitable group are the *combined estrogen-progestogen* hormonal methods, such as the 'combined pill', or the newer monthly injection. These methods sometimes decrease the breastmilk supply, so it is best to avoid them during breastfeeding if possible. Avoid them at any time, including after the baby has started complementary foods. However, if no other method of family planning is available, it is better for both mother and child if the mother uses the combined pill, than that she risks an early pregnancy. Encourage her to continue breastfeeding frequently, to make sure that her breastmilk supply does not decrease.

No hormonal method should be used during the first 6 weeks after delivery.

EXERCISE 23. *Breastfeeding and family planning*

How to do the exercise:

Read the following short stories about women who have come for help with family planning.

After each story, discuss with the group how to answer the questions.

When you are ready, discuss your suggestions with the trainer.

Stories to discuss:

Meena had her second baby two weeks ago. Her firstborn son Arun is 12 months old. Meena breastfed Arun partially, but also gave him 3 bottles of formula a day from the age of 1 month, because she thought that she did not have enough milk. She wants a rest now, and does not want to get pregnant again for a long time. But her husband is unwilling to use family planning. She does not have a job, and stays at home.

What could you say to empathize with how Meena feels?

What information would you give Meena, about how to delay another pregnancy?

What could you say to give her confidence that she has enough breastmilk?

What would you suggest that she does about family planning at the end of 6 months, or if her menstruation returns?

Donna has to go back to work in 2 weeks' time. Her baby will then be 8 weeks old. She will be away from her baby for 9-10 hours each day. She will breastfeed when she is at home. Her helper will give the baby expressed breastmilk and some formula feeds by cup while Donna is at work. She wants another baby one day, but not for at least 3 years.

What information would you give Donna about breastfeeding and family planning?

What would you suggest that she does about family planning?

What would you suggest that she does to keep up her milk supply?

Lisa has a 7-month-old baby, whom she breastfeeds exclusively. Her menstruation has not returned. She sells fruit in the market and takes her baby with her all the time, so that she can breastfeed frequently. She could not cope with another baby until this one can walk and no longer needs to be carried.

What information would you give Lisa about breastfeeding and family planning?

What could you say to praise what she is doing well?

What information would you give about feeding?

What would you suggest to her about family planning?

WOMEN AND WORK

Read and discuss **ADVICE TO GIVE TO MOTHERS WHO WORK AWAY FROM HOME.**

ADVICE TO GIVE TO MOTHERS WHO WORK AWAY FROM HOME

If possible, take your baby with you to work. This can be difficult if there is no creche near your work place, or if the transport is crowded.

If your work place is near to your home, you may be able to go home to feed him during breaks, or ask someone to bring him to you at work to breastfeed.

If your work place is far from your home, you can give your baby the benefit of breastfeeding in the following ways:

- *Breastfeed exclusively and frequently for the whole maternity leave.*
This gives your baby the benefit of breastfeeding, and it builds up your breastmilk supply. The first two months are the most important.
- *Do not start other feeds before you really need to.*
Do NOT think "I shall have to go back to work in 12 weeks, so I might as well bottle feed straight away."
It is not necessary to use a bottle at all. Even very small babies can feed from a cup. Wait until about a week before you go back to work. Leave just enough time to get the baby used to cup feeds, and to teach the carer who will look after him.
- *Continue to breastfeed at night, in the early morning, and at any other time that you are at home.*
 - This helps to keep up your breastmilk supply.
 - It gives your baby the benefit of breastmilk - even if you decide to give him one or two artificial feeds during the day.
 - Many babies 'learn' to suckle more at night, and get most of the milk that they need then. They sleep more and need less milk during the day.
- *Learn to express your breastmilk soon after your baby is born.*
This will enable you to do it more easily.
- *Express your breastmilk before you go to work, and leave it for the carer to give to your baby:*
 - Leave yourself enough time to express your breastmilk in a relaxed way. You

may need to wake up half an hour earlier than at other times. (If you are in a hurry, you may find that you cannot express enough milk.)

- Express as much breastmilk as you can, into a very clean cup or jar. Some mothers find that they can express 2 cups (400-500 ml) or more even after the baby has breastfed. But even 1 cup (200 ml) can give the baby 3 feeds a day of 60-70 ml each. Even ½ cup or less is enough for one feed.
- Leave about ½ cupful (100 ml) for each feed that the baby will need while you are out. If you cannot express as much as this, express what you can. Whatever you can leave is helpful.
- Cover the cup of expressed breastmilk with a clean cloth or plate.
- Leave the milk in the coolest place that you can find, in a refrigerator if you have one, or in a safe, dark corner of the house.
- Do not boil or reheat your breastmilk for your own baby. Heat destroys many of the anti-infective factors.

EBM stays in good condition longer than cow's milk, because of the anti-infective factors in it. Germs do not start growing in EBM for at least 8 hours, even in a hot climate, and outside the refrigerator. It is safe to give to the baby at least throughout one working day.

- *Breastfeed your baby after you have expressed.*
Suckling is more efficient than expressing, so he will get breastmilk that you cannot express, including some hindmilk.
- *If you decide to use cow's milk for some or all of the feeds:*
 - To make 1 cup (200 ml) of feed, boil ¾ cup (150 ml) of cow's milk and ¼ cup (50 ml) of water. Add 1 level spoonful of sugar (15 g).
 - Leave ½ to 1 cup (100-200 ml) of mixture for each feed.
 - Leave the mixture in a clean covered container.
- *If you decide to use formula:*
 - Measure the powder for a feed into one clean cup or glass.
 - Measure the water to make up the feed into another clean glass.
 - Cover them both with a clean cloth, or put them in a covered pan.
 - Teach the baby's carer to mix the milk powder and water when she is going to feed the baby. She must mix and use the formula immediately, because it spoils quickly after it is mixed.

Note: There are many different ways to leave milk for a baby. These are satisfactory methods. You may find that a different method is better for you in your situation.

- *Teach the carer properly and carefully:*
 - Teach her to feed your baby with a cup, and not to use a bottle. Cups are cleaner, and they do not satisfy the baby's need to suckle. So, when you come home, your baby will want to suckle at the breast, and this will stimulate your breastmilk supply.
 - Teach her to give all of one feed at one time. She must not keep it to give later; and she must not give a small amount every now and again.
 - Teach her not to give the baby a dummy but to calm him with other attention.

- *While you are at work express your breastmilk 2-3 times (about 3-hourly):*
 - If you do not express, your breastmilk supply is more likely to decrease. Expressing also keeps you comfortable, and reduces leaking.
 - If you work where you can use a refrigerator, keep your expressed breastmilk there. Carry a clean jar with a lid to store your breastmilk, and to take it home for the baby. If you can keep it cold at home, it will be safe to use the next day.
 - If you cannot keep your EBM, throw it away. Your baby has not lost anything - your breasts will make more milk.

If you are a health worker, make sure that your patients know and see how you manage. Then, they can follow your example.

Role-play: Helping a mother who works away from home

Sophie had her third baby 4 weeks ago.

Sophie works in a shop. She will have to return to work when her baby is 2 months old. She stopped breastfeeding her other children at 6 weeks, and bottle fed them, because of returning to work. They were often ill, and she missed the closeness of breastfeeding.

Sophie would prefer to breastfeed this baby, and a friend said that some women do, but Sophie does not know how. She is worried about leaking and smelling at work - it would be embarrassing, and might upset her employers and customers. She is worried about trying to breastfeed, work, and care for her other children and their father.

She will be away from home for about 10 hours altogether, five days a week. Her younger sister will be caring for the baby, and is quite reliable. There is no refrigerator. Sophie has bought two new feeding bottles.

COMMERCIAL PROMOTION OF BREASTMILK SUBSTITUTES

The International Code of Marketing of Breastmilk Substitutes

Breastmilk and breastfeeding need to be protected from formula promotion activities. This requires regulation of the promotion and sale of formula.

In 1981, the World Health Assembly (WHA) adopted The International Code of Marketing of Breastmilk Substitutes, which aims to regulate promotion and sale of formula. This Code is not extreme - it is a minimum requirement to protect breastfeeding.

The Code is a code of *marketing*. It does not ban infant formula or bottles, or punish people who bottle feed. The Code allows baby foods to be sold everywhere, and it allows every country to make its own specific rules.

The Code covers both breastmilk substitutes, and bottles and teats used to feed babies. Breastmilk substitutes include:

- infant formula;
- any other milks or foods which mothers perceive or use as breastmilk substitutes.

SUMMARY OF THE MAIN POINTS OF THE INTERNATIONAL CODE

1. No advertising of breastmilk substitutes and other products to the public.
2. No free samples to mothers.
3. No promotion in the health service.
4. No company personnel to advise mothers.
5. No gifts or personal samples to health workers.
6. No pictures of infants, or other pictures idealizing artificial feeding, on the labels of the products.
7. Information to health workers should be scientific and factual.
8. Information on artificial feeding, including that on labels, should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

NO MORE FREE SUPPLIES

In May 1986, governments at the World Health Assembly urged a ban on donated supplies of baby milk. They urged ministries of health:

"To ensure that the small amounts of breastmilk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement [that is, purchasing] channels and *not through free or subsidized supplies.*" (WHA 39.28)

Ending of free supplies in all countries is a target of the WHO/UNICEF 'Baby Friendly Hospital Initiative'. A hospital cannot be 'Baby Friendly' if it receives free supplies of breastmilk substitutes.

How health workers can resist commercial promotion of breastmilk substitutes

- Remove from the health facility and destroy any advertisements, and/or promotional literature or other items bearing a brand name, including old formula tins used for other purposes.
- Refuse to accept free samples of formula, or of equipment such as bottles, dummies, and toys.
- Refuse to accept or to use other gifts, for example pens, calendars, or diaries.
- Avoid using growth charts and other equipment with a brand name on it, especially if mothers may see it.
- Avoid eating meals provided by formula companies.
- Do not give free samples or promotional material to mothers.
- Make sure that any formula that is used in the hospital (for example, for orphans) is kept out of sight of other mothers.

Role-play: Choosing the best formula

Pearl and Stan are parents of 4-week-old baby Andy. Stan has a job in town.

Stan comes home from work, and Pearl tells him that she wants to buy some formula. She thinks that her breastmilk is not enough for Andy. Andy was given bottle feeds at night in hospital, so that Pearl could rest. Pearl saw some tins of formula in the nurses' office. Pearl wants to buy the same brand, because it is likely to be good and safe if the hospital uses it.

Stan does not know much about breastfeeding or formula. He is mainly worried about the cost, because his wages are low. He would prefer Pearl to breastfeed, because it is cheaper. If she does buy formula, he wants her to buy the cheapest brand, because he thinks they are all the same.

Stella is the shop assistant, who is selling the formula. She is a friend of Pearl's. She has the brand that they use in the hospital. She also has a different brand that the local doctor recommends to his patients. She says that he gives them free samples. There is also a cheaper, locally made brand that Stella gave to her baby, and he is now a healthy child. And there is a more expensive brand that is for children with diarrhoea.

Stella tells Pearl and Stan the prices, and tries to point out advantages of each brand - that it is sweeter, or that it is easier to mix in cold water. She points to the lovely picture of a smiling baby, the attractive label, or the convenient ant-proof tin or the measuring scoop that has so many uses.

Pearl and Stan discuss which would be best for Andy, and forget all about breastmilk. They wonder if they should buy the brand that the doctor recommends. However, they have not been to that doctor, and do not know him. Pearl wonders if they should buy the brand that is good for diarrhoea? It is expensive, so may be very good. It might prevent Andy from getting diarrhoea. Stan continues to argue that the cheap one is just the same. Stella used it. In the end, Pearl insists on buying the brand that they use in the hospital. Pearl says that she will use the formula slowly, and that she will make one tin last for two months.

EXERCISE 24. *The cost of formula*

How to do the task

On average, to feed a baby artificially for the first 6 months, you need 44 x 500g tins of formula. (You need about 5 tins in the first month, 7 tins in the second month, and 8 tins a month for the next 4 months.)

- From the price on your tin, calculate the cost of 44 x 500g tins of the formula.
- Compare the cost of 44 tins with the minimum wage for 6 months for a female agricultural worker, and for a female urban labourer or domestic worker.
- Discuss your answers with the trainer and the group.

To answer:

Brand of formula:

Cost of one 500g tin of formula =

Cost of 44 x 500g tins of formula =

Minimum wage

Agricultural

Urban

1 month:

6 months:

Cost of 44 x 500g tins formula x 100 =%
Agricultural wage for 6 months

Cost of 44 x 500g tins formula x 100 =%
Urban wage for 6 months

To feed a baby on formula costs:

.....% of the female agricultural wage.

.....% of the female urban wage.

GLOSSARY

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afterpains	contraction of the uterus during breastfeeding in the first few days after childbirth, due to oxytocin released
allergy	symptoms when fed even a small amount of a particular food (so it is not dose-related)
alveoli	small sacs of milk secreting cells in the breast
amenorrhoea	absence of menstruation
anaemia	lack of the red cells or lack of haemoglobin in the blood
antenatal preparation	preparing a mother for the delivery of her baby
anti-infective factors	factors which prevent or which fight infection
antibodies	proteins in the blood and in breastmilk which fight infection
appropriate touch	touching somebody in a socially acceptable way
areola	dark skin surrounding the nipple
artificial feeds	any kind of milk or other liquid given instead of breastfeeding
artificially fed	receiving artificial feeds only, and no breastmilk
asthma	wheezing illness
attachment	the way a baby takes the breast into his mouth; a baby may be well attached or poorly attached to the breast
baby-led feeding	see demand feeding
bedding-in	a baby sleeping in bed with his mother, instead of in a separate cot
bilirubin	yellow breakdown products of haemoglobin which cause jaundice
blocked duct	a milk duct in the breast becoming blocked with thickened milk, so that the milk in that part of the breast does not flow out.
bonding	mother and baby developing a close loving relationship
breast pumps	devices for expressing milk
breast refusal	a baby not wanting to suckle from his mother's breast
breastfeeding history	all the relevant information about what has happened to a mother and baby, and how their present breastfeeding situation developed
breastfeeding supplementer	a tube through which a baby can drink artificial milk or expressed breastmilk while suckling at a breast
breastfeeding support group	a group of mothers who help each other to breastfeed
breastmilk substitutes	any food or drink that is used to replace breastmilk and breastfeeding
Calories	kilocalories or Calories measure the energy available in food
<i>Candida</i>	yeast which can infect the nipple, and the baby's mouth and bottom, causing thrush
casein	protein in milk which forms curds
cleft lip or palate	abnormal division of the lip or palate
closed questions	questions which can be answered with 'yes' or 'no'
colic	regular crying, sometimes with signs suggesting abdominal pain, at a certain time of day; the baby is difficult to comfort but otherwise well.
cold compress	cloths soaked in cold water to put on the breast
colostrum	the special breastmilk that women produce in the first few days after delivery; it is yellowish or clear in colour
complementary foods	solid foods given from the age of 4-6 months
confidence	believing in yourself and your ability to do things
contaminated	containing harmful bacteria or other harmful substances
counselling	a way of working with people so that you understand their feelings and help them to develop confidence and decide what to do

dehydration	lack of water in the body
demand feeding	feeding a baby whenever he shows that he is ready, both day and night. This is also called 'unrestricted' or 'baby-led' feeding.
distraction	a baby's attention easily taken from the breast by something else, such as a noise
ducts, milk ducts	small tubes which lead milk to the nipple
dummy	artificial nipple made of plastic for a baby to suck, a pacifier
early contact	a mother holding her baby during the first hour or two after delivery
eczema	skin condition, often associated with allergy
effective suckling	suckling in a way which removes the milk efficiently from the breast
empathize	show that you understand how a person feels from her point of view
engorgement	swollen with breastmilk, blood and tissue fluid. Engorged breasts are often painful and oedematous and the milk does not flow well.
essential fatty acids	fats which are essential for a baby's growing eyes and brain, which are not present in cow's milk or most brands of formula
exclusively breastfed	breastfed only with no other food or drink or water (expressed breastmilk is allowed)
express	to squeeze or press out
expressed breastmilk, EBM	milk which has been pressed out of the breasts
fissure	break in the skin, sometimes called a 'crack'
flat nipple	a nipple which sticks out less than average
foremilk	the watery breastmilk that is produced early in a feed
formula	artificial milks for babies made out of a variety of products, including sugar, animal milks, soybean, and vegetable oils. They are usually in powder form, to mix with water.
frenulum	the tissue below the tongue which joins it to the floor of the mouth
full breasts	breasts which are full of milk, and hot, heavy and hard, but from which the milk flows
gastric suction	sucking out a baby's stomach immediately after delivery
gestational age	the number of weeks the baby has completed in the uterus
growth factors	substances in breastmilk which promote growth and development of the intestine, and which probably help the intestine to recover after an attack of diarrhoea
growth spurt	sudden increased hunger for a few days
gulp	loud swallowing sounds, due to swallowing a lot of fluid
'high needs' babies	babies who seem to need to be carried and comforted more than other babies
hindmilk	the fat-rich breastmilk that is produced later in a feed
hormones	chemical messengers in the body
immune system	those parts of the body and blood, including lymph glands and white blood cells, which fight infection
ineffective suckling	suckling in a way which removes milk from the breast inefficiently or not at all
infective mastitis	mastitis due to bacterial infection
inhibit	to reduce or stop something
inspection	examining by looking
intolerance	inability to tolerate a particular food; symptoms are dose-related - that is worse when more food is eaten.
inverted nipple	a nipple which goes in instead of sticking out, or which goes in

jaundice	when the mother tries to stretch it out yellow colour of eyes and skin
judging words	words which suggest that something is right or wrong, good or bad
lactation	the process of producing breastmilk
Lactation Amenorrhoea Method (LAM)	using the period of amenorrhoea after childbirth as a family planning method
lactiferous sinuses	wide part of milk ducts in which breastmilk collects
lactose	the special sugar present in all milks
lipase	enzyme to digest fat
low-birth-weight, LBW	weighing less than 2.5 kg at birth
mastitis	inflammation of the breast (see also infective and non-infective mastitis)
mature milk	the breastmilk that is produced after a few days
milk ejection reflex	milk flowing from the breast due to oxytocin release when the baby suckles
milk stasis	milk staying in the breast and not flowing out
mistaken idea	an idea that is incorrect
Montgomery's glands	small glands in the areola which secrete an oily liquid
'nipple confusion'	a term sometimes used to describe the way babies who have fed from a bottle may find it difficult to suckle effectively from a breast
nipple sucking	when a baby takes only the nipple into his mouth, so that he cannot suckle effectively
non-infective mastitis	mastitis due to milk leaking out of the alveoli and back into the breast tissues, with no bacterial infection
non-verbal communication	showing your attitude through your posture and expression
"not enough milk"	the common complaint of mothers who think that they do not have enough breastmilk for their babies
nutrients	components of food
oedema	swelling due to fluid in the tissue
open questions	questions which can only be answered by giving information, and not with just a 'yes' or a 'no'
oversupply	too much milk produced by the breasts, sometimes flowing from the breast faster than the baby can take it.
oxytocin	the hormone which makes the milk flow from the breast
pacifier	artificial nipple made of plastic for a baby to suck, a dummy
palpation	examining by feeling with your hand
partially breastfed	breastfed and given some artificial feeds
persistent diarrhoea	diarrhoea which starts like an acute attack, but which continues for more than 14 days
pneumonia	infection of the lungs
poorly protractile	difficult to stretch out to form a 'teat'
positioning	how a mother holds her baby at her breast; the term usually refers to the position of the baby's whole body
postnatal check	routine visit to a health facility after a baby is born
predominantly breastfed	breastfed as the main source of nourishment, but also given small amounts of non-nutritious drinks such as tea, water and water-based drinks.
prelacteal feeds	artificial feeds given before breastfeeding is established
premature, preterm	born before 37 weeks gestation
prolactin	the hormone which makes the breasts produce milk
protein	nutrient necessary for growth and repair of the body tissues
protractile	easy to stretch out. The nipple and underlying tissue needs to be

psychological	protractile for a baby to suckle effectively mental and emotional
reflect back	repeat back what a person says to you, in a slightly different way
reflex	an automatic response through the body's nervous system
rejection of baby	the mother not wanting to care for her baby
relactation	a mother starting to breastfeed again and producing breastmilk after she has stopped
restricted breastfeeds	when the frequency or length of breastfeeds is limited in any way
retained placenta	a small piece of the placenta remaining in the uterus after delivery
rooming-in	a baby staying in the same room as his mother
rooting	a baby searching for the breast with his mouth
rooting reflex	a baby opening his mouth and turning to find the nipple
rubber teat	the part of a feeding bottle from which a baby sucks
scissor hold	holding the breast between the index and middle fingers while the baby is feeding
secrete	produce a fluid in the body
self-weaning	a baby more than one year old deciding by himself to stop breastfeeding
sensory impulses	messages in nerves which are responsible for feeling
silver nitrate drops	drops put into a baby's eyes to prevent infection with gonococcus or chlamydia
skin-to-skin contact	a mother holding her naked baby against her own skin
sore nipples	pain in the nipple and areola when the baby feeds
sucking	using negative pressure to take something into the mouth
sucking reflex	the baby automatically sucks something that touches his palate
suckling	the action by which a baby removes milk from the breast
supplements	drinks or artificial feeds given in addition to breastmilk
support	help
sustaining	continuing to breastfeed up to 2 years or beyond; helping
breastfeeding	mothers to continue to breastfeed
swallowing reflex	the baby automatically swallows when his mouth fills with fluid
sympathize	show that you are sorry for a person, from your point of view
'teat'	stretched out breast tissue from which a baby suckles
thrush	infection caused by the yeast <i>Candida</i> ; in the baby's mouth, thrush forms white spots
tongue tie	the tongue cannot stick out far, because of a short frenulum
unrestricted feeding	see demand feeding
vitamin A	the vitamin that prevents blindness due to xerophthalmia
vitamin C	the vitamin in fruits and vegetables that prevents scurvy
vitamin B	there are several different vitamin Bs; they help to control the working of the body
warm bottle method	a method of expressing breastmilk using a bottle warmed with hot water
warm compress	cloths soaked in warm water to put on the breast
whey	liquid part of milk which remains after removal of casein curds